**ST3 ARCP Decision Aid – Intermediate**

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| **Name** |  |
| **Year of training being assessed** |  |
| **% currently training** |  |
| **Date of commencing current training year** |  |
| **Any narrative relating to training year eg sickness, parental leave, change in %** |  |

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|  | Yes/No | Comments |
| ESR report covering all placements in ST3 year and supportive of progression |  |  |
| Intermediate FEG supportive of progression |  |  |
| ESLEs minimum of 3. All at appropriate standard and covering different aspects.1 ELSE must be paeds |  |  |
| MSF supportive of progressionSpread of respondents, 3 consultants minimum |  |  |
| Exam progressMRCEM completed (SBA and OSCE) |  |  |
| Progress through all SLO 1-8 throughout year with enough evidence in each SLO (including each skill) to evidence thisEach KC needs some evidenceEvidence should demonstrate the KC to which it is linkedEach skill should have some evidence Skills should have overall level 3(NB the level on the DOPs form may be at lower entrustment for some rare procedures/assessor dependent but with additional evidence the final level awarded by the ES must be as above) |  | SLO1SLO2SLO3SLO4SLO5Includes illness, injury, psychosocialWPBA concerning presentationWPBA sick child/resusSLO6:Paeds SedationAdult sedationAdvanced AirwayNIVOpen chest drainResuscitative thoracotomyLateral canthotomyDC cardioversionExternal pacingPericardiocentesisLife threatening haemorrhageEmergency DeliveryResuscitative hysterotomyFracture/dislocation manipulationLarge joint aspirationUSS – Echo-E-FAST/FAFF-AAASLO7SLO8 |
| At least satisfactory progress in each generic SLO 9-12SLO 10 can be journal club presentation or evidence of appraisal or recruiting to study or GCP or NIHR associate PI scheme |  | SLO9STAT formEvidence of engagement departmental teachingSLO10Something for ST3SLO11QIATSLO12Completed projectEM leaders – self, team, systemsImpact on wellbeing/functioning |
| Logbooks of evidenceSkills and procedures, USS, EDT diary |  |  |
| Evidence of regional training attendance |  |  |
| Form R – incidents/complaints |  |  |
| Form R – wider scope of practice and evidence from supervisor |  |  |
| Sickness/shielding/TOOT |  |  |
| Anything requiring referral for additional support – exams/health/professional issues |  |  |