# Annual Review of Competence Progression Checklist for Work Place Based Assessments in **ACCS Emergency Medicine/Acute Medicine in Iceland**

Trainee Name:\_\_\_\_\_ ID number/Kennitala:\_\_\_\_\_

Icelandic medical registration number:\_\_\_\_\_

### **Emergency Medicine**

Summative assessm Presentations	Date of assessment	Assessor's name		
CMP1 Anaphylax	Date	Name		
CMP2 Cardio-res	Date	Name		
CMP3 Major Trauma			Date	Name
CMP4 Septic patient			Date	Name
CMP5 Shocked patient			Date	Name
CMP6 Unconscio	ous patient		Date	Name
Summative assessm	ents by a consultant	in each of the following	g 5 Acute Presentation	ns:
CAP1 Abdominal Pain			Date	Name
CAP6 Breathlessness			Date	Name
CAP7 Chest Pain			Date	Name
CAP18 Head Inju	ıry		Date	Name
CAP30 Mental H	ealth		Date	Name
Formative assessme	nto in at least E furth		the second se	
		her Acute Presentation er up to 5 acute presen	• •	assessment
			• •	assessment 5. Date
tools including ACAT	(EM) which can cove	er up to 5 acute presen	tations	
tools including ACAT 1. Date Name	(EM) which can cove 2. Date Name entations covered b	er up to 5 acute presen 3. Date	tations 4. Date Name	5. Date Name
tools including ACAT           1. Date           Name           10 other Acute Pres           Reflective practice / /	(EM) which can cove 2. Date Name entations covered b Additional WPBAs	er up to 5 acute presen 3. Date Name	tations 4. Date Name / Audit / E-learning mo	5. Date Name
tools including ACAT           1. Date           Name           10 other Acute Pres           Reflective practice / /           1. Teaching / Audit /	(EM) which can cover 2. Date Name entations covered b Additional WPBAs / E-learning / Reflecti	er up to 5 acute presen 3. Date Name y: Teaching delivered /	tations 4. Date Name / Audit / E-learning monopole cle) Date	5. Date Name odules /
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10. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
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Practical procedures as DOPS in each of the following 5 domains:				
Airway Maintenance	Date	Name		
Primary Survey	Date	Name		
Wound Care	Date	Name		
Fracture/Joint manipulation	Date	Name		
Any 1 other procedure	Date	Name		

## Acute Medicine

			Date	
CMP1 Anaphylaxis				Name
CMP2 Cardio-respiratory arrest			Date	Name
CMP3 Major Trauma			Date	Name
CMP4 Septic patient			Date	Name
CMP5 Shocked patient			Date	Name
CMP6 Unconscious patient				Name
Formative assessme tools including ACA	ents in at least 10 Fur T(GIM)	ther Acute presentat	tions using a variety o	of assessment
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
6. Date	7. Date	8. Date	9. Date	10. Date
	Name ntations covered by: Te	Name eaching delivered / Auc	Name dit / E-learning modules	Name / Reflective
10 other <b>Acute Prese</b> practice / AdditionalW	ntations covered by: Te	eaching delivered / Auc	dit / E-learning modules	/ Reflective
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### To be completed by trainee and countersigned by Educational Supervisor

Trainee signature:	Date:	
Education Supervisor signature:	Date:	
Education Supervisor name PLEASE PRINT		

#### 1. Active involvement in Audit, Quality Improvement Projects or Academic Research is required

2. Training days include attendance at weekly educational activities, conference and course attendance and other educational activities considered appropriate by the ARCP Panel