


Appendix 2



RCEM HST Educational Supervisor Report (new name) 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. The highlighted areas on this form explain how the ES would complete the form at the end of the training period prior to ARCP.






Populated by e-portfolio			
Trainee grade	Important to calculate proportion training year completed to	Start date of training grade	
Whole or LTFT percentage	determine proportion of evidence required	Date training year ends	
Faculty Educational Governance Statement			
Does the FEGS recommend that the trainee progress to the next year of training?			
Comment on any recommendations			
Yes		No	
Summative decision made by educational faculty. highlight any comments on progress			
Extended Supervised Learning Events (ESLE)			
A minimum of three ESLEs will be completed. ESLEs will sample activity in all available areas of the ED and must include the resuscitation room. Ideally spread through the training year with the first within 3 months of commencement. Comment on standard and scope of practice			
Number completed		Minimum 3	
Comment on standard and scope			
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 4 by end of ST6. 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 stable adult patients presenting to acute care across the full range of complexity			

<p>be expert in managing and assessing all adult patients attending the ED with both physical and psychological ill health</p>		<p>Trainer to comment on range evidence</p>
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SLO 2. Support the ED team by answering clinical questions and making safe decisions

<p>Key capability able to support the team in answering clinical questions and in making safe decisions for discharge, with appropriate advice for management beyond the ED.</p>		
<p>Key capability aware of when it is appropriate to review patients remotely or directly and able to teach these principles to others.</p>		

3. Identify sick adult patients, able to resuscitate and stabilise and know when it is appropriate to stop

<p>provide airway management & ventilatory support to critically ill patients</p>		
<p>be expert in fluid management and circulatory support in critically ill patients</p>		
<p>manage all life-threatening conditions including peri-arrest & arrest situations in the ED</p>		
<p>be expert in caring for ED patients and their relatives and loved ones at the end of the patient's</p>		
<p>to effectively lead and support resuscitation teams</p>		

4. Care for acutely injured patients across the full range of complexity

<p>be expert in assessment, investigation and initial management of patients attending with all injuries, regardless of complexity</p>		
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<p>provide expert leadership of the Major Trauma Team</p>		
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5. Care for children of all ages in the ED, at all stages of development and children with complex needs

<p>Be expert in assessing and managing all children and young adult patients attending the ED, both physical and psychological ill health and include concerning presentations that could be manifestations of abuse</p>		
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<p>Be able to lead a multidisciplinary paediatric resuscitation including trauma</p>		
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<p>Be able to assess and formulate a management plan for children and young adults who present with complex medical and social needs</p>		
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6. Deliver key procedural skills

<p>The clinical knowledge to identify when key EM practical emergency skills are indicated</p>		
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<p>The knowledge and psychomotor skills to perform EM procedural skills safely and in a timely fashion</p>		
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<p>Will be able to supervise and guide colleagues in delivering procedural skills</p>		
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7. Deal with complex and challenging situations in the workplace

have expert communication skills to negotiate manage complicated or troubling interactions		
behave professionally in dealings with colleagues and team members within the ED		
work professionally and effectively with those outside the ED		
8. Lead the ED shift		
provide support to ED staff of all levels and disciplines on the ED shift		
able to liaise with the rest of the acute / urgent care team and wider hospital as shift leader		
maintains situational awareness throughout the shift to ensure safety is optimised		
anticipate challenges, generate options, make decisions and communicate these effectively to the team as lead clinician		

Logbooks

ES to comment on range of experience across scope of practice, engagement and highlight areas that need further development. Logbooks must not contain patient identifiable data

Procedure log	NOTE patient log not included but trainer is expected to review patient log to ensure that patient numbers, scope of practice and experience are on track for local practice comment later
Ultrasound log	

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Generic SLOs				
Progress rating (pulled through from e-portfolio) ES to comment on each				
SLO 9 teaching	below	Satisfactory	excellent	Evidence needed during each training year for each
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
SAQ		To highlight if trainees need referral exam support
OSCE		

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 trainees reflection

Are these events concluded satisfactorily? If no, please provide further information	Yes	No

Trainee Health		
Please comment on any concerns regarding health or time out of training TOOT		
Number of TOOT days		Useful to see to see if affected training time, any more than 14 days will be reviewed by ARCP panel to consider extending CCT date

Educational Supervisor comment on training year progress.		
A patient log /shift log or an alternative can be used to guide a scope of practice discussion. This log does not have to be uploaded on to the e-portfolio.		
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?	ES to comment on range quality of evidence for training time	
Range of experience across the scope of practice. Please highlight areas for further development including training recovery plans as a result of COVID-19	Comment here regarding what trainees has seen clinically i.e. good experience in majors, minors and resus but limited time in paed and no neonates advise spends more time doing this next year	
Trainee Strengths	Reinforce positive skills and behaviours	
Areas for focus	Ideally with signposting i.e. benefit from completing EM Leaders module on managing conflict	
Suggestions for personal development plan in next training year	e.g. spend some time in paed next year including neonates	

	<p>2 this is a suggestion list for next year's development following discussion between trainee and trainer as per consultant appraisal</p> <p>3 it should guide next year's PDP and initial meeting with new CS</p>
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Trainee signature:	Electronic sign off	Date:	
Education Supervisor signature:	Electronic sign off	Date:	

A COVID declaration table should only be completed if the information has not already been entered on the FORM R.