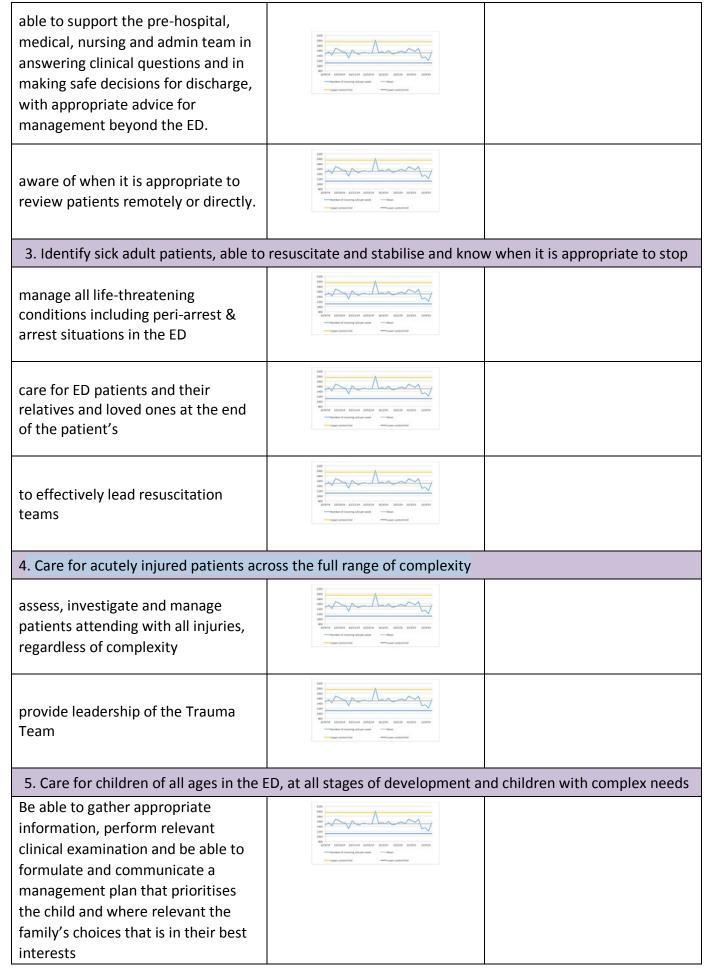


## RCEM ST3 ARCP Decision Aid and Educational Supervisor Report COVID 19

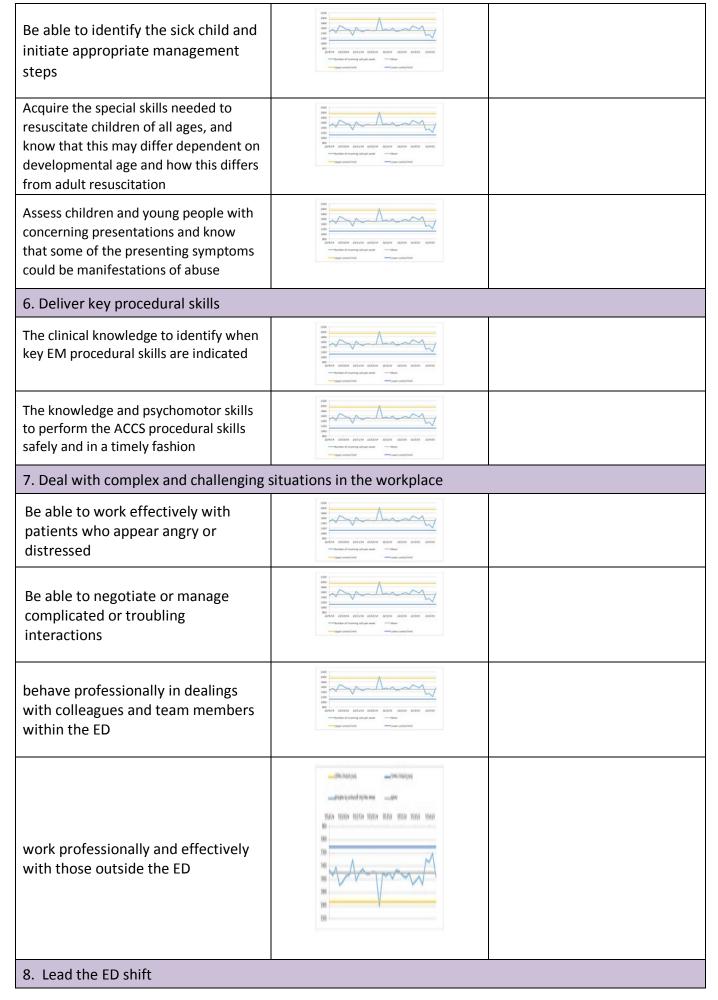
The aim for this form is to be on e-portfolio and self-populating. It allows a reflective discussion between trainee and trainer to review evidence, highlight areas for development in the next training period and inform the ARCP panel.

Populated by e-portfolio					
Trainge grade			Start date of train	ing	
Trainee grade			grade		
Whole or LTFT			Date training year	ends	
percentage					
Paculty Educational Govern Does the FEGS recommend the Comment on any recommend	at the trainee pr		xt year of training?		
Y	es			No	
		. = \			
Extended Supervised Learn A minimum of three ESLEs will resuscitation room. Ideally spr standard and scope of practice	be completed. I be the completed. I be completed. I	ESLEs will sample	•		
Number completed					
Specialty Learning Outcomes  Supervisor to comment on quality, depth and scope of evidence in e-portfolio for each SLO.  Progression of SLO 1-8 to level 3 (the trainee can operate with a supervisor away from the workplace but can attend if required). Aiming for around 4 pieces of evidence in each SLO from a range of meaningful learning opportunities; WPBA, e-learning, reflective evidence, shop floor feedback.					
1. Care for physiologically complexity	stable adult	patients pres	enting to acute care	across the full	range of
Assess and manage all adult attending the ED. These cap apply to patients attending physical and psychological i	with both	Table inque per service of united to the servi	And persons and an analysis and analysis analysis and analysis analysis and analysis analysis and analysis analysis analysis and analysis analysis analysis analysis analysis analy		
Assess and formulate a mar plan for patients who prese complex medical and social manifest as one of the frailt  2. Support the ED team b	nt with needs who y syndromes	Sign order to	And all the state of the state	docisions	
2. Support the ED team b	y answering (	innical question	nis and making safe	uecisions	











Have an awareness of other's workload and supports other staff members	200 200 200 200 200 200 200 200 200 200	
Be able to function as senior clinician in the ED overnight	200  200  200  200  200  200  200  200	

	e of experience across scope of practice, engagement and highlight areas that need ogbooks must not contain patient identifiable data
Procedure log	
Ultrasound log	

Generic SLOs				
Progress rating (pulled the	hrough fr	om e-portfolic	) ES to com	ment on each
SLO 9 teaching	below	Satisfactory	excellent	
SLO 10	below	Satisfactory	excellent	
SLO 11	below	Satisfactory	excellent	
SLO 12 Management	below	Satisfactory	excellent	

Multisource Feedback
minimum 12 responses (annual and performed in first 6 months) minimum 3 consultants and spread of
participants as agreed with Ed Sup. ES summary

Examination Progress  If trainee has been unsuccessful at any component please document number of attempt to date			
	Result	Number attempts	
Primary			
SAQ			
OSCE/SJT			



Involvement in Complaints, Serious Untoward Incidents  If the trainee has been involved in any events in this revalidation year please document here, stating whether they are resolved or ongoing and where on e-portfolio is the trainee's reflection				
Are these events concluded satisfactorily?  If no please provide further information	Yes	No		
Trainee Health				
Please comment on any concerns regarding hea	alth or time out of training	з тоот		
Number of TOOT days				
Educational Supervisor comment on training y A patient log /shift log or an alternative can be have to be uploaded on to the e-portfolio.		ractice discussion. 1	This log does not	
Does the FEG support trainee progression?	Yes	No		
Is there a good range of evidence in e-portfolio to support progression in clinical SLO 1-8?		1		
Is there a range of experience across the scope of practice? Please highlight areas for further development.				
Trainee Strengths				
Areas for focus				



	1
Suggestions for personal development plan in next training year including training recovery plans as a result of COVID 19	2
	3

Trainee signature:	Date:	
Education Supervisor signature:	Date:	

The following table should only be completed if the information has not already been entered on the FORM R

During the COVID-19 pandemic did the trainee's scope of practice change?	Yes / No (delete as appropriate)
If Yes – please describe changes:	
Has this affected the trainee's ability to achieve the assessments listed above	Yes / No (delete as appropriate)
Has the trainee had a period of time away due to self-isolation / shielding etc?	Yes / No (delete as appropriate)
If Yes – please give dates and duration (weeks	