Educational Supervisor Report COVID 19 (Intermediate)'s Preview

THIS VERSION IS PUBLISHED ■ Archive () 4 Duplicate () Version 12 + Create a new version () Fields marked with ★ are required. Section 1 **Educational Supervisor Report COVID-19** This form 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. **Trainee grade** Whole or LTFT percentage % Start date of training grade Date training year ends Faculty Educational Governance Statement **FEGS & MCR/MTR Report** Does the FEGS recommend that the trainee progress to the next year of training? **Comment on any recommendations:** 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. Number of ESLE completed:

Comment on standard and scope of practice:

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 a minimum 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

Entrustment scale (Intermediate SLO1)

Assess and manage all adult patients attending the ED. These capabilities will apply to patients attending with both

| Assess and manage all adult patients attending the ED. These capabilities will apply to patients attending with both physical and psychological ill health | | |
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| | | |
| Assess and formulate a management plan for patients who present with complex medical and social needs who manifest as one of the frailty syndromes | | |
| | | |
| 2. Support the ED team by answering clinical questions and making safe decisions | | |
| Entrustment scale (Intermediate SLO2) | | |
| able to support the pre-hospital, medical, nursing and admin team in answering clinical questions and in making safe decisions for discharge, with appropriate advice for management beyond the ED | | |
| | | |
| aware of when it is appropriate to review patients remotely or directly | | |
| | | |
| 3. Identify sick adult patients, able to resuscitate and stabilise and know when it is appropriate to stop | | |
| Entrustment scale (Intermediate SLO3) | | |
| manage all life-threatening conditions including peri-arrest & arrest situations in the ED | | |
| | | |
| care for ED patients and their relatives and loved ones at the end of the patient's | | |
| | | |
| to effectively lead resuscitation teams | | |
| | | |
| 4. Care for acutely injured patients across the full range of complexity | | |
| Entrustment scale (Intermediate SLO4) | | |
| assess, investigate and manage patients attending with all injuries, regardless of complexity | | |
| | | |

| provide leadership of the Trauma Team |
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| 5. Care for children of all ages in the ED, at all stages of development and children with complex needs |
| Entrustment scale (Intermediate SLO5) |
| Be able to gather appropriate information, perform relevant clinical examination and be able to formulate and communicate a management plan that prioritises the child and where relevant the family's choices that is in their best interests |
| |
| Be able to identify the sick child and initiate appropriate management steps |
| |
| Acquire the special skills needed to resuscitate children of all ages, and know that this may differ dependent on developmental age and how this differs from adult resuscitation |
| |
| Assess children and young people with concerning presentations and know that some of the presenting symptoms could be manifestations of abuse |
| |
| 6. Deliver key procedural skills |
| Entrustment scale (Intermediate SLO6) |
| The clinical knowledge to identify when key EM procedural skills are indicated |
| |
| The knowledge and psychomotor skills to perform the ACCS procedural skills safely and in a timely fashion |
| |
| 7 Deal with compley and challenging cituations in the workplace |
| 7. Deal with complex and challenging situations in the workplace Entrustment scale (Intermediate SLO7) |
| Be able to work effectively with patients who appear angry or distressed |
| and to nonconsoly man paneme and appear angry or alongood |
| Be able to negotiate or manage complicated or troubling interactions |
| be able to negotiate of manage complicated of 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

| Entrustment scale (Intermediate SLO8) |
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| Have an awareness of other's workload and supports other staff members |
| |
| Be able to function as senior clinician in the ED overnight |
| |
| 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 |
| |
| Ultrasound log |
| |
| Generic SLOs |
| Intermediate Generic Learning Outcome (SLO9 - SLO12) |
| Progress rating ES to comment on each |
| SLO 9 - Support, supervise and educate |
| Support, Supervise and educate |
| Commonto |
| Comments: |
| |
| SL0 10 - Participate in research and managing data appropriately |
| |
| Comments: |
| |
| SLO 11 - Participate in and promote activity to improve the quality and safety of patient care |
| |
| Comments: |
| |
| SLO 12- Manage, Administer and Lead |
| |
| Comments: |
| |

| minimum 12 responses (applied and performed in first 6 months) minimum 2 consultants and appeal of pertising | | |
|--|--|--|
| minimum 12 responses (annual and performed in first 6 months) minimum 3 consultants and spread of participan as agreed with Ed Sup. ES summary | | |
| | | |
| Examination Progress | | |
| If trainee has been unsuccessful at any component please document number of attempt to date | | |
| Primary | | |
| SBAQ | | |
| | | |
| OSCE/SJT | | |
| | | |
| Involvement in Complaints, Serious Untoward Incidents | | |
| If the trainee has been involved in any events in this revalidation year please document her 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 | | |
| Trainee Health | | |
| Number of TOOT days | | |
| | | |
| Please comment on any concerns regarding health or time out of training TOOT | | |
| | | |
| 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? | | |
| To those a mond sound of avidous in a montfolio to assume the sound in a life in all 0.0.0.0.00 | | |
| Is there a good range of evidence in e-portfolio to support progression in clinical SLO 1-8? | | |

Is there a range of experience across the scope of practice? Please highlight areas for further development.

| 03/12/2021, 09:30 | Kaizen |
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| Trainee strengths | |
| | |
| Areas for focus | |
| | |
| Suggestions for personal develop COVID 19 | ment plan in next training year including training recovery plans as a result of |
| | |
| The following should on entered on the FORM R | ly be completed if the information has not already been |
| During the COVID-19 pandemic d | id the trainee's scope of practice change? |
| | |
| Has this affected the trainee's abi | lity to achieve the assessments listed above |
| | |
| Has the trainee had a period of tin | ne away due to self-isolation / shielding etc? |
| _ | |