



Appendix 5

The Curriculum and Assessment for Sub-specialty training in Paediatric Emergency Medicine

**CEM & RCPCH
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CONTENTS

Glossary of terms	4
1. Introduction	5
1.1. What is a Paediatric Emergency Medicine Physician?	5
2 Content of learning	6
2.1 General Competences for the Paediatric Emergency Medicine Physician	6
2.1.1 Knowledge and understanding	6
2.1.2 Skills	6
2.1.3 Communication skills	7
2.1.4 Leadership and management	7
2.2 Clinical Competences for the Paediatric Emergency Medicine Physician	8
2.2.1 Acute Life Support	8
2.2.2 Cardiology	11
2.2.3 Child and Adolescent Mental Health	13
2.2.4 Child Protection and children in special circumstances	14
2.2.5 Dermatology	18
2.2.6 Endocrinology and metabolic medicine	20
2.2.7 Gastroenterology	23
2.2.8 Gynaecology and Obstetrics	26
2.2.9 Haematology and Oncology	28
2.2.10 Infection, Immunology and Allergy	31
2.2.11 Neonatology	34
2.2.12 Nephro-urology	36
2.2.13 Neurology	38
2.2.14 Neurosurgery	40
2.2.15 Ophthalmology	41
2.2.16 Orthopaedics	42
2.2.17 Plastic surgery	46
2.2.18 Poisoning and accidents	47
2.2.19 Respiratory medicine, with Ear, Nose and Throat	50
2.2.20 Trauma	55
3 Practical Procedures and Investigations	60
4 Diagnostic procedures	61
5 Therapeutic procedures	60
6 The Paediatric Emergency Medicine Assessment System	65
6.1 Introduction	65
6.2 Reviewing Educational progress	66
6.3 ARCP decision tool	66
6.4 Paediatric Emergency Medicine annual review process	67

6.5 Table of generic competences	68
6.6 Table of clinical competences	69
6.7 Table of practical procedures	73
6.8 ARCP decision table	77
6.9 Educational Supervisors report	78
6.10 Paediatric Emergency Medicine Assessment Blueprint	79
6.11 Workplace based assessment forms	83

Glossary of terms

General terms

APLS	Advanced Paediatric Life Support
ED	Emergency Department
EM	Emergency Medicine
EP	Emergency Physician
EPLS	European Paediatric Life Support
M	Appears in yellow box and signifies mandatory
NLS	Neonatal Life Support
PEM	Paediatric Emergency Medicine
PEMP	Paediatric Emergency Medicine Physician

Assessment Method Glossary

AA	Audit Assessment
ACAT (EM)	Acute Care Assessment Tool (Emergency Medicine)
C	Case Based Discussion (CBD)
D	Direct observation of procedural skills (DOPS)
L	Life support course
Mi	Mini-clinical evaluation exercise (Mini-CEX)
M	Multi-source feedback (MSF)
PS	Patient Survey
S	Simulation
TO	Teaching Observation
W	Web-based, ENLIGHTENme Hub and Knowledge Bank

GMP domain headings

GMP 1	Knowledge, skills and performance
GMP 2	Safety and quality
GMP 3	Communication, partnership and teamwork
GMP 4	Maintaining trust

1. Introduction

Emergency Medicine trainees should read this document in conjunction with the parent Emergency Medicine curriculum where the common competences, learning and teaching methods, and the assessment system are described. Emergency Medicine trainees will have acquired many competences during the third year of core training and in higher specialty training. During sub-specialty training, these competences should be revisited under the supervision of a Paediatric Emergency Medicine lead trainer, but with the trainee seeing more complex and greyer cases, as well as covering new areas.

Paediatric Emergency Medicine (PEM) is a sub-specialty of both Paediatrics and Emergency Medicine and is concerned with providing highly specialised acute health care to children of all ages. This document is intended for doctors who are close to completing Higher Specialty Training in Paediatrics or Emergency Medicine and wish to sub-specialise in PEM. The framework defines the competences that should be achieved by the end of sub-specialty training, in order to provide high quality care to sick and injured children in a modern NHS.

1.1 What is a Paediatric Emergency Medicine Physician (PEMP)?

- The PEMP is able to look after patients with a wide range of pathologies, from the life threatening to the self-limiting, within all paediatric age groups in the Emergency Department setting.
- Essential to the work of the PEMP is the principle that all decisions should be made in the best interests of the child or young person in their care.
- The PEMP is able to safely and effectively identify those children needing admission and those that can be discharged.
- The PEMP is able to conduct a primary assessment and take appropriate steps to stabilise and treat critically ill and injured children.
- The PEMP is able to work in the difficult and challenging environment of the Emergency Department and is able to re-prioritise and respond to new and urgent situations.
- The PEMP is an expert at directing and co-ordinating medical, surgical and trauma resuscitations involving children.
- The PEMP is skilled at practical procedures especially those needed for resuscitation.
- The PEMP is able to interact with, co-ordinate, educate and supervise all members of the Emergency Department team.
- The PEMP is able to understand the unique interaction of the Emergency Department with every part of the hospital and its significant role in interacting with the external community
- The PEMP is able to act as co-ordinator in the Emergency Department during a major incident.

2. Content of learning

2.1 General Competences for the Paediatric Emergency Medicine Physician

General competences			
	Sub-specialty PEM training	Assessment Methods	GMP
2.1.1 Knowledge and understanding	<ul style="list-style-type: none"> • Know and understand the scientific base relevant to clinical practice in Paediatric Emergency Medicine • Have the knowledge of the clinical features, diagnostic criteria, epidemiology, natural history, patho-physiology, complications and consequences of acute illness and injury in children • Understand the specific health issues, immunization schedules, screening programmes, diseases and disorders related to the various stages of growth and development in the paediatric patient • Understand the other factors that effect prioritisation of patients other than clinical priority • Know that children are vulnerable and therefore illness or injury may be inflicted • Know about the agencies both statutory and voluntary that can provide support to children and their families • Know and respect the legal framework and ethical issues relating to children in the Emergency Department setting including consent and confidentiality 	E, Mi, ACAT	1, 2, 3
2.1.2 Skills	<ul style="list-style-type: none"> • Be able to recognise case histories which suggest serious, life threatening or unusual pathology in children • Be able to assess the mental state of children and young people • Be able to expertly perform practical procedures related to the care of children • Be able to show effective time management and prioritisation within the Emergency Department 	Mi, C, ACAT, DOPS	1

<p>2.1.3 Communication skills</p>	<ul style="list-style-type: none"> • Be able to conduct a consultation in such a way that a child, a young person and their families are able to talk about difficult or emotional issues • Be able to show concern for age and development, gender, disability, psycho-social, cultural and economic implications of a patient's unique situation • Know how to write reports about alleged child abuse for Social Services or the Courts and a statement for police • Be able to reduce or eliminate tension in a difficult situation • Be able to tackle sensitivity over the issue of organ donation and end of life decisions in children • Be aware of the legal framework of the NHS on the care of the deceased and requirements for death certification and compulsory inquests 	<p>Mi, C, ACAT</p>	<p>3, 4</p>
<p>2.1.4 Leadership and management</p>	<ul style="list-style-type: none"> • Be able to take on a leadership role in the multidisciplinary team including in the setting of resuscitation and major incident • Be able to understand the importance of cultural diversity and the difficulties that may arise where religious and cultural beliefs that parents may hold about the emergency treatment of their children differ from medical practice and know how to find legal and ethical guidelines to support their work • Understand the legal ramifications of the Children Act, the Human Rights Act and Information Act as they pertain to children and young people in the Emergency Department • Understand the National Service Framework, the role of the Royal College of Paediatrics and Child Health and the College of Emergency Medicine and the Postgraduate Medical Education Training Board • Be able to demonstrate the skills of efficient assessment, management and decision making in an environment of large patient volumes and rapidly changing priorities • Understand the principles of audit, risk management, incident reporting and complaint management pertinent to the ED 	<p>E, Mi, C, ACAT</p>	<p>2, 3, 4</p>

2.2 Clinical competences for the Paediatric Emergency Medicine Physician

2.2.1 Acute life support and resuscitation M			
By the end of this training period the trainee will:		Assessment Methods	GM P
Knowledge	<ul style="list-style-type: none"> Understand the life-threatening nature of these problems and know when to call for the help of more experienced colleagues Understand the prognostic factors for outcome of cardiac resuscitation Understand the indications and procedures for transport to a definitive facility following stabilization Understand the, pharmacology, indications, contraindications, dose calculation and routes of administration of drugs used in resuscitation and in the stabilization of children in cardiac arrest or failure Understand the appropriate management of Sudden Death in Infancy and the local management guidelines for supporting the family 	E, Mi. ACAT, C, S	1
Skills	<ul style="list-style-type: none"> Be able to recognise the patient at risk for an obstructed airway Be able to recognise the patient in respiratory failure or arrest Be able to formulate a differential diagnosis by age of a patient with acute- life threatening respiratory difficulty and prioritise management Be able to provide immediate management of a patient with acute life- threatening respiratory difficulty Be able to lead a resuscitation team in line with APLS/EPLS/NLS guidelines Be able to recognise the child in shock and formulate a differential diagnosis Be able to obtain venous and arterial access including IO & central lines Be able to ensure appropriate non-invasive and invasive monitoring including arterial and end tidal-Co2 Obtain, interpret and react appropriately to blood gas results and blood pressure 	Mi. C, D, L	1, 3

	measurements across a range of emergency presentations in all paediatric age groups <ul style="list-style-type: none"> • Have developed a sensitivity and understanding regarding the management of chronic end-stage conditions 		
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Respiratory failure or arrest M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the appropriate use of pharmacological agents in induction and post-intubation and be aware of complications and side-effects • Know the indications and contraindications for a surgical airway • Understand the pharmacological and mechanical interventions post-stabilization of the airway and prior to arranging transport to the definitive unit • Understand the prognostic features of the outcome of respiratory arrest 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to assemble a team prior to the patient's arrival • Be able to differentiate upper and lower airway obstruction • Be able to follow age-appropriate algorithms for obstructed airway • Be able to manage the difficult airway including being able to perform basic airway opening manoeuvres, effective bag valve mask ventilation, laryngeal mask insertion and intubation • Be able to manage a failed intubation • Be able to initiate and maintain mechanical ventilation with an understanding of possible complications • Be able to discuss end of life decisions in a sympathetic and caring manner with patients and their families 	E, Mi, C, D, S	1, 3

Cardiac failure or arrest M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the causes of heart failure • Understand the outcomes of cardiac arrest in children 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to distinguish the type of shock and to differentiate compensated from uncompensated shock • Be able to perform effective cardiac compressions • Be able to recognise when to ask for urgent surgical opinion • Be able to recognise rhythm disturbances and initiate appropriate treatment • Be able to make appropriate use of fluids including blood products • Be able to defibrillate, perform cardioversion and provide external • Understand the indications for pacing and be able to initiate external • Be able to use vasoactive drugs appropriately including awareness of complications • Be able to take decisions in circumstances which present ethical issues and know when to cease resuscitation • Be able to discuss organ donation in a sensitive manner 	Mi, C, D	1

2.2.2 Cardiology M			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the knowledge and skills to be able to assess and manage babies and children presenting to the Emergency Department (ED) with cardiological disorders • Understand the life-threatening nature of some of these conditions and when to ask for the help of a cardiologist or others with more specialised expertise • Understand and recognise the possible cardiac complications of other system disorders • Understand the pharmacology, indications, side-effects and complications of cardiac drugs used commonly in the emergency department • Understand when referral for specialist paediatric cardiology assessment for further management is appropriate 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to formulate a differential diagnosis • Be able to select and interpret appropriate cardiological investigations including ECGs at all ages and know the indications for echocardiography 	Mi, C, D	1
Heart failure			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the causes and precipitating factors of heart failure • Understand the appropriate drugs to use in treatment and their indications, contraindications and side-effects 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to initiate appropriate investigations and treatment • Be able to identify patients who need to be referred and when to call for help urgently • Be able to initiate appropriate invasive and non-invasive monitoring of patients • Be able to recognise the need for, and be able to initiate mechanical ventilation 	Mi, C	1

Arrhythmia M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the causes of common arrhythmias Understand the indications, contraindications and side-effects of anti-dysrhythmics Understand the indications for pacing 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to differentiate between haemodynamically stable versus unstable rhythms Be able to institute appropriate emergency treatment including valsalva manoeuvre, cardioversion, defibrillation and external pacing 	Mi, C, D	1
Syncope M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the common causes of syncope Understand the common seizure types in children 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to formulate a differential diagnosis Be able to recognise pseudoseizures Be able to recognise those patients who need immediate treatment, initiate that treatment and commence appropriate investigations and arrange admission and those who can be managed as outpatients 	Mi, C,	1
Endocarditis, myocarditis, pericarditis M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the causes of endocarditis, myocarditis and pericarditis 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise the signs and symptoms and be able to formulate a differential diagnosis and treatment plan Be able to resuscitate and stabilize patients with life-threatening complications Be able to order appropriate investigations available in the emergency department setting and to interpret the results appropriately 	Mi, C, ACAT	1

2.2.3 Child and Adolescent Mental Health M

By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand normal behaviour patterns including response to injury and illness from birth to adolescence • Understand about attachment and conduct disorders • Understand the influence of physical, emotional and social factors on development and health • Understand about excessive crying and resources available to help families • Understand about the roles of other professions, agencies and the voluntary sector • Understand the emotional impact of hospitalisation on children • Understand the behaviour aspects of eating disorders • Understand adolescent behaviour in maturation • Understand about the multi-disciplinary nature of child and adolescent mental health services • Understand the signs and symptoms that indicate serious conditions such as depression and psychosis 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to recognise, support and manage patients presenting with self-harm • Be able to recognise fabricated illness and injury in children • Be able to recognise abnormal child behaviour patterns 	Mi, C, D	1

2.2.4 Child protection and children in special circumstances M

By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the local and national guidance and follow procedures for cases where child abuse is suspected Understand the need to initiate a safe response where abuse is suspected while treating the family with respect and courtesy at all times Understand the ways in which their own beliefs, experiences and attitudes may influence professional involvement in child protection work Understand how and when to access the Child Protection register and understand its role and its limitations Know how to access and understand the roles of allied health professionals and other agencies in the support of children and families Know what to do if a child discloses allegations of abuse Know where help with management can be obtained and understand the pathways to ensure follow-up 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Recognise features in the presentation where child protection may be an issue, for example, where there are inconsistencies in the history and understand how to act on them Recognise where families are distressed and in need of help to prevent child abuse Be familiar with local facilities for adolescents requiring advice including drug and alcohol misuse Be familiar with the different categories of abuse and recognise that they may occur together i.e. physical, emotional, sexual and neglect, fabrication or falsification/induction of illness in a child Keep accurate records of all findings in communication with the child, caregivers and all other professionals Be able to record clearly the results of the examination of a baby, child or adolescent using body charts 	Mi, C, D	1

	<ul style="list-style-type: none"> • Recognise the importance of noting all observations of the child's demeanour and interactions with parents or carers • Be able to compile and present a written report for police or social services which may be used in a case conference • Be able to conduct an assessment for physical abuse, recording findings and come to a conclusion about the nature of injuries • Be able to appear as a professional witness in civil or criminal proceedings • Be able to present a medical report to a case conference and be able to contribute to that conference 		
Physical abuse M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the unusually subtle signs of physical abuse • Understand the signs of common injury or illness that may mimic physical abuse • Understand the common fractures seen in physical abuse 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to recognise patterns of injury or illness which might suggest child abuse • Be able to initiate child protection procedures as per local policy 	Mi, C	1, 3

Sexual abuse M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the ways in which children might reveal sexual abuse Understand and recognise the signs and symptoms of sexual abuse in children Understand the relationship between sexually transmitted infections and sexual abuse in children Understand the importance of seeking help from experienced colleagues in the assessment of children where child abuse might be an issue 	E, C, Mi, ACAT	1, 2, 3
Skills	<ul style="list-style-type: none"> Be able to institute appropriate child protection procedures if sexual abuse suspected 	MI, C	1, 2, 3
Self-harm M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Recognise this as an expression of distress, acute or long-term Recognise repeated self-harm as indicating serious emotional distress 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to refer to the CAMHS (Child & Adolescent Mental Health Services) team 	MI, C	1, 3
Neglect M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the ways in which children may present with neglect 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to refer appropriately 	MI, C	1, 3

Apnoeic episodes as an infant M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Be aware of this as a possible presentation of imposed airway obstruction and know the indicators that this may be the case • Understand the life- threatening nature of imposed airway obstruction 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Refer to an experienced colleague for help 	Mi, C	1, 3

2.2.5 Dermatology			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the knowledge and skills to be able to assess and manage children presenting to the Emergency Department with dermatological disorders • Understand and recognise the possible dermatological manifestations and complications of other system disorders • Understand when referral for specialist dermatological opinion is appropriate • Understand the principals of therapy for skin conditions 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to describe accurately any rash • Be able to formulate a differential diagnosis • Recognise and manage the serious as well as the life-threatening complications of some of these conditions 	Mi, C, D	1
Life-threatening dermatological emergencies i.e. toxic epidermal necrolysis, erythroderma, Stevens-Johnson Syndrome, Staphylococcal scalded skin syndrome			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the features of management of life-threatening emergencies 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to assess and start treatment promptly • Be able to recognise when to obtain other specialist opinions e.g. from dermatology or ophthalmology 	MI, C	1, 3

Eczema and seborrheic dermatitis			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the common treatments for eczema and reasons for treatment failure 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to manage eczema and seborrheic dermatitis Be able to advise patients and families about disease process and treatment 	MI, C	1
Bites and infestations			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the aetiology by age and the pathophysiology of bites and infestations Understand and recognise the signs and symptoms of bites and infestations 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to manage children with acute bites and infestations, including recognition of signs and symptoms of life- and limb-threatening complications 	MI, C	1

2.2.6 Endocrinology and Metabolic medicine			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the understanding and skills to be able to assess and manage children presenting to the Emergency Department with endocrine or metabolic disorders • Understand the life-threatening nature of some of these conditions • Understand and recognise the possible metabolic and endocrine complications of other system disorders • Understand when and how to perform endocrine and metabolic investigations in neonates and children presenting to the Emergency Department • Understand the biochemical findings in children presenting with metabolic disease 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to formulate a differential diagnosis • Be able to select and interpret appropriate endocrine and metabolic investigations • Be able to measure children accurately and assess their growth using appropriate growth charts, taking into account parental stature and pubertal status • Be able to assess pubertal stages of development accurately • Recognise and be able to manage clinical and biochemical features of electrolyte and acid base abnormalities 	Mi, C, D	1
Diabetic ketoacidosis			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the pathophysiology of ketoacidosis • Understand local and national guidelines for the management of diabetic ketoacidosis, including the principles of fluid management and insulin therapies 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to formulate a likely diagnosis and recognise features of the presentation and complications • Be able to recognise features of cerebral 	Mi, C	1

	<p>oedema and be able to provide emergency treatment</p> <ul style="list-style-type: none"> • Be able to perform appropriate investigations and act on the results • Be able to prescribe fluid, electrolyte and insulin therapy • Be able to explain the condition to patients and caregivers 		
Hypoglycaemia			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the causes, presentations, complications, investigations and emergency treatment in the neonatal period and beyond 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to perform appropriate investigations • Be able to treat appropriately 	Mi, C	1
Adrenal insufficiency M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the pathophysiology of the hypothalamic /pituitary/adrenal axis 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to initiate appropriate investigations and treatment • Be able to recognise the features and select appropriate investigations and management for adrenal insufficiency • Be aware of and able to treat life-threatening complications including electrolyte disturbances 	Mi, C	1
Acid-base and electrolyte abnormalities M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the aetiology and patho-physiology of dehydration • Understand the presentation of dehydration • Understand the presentation, investigation and treatment of electrolyte disturbances 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to recognise the life-threatening complications of dehydration • Be able to perform and interpret blood gas 	E, Mi, C	1

	<p>results</p> <ul style="list-style-type: none">• Be able to calculate and interpret anion and osmolar gaps• Be able to calculate and prescribe fluid replacement, maintenance fluids and replacement for ongoing losses		
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2.2.7 Gastroenterology			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the understanding and skills to be able to assess and manage children presenting to the Emergency Department with gastrointestinal disorders • Understand the life-threatening nature of some of these conditions • Understand and recognise the possible gastrointestinal complications of other system disorders • Understand when to refer for specialist gastroenterological opinion 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to formulate a differential diagnosis • Be able to select and interpret appropriate investigations as well as understand the role of interventional procedures like endoscopies in the investigation of acutely unwell patients • Be able to provide appropriate monitoring including measurement of central venous pressure if required 	Mi, C, D	1
Acute abdominal pain			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand and be able to recognise the causes of acute abdominal pain in all age-groups 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to recognise conditions requiring stabilization and urgent intervention, including fluid resuscitation and pain control • Be able to recognise atypical presentations of common conditions • Be able to interpret plain x-rays • Recognise the signs of pain in an infant or small child • Recognise when a surgical opinion is required 	E, Mi, C	1

Acute vomiting with or without diarrhoea			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand and be able to recognise the causes of acute vomiting and diarrhoea Understand about the scientific principles of oral and intravenous fluid replacement 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise and order appropriate treatment for the seriously ill patient Be able to recognise and manage dehydration safely 	Mi, C	1
Upper and lower gastrointestinal bleeding			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the causes of upper and lower GI bleeding Understand and be able to recognise life-threatening causes, including intussusception 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to stabilize the hemodynamically compromised patient including use of intraosseous insertion and central access Be able to identify the need for investigations including endoscopy, blood transfusion and surgical referral appropriately 	MI, C	1
Acute liver failure M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the causes of acute liver failure Understand the management of paracetamol overdose 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to assess the severity and complications of this condition Be able to initiate appropriate resuscitation and liaise early with a liver unit 	MI, C	1, 3

Recurrent abdominal pain M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the possible biological, psychological and social contributing factors in recurrent abdominal pain Understand which features suggest that reassurance rather than investigation is needed 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Recognise features in the presentation that suggest the importance of different aetiologies Ensure appropriate outpatient follow-up 	MI, C	1
Constipation			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand and be able to recognise predisposing conditions as well as psychological and dietary factors involved 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to initiate management based on national guidelines Be able to arrange appropriate follow-up for the patient and identify patients requiring specialist input Be able to communicate dietary and psychological strategies as well as the role of medication in treatment 	MI, C	1

2.2.8 Gynaecology and obstetrics			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the knowledge and skills to be able to assess and manage children and adolescents presenting with gynaecological disorders to the Emergency Department • Understand the life-threatening nature of some of these conditions and when to call for help • Understand when referral for specialist paediatric gynaecology assessment is appropriate • Understand when referral to the child protection team is appropriate • Understand the forensic aspects of child sexual abuse and male/female rape as pertinent to emergency care • Have the knowledge and skills to be able to assess and manage transfer of patients in labour if appropriate and be aware of the life-threatening complications of pregnancy and necessary emergency interventions 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to formulate a differential diagnosis • Be able to select and interpret appropriate gynaecological investigations including microbiology and virology results, beta Human Chorionic Gonadatrophin and ultrasonography • Be able to assist with a precipitous delivery 	Mi, C, D	1
Ectopic pregnancy			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the pathophysiology of ectopic pregnancy • Understand and recognise the signs and symptoms as well as complications of ectopic pregnancy • Recognise the value of and be able to interpret the findings of ancillary studies in patients with ectopic pregnancies 	E, C, Mi, ACAT	1

Skills	<ul style="list-style-type: none"> • Be able to recognise shock and peritonitis in the young female • Be able to manage life-threatening complications of ectopic pregnancy including venous access and management of hemorrhagic shock 	MI, C, D	1
Sexually transmitted infections			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand and recognise the signs and symptoms of common sexually transmitted infections • Understand the appropriate antimicrobial therapy 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to undertake a pelvic exam • Be able to use a speculum and take appropriate swabs for diagnosis and organize referral to an appropriate GUM facility 	MI, C, D	1

2.2.9 Haematology and Oncology

By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the knowledge and skills to be able to assess and manage children presenting to the Emergency Department with haematological and oncological disorders • Understand the life-threatening nature of some of these conditions • Understand and recognise the possible haematological and oncological complications of other system disorders • Understand the normal age-dependent haematological blood values • Understand the indications, contraindications and complications of the use of blood products • Understand about national and local blood transfusion policies • Understand the legal process if faced with parental objection to the use of blood products • Understand when referral for specialist paediatric haematological or oncological assessment is appropriate 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to formulate a likely differential diagnosis 	Mi, C, D	1

Sickle cell crisis

By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the common presentations and complications of sickle cell crisis 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to provide emergency management as well as appropriate pain control and fluid balance 	MI, C	1

Anaemia			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the causes of anaemia Understand the presentation and treatment of severe anaemia 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to interpret haematologic investigations and recognise serious underlying pathology Be able to manage iron deficiency anaemia 	Mi, C	1
Purpura and bruising			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the causes of purpura 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise features in the presentation which suggest serious pathology including meningococemia and leukemia Be able to manage life- threatening causes of purpura Be able to diagnose, organise follow-up and explain Henoch-Schonlein purpura and idiopathic thrombocytopaenia purpura to patients and caregivers Be able to recognise patterns suggestive of child abuse and organise care 	Mi, C	1
Leukaemia/lymphoma M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the presentation and emergency treatment of acute complications 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise and diagnose in the emergency room setting 	Mi, C	1

Immuno-compromised patient			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the life-threatening complications and treatment • Understand the common sites of infection and organisms causing sepsis in this group of patients • Understand the rationale behind specific antimicrobial regimes 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to follow local guidelines for the management of the febrile neutropenic patient 	Mi, C	1

2.2.10 Infection, Immunology and Allergy			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the knowledge and skills to be able to assess and manage children presenting to the Emergency Department presenting with infectious diseases and allergic conditions • Understand the life-threatening nature of some of these conditions • Understand and recognise the possible infectious complications of other system disorders • Understand when referral for specialist infectious disease or allergy assessment is appropriate • Understand the causes of vulnerability to infection • Understand the classification of infectious agents • Understand the epidemiology, pathology and 'natural history' of common infections of the newborn and children in Britain and the public health policies associated with them • Understand the importance of worldwide infections, for example TB, HIV, Malaria, Hepatitis C • Understand the rationale for prescribing common antimicrobials • Understand the indications for antimicrobial prophylaxis • Understand the pathophysiology and principles of treatment of allergic and autoimmune disorders 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> ▪ Be able to formulate a likely differential diagnosis ▪ Be able to select and interpret appropriate laboratory investigations, including microbiology and virology cultures, and understand the significance of results pertaining to all age-groups ▪ Be able to select and interpret appropriate laboratory investigations, including microbiology and virology cultures, and understand the 	Mi, C, D	1

	<p>significance of results pertaining to all age-groups</p> <ul style="list-style-type: none"> Be able to follow agreed national and local guidelines on the notification of infectious diseases 		
Septic shock M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the definition of sepsis and be able to distinguish between compensated and uncompensated shock Understand the pathophysiology of sepsis causing shock Understand the life-threatening complications of sepsis Understand the nationally agreed guidelines for the management of septic shock 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to initiate and lead management of early and advanced features of septic shock Be able to recognise and treat rapidly life-threatening complications. Be able to initiate vasoactive drug therapy and be aware of their complications and side effects 	Mi, C	1
Febrile child M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the implication of fever without a focus in different age groups Knowledge of national guidelines 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to appropriately investigate and treat children with fever without a focus in all age groups 	Mi, C	1
Common childhood exanthems M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand about the clinical manifestations, aetiology, epidemiology, isolation, immunization schedule, control measures and care of exposed people 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to notify Public Health 	C	1

Needle-stick injury			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the local guidelines for management of needle-stick injury 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to identify patients requiring Emergency Department prophylaxis Be able to recognise the importance of universal precautions as well as the disposal of sharps within the department 	Mi, C	1
Anaphylaxis			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the management of anaphylaxis in the Emergency Department setting 	E, C, Mi, ACAT, S	1
Skills	<ul style="list-style-type: none"> Be able to manage life-threatening complications 	Mi, C	1
Kawasaki disease			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand and recognise the signs of Kawasaki disease 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise and manage life-threatening complications of Kawasaki disease Be able to initiate a management plan 	Mi, C	1

2.2.11 Neonatology M			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the knowledge and skills to be able to assess and manage neonates presenting to the Emergency Department • Understand the life-threatening nature of some of these situations and the need to call for help • Understand the pathophysiological processes leading to neonatal cardio-pulmonary instability, including the role of thermoregulation • Understand and recognise the signs and symptoms of neonatal distress 	E, C, Mi, ACAT, S	1
Skills	<ul style="list-style-type: none"> ▪ Be able to formulate a differential diagnosis for a variety of common presenting symptoms ▪ Be able to lead a resuscitation team as per APLS/EPLS/NLS guidelines ▪ Be able to perform a reliable assessment of fluid status and adjust fluid management as needed ▪ Be able to select and interpret appropriate investigations and explain results to parents ▪ Be able to identify neonates requiring admission, requiring a midwife or health visitor input and identify mothers requiring additional support 	Mi, C, D	1
Cyanotic/non cyanotic congenital heart disease M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the anatomy and presentation of congenital heart disease 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to make a likely diagnosis and investigate and manage appropriately • Be able to initiate antiprostaglandin therapy as required and recognise the need for ventilatory support • Be able to identify those neonates requiring urgent specialist opinion 	Mi, C	1

Jaundice			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the investigations that differentiate between conjugated and unconjugated hyperbilirubinemia 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to diagnose and manage jaundice Be able to identify which neonates require specialist input and arrange follow up in an appropriate timeframe 	Mi, C	1
Sepsis M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the importance of timely treatment and the range of treatments for likely pathogens Understand the appropriate treatment for a septic neonate 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to perform and interpret appropriate investigations 	C, D	1

2.2.12 Nephro-urology			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the knowledge and skills to be able to assess and manage children presenting with Nephro-urology problems to the Emergency department. • Have the knowledge and understanding of fluid and electrolyte imbalances and blood pressure in children with kidney problems • Understand the life-threatening nature of some of these conditions • Understand when referral for specialist paediatric nephrology, general surgical or urological assessment is appropriate 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> ▪ Be able to perform an accurate assessment and management of fluid status ▪ Be able to select and interpret appropriate renal investigations including urine microbiology and renal function tests 	Mi, C, D	1
Urinary tract infection			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Be aware of national guidelines for urinary tract infections in children • Understand the presentation, aetiology and management of urinary tract infections in the acute setting at different age groups • Understand the range and accuracy of different methods of urine collection • Understand the appropriate imaging, based on age and local guidelines, of patients post-urinary tract infection 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to interpret common urine microscopic and culture findings and initiate appropriate treatment 	Mi, C	1

Hypertension			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the techniques for blood pressure measurement Understand the causes of hypertension and the principles of treatment 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to interpret blood pressure measurement based on the age of the patient Be able to initiate emergency management of hypertension 	Mi, C	1
Acute scrotal pain			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the differential diagnosis, investigations and management 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise the causes of acute scrotal pain Be able to identify children requiring urgent surgical referral 	Mi, C	1

2.2.13 Neurology			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the knowledge and skills to be able to assess and manage children presenting to the Emergency department with neurological disorders • Understand and use a range of communication skills with disabled children, their families and other professionals • Understand the life-threatening nature of some of these conditions • Understand and recognise the possible neurological complications of other system disorders • Understand when referral for specialist neurological opinion is appropriate 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> ▪ Be able to perform a developmental assessment appropriate to the Emergency department setting ▪ Be able to formulate a differential diagnosis ▪ Be able to select and interpret appropriate neurological investigations with major abnormalities including EEG and head CT scans 	Mi, C, D	1
Coma M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understands the need for airway protection • Understands the differential diagnosis, and appropriate sequence of investigations and treatment 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to ensure a patent airway in the unconscious patient • Be able to use a validated coma scale correctly e.g. Glasgow Coma Score (GCS) 	Mi, C	1

Meningitis/Encephalitis			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the bacterial and viral aetiologies for all age groups and the appropriate antimicrobial/antiviral treatment Understand the recommendations for prophylaxis for household contacts and the process and method of Public Health notification Understand the contraindications and complications of a lumbar puncture 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise and institute treatment for life-threatening complications, including raised intracranial pressure Be able to perform and interpret results of a lumbar puncture on all age-groups as appropriate 	Mi, C	1
Seizures including status epilepticus			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the common causes of seizures in babies and children and their complications Understand local and national guidelines for the treatment of status epilepticus Be familiar with the side-effects and complications of anticonvulsants and their management 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise and treat the life-threatening complications Be a key part of the Anaesthetic team that would institute appropriate management including RSI for prolonged, intractable seizures 	Mi, C	1, 3
Headache M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand how to distinguish between the causes Understand current local guidelines for treatment of migraine 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to initiate and interpret appropriate investigations and treatment 	Mi, C	1

	<ul style="list-style-type: none"> Be able to advise families on triggers of migraine and management of acute attacks 		
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2.2.14 Neurosurgery

By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> Have the knowledge and skills to be able to assess and manage children presenting with neurosurgical conditions to the Emergency Department Understand the life-threatening nature of these conditions Understand when referral for specialist paediatric neurosurgical assessment is appropriate 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to select and interpret appropriate neurosurgical investigations including CT scans, MRI and lumbar puncture 	Mi, C, D	1

Blocked shunt

By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the presentation, complications and management of children with blocked shunts 	E, C, Mi, ACAT	1
Skills			

2.2.15 Ophthalmology M			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> Have the knowledge and skills to be able to assess and manage children presenting with ophthalmological problems to the ED Understand when referral for specialist paediatric ophthalmological assessment is appropriate 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to select and interpret appropriate ophthalmological investigations including Snellen charts and visual field examinations 	Mi, C, D	1
Bell's palsy			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the differential diagnosis of possible underlying disorders 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to identify those needing only out-patient follow-up and give simple advice to child and parents Recognise cases requiring further investigation 	Mi, C	1
Conjunctivitis			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the differential diagnosis of red eye 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to identify those patients requiring treatment 	Mi, C	1
Chemical eye injury			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the importance of timely treatment where appropriate 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to institute eye irrigation Be able to refer for further treatment as appropriate 	Mi, C	1

2.2.16 Orthopaedics			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the likely types of soft tissue and bony injuries for each age group Understand the Salter-Harris classification of epiphyseal injuries Understand when referral to physiotherapy would be of benefit Understand the likely time-frame for recovery in children 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to judge if these relate correctly to the stated mechanism of injury Be aware of rheumatological, infectious, malignant and non-accidental causes of musculoskeletal presentations Be able to examine a child in a way which localises the injury Be able to manage and score pain appropriately Be able to request and interpret x-rays appropriately Be able to splint or apply plaster of Paris appropriately to limbs Be able to arrange appropriate follow-up at a sensible time 	Mi, C, D	1
Shoulder region			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Know the presentation and management of the range of traumatic injuries of the shoulder Know about the presentation and management of septic arthritis of the shoulder 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to examine the shoulder region, identify injuries and any associated neurovascular problems Be able to reduce a dislocated shoulder safely and treat the other conditions appropriately Recognise the possibility of NAI in the case of spiral fracture of the humerus and instigate safeguarding children procedures if appropriate 	Mi, C, D	1

Elbow			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Know the presentations of the range of fractures around the elbow and their management Understand the fracture-dislocations (Monteggia and Galeazzi) 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to identify an effusion correctly and any neurovascular problems Be able to reduce a pulled elbow and treat the other conditions appropriately Recognise the fracture patterns which require urgent orthopaedic referral 	Mi, C, D	1
Wrist			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand about distal radius and scaphoid fractures 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Understand when to refer displaced fractures for reduction 	Mi, C	1
Hand injuries			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Know the presentation and management of fractures of the bones of the hand 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Have developed a technique for assessing the neurovascular function and tendon function of the hand in verbal and pre-verbal children 	Mi, C, D	1

Pelvis, hip and thigh			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Know about the mechanism, identification and treatment of the fractured pelvis – stable and unstable Understand the differential diagnoses of limp and knee and hip pain as well as concept of referred pain Know about avulsion fractures around the hip Know about the mechanisms of development of a fractured femur Understand the appropriate imaging for each of the pathologies 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to examine gait, stature and the hip joint in all age-groups Be aware of which blood tests are appropriate and when to perform them Be able to perform a femoral nerve block and splintage of femoral shaft fractures 	Mi, C, D	1
Knee and lower leg			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Know the presentation and management of the causes of knee pain including fractures, dislocations and osteochondritis. Understand the significance of haemarthrosis Understand the mechanism, risk, early recognition, prevention, and consequences of compartment syndrome 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to detect an effusion, examine the quadriceps mechanism and detect a locked knee Be able to detect the subtle signs of a toddler's fracture and use the radiographs appropriately Use plain radiography (including the Ottawa Knee Rules) appropriately Be able to reduce a patella dislocation Be able to identify compartment syndrome 	Mi, C, D	1

Ankle			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand common epiphyseal injuries Understand the commonly injured ligaments 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to examine and assess the ankle joint and identify patients who need plain radiography (Ottawa Ankle Rules) Be able to recognise those ankle fractures that require operative intervention 	Mi, C, D	1
Foot			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the presentation and management of talar, calcaneal, metatarsal and phalangeal fractures 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise those patients who need radiography (Ottawa foot rules) 	Mi, C, D	1
Spine			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the mechanisms and risk of spinal injury in children Know the myotomes and dermatomes Be aware of SCIWORA Understand the differential diagnosis of non-traumatic back pain in children 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to immobilise the spine and log roll a patient Be able to manage the anxious immobilised child Be able to examine the spine and the indications for being able to clinically 'clear' the spine Understand the indications for radiology and be able to interpret common abnormalities paediatric spinal radiographs 	Mi, C, D	1

2.2.17 Plastic surgery			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the knowledge and skills to be able to assess and manage children presenting injuries requiring plastic surgery to the Emergency department • Have a detailed knowledge of the anatomy of the hand, wrist and face • Understand the limb-threatening nature of some of these injuries • Understand when referral for specialist plastic surgical assessment is appropriate • Understand and be proficient with various skin closure techniques including those for lip lacerations and select and apply appropriate wound dressings and splints • Understand and initiate appropriate tetanus prophylaxis 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to use local anaesthesia appropriately and safely, understanding the anatomy of nerve blocks and the dosages and complications of local anaesthetic agents • Be able to assess a wound and underlying structures • Be able to explore, clean and debride wounds as appropriate 	Mi, C, D	1

2.2.18 Poisoning and accidents			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the epidemiology of poisoning and be able to identify the major types of ingestions by age • Understand and recognise the specific signs and symptoms of poisoning with a range of toxic agents • Understand the appropriate sequence of investigations in the poisoned child • Understand the role of antidotes in specific ingestions • Understand the role of activated charcoal and other modalities to prevent absorption and methods to enhance elimination in the treatment of the poisoned child • Understand various methods of access to information about poisons • Understand the pharmacology and the treatment of common poisonings • Understand how to manage the adolescent refusing treatment for a life-threatening overdose • Know that repeated ingestions may be a presentation of neglect • Have the knowledge and skills to be able to assess and manage patients presenting with near-drowning and drowning. • Understand the key signs of potential life-threatening injury associated with near-drowning and the sequence of appearance of these signs • Understand the signs, symptoms and management of life-threatening hyper and hypothermia in children 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to prioritise critical assessment and management interventions • Be aware of overdose as a self-harm presentation • Be able to identify the major types of significant electrical injuries • Be able to recognise the signs and symptoms of potential life-threatening electrical injuries 	Mi, C, D	1

Burns			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand how to differentiate the depth as well as the percentage of burn Understand the appropriate management depending on the age of the child and the severity of the burn 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise upper airway risks from heat and lower airway risks from inhalation injury and manage the patient accordingly Be able to assess accurately the area and depth of the burn Be able to recognise the importance of burns in specific areas e.g. face Be able to calculate resuscitation and ongoing fluid requirements Be able to identify patients requiring referral to a specialist centre Be able to manage minor burns and arrange appropriate follow-up Be able to recognise possible patterns of child abuse in burn injuries 	Mi, C, D	1, 2
Drowning			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand and recognise the differences in the probable aetiology of drowning and associated problems by age group Understand the physiology of drowning Understand the key signs of potential life-threatening injuries associated with near-drowning episodes 	E, C, Mi, ACAT, L, S	1
Skills	<ul style="list-style-type: none"> Be able to manage life-threatening injuries and complications Be able to ensure temperature measurement, thermal regulation and temperature control Be able to initiate appropriate re-warming techniques in the hypothermic patient 	Mi, C, D	1

Major incident planning MAJAX			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the safety aspects of chemical/biological/radionuclear incidents (CBRN) • Understand local and national guidelines on Major Incident planning • Have the knowledge and understanding to act as the Emergency Department team leader during an incident 	E, C, Mi, ACAT, L	1
Skills	<ul style="list-style-type: none"> • Be able to safely use and oversee other staff members in their safe use of decontamination equipment • Be able to triage mass casualties • Be able to co-ordinate an Emergency Department response • Be able to debrief staff following an incident 	Mi, C, L	1, 3

2.2.19 Respiratory medicine, with Ear, Nose and Throat			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Have the understanding and skills to be able to assess and manage children presenting with respiratory disorders or ENT problems to the Emergency Department • Understand the life-threatening nature of some of these conditions • Understand and recognise the possible respiratory complications of other system disorders • Understand when referral for specialist paediatric respiratory assessment is appropriate 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to formulate a differential diagnosis • Be able to select and interpret appropriate respiratory investigations including arterial blood gases, chest x- rays and peak flow measurements 	Mi, C, D	1
Asthma			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand and be able to apply the British Thoracic Society asthma guidelines for the management of asthma • Understand the pharmacological therapies available and their indications and complications • Understand the indications and complications of drugs used in intubating severely asthmatic patients 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to recognise patients with life-threatening asthma who may require ventilation • Be able to provide bag valve mask ventilation and intubation in life-threatening asthma 	Mi, C, D	1

Acute stridor			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the infective, allergic and obstructive causes of this condition 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to institute appropriate acute airways management 	Mi, C, D	1
Pneumothorax			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the diseases or circumstances predisposing to pneumothorax 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise pneumothorax Be able to perform needle thoracocentesis and chest drain insertion in life-threatening situations, recognizing possible complications Be able to transport a patient safely with a chest drain in situ 	Mi, C, D	1
Bronchiolitis M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the epidemiology and common presentations of bronchiolitis 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to prioritise and interpret investigations and treatment Be able to formulate a differential diagnosis Be able to recognise other conditions with similar presentations including cardiac causes Be able to initiate appropriate respiratory support including nasal/ facial continuous positive airway pressure (CPAP) ventilation 	Mi, C, D	1

Pneumonia			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the principles of management of community-acquired pneumonia according to local antimicrobial resistance 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise the patient requiring admission and possible mechanical support Be able to provide supplemental oxygen therapy as required including mechanical ventilation Be able to provide monitoring including arterial lines as appropriate 	Mi, C, D	1
Pertussis M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the age-dependent presentations and indications for admission Understand the environmental implications Understand the appropriateness of antibiotic therapy depending on the stage of presentation Understand and follow the procedures for the notification to the Public Health Department 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to initiate appropriate treatment of patient and contacts Be able to identify those at risk of life-threatening complications 	MI, C D	1
Earache or discharge			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the presentation of otitis media and glue ear and their association with hearing loss in children 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to perform otoscopy correctly Be able to identify otitis external and otitis media and treat them appropriately Recognise that language delay or attention deficit requires onward referral 	Mi, C, D	1, 3

Traumatic ear conditions			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Be aware of the possibility of abuse in cases of ear trauma 	E, Mi, C, ACAT	1, 2
Skills	<ul style="list-style-type: none"> Be able to remove foreign bodies in the ear canal or pinna Be able to recognise a haematoma requiring surgical drainage 	Mi, C, D	1
Epistaxis			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Be aware of the most likely causes of epistaxis 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to advise parents on first aid measures and identify correctly the need for immediate or out-patient referral 	Mi, C	1, 3
Nasal trauma			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the clinical signs of a fractured nasal bone, and the appropriate timescale for referral 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to identify and refer for a septal haematoma Be able to remove nasal foreign bodies 	Mi, C, D	1

Acute throat infections			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Be aware of indications for tonsillectomy Be aware of life-threatening airway obstruction in epiglottitis, and how to avoid it 	E, Mi, C, ACAT	1, 2
Skills	<ul style="list-style-type: none"> Be able to take an appropriate history to identify sleep apnoea Be able to identify a quinsy on examination Be able to manage a post-tonsillectomy bleed safely Be able to manage or refer where appropriate foreign bodies in the throat 	Mi, C, D	1
Airway obstruction			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the technique of a providing a surgical airway under supervision (at least on a model) Be familiar with emergency airway equipment (e.g. Magill's forceps) 	E, Mi, C, ACAT, L, S	1
Skills	<ul style="list-style-type: none"> Be able to recognise all the signs of airway obstruction (choking, stridor, tracheal tug and sternal recession, dysphonia etc) Be able to perform the basic and advanced life support manoeuvres for the choking child Be able to call for help and manage safely the child with potential airway obstruction 	Mi, C, D	1, 3
Dental problems			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the indications for urgent referral to a maxillofacial specialist as opposed to referral to a dental practitioner 	E, Mi, C, ACAT	1
Skills	<ul style="list-style-type: none"> Be able to recognise a dental abscess Be able to replace an avulsed permanent tooth 	Mi, C, D	1

2.2.20 Trauma			
By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the likely types of injury following a fall from a height and a road traffic accident Understand and apply the principles of Acute Trauma Life Support/Advanced Paediatric Life Support Understand blood product administration in management Understand the indications for immediate surgical intervention including thoracotomy and laparotomy 	E, C, Mi, ACAT, L	1
Skills	<ul style="list-style-type: none"> Be able to take on the role of trauma team leader and organise the composition of the team Be familiar with commonly used equipment, e.g. cervical immobilisation, fluid warmer, body warmer, splintage Be aware of the indications for intubation and able to perform the procedure recognizing potential complications Be able to distinguish and manage the causes of shock in the trauma patient Be able to achieve vascular access including intraosseous and central access Be able to “clear” the c-spine as appropriate and, if not, be able to proceed with a logical sequence of investigations to help clear the c-spine Be able to examine a child in a way which localises injuries Be able to manage pain appropriately by understanding the pharmacology, indications, contraindications and side-effects of commonly used agents as well as the use of pain scores in the Emergency Department Be able to request and interpret laboratory investigations and x-rays appropriately Be aware of safeguarding children and accident prevention issues 	Mi, C, D, L	1

Head injury M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the pathophysiology and optimal mechanisms of maintaining adequate cerebral perfusion Understand the signs of basal skull fracture, depressed skull fracture, raised intracranial pressure Understand the NICE guidelines for head injury Understand when to involve neurosurgical colleagues Understand when to safely discharge children with minor head injury Understand how to recognise signs of physical abuse and how to proceed with local child protection protocols 	E, Mi, C, ACAT, L	1, 2
Skills	<ul style="list-style-type: none"> Be able to recognise when rapid sequence induction for intubation is indicated Understand and be able to manage the side-effects and complications of the drugs used Be able to interpret oximetry and end tidal Co2 analysis Be able to assess AVPU and Glasgow Coma Score (GCS) Be able to judge pupil response and size accurately Be able to request appropriate radiology including plain skull x-rays and head CT scans as per local and national guidelines Be able to initiate management of all children with scalp lacerations 	Mi, C, D, L	1
Abdominal injury M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the common types of injury and how to detect them clinically Understand the indications for and limitations of ultrasound and CT scan in diagnosis 	E, Mi, C, ACAT, L	1
Skills	<ul style="list-style-type: none"> Be able to identify correctly and manage shock when the patient is not responding to volume 	Mi, C, D, L	1

	resuscitation, and recognise the need for urgent surgical opinion <ul style="list-style-type: none"> Request the appropriate level of observation required 		
Chest injury M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the likely chest injuries through different age groups Understand the presentation and management of pulmonary contusion Understand the presentation and management of flail chest Understand when surgical treatment is required Understand the indications for plain x- rays, ultrasonography, CT scans echocardiography and angiography 	E, Mi, C, ACAT, L	1
Skills	<ul style="list-style-type: none"> Be able to perform a thorough chest examination Be able to detect and treat a tension and simple pneumothorax as well as haemothorax Be able to recognise and initiate management for great vessel trauma Be able to anticipate need for and recognise when a thoracotomy is indicated and assemble surgical support Be able to recognise and initiate management of tracheobronchial rupture Be able to perform an emergency pericardiocentesis 	Mi, C, D, L	1, 3

Fractured pelvis M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand how pelvic fractures may be stable or unstable, understand the common fracture patterns, and the causes of hypovolaemia 	E, Mi, C, ACAT, L	1
Skills	<ul style="list-style-type: none"> Be able to identify and manage an unstable pelvic fracture during primary survey and rapidly enlist senior orthopaedic assistance 	Mi, C, D, L	1, 3
Crush, de-gloving injuries and amputation M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the pathophysiology of rhabdomyolysis and compartment syndrome 	E, Mi, C, ACAT, L	1
Skills	<ul style="list-style-type: none"> Be able to identify compromised soft tissues requiring plastic surgical referral Be able to identify signs of rhabdomyolysis and compartment syndrome Be able to preserve an amputated body part correctly 	Mi, C, D	1
Major burns M			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> Understand the pathophysiology of different types of burn – electrical, thermal, and chemical Understand the difference between different depths of burn Understand about dressings used 	E, Mi, C, ACAT, L	1
Skills	<ul style="list-style-type: none"> Be able to recognise the child with a potentially compromised airway or inhalational injury Be able to assess burn size and depth Be able to identify correctly burns which need specialist referral Be able to recognise toxic shock syndrome 	Mi, C, D, L	1, 3

Spine			
By the end of this training period the trainee will:		Assessment methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the mechanisms and risk of spinal injury in children • Understand the anatomic myotomes and dermatomes • Be aware of SCIWORA • Understand the pathophysiology and signs of spinal shock and its treatment 	E, Mi, C, ACAT, L	1
Skills	<ul style="list-style-type: none"> • Be able to manage the anxious immobilised child • Be able to examine the spine and apply the indications for being able to clinically 'clear' the spine 	Mi, C, D, L	1

3. Practical procedures and investigations

By the end of this training period the trainee will:		Assessment Methods	GMP
Knowledge	<ul style="list-style-type: none"> • Understand the appropriate relevant anatomical markers, indications, contraindications and complications of procedures commonly used in the Emergency Department • Understand local and national guidelines for obtaining informed consent • Understand local guidelines for providing sedation and pain relief in the Emergency Department • Understand and practise scrupulous aseptic techniques • Understand age-appropriate normal ranges of tests commonly requested in the Emergency Department setting • Understand the positive and negative predictive value of commonly performed tests 	E, C, Mi, ACAT	1
Skills	<ul style="list-style-type: none"> • Be able to interpret results and undertake a management plan accordingly • Be able to record results and document procedures legibly and accurately • Be able to explain investigation results to caregivers and/or the patient • Be able to enlist the help of play therapists and nursing staff in order to attempt to reduce the anxiety of a child and caregivers • Recognise the importance of the disposal of sharps and understand the local guidelines for management of needle-stick injury be able to identify with patients requiring prophylaxis 	Mi, C, D	1

4. Diagnostic procedures

By the end of sub-specialty training, trainees will be able to perform, interpret and teach the following diagnostic procedures:	Assessment Methods	GMP
• Pulse oximetry	Mi, C, D, TO	1
• Capnography and end tidal Co2 recording	Mi, C, D, TO	1
• Measurement of peak flow	Mi, C, D, TO	1
• Non-invasive and invasive blood pressure and central venous pressure measurement	Mi, C, D, TO	1
• Collection of blood from central lines	Mi, C, D, TO	1
• Umbilical venous cannulation and sampling	Mi, C, D, TO	1
• Peripheral arterial cannulation	Mi, C, D, TO	1
• Venesection	Mi, C, D, TO	1
• Capillary blood sampling	Mi, C, D, TO	1
• Intraosseous line insertion	Mi, C, D, TO	1
• Saphenous vein cut down	Mi, C, D, TO	1
• Suprapubic aspiration of urine	Mi, C, D, TO	1
• Urethral catheterisation	Mi, C, D, TO	1
• Routine testing of urine	Mi, C, D, TO	1
• Electrocardiogram	Mi, C, D, TO	1
• Lumbar puncture	Mi, C, D, TO	1
• Visual acuity testing	Mi, C, D, TO	1
• Fluorescein instillation into eye	Mi, C, D, TO	1

5 Therapeutic procedures

By the end of sub-specialty training, trainees will be able to perform and teach the following therapeutic procedures:	Assessment Methods	GMP
Acute Life Support/Resuscitation procedures		
• Manual airway clearance manoeuvres	Mi, C, D, TO	1
• Airway insertion	Mi, C, D, TO	1
• Heimlich manoeuvre	Mi, C, D, TO	1
• Oxygen delivery techniques	Mi, C, D, TO	1
• Orotracheal and nasotracheal intubation (M)	Mi, C, D, TO	1
• Mechanical ventilation (M)	Mi, C, D, TO	1
• Use of Continuous Positive Airways Pressure (M)	Mi, C, D, TO	1
• Replacement of tracheostomy tube	Mi, C, D, TO	1
• Cricothyrotomy and percutaneous trans-tracheal ventilation	Mi, C, D, TO	1
• Needle thoracentesis	Mi, C, D, TO	1
• Tube thoracotomy	Mi, C, D, TO	1
• Intraosseus line insertion	Mi, C, D, TO	1
• Direct current electrical cardio-version defibrillation	Mi, C, D, TO	1
• External cardiac pacing	Mi, C, D, TO	1
• Pericardiocentesis	Mi, C, D, TO	1
Dentistry		
• Re-implantation of tooth	Mi, C, D, TO	1
• Splinting of tooth	Mi, C, D, TO	1
• Reduction of TMJ dislocation	Mi, C, D, TO	1
ENT Procedures		
• Control of epistaxis with cautery, anterior packing, posterior packing and balloon replacement	Mi, C, D, TO	1
• Cerumen removal	Mi, C, D, TO	1
• Incision and drainage of auricular haematoma	Mi, C, D, TO	1
• Aural wick insertion	Mi, C, D, TO	1

Foreign Body Removal		
• Nose	Mi, C, D, TO	1
• Ear	Mi, C, D, TO	1
• In soft tissue	Mi, C, D, TO	1
• Eye	Mi, C, D, TO	1
• Ring removal	Mi, C, D, TO	1
Gastrointestinal procedures		
• Oro/nasogastric tube replacement	Mi, C, D, TO	1
• Gastrostomy tube replacement	Mi, C, D, TO	1
• Gastric lavage	Mi, C, D, TO	1
• Hernia reduction	Mi, C, D, TO	1
• Reduction of rectal prolapse	Mi, C, D, TO	1
Genitourinary		
• Paraphimosis reduction	Mi, C, D, TO	1
• Urethral catheterisation	Mi, C, D, TO	1
Minor Surgical Procedures		
• Infiltration of local anaesthetic	Mi, C, D, TO	1
• Incision and drainage of abscesses	Mi, C, D, TO	1
• Incision and drainage of paronychia	Mi, C, D, TO	1
• Evacuation of sub-ungual haematoma	Mi, C, D, TO	1
• Wound exploration and irrigation	Mi, C, D, TO	1
• Wound repair with glue, adhesive strips and sutures	Mi, C, D, TO	1
• Fingernail/nailbed injuries	Mi, C, D, TO	1
• Emergency management of amputation (M)	Mi, C, D, TO	1
Musculoskeletal Techniques		
• Immobilisation techniques	Mi, C, D, TO	1
• Application of Broad Arm Sling	Mi, C, D, TO	1
• Application of Collar and Cuff	Mi, C, D, TO	1

• Application of Thomas Splint	Mi, C, D, TO	1
• Pelvic stabilisation techniques	Mi, C, D, TO	1
• Spinal immobilization/log rolling	Mi, C, D, TO	1
Fracture/dislocation reduction techniques		
• Shoulder dislocation	Mi, C, D, TO	1
• Elbow dislocation	Mi, C, D, TO	1
• Phalangeal dislocation	Mi, C, D, TO	1
• Supracondylar fracture with limb-threatening vascular compromise	Mi, C, D, TO	1
• Patellar dislocation	Mi, C, D, TO	1
• Ankle reduction	Mi, C, D, TO	1
Plaster techniques		
• Backslabs	Mi, C, D, TO	1
• Splints	Mi, C, D, TO	1
• POP	Mi, C, D, TO	1
Neurological Procedures		
• Lumbar puncture (M)	Mi, C, D, TO	1
Obstetric and Gynaecological Procedures		
• Normal delivery	Mi, C, D, TO	1
• Gynaecological speculum examination	Mi, C, D, TO	1
Ophthalmic Procedures		
• Conjunctival irrigation	Mi, C, D, TO	1
• Contact lens removal	Mi, C, D, TO	1
• Eversion of eyelids	Mi, C, D, TO	1
• Use of slit lamp	Mi, C, D, TO	1
Pain relief and sedation		
• Pain scoring	Mi, C, D, TO	1
• Non-pharmacologic measures	Mi, C, D, TO	1

• Pharmacologic approaches	Mi, C, D, TO	1
• Local anaesthetics	Mi, C, D, TO	1
• Regional nerve blocks	Mi, C, D, TO	1
• Procedural sedation techniques	Mi, C, D, TO	1

M = mandatory to demonstrate competency during sub specialty PEM training

6 The Paediatric Emergency Medicine assessment system

6.1 Introduction

The Emergency Medicine trainee should be familiar with the assessment, supervision and training sections of the EM parent curriculum. Using the standard assessment tools of CbD, Mini-CEX, DOPS and ACAT, together with additional tools used by the RCPCH (see below under blueprint), the trainee will gather evidence to demonstrate they have covered the content of the sub-specialty curriculum. Trainees may well have covered parts of this curriculum earlier in the EM programme and evidence of this can be amalgamated with that acquired in this additional year. However, trainees are expected to demonstrate competence in a number of key areas, even if they have previous experience of this topic, so competence can be confirmed. These competences are marked 'M' in the main curriculum. There is no summative assessment of knowledge (exam) but topics will be assessed using the above assessment tools

Each Paediatric Emergency Medicine trainee will be allocated an Educational Supervisor, who will be a recognised Paediatric Emergency Medicine trainer. The trainee is expected to meet with their Educational Supervisor as described below.

6.2 Reviewing educational progress

An initial meeting with the educational supervisor should occur within the first few weeks of the trainee starting their sub-specialty training post. At this meeting individual training requirements should be discussed and personal learning objectives set. This meeting is key to determining the activity for the year; previous experience is reviewed and the curriculum considered in detail, together with the ARCP decision tool.

A meeting must occur at least every three months throughout the period of training. The purpose of the meeting is to review progress and determine where additional work is needed to ensure curriculum coverage. An educational supervisor's report must be prepared prior to the national review, described below.

Supervising consultants are asked to complete a training report informed by the ARCP decision tool (see below) at 6 and 12 months. This will provide a formal review of the trainee's competences, identify areas for improvement and help inform the assessment process. Any problems identified through these reports will be addressed at the time of interview and fed back to the Deanery. It is ESSENTIAL that where there is concern about any aspect of a trainee's performance specific examples of the behaviour that has led to concern are provided. If an individual has not observed an aspect of a trainee's performance then they should not attempt to rate this area.

Trainees at this stage of their training are learning to work independently within a team, developing expert clinical reasoning and further developing their common competences. Evidence of acquiring these skills can come from workplace based assessments and the e-portfolio. From 2010 workplace based assessments will become mandatory for all trainees undertaking sub-specialty training.

6.3 ARCP decision tool

The competences required to successfully complete sub-specialty training must be clearly identified to the trainee, using assessment methods previously described in the EM parent curriculum. Trainees must provide evidence that they have covered the whole of the curriculum using the tools suggested. For EM trainees those items identified with 'M' must be assessed, even if previously covered. Those areas that are not identified with 'M' may well be covered again, and the trainee should optimise these learning opportunities using the tools available. Below are summary tables, with the ARCP decision tool, which provide a synopsis of what is expected.

6.4 Paediatric Emergency Medicine Annual Review Process

In addition to the local deanery annual review (at which the trainee's ARCP is completed) there will be a national Paediatric Emergency Medicine annual review towards the end of the training year. This formative process will inform the deanery review processes.

The yearly review will be carried out by the RCPCH Chair of the College Specialty Advisory Committee (CSAC), CSAC training advisors as well as representatives from the College of Emergency Medicine. The purpose of the review is threefold:

1. To review the trainee's educational progress in the sub-specialty, identify any areas of training still to be covered and how this will be achieved and give the trainee an opportunity to discuss any aspect of their training.
2. To provide information for the College's annual report to PMETB that standards have been met and that there is consistency across the national Paediatric Emergency Medicine training centres.
3. To provide an educational opportunity to develop the trainee's critical appraisal and presentation skills.

The yearly review will involve the following elements; the purpose to which these relate is identified in parentheses:

- A review of the trainee's portfolio using a standardised proforma. (1)
- A review of a report from the trainee's supervisor – structured and standardised. (1)
- A review of completed workplace based assessments. The numbers required will differ according to parent specialty. **In Emergency Medicine all topics indicated with an M (mandatory) must be assessed using the tools indicated. All other topics should have been covered in CT3 PEM or ST4-7 EM – see ARCP decision tool.** (1)
- A reflective summary by trainee on their sub-specialty training in Paediatric Emergency Medicine. Objective evidence will be sought, in particular across the areas covered in the PMETB specialty specific questionnaire. (2)
- Trainee presentation of a topic relevant to Paediatric Emergency Medicine with evidence of critical appraisal of the relevant literature. For Emergency Medicine trainees this may be the Clinical Topic Review presented for FCEM, if it was relevant to paediatrics. If this is not the case a scholarly project related to Paediatric Emergency Medicine, such as the generation of an e-learning module, evidence based guideline, or publication in peer reviewed journal (3).

The portfolio assessment sheet, structured training report and workplace based assessment sheets for the above are available at the end of this appendix.

6.5 Generic Competences

Generic Competences	
History taking	M
Clinical examination	M
Therapeutics and safe prescribing	M
Time management and decision making	CT3/ST4
Decision making and clinical reasoning	M
The patient as central focus of care	M
Prioritisation of patient safety in clinical practice	M
Team working and patient safety	CT3/ST4
Principles of quality and safety improvement	CT3/ST4
Infection control	CT3/ST4
Managing long term conditions and promoting patient self-care	CT3/ST4
Relationships with patients and communication within a consultation	M
Breaking bad news	M
Complaints and medical error	CT3/ST4
Communication with colleagues and cooperation	CT3/ST4
Health promotion and public health	CT3/ST4
Principles of medical ethics and confidentiality	CT3/ST4
Valid consent	CT3/ST4
Legal framework for practice	CT3/ST4
Ethical research	CT3/ST4
Evidence and guidelines	CT3/ST4
Audit	CT3/ST4
Teaching and training	CT3/ST4
Personal behaviour	CT3/ST4
Management and NHS structure	CT3/ST4
TOTAL 25, 8 MANDATORY in PEM	CT3/ST4

M= mandatory during PEM, CT3/ST4-7 = must have been covered during paed training in EM

6.6 Clinical Competences for the Paediatric Emergency Medicine Physician

Clinical Competences for the Paediatric Emergency Medicine Physician	
Acute Life Support / resuscitation M	
Cardiology	CT3/ST4
Heart failure	CT3/ST4
Arrhythmia	M
Syncope	M
Cardiac inflammation	M
Child and Adolescent Mental Health	M
Child Protection and children in special circumstances	CT3/ST4
Physical abuse	M
Sexual abuse	M
Self harm	M
Neglect	M
Apnoeic episodes in an infant M	M
Dermatology	
Life threatening	CT3/ST4
Eczema	CT3/ST4
Bites and infestations	CT3/ST4
Endocrinology and metabolic medicine	
DKA	CT3/ST4
Hypoglycaemia	CT3/ST4
Adrenal insufficiency	M
Acid Base	M
Gastroenterology	
Acute abdominal pain	CT3/ST4
D&V	CT3/ST4
GI bleeding	CT3/ST4
Acute liver failure	CT3/ST4

Recurrent abdominal pain	M
Constipation	CT3/ST4
Gynaecology and Obstetrics	
Ectopic	CT3/ST4
STDs	CT3/ST4
Haematology and Oncology	
Sickle cell	CT3/ST4
Anaemia	M
Purpura	CT3/ST4
Leukaemia/ lymphoma	M
Immunocompromised patient	CT3/ST4
Infection, Immunology and Allergy	
Septic shock	M
Febrile child	M
Common exanthems	M
Needle stick	CT3/ST4
Anaphylaxis	CT3/ST4
Kawasaki disease	M
Neonatology	
Congenital heart disease	M
Jaundice	M
Sepsis	M
Nephro-urology	
UTI	CT3/ST4
Hypertension	CT3/ST4
Acute scrotal pain	CT3/ST4
Neurology	
Coma	M
Meningitis	CT3/ST4

Seizures	CT3/ST4
Headache	M
Neurosurgery	
Blocked shunt	CT3/ST4
Ophthalmology	
Bells palsy	CT3/ST4
Conjunctivitis	CT3/ST4
Chemical injury	CT3/ST4
Orthopaedics	
Shoulder	CT3/ST4
Elbow	M
Wrist	M
Hand	M
Pelvis hip	M
Knee	M
Leg	M
Ankle	CT3/ST4
Foot	CT3/ST4
Plastic surgery	M
Poisoning and accidents	
Burns	CT3/ST4
Drowning	CT3/ST4
Major incident	CT3/ST4
Respiratory medicine, with Ear, Nose and Throat	CT3/ST4
Asthma	CT3/ST4
Acute stridor	CT3/ST4
Pneumothorax	CT3/ST4
Bronchiolitis M	M
Pneumonia	CT3/ST4

Pertussis	CT3/ST4
Earache and discharge	CT3/ST4
Traumatic ear conditions	CT3/ST4
Epistaxis	CT3/ST4
Nasal trauma	CT3/ST4
Acute throat infections	CT3/ST4
Airway obstruction	CT3/ST4
Dental problems	CT3/ST4
Trauma	
Head injury	M
Abdominal injury	M
Chest injury	M
Pelvic injury	M
Crush injury	M
Major burns	M
Spinal injury	CT3/ST4
TOTAL 85, of which 38 are Mandatory in PEM	

M= mandatory during PEM level 3

CT3/ST4-7 = must have been covered during paed training in EM

6.7 Table of PEM procedures

Acute Life Support/Resuscitation procedures	Status
• Manual airway clearance manoeuvres	CT3/ST4
• Airway insertion	CT3/ST4
• Heimlich manoeuvre	CT3/ST4
• Oxygen delivery techniques	CT3/ST4
• Orotracheal and nasotracheal intubation	M
• Mechanical ventilation	M
• Use of Continuous Positive Airways Pressure	M
• Replacement of tracheostomy tube	CT3/ST4
• Cricothyrotomy and percutaneous trans-tracheal ventilation	CT3/ST4
• Needle thoracentesis	CT3/ST4
• Tube thoracotomy	CT3/ST4
• Intraosseus line insertion	CT3/ST4
• Direct current electrical cardioversion defibrillation	CT3/ST4
• External cardiac pacing	CT3/ST4
• Pericardiocentesis	CT3/ST4
Dentistry	
• Re-implantation of tooth	CT3/ST4
• Splinting of tooth	CT3/ST4
• Reduction of TMJ dislocation	CT3/ST4
ENT Procedures	
• Control of epistaxis with cautery, anterior packing, posterior packing and balloon replacement	CT3/ST4
• Cerumen removal	CT3/ST4
• Incision and drainage of auricular haematoma	CT3/ST4
• Aural wick insertion	CT3/ST4

Foreign Body Removal	
• Nose	CT3/ST4
• Ear	CT3/ST4
• In soft tissue	CT3/ST4
• Eye	CT3/ST4
• Ring removal	CT3/ST4
Gastrointestinal procedures	
• Oro/nasogastric tube replacement	CT3/ST4
• Gastrostomy tube replacement	CT3/ST4
• Gastric lavage	CT3/ST4
• Hernia reduction	CT3/ST4
• Reduction of rectal prolapse	CT3/ST4
Genitourinary	
• Paraphimosis reduction	CT3/ST4
• Urethral catheterisation	CT3/ST4
Minor Surgical Procedures	
• Infiltration of local anaesthetic	CT3/ST4
• Incision and drainage of abscesses	CT3/ST4
• Incision and drainage of paronychia	CT3/ST4
• Evacuation of subungual haematoma	CT3/ST4
• Wound exploration and irrigation	CT3/ST4
• Wound repair with glue, adhesive strips and sutures	CT3/ST4
• Fingernail/nailbed injuries	CT3/ST4
• Emergency management of amputation	M

Musculoskeletal Techniques	
• Immobilisation techniques	CT3/ST4
• Application of Broad Arm Sling	CT3/ST4
• Application of Collar and Cuff	CT3/ST4
• Application of Thomas Splint	CT3/ST4
• Pelvic stabilisation techniques	CT3/ST4
• Spinal immobilization/log rolling	CT3/ST4
Fracture/dislocation reduction techniques	
• Shoulder dislocation	CT3/ST4
• Elbow dislocation	CT3/ST4
• Phalangeal dislocation	CT3/ST4
• Supracondylar fracture with limb-threatening vascular compromise	CT3/ST4
• Patellar dislocation	CT3/ST4
• Ankle reduction	CT3/ST4
Plaster techniques	
• Backslabs	CT3/ST4
• Splints	CT3/ST4
• POP	CT3/ST4
Neurological Procedures	
• Lumbar puncture	M
Obstetric and Gynaecological Procedures	
• Normal delivery	CT3/ST4
• Gynaecological speculum examination	CT3/ST4
Ophthalmic Procedures	
• Conjunctival irrigation	CT3/ST4
• Contact lens removal	CT3/ST4
• Eversion of eyelids	CT3/ST4

<ul style="list-style-type: none"> • Use of slit lamp 	CT3/ST4
Pain relief and sedation	
<ul style="list-style-type: none"> • Pain scoring 	CT3/ST4
<ul style="list-style-type: none"> • Non-pharmacologic measures 	CT3/ST4
<ul style="list-style-type: none"> • Pharmacologic approaches 	CT3/ST4
<ul style="list-style-type: none"> • Local anaesthetics 	CT3/ST4
<ul style="list-style-type: none"> • Regional nerve blocks 	CT3/ST4
<ul style="list-style-type: none"> • Procedural sedation techniques 	CT3/ST4
Total 71, 5 Mandatory	

6.8 Level 3 PEM ARCP DECISION AID

Level 3 PEM ARCP DECISION AID	
Common competences	Competent in all the competences listed, of which 8/25 must be demonstrated in this year at level 4 and in the context of Paediatric EM. Evidence of competence gained previously in those areas not covered must be provided (ACAT/CBD/Mini-CEX)
Emergency presentations by system	For each area competence must be demonstrated. All 38 (marked with M) must be demonstrated in this year Evidence of competence gained previously in those areas not covered must be provided (ACAT/CBD/Mini-CEX)
Practical procedures	For each area competence must be demonstrated > 2/3 must be demonstrated in this year and all those marked with M (5). Evidence of competence gained previously in those areas not covered must be provided (ACAT/CBD/Mini-CEX)
Management and leadership	Demonstrates leadership competency in all areas in relation to PEM
Safeguarding Children	Level 3
Life support courses	APLS, NLS, or EPLS
Minimum number of assessments by consultants or associate specialists	All assessments in this year must be undertaken by consultants (PEM, EM, PICU or Paeds Med) or Associate Specialists (AS) in these specialties
Experience	Should see >800 cases per 6/12 in EM Should have looked after >100 cases in the resuscitation room, PICU, HDU setting and be able to demonstrate this – by log book, computerised log books. All of these cases must originate in the resuscitation room cases (but can be involved from ED or PICU perspective)
MSF	X1
Outcome	Failure to achieve the above will mean that sub specialty training recognition can not be awarded. Further advice would be needed from the schools of EM and Paediatrics to identify training needs and addition training

6.9 Educational supervisors report

For EM trainees there will be a PEM ST7 section within the e-portfolio to be used during this year.

PEM Assessment Standards: Blueprints for Level 3, ST7 PEM

This blueprint defines the assessment instruments that can be used to confirm that assessment standards have been met. It does not define which instruments will be used; these are defined in our overall assessment strategy.

Glossary of terms used

APLS: Acute Paediatric Life Support - a teaching course on paediatric life support with in-built assessment.

CbD: Case-based Discussion - an instrument to review patient management based on a case.

Critical Appraisal Project: project undertaken by sub specialty trainee in PEM which focuses on topic relevant to PEM and which includes critical appraisal of relevant literature on subject.

DOPS: Directly Observed Practical Procedures - an instrument to assess competence in practical procedures.

EPLS: European Paediatric Life Support - a teaching course on paediatric life support with in-built assessment.

MiniCeX: Mini-Clinical Evaluation exercise - an instrument to assess a clinical encounter.

MSF: Multi source feedback

NLS: Neonatal Life Support - a teaching course on neonatal life support with in-built assessment.

PCAT: Patient Consultation Assessment Tool - an instrument which assesses through direct observation consultation skills.

SAIL: Sheffield Instrument for Letters - an instrument to review quality of letter writing.

SHEFFPAT: Sheffield Parent Assessment Tool - an instrument giving feedback from parents on doctors' performance.

SPRAT: The Sheffield Peer Assessment Tool - a multi source feedback instrument.

STRAP: Specialty Trainee Assessment Process.

Structured Educational Supervisor's report: educational supervisor's structured report commenting on trainee's performance with regards Good medical practice, maintaining good medical practice, professional and clinical relationships, communication, ethical and legal knowledge.

ASSESSMENT STANDARDS: RCPCH BLUEPRINTS FOR LEVEL 3 in PEM

Standards	By the end of Level 3 training, trainees will demonstrate:	SPRAT	CbD	MiniCex	SAIL	DOPS	Portfolio	Structured Educational Supervisor	Critical Appraisal	Comment
The duties of a doctor										
1	a commitment to advocate for the individual child in her/his particular context	✓						✓		
Good clinical care										
2	responsibility for an effective response to complex challenges and stress in paediatrics	✓	✓	✓			✓	✓		
3	effective responses to life-threatening situations and to unpredictability in paediatric clinical situations	✓	✓			✓		✓		
4	responsibility for an analytic and focused three-way consultation and examination		✓	✓				✓		
5	commitment to focused and analytic assessments of common and complex clinical problems in paediatrics		✓	✓				✓		
6	effective skills in making a safe decision about the 'most likely' diagnosis in paediatrics	✓	✓	✓				✓		
7	leadership skills in the management of common and complex conditions in general paediatrics and paediatric sub-specialties seeking additional advice and opinion as appropriate (as outlined in the Framework of Competences for Level 3 in General Paediatrics and the Paediatrics sub-specialties)	✓	✓	✓				✓		
8	effective skills in ensuring the management of behavioral, emotional and psychosocial aspects of illness in children and families	✓	✓					✓		
9	expertise in a range of practical procedures in paediatrics specific to general and sub-specialist training	✓				✓	✓	✓		
10	effective skills in written communications for a range of audiences, for children and their families, colleagues and other organizations	✓	✓				✓			

11	effective collaboration with other specialties in using and interpreting complex investigations undertaken in children	√	√				√		
12	responsibility for safe prescribing in paediatrics in common and complex situations and for the supervision of others		√				√		
13	effective leadership skills in the organisation of paediatric team-working and effective handover	√	√				√		
14	effective skills in advising other agencies in child protection cases		√	√		√	√		
15	detailed, up-to-date knowledge of the science-base for general paediatrics or a paediatric sub-specialty (as outlined in the Framework of Competences for Level 3 in General Paediatrics and the Paediatric sub-specialties)		√				√		
16	detailed knowledge of common and serious paediatric conditions and their management in General Paediatrics or in a Paediatric sub-specialty		√				√		
17	effective skills in recognising and responding effectively to disordered growth and development of any kind in paediatrics		√				√		
18	involvement in health promotion activities specific to general paediatrics or a paediatric sub-specialty					√	√		
19	independent thinking to enable them to challenge guidelines and procedures in paediatrics where appropriate	√	√				√	√	
20	an application of risk assessment strategies through active involvement in the development, evaluation and implementation of policy and clinical governance activities in paediatric practice	√	√				√	√	
21	effective skills to maintain and develop knowledge and clinical skills required of a specialist in paediatrics	√					√	√	
22	responsibility for ensuring an open-minded approach to equality and diversity in the paediatric team						√	√	
23	detailed knowledge of the law regarding death, data protection, confidentiality and consent in paediatrics	√					√	√	

Teaching and training, appraising and assessing									
24	a commitment to effective teaching and training of colleagues working in different contexts in the care of children and young people	√					√	√	
25	effective skills in the training, supervision and assessment of a wide range of colleagues working in the care of children and young people	√					√	√	
26	understanding and application of complex methodological approaches in research in paediatrics						√		√
Relationships with patients									
27	effective strategies to engage children in consultations and in the management of their care	√	√				√		SHEFFP AT PCAT could also be used
28	effective skills in conveying and discussing difficult information, including death and bereavement, with young people and their families	√	√				√		SHEFFP AT PCAT could also be used
29	effective skills in giving information and advice to young people and their families in common and complex cases	√	√				√		SHEFFP AT PCAT could also be used
Working with colleagues									
30	positive and constructive relationships within teams of colleagues from a wide range of professional contexts	√	√				√		
31	a commitment to effective multi-agency and multi-disciplinary team-working for the care of children	√	√				√		
32	effective managerial skills in taking on a positive managerial role to support effective service provision	√	√				√		
33	effective skills in promoting clinical practice through engagement with local, national and international organizations involved in the care of children	√					√		
Probity									
34	exemplary professional and personal conduct so as to act as a role model to others	√	√				√		

35	responsibility for ensuring their own reliability and accessibility and that of others in the team	√						√		
Heath										
36	Effective skills in ensuring their own responsible approach to personal health, stress and well-being and that of others	√						√	√	
Paediatric emergency medicine curriculum										
37	effective clinical skills reflecting wide range of topics in curriculum for sub-specialty of paediatric emergency medicine		√	√				√	√	
38	expertise in range of practical procedures specific to sub-specialty of paediatric emergency medicine						√		√	

6.11 RCPCH WPBA forms

PORTFOLIO ASSESSMENT SHEET

NAME:

PORTFOLIO	Not present	Below average	Average	Good	Excellent	Any comments
General comments						
Structured, organized, easy for someone else to find their way around						
Evidence of learning from experience						
Appropriate balance between selectivity and evidence						
Range of evidence relating to areas of professional practice						
Paints a picture of doctor as a professional						
Specific sections						
Reflective summary for last year						
Evidence of appropriate CPD						
Teaches regularly, demonstrates planning and evaluates their teaching						
Clinical experience summarized with discussion of learning from posts						

Reviewer comments						
Highlights						
What could be edited out?						
What would improve the portfolio?						

Paediatric Emergency Medicine Higher Specialist Training

Annual Educational Supervisor's Structured Training Report

Name of trainee		GMC number	
Current Year of Training			
Report covering period:	From		to
Paediatric Emergency Training Programme: Region			
Training Institution			
Educational Supervisor			
PMETB post approval number		Training Number	

WPBA in current placements (only successful WPBAs should be included here)			
Assessment	Dates and number	Outcome	Comments
Mini-CEX			
DOPs			
CBD			

MSF			
Other (please specify)			
Experiential outcomes (please review evidence in learning portfolio)			
Activity	Date	Outcome	Comments
Log book			
CG activity			
PDP			
Educational achievements			
Management			
Short courses (any life support recertification required)			
Other evidence			

Other outcome to be considered that may not be in the learning portfolio			
Activity	Date	Outcome	Comments
Critical incidents			
Complaints			
Other			

1) Date completed

2) Please list other staff consulted prior to completing this report:

Have you discussed this report with the trainee?

Yes No

Has the trainee seen this report and signed it before submission?

Yes No

5) Have you been satisfied with the overall performance of the trainee during the period covered by this report?

Yes No

Any other comments

Summary of Trainees Assessment

Educational Supervisor to complete. Please attach evidence if available to support opinions or give examples of behaviours.

Strengths of Trainee
Weaknesses of Trainee
Suggestions for improvement

I confirm that this is an accurate description/summary of this trainee's learning portfolio and WPBA, covering the period fromto.....

Name and Signature

Date:

Trainee Signature

Date:

I confirm that I conform to the standards of probity and health required by the GMC in *Good Medical Practice*

Signed (Trainee):

Date

Mini CEX – Mini Clinical Examination

Doctor's surname

GMC number

Training year

Scenario: seriously ill patient / serious trauma / other cases

Clinical problem: respiratory / cardiac / systemic shock / neurological / trauma

Complexity of case Low Average High

Assessor's position Consultant more senior SpR SAS doctor

Overall performance:

<i>Below expectations and requires significant additional learning before reassessment</i>	
<i>Nearly at expected level overall with one or two small areas of learning required</i>	
<i>At expected level</i>	
<i>Exceeds expected performance at trainee's level</i>	

Assessor's Signature _____

Trainee's signature _____

Assessor's Name: _____

Trainee's Name _____

Assessor's Grade: _____

Date of assessment: _____

Mini-CEX - Key areas for improvement and development:

Please grade the following areas using the scale	Below expectations for ST level	At trainees expected level of	Above expectations for trainees	At the level of consultant	Area not observed	Please write specific comments on excellence or area of concern for trainee to concentrate on
<i>Initial assessment and management of the airway</i>						
<i>Initial assessment and management of the breathing</i>						
<i>Initial assessment and management of circulatory</i>						
<i>Initial assessment and management of the</i>						
<i>Appropriate selection and interpretation of investigations</i>						
<i>Construction of differential diagnosis</i>						
<i>Appropriate definitive management plan and ongoing</i>						
<i>Referral to appropriate inpatient specialty</i>						
<i>Management of the team</i>						
<i>Communication with the Child and/or accompanying</i>						

Mini-CEX Explanatory notes for the assessor

Thank you for completing this form which will provide the record of satisfactory assessment of a core clinical skill prior to progression as part of their annual ARCP. In addition, the form gives an opportunity for the trainee to discuss further learning objectives in the light of their performance that can be recorded and reviewed later. The form will be kept in the trainee's portfolio and should be countersigned. We would recommend you take a copy for your staff file.

The trainee is expected to approach you and request assessment. Ideally you will have been involved in their workplace based learning and therefore agree that the trainee is ready for this summative assessment. You may however not get time to discuss the preparedness of the trainee to be assessed before this type of case arrives and during the case it may become apparent that the trainee is either not fully ready or that the case is more complex than they can cope with and you will need to intervene.

Clearly patient safety is key and the assessment must stop if there is any risk to patient care. However even in those circumstances a thoughtfully completed form is useful for the trainee's portfolio to guide future development and we would recommend completing the form in all circumstances.

The case should be graded as to the complexity of the case. The trainee will be assessed on 8 cases over a year, and these should include low, moderate and highly complex cases. The cases should include serious illness, serious trauma and a mixture of cases reflecting the variety of

Paediatric problems encountered within Paediatric emergency setting. The mini-CEX can also be used to focus on communication skills as well as their clinical skills.

Please remember that this is for the assessment of trainees in their higher specialty training programme. Your assessment of their competence should be against what you would expect of a trainee at their current level.

For each area or domain that you are assessing, there is space to write comments. These should include specific examples of good practice demonstrated by the trainee as well as any specific example where their performance is not to standard. These comments are greatly valued by the trainee and should be as comprehensive as possible.

There may be a requirement to complete an additional assessment form for a particular skill. For example, if the trainee elects to insert an intraosseous line, the DOPS assessment form may be used in conjunction with this form if required.

At the end we would ask that you give an overall view of the trainees performance as well as agree with the trainee any future learning needs and objectives.

Mini-CEX criteria for assessment (example)

Suggested criteria for performance	Unacceptable performance (below expectation)	Acceptable for sub-specialty trainee (at expected level)	Above expected level for sub-specialty trainee
Initial assessment and management of the airway	Ignores obstructed airway, fails to give supplemental oxygen, cannot open airway,	Manages airway and assists or performs RSI performs (if completed PIU training)	Supports trainee through RSI
Initial assessment and management of the breathing and ventilation	Inadequate assessment, fails to recognise ventilatory compromise, inadequate manual ventilation or inappropriate chest	Manages ventilated patient (if post PICU training),	Manages respiratory condition and supports learning opportunity for other trainees
Initial assessment and management of circulatory status	Inadequate assessment, fails to recognise circulatory compromise or arrhythmia, failure to act on abnormal physiology	Manages circulatory collapse, treats peri-arrest arrhythmias Leading team	Manages advanced or anticipates impending circulatory compromise and supports other trainees
Initial assessment and management of the neurological status of patient	Inadequate assessment and fails to recognise neurological compromise,	Recognises neurological problem, timely independent action and treatment,	Manages problem comprehensively and provides learning opportunity for others
Appropriate selection and interpretation of investigations	Orders investigations indiscriminately or cannot justify Selection Inadequate or incorrect interpretation of results	Selectively orders investigations, recognises time critical investigations, interprets subtle abnormalities and plans medium term management of non life	Appropriate selection, high level analysis of results and provides learning opportunity for others
Construction of differential diagnosis	Differential lacks key potentially life threatening or important diagnosis Differential non selective and poorly prioritized for likelihood	Identifies most likely as well as potentially life threatening and also rare but important other possibilities,	Comprehensive differential with succinct justification as learning opportunity for others

<i>Appropriate definitive management plan and ongoing care</i>	<i>Fails to make on going management plan, short term only</i>	<i>Able to define likely definitive management and potential time course as well as possible complications and treatment/prevention</i>	<i>Able to predict possible variance from predicted recovery including for less likely diagnoses</i>
<i>Referral to appropriate inpatient specialty</i>	<i>Poorly structured inappropriate referral, failure to refer to correct specialty</i>	<i>Structured referral with emphasis on key requirements for specialty and summary of progress, deals with possible reluctance from specialty</i>	<i>Structured referral, management of conflict,</i>
<i>Management of the team involved</i>	<i>Failure to recognise needs of team, doesn't use all team members, inappropriate task allocation, , poor communications</i>	<i>Good team leadership, stands back, delegation and support of team, team debrief attempted</i>	<i>Develops team spirit, utilizes opportunities for individual development of team members, good team debrief and suggestions</i>
<i>Communication with the child and accompanying Adult</i>	<i>Ignores child, accompanying adults, poor transfer of information, doesn't listen to information given by Adult or child</i>	<i>Ensures parents informed and supported by nursing staff, updates on status, involves in decisions and</i>	<i>Deals with difficult parents during patient encounter, manages adverse reactions</i>

Further information about SPRAT and SheffPAT Is available on Healthcare Assessment and Training website www.hcat.nhs.uk