

INTRODUCTION

EM specialist is the first Doctor whom the patient meets on entering the hospital. The kind of care patient receives in the ER becomes the mirror of the quality of the service for the patient in the rest of the hospital. The EM specialist has to appreciate the importance of the Platinum minutes and Golden Hour to minimize morbidity and mortality.

The EM specialist has to tackle

- 1. Acute problems**
- 2. Mass Casualties**
- 3. Agonized patients and relatives**
- 4. Medico- legal issues**

The patient spends first few minutes or hours only in the ER. The aim of this course is to train the Medical Graduate in the field of Emergency Medicine. Knowledge & practical skills shall be acquired by the candidates in various specialties so that the candidate will be competent & confident to manage all types of cases attending the Emergency room. He will be given special training of soft skills like

- 1. Communication skill**
- 2. Crowd management**
- 3. Breaking a bad news**
- 4. Stress management for self & the patient's relatives**
- 5. Management of Stressful situation**
- 6. Social Problems**

They should be well versed with all types of EM equipments. They will be trained in emergency ultrasound. They will be trained in basic research methodology so as to enable them to conduct fundamental & applied research. They will be trained in teaching methods so that they can take teaching assignments.

GOALS

To transform the medical graduate into an all rounder who can handle all kinds of emergencies effectively.

Educational Objectives

To empower the EM student with knowledge, skill and tools required to handle the ER.

This will require

- Medical skills as well as
- Soft skills and
- Equipment handling

Soft Skills

- Cognitive and psychomotor skills
- Empathy
- Stress management for self as well as patient's relatives.
- Management of stressful situations
- Communication skills (e.g. Breaking bad news)
- Medico-Legal knowledge and skills
- Social skills

CURRICULUM

The curriculum is based on the primary text book of emergency medicine: A Comprehensive Study Guide 9th edition edited by J .E. Tintinalli. In addition, Rosen's Emergency Medicine Concepts and Clinical Practice. Clinical Procedures in emergency medicine by J.R.Roberts & Jerris Hedges will be used to teach the procedures in EM .

The core curriculum for 3-year postgraduate training program in Emergency Medicine

Cardiovascular Diseases	Hypertensive urgencies and emergencies	Trauma
Cardiopulmonary resuscitation	Temporary and permanent cardiac pacemaker	Trauma resuscitation
Basic life support (one and two-rescuer CPR)	Shock	Primary survey
Advanced life support	Hemorrhagic shock	Secondary survey
Recognition of cardiac rhythms during cardiac arrest	Cardiogenic shock	Advanced trauma life support
Use of drugs	Neurogenic shock	Transfer arrangements
Defibrillation	Septic shock	Wound management:
Pacing	Anaphylactic shock	Lacerations
Leadership during CPR	Blood/blood products	Abrasions
Choking victim	Cardiovascular drugs	Contusion
Neonatal/pediatric CPR	Fluids	Puncture wounds
CPR during pregnancy	Vasopressors	Principles of management
Chest pain	Deep vein thrombosis	Control of local bleeding
Stable angina	Valvular heart diseases	Suturing
Acute coronary syndromes (unstable angina, ST-elevation and Non-STelevation myocardial infarction)	Stuck artificial cardiac valve	General
Use of thrombolytics	Infective endocarditis	Specific sites
Use of glycoprotein inhibitors in ED	Acute pericarditis and cardiac tamponade	Local anesthesia
Angioplasty vs. thrombolytics	Acute myocarditis	Head and facial trauma
Pulmonary embolism	Acute rheumatic fever	Head injury
Aortic dissection	Vascular access	Fractures of bones of face
Congestive heart failure and pulmonary edema	Peripheral vascular disease	Facial injuries
Palpitations	Sudden cardiac death	Dental injuries
Cardiac arrhythmias	Cardiac transplant patient	Nasal injuries
Tachyarrhythmias	Airways management and Anesthesia	Ear injuries
Narrow complex vs. broad complex	Principle of airway management	Oral cavity injuries
Electric cardioversion	including difficult airway management	Temporomandibular joint dislocation
Anti-arrhythmic drugs	Rapid sequence intubation	Spinal trauma
Bradyarrhythmias	Pain management	Immobilization
	Procedural sedation	Examination
	Regional, local and general anesthesia	Cervical
	Ventilator management	Dorsal
		Lumbar
		Chest trauma
		Blunt/penetrating
		Tension pneumothorax
		Cardiac tamponade

Massive hemothorax
Open chest wound
Ruptured aorta
Flail chest
Contusion lung
Emphysema
Abdominal trauma
Blunt/penetrating trauma
FAST
Diagnostic peritoneal lavage
Ultrasound and CT
Pelvic trauma
Genitourinary trauma
Pelvic fracture
Extremity trauma
Skeletal trauma (fractures)
Dislocation
Vascular trauma
Soft tissue trauma (sprains and strains)
Hand trauma
Compartment syndrome
Degloving injuries
Amputation/replantation
Fat embolism
Trauma in children
Trauma during pregnancy
Trauma in elderly
Blast injuries
Mass casualties and injury care
Respiratory emergencies
Dyspnea
Respiratory failure and ARDS
Hemoptysis
Acute severe asthma / COPD
Pneumothorax
Foreign body
Pneumonia and chest infections
Thermal/chemical injury to lungs
Sleep apnea syndrome
Gastrointestinal and Hepatic emergencies
Abdominal pain
Acute abdomen

Acute gastritis
Cholangitis, cholecystitis
Acute pancreatitis
Acute appendicitis
Perforation/peritonitis
Mesenteric ischemia
Renal pain
Intestinal obstruction
Paralytic ileus
Inflammatory bowel disease
Vomiting and diarrhoea
Evaluation of dehydration
Fluid therapy
Acute GI bleed
Upper GI bleed
Lower GI bleed
Foreign body ingestion
Acute volvulus
Hemorrhoids
Rectal prolapse
Perirectal abscess
Hernias
Ascites
Acute liver failure
Cirrhosis and its complications
Liver abscess
Jaundice
Liver transplant patient
Onco-haematological emergencies
Acute bleeding (including hemophilia)
Disseminated intravascular coagulation
Use of antithrombotic and antiplatelet agents
Febrile neutropenia
Thrombocytopenia
Severe anemia
Acute hemolysis
Superior vena cava syndrome
Tumour lysis syndrome
Cord compression
Metastatic emergencies
Blood/blood products and transfusion

Stem cell and bone marrow transplantation
Non-traumatic orthopedic emergencies
Orthopedic and neurovascular examination of extremities
Acute osteomyelitis
Acute arthritis
Acute gout
Prosthesis-related emergencies
Acute back pain
Acute neck pain
Acute shoulder pain
Hand and foot infections
Joint infections and inflammations
Muscle and tendon infections and inflammation
Genitourinary emergencies
Nephrolithiasis
Acute renal failure
Acute retention of urine
Sexual assault
Complications of chronic kidney disease
Hematuria
Torsion of testis
Sexually transmitted diseases
Epididymitis/orchitis/prostatitis
Obstructive uropathy
Acute pyelonephritis and perinephric abscess
Phimosis and paraphimosis
Foreign body insertion
Kidney transplant patient
Rheumatological emergencies
Acute vasculitis
Anti-phospholipid antibody syndrome
Rheumatologic disorders involving vital organs
Kawasaki's syndrome
Ocular emergencies
Red eye

Conjunctivitis
Acute glaucoma
Uveitis
Ocular emergencies (cont.)
Trauma
Foreign body
Corneal abrasión
Hyphema
Blow-out fracture
Chemical burns
Visual loss/impairment
Orbital cellulitis
CNS emergencies
Headache
Approach
Specific disorders (including migraine)
Syncope, vertigo and dizziness
Seizures
Epileptic seizures
Pseudoseizures
Status epilepticus
Coma and neurological impairment
Metabolic coma
Hypoglycemia
Ketoacidosis
Hyperosmolar coma
Hepatic encephalopathy
Neurological coma
Meningitis and encephalitis
Acute stroke
Ischemic
Hemorrhagic
Transient ischemic attack
Subarachnoid hemorrhage
Cavernous sinus thrombosis
Compressive and non-compressive myelopathies
Peripheral neuropathy (including LGB syndrome)
Myasthenic crisis
Cranial nerve palsies
Infections

HIV in emergency department
Malaria (complicated and uncomplicated)
Leptospirosis
Enteric fever
Chicken pox and herpes zoster
Measles/mumps
Dengue and other hemorrhagic fevers
Chikungunya
Evaluation of fever in Emergency Department
Acute hepatitis
Disseminated tuberculosis
Management of needlestick injury
Tetanus
Infections (cont.)
Rabies
Diphtheria/Pertussis
Cholera
Food poisoning
Polio
Plague
Toxic shock syndrome
Gas gangrene and other anerobic infections
Sexually transmitted diseases
Influenza
Fever
Immunization
ENT emergencies
Upper airway obstruction and stridor
Epistaxis
Acute tonsillitis/sore throat/acute laryngitis
Foreign bodies
Acute suppurative otitis media and externa
Acute sinusitis
Other infections

Dermatological emergencies
Exfoliative dermatitis
Steven Johnson syndrome
Toxic epidermal necrolysis
Skin infections, inflammation and allergies
Gynecology and Obstetrics emergencies
Ectopic pregnancy
Lower abdominal pain
Vaginal bleeding
Abortion
Pre-eclampsia/Eclampsia
Conduct of delivery
Emergency contraception
Rape victim
Amniotic fluid embolism
Pediatric emergencies
Advanced pediatric life support
Neonatal advanced life support
Care of newborn
Croup/epiglottitis
Asthma
Fever (neonate, young infant, older infant, child)
Septicemia
Meningitis
Seizures
Congenital heart diseases
Non-cardiac congenital diseases
Pediatric emergencies (cont.)
Pain relief
Dehydration
Care of pre-term baby
Drug therapy in newborns, infants and children
Child abuse
Drugs in pediatric emergencies
Metabolic and Endocrine emergencies
Diabetic emergencies:

Hypoglycemia
Hyperosmolar hyperglycemic state
Ketoacidosis
Fluid and electrolyte abnormalities
Normal physiology
Hypovolemia
Hyper/Hyponatremia
Hyper/hypokalemia
Hyper/hypocalcemia
Acid-base disturbances
Hypopituitarism/Hypoadrenalism
Thyrotoxic crisis and myxedema coma
Acute toxicology
Initial management
Recognition of toxidromes
Antidotes
Insecticides and pesticides
Drug overdose
Snake bites, and scorpion and insect stings
Plant poisoning
Kerosene oil poisoning
Ethyl alcohol poisoning and withdrawal
Other alcohols (methyl alcohol, ethylene glycol)
Methemoglobinemia
Hyperthermia

Substance abuse
Hazardous chemicals
Metal poisoning
CBRN disasters
Poison control centers
Environmental emergencies
Burns
Smoke inhalation
Lightning
Electric burns
High altitude illnesses
Diving emergencies
Cold-induced illnesses
Heat-induced illnesses
Near-drowning
Animal and human bites
Geriatric emergencies
Psycho-social assessment
Mobility assessment
Drug pharmacology
Geriatric abuse
Psychiatric emergencies
Thought and mood disorders
Anxiety and somatiform disorders
Self-harm
Delirium, dementia and psychosis
Suicide and homicide
Alcohol and substance abuse
IV drug abuse
Sexual assault and child abuse

Domestic violence and elder abuse
Violence in the ED
Disaster medicine
Definitions
Disaster planning
Medical response to terrorist incidents
Miscellaneous
Pre-hospital care
Forensic aspects
Medico-legal examination
Examination of rape accused
Wound examination
Bullet wounds
Types of injuries (simple, grievous, dangerous)
Signs of death
Biostatistics
Research methodology
Imaging techniques:
Plain x-rays
Ultrasound and echocardiography
CT
MRI
Angiography
Interventional techniques
Nuclear medicine in emergencies
Ethical issues

PROCEDURAL SKILLS

Airway management and cervical spine control
Wound management
Wound preparation
Wound closure techniques
Debridement
Dressing techniques
Removal of foreign bodies
Tendon repair
Orthopedic emergency procedures
Splinting/immobilization
Spinal immobilization
Limb splinting
Logrolling
Helmet removal
Fasciotomy
Reduction of dislocations
Traction splints
Plaster techniques for various fractures
Joint aspiration
Cervical collar application
Pelvic stabilization techniques
Local and regional anesthesia
Conscious sedation and analgesia
Ear, nose and throat procedures
Indirect laryngoscopy
Nasal packing
Removal of foreign bodies
Maxillo-facial techniques
Dental anesthesia
Dental socket suture
Ocular techniques
Slit lamp
Foreign body removal
Gynaecological and Obstetrics:
Delivery
Speculum examination

Others
Reducing paraphimosis
Nasogastric tube insertion
Incision and drainage of abscess
Nerve blocks
Detorsion of torsion of testis
Transportation of patients
Intra-hospital
Inter-hospital
Communication skills
Patients and relatives
Colleagues and other personnel
Bereavement
Ultrasonography and echoardiography (both diagnostic and therapeutic)
Designing a research study
Interpretation of laboratory investigations/plain X-rays/CT/MRI
Major incident planning
Basic airway management (opening airway by various methods)
Bag mask ventilation
Advanced airway management
Tracheal intubation
Alternative procedures (non-surgical and surgical)
Pediatric airway management
Neonatal airway management
Cardiopulmonary resuscitation
Basic
Advanced
Electric therapy
Cardioversion/defibrillation
Cardiac pacing

ECG interpretation
Ventilator management
Basic trauma management and Advanced Trauma Life Support (non-Orthopedics)
Intercostal chest tube
Needle thoracentesis
Surgical and needle cricothyroidotomy
Suprapubic catheterization
Central venous access
Suture technique
Arterial puncture
Nasal packing
Foreign body removal
Foley's catheterization
Needle and tube thoracotomy (in penetrating chest injuries) and aortic clamping
Pulmonary procedures
Invasive ventilation principles
Thoracentesis
Needle/tube thoracostomy
Cardiovascular procedures
Cardiac compression
Central venous access
Subclavian vein
Jugular vein
Femoral vein
Arterial access
Cut down techniques
Intra-osseous access
CVP monitoring
Pericardiocentesis
Monitoring
Decontamination procedures
Gastric lavage
Skin/eye decontamination
Paracentesis
Neurological
Lumbar puncture
Burr hole

LIST OF PROCEDURES ALONG WITH MINIMUM NUMBER TO BE PERFORMED INDEPENDENTLY

Procedure	Numbers to be performed independently.
Airway management (opening airway by various methods)	100
Bag mask ventilation	100
Tracheal intubation	100
Alternative airway management methods (non-surgical and surgical)	25
Pediatric and neonatal airway management	35
Cardiopulmonary resuscitation	50
Cardioversion/defibrillation	40
Cardiac pacing	10
Ventilator management	50
Intercostal chest tube	10
Needle thoracentesis	10
Suprapubic catheterization	05
Central venous access	50
Suturing (various techniques)	100
Arterial puncture	100
Cut down	10
Intraosseous access	10
CVP monitoring	10
Ultrasound and echocardiogram	40 normal and 60 abnormal with various emergency conditions equally represented
Nasal packing	10
Foley's catheterization	50
Paracentesis	10
Pericardiocentesis	10
Wound care	100
Splint application for various fractures	100
Spinal immobilization	10
Reduction of dislocations	20
Plaster techniques for various fractures	50

Cervical collar application	10
Pelvic stabilization	05
Local and regional anesthesia	50
Conscious sedation and analgesia	10
Nerve blocks	10
Slit lamp examination	20
Delivery	10
Lumbar puncture	10
Burr hole	05
Reducing paraphimosis	05
Nasogastric tube insertion	50
Incision and drainage of abscess	50
Analysis of plain X-ray films	200
Analysis of CT scans	20

LECTURES

Lecture 1: Pre-Hospital care	Lecture 41-48: Toxicology
Lecture 2 & 3: Disaster Management	Lecture 49-53: Environment
Lecture 4-8: Resuscitation	Lecture 54-55: Endocrine
Lecture 9-12: Resuscitative Procedures	Lecture 56-58: Hemato-oncology
Lecture 13: Analgesia Anesthesia Procedural Sedation	Lecture 59-61: ENT
Lecture 14-15: Wound management	Lecture 62-63: Dermatology (Add Skin Pictures lecture: One Hour More)
Lecture 16-19: Cardiovascular (Add a EKG Lecture : One hour More)	Lecture 64-68: Trauma (Add CT/MRI Lecture one Hour More)
Lecture 20-23: Gastrointestinal	Lecture 69-73: Orthopedics (Add X-ray Lecture: One Hour More)
Lecture 24-25: Renal & Genitourinary	Lecture 74-76: Musculoskeletal
Lecture 26-28: Obstetrics & gynecology	Lecture 77-78: Psychiatry
Lecture 29-34: Pediatrics	Lecture 79-80: Abuse Assault Special Situations
Lecture 35-36: Infectious Diseases	
Lecture 37-40: Central Nervous System	Total lectures 84/year

Minimum 2 per lectures/ week based on the above schedule. And at end of lectures 10 MCQ will be submitted by Residents to Faculty to be put in bank. Once a month test from Monthly lectures. 10 Short answer questions in each test.

INTERDISCIPLINARY LECTURES FROM OTHER DEPARTMENT FACULTY

32 Exam Interdisciplinary Topics so that Standard Orders and Protocols can be built with other departments.

- | | |
|---|--|
| 1. ARDS: ICU | 18. Learning about Pacemaker and its emergencies: Cardiology |
| 2. Pediatric Sepsis: PICU | 19. Meningitis and its recognition and interpretation of LP :Traumatic v/s non traumatic in adults |
| 3. Ventilation Strategies: Anesthesia | 20. Meningitis and its recognition and interpretation of LP :Traumatic v/s non traumatic in adults |
| 4. Abdominal Compartment Syndrome: ICU | 21. Fractures which needs to go to OR Stat: Orthopedics |
| 5. Complex Metabolic Management: Anesthesia | 22. Advances in Stroke: Neurology |
| 6. Complex ABG Management: Anesthesia | 23. Rationale use of Antibiotics: Microbiology |
| 7. Intracerebral Hemorrhage Traumatic V/S Non Traumatic: Neurosurgery | 24. Bleeds in Hemophiliacs in Pediatrics and Adults |
| 8. Complex Management of Seizures in Pediatric and Adults: Neurology | 25. Vascular Trauma; Dissections (Other than aorta): CVTS |
| 9. Eclampsia in Pregnancy: Obstetrics & gynecology | 26. Which Radiology Test what indication: Radiology |
| 10. Aortic TAA/ TAD/ AAA Emergencies: CVTS | 27. Standard Orders in DKA NKHHC: Endocrinology |
| 11. Thrombolytic and Anticoagulation in Emergency Situations | 28. Treating K/Ca/Na/Mg Disorders: Standard Orders |
| 12. Priapism: Urology | 29. Status Epilepticus: Neurology |
| 13. Exchange Transfusions in Pediatrics and Adults: Hematology | 30. Status Asthmaticus: Chest & T.B. |
| 14. Management of Acute on Chronic Renal Failure in EM: Nephrology | 31. Documentation Pearls to avoid litigation |
| 15. Hemorrhagic Fevers: Internal Medicine | 32. High Risk EM REVIEW |
| 16. Fever in Immunocompromised subjects: Internal Medicine | |
| 17. Right Ventricular Infarction: Cardiology | |

PGP

The schedule for Post Graduate Program includes

1. Once a week Seminar
2. Once a week Journal class
3. Once a week Clinico-pathological correlation
4. Once a week Case presentation
5. Twice weekly lectures by faculty
6. Once a month Death Audit
7. Grand round daily
8. Integrated teaching once in 3 months
9. Statistical Meeting once a month

ROTATION

Year I

Emergency Department: 7 months
Orthopedic & wound care: 2wks
PSM – 2 weeks
SICU - 1 month
MICU-1 month
Ophthalmology/ENT- 2wks/2wks
Anaesthesia-1 month

Year II

Emergency Department: 7 months
OBG – 1 month
Pediatric ward – 2 weeks
Psychiatry – 2 wks
PICU- 1 month
Neurology/Nephrology- 2 weeks each
Pediatric EM: 1 month
Neurosurgery – 2 weeks

Year III

Emergency Department: 7 months
Trauma - 1 month
Dermatology – 1 month
FMT – 2 weeks
Radiology & Ultrasound- 2 wks
Administration (EM Services)-1 month
Elective- 1 month

GOALS OF ROTATION

Anesthesia

- Develop airway management skills
- Develop familiarity with pharmacological agents used in anesthesia
- Learn standard monitoring techniques
- Learn ventilator management
- Learn relevant pre-operative historical and physical exam considerations
- Learn principles of pain management.

Emergency Medicine

Develop the ability to rapidly evaluate, diagnose, stabilize, and disposition of critically ill patients.

- Learn respiratory, cardiovascular, renal and neurologic physiology and the pathophysiology of trauma, toxins, shock, sepsis, cardiac failure, and respiratory failure that affect critically ill patients.
- Learn the principles of medical instrumentation and hemodynamic monitoring and be able to utilize them in the care of critically ill patients.
- Learn the indications and develop the technical skills needed to perform diagnostic and therapeutic interventions in critically ill patients.
- Learn the rational use of laboratory, radiographic and other diagnostic tests in the management of critically ill patients.
- Understand the etiologies and pathophysiology of cardiac arrest.
- Learn to recognize the dysrhythmias associated with cardiac arrest and their treatment.
- Learn the American Heart Association (AHA) recommendations and develop skill in the performance of standard resuscitative procedures.
- Learn the principles of pharmacotherapy and the routes and dosages of drugs recommended during cardiac arrest and following resuscitation.
- Learn the indications for withholding and terminating resuscitation.
- Learn common organizational structures of emergency medical services.
- Learn the pathophysiology, patient evaluation and management of thermal and chemical burns.
- Learn the pathophysiology, patient evaluation and management of electrical injury, including lightning injury.
- Learn the pathophysiology, patient evaluation and management of radiation injuries.
- Learn the pathophysiology, patient evaluation and management of hypothermia and frostbite.
- Learn the pathophysiology, patient evaluation and management of heat illness.
- Learn the pathophysiology, patient evaluation and management of drowning and near-drowning.
- Learn the pathophysiology, patient evaluation and management of high altitude illness.
- Learn basic ethical principles relevant to emergency medicine.
- Learn basic legal principles relevant to emergency medicine.

- Learn the overall principles of managing the geriatric patient in an emergency care environment.
- Learn basic statistics and research methodologies
- Learn the presenting signs, symptoms, laboratory findings, pathophysiology and treatment of common therapeutic drug poisonings, drugs of abuse, natural toxins, and general household poisons as delineated in the core curriculum of Emergency Medicine
- Learn the common hazardous materials (HAZMAT) of the workplace and prehospital operations with regard to HAZMAT incidents.
- Learn use of the diagnostic imaging modalities available for the evaluation of orthopedic disorders.
- Develop skill in the diagnosis and treatment of inflammatory and infectious disorders of the musculoskeletal system.
- Learn principles of acute and chronic pain management in patients with musculoskeletal disorders.
- Master the understanding of the components of the immune system, and the disorders of hyper and hypofunction of the immune system.
- Know the major systemic infectious disorders, their diagnosis and treatment.
- Develop knowledge of the etiologies, manifestations, and treatment of endocrine and metabolic disorders.
- Develop familiarity with common general surgical disorders presenting to Emergency, and develop relevant history and physical exam skills.
- Develop procedural skills relevant to general surgery.
- Learn indications for consultation and surgical intervention in patients with acute abdominal pain.
- Learn the principles of trauma management including ATLS.
- Learn how CSF shunts function and learn to evaluate patients with possible shunt malfunction.

Dermatology

- Develop ability to recognize and appropriately treat disorders of the skin and mucous membranes.

Forensic Medicine

- Learn basic principles of medico-legal cases
- Learn various types of wounds
- Learn medico-legal aspects of gunshot wounds
- Learn preservation of various samples for medico-legal purpose.

General Medicine

- Assimilate general concepts of Internal Medicine, history taking and physical examination skills to develop a systematic evaluation for patients presenting to the emergency department.
- Learn the pathophysiology, presentation, and management of diseases related to the alimentary tract.

- Develop knowledge of the pathophysiology, presentation, and management of common hematologic diseases.
- Master the understanding of the components of the immune system, and the disorders of hyper- and hypofunction of the immune system.
- Know the major systemic infectious disorders, their diagnosis and treatment.
- Learn the pathophysiology, evaluation, and treatment of renal disorders.
- Develop knowledge of the etiologies, manifestations, and treatment of endocrine and metabolic disorders.
- Master the understanding of the diseases of the respiratory system, including pathophysiology, evaluation, and treatment.
- Learn management of upper and lower gastrointestinal bleed
- Learn management of acute hepatic failure
- Learn management of complications of cirrhosis
- Learn about acid-base and electrolyte disturbances
- Perform peritoneal dialysis
- Learn about complications of dialysis and renal failure
- Demonstrate the ability to stabilize patients who present in cardiopulmonary arrest.
- Develop skills in the evaluation of patients who present with chest pain.
- Demonstrate the ability to evaluate, stabilize, treat, and arrange for appropriate disposition of patients with cardiac disease processes.
- Demonstrate the ability to develop a differential diagnosis for patients presenting with cardiac symptomatology (chest pain, shortness of breath, weakness, palpitations), etc.
- Demonstrate skill in the interpretation of diagnostic modalities (ECG, chest x-ray and cardiac ultrasonography).
- Develop familiarity with cardiac pharmacologic agents.
- Demonstrate skill at cardiac related procedures: venous line and CVP pressure monitoring, pericardiocentesis, defibrillation and cardioversion, Swan Ganz catheterization, and ultrasonography.
- Demonstrate the ability to diagnose, stabilize, and apply thrombolytic therapy to patients presenting with acute myocardial infarction.
- Learn the anatomy, pathophysiology, presentation, and management of common nervous system disorders.
- Develop skill in the performance of a screening and detailed neurological evaluation.
- Develop skill in the use and performance of diagnostic procedures in the evaluation of neurological disorders

General Surgery including Trauma

- Develop familiarity with common general surgical disorders.
- Develop relevant history and physical examination skills.
- Develop procedural skills relevant to general surgery.
- Develop skill in the overall assessment of the general surgical patient.
- Learn indications for consultation and surgical intervention in patients with acute abdominal pain.
- Learn the principles of care of the preoperative patient.

- Learn the anatomy, pathophysiology, presentation, and management of common nervous system injuries.
- Develop skill in the performance of screening and detailed neurological evaluation.
- Develop skill in the use and performance of diagnostic procedures in the evaluation of neurological injuries.
- Effectively utilize radiologic studies to diagnose neurological injuries.
- Diagnose, stabilize and provide initial treatment of injuries of the brain, spinal cord, bony spine and peripheral nerves.
- Learn how CSF shunts function and learn to evaluate patients with possible shunt malfunction.
- Learn about special aspects of trauma in children
- Learn surgical emergencies in children
- Learn the relevant history and physical examination skills.
- Learn the use of diagnostic imaging modalities available for the evaluation of urologic disorders.
- Learn the diagnosis and management of urinary tract infections, including pyelonephritis and prostatitis.
- Learn the diagnosis and management of renal calculi.
- Learn the evaluation and management of renal and genitourinary trauma.
- Learn the diagnosis and management of disorders of the male genitalia.

Obstetrics/Gynecology

- Learn the principles of contraception.
- Develop expertise in the diagnosis and management of emergent complications of pregnancy.
- Develop expertise in the management of uncomplicated and complicated labor and delivery.
- Develop expertise in the management of sexual assault.
- Learn the principles of management of gynecologic and obstetrical trauma.
- Learn diagnosis and treatment of genital and pelvic infectious diseases.
- Develop expertise in the diagnosis and management of abdominal pain in females.
- Develop expertise in the diagnosis and management of vaginal bleeding.

Ophthalmology

Develop relevant history and physical examination skills

- Learn to recognize and treat emergent causes of visual loss
- Learn the principles of ocular trauma management
- Learn the evaluation and management of common ophthalmologic complaints.

Orthopedics

- Develop relevant history and physical examination skills.
- Learn use of the diagnostic imaging modalities available for the evaluation of orthopedic disorders.
- Develop skill in the evaluation and management of musculoskeletal trauma.

- Develop skill in the diagnosis and treatment of inflammatory and infectious disorders of the musculoskeletal system.
- Learn principles of acute and chronic pain management in patients with musculoskeletal disorders.
- Learn principles trauma care.
- Develop an organized approach to the assessment, resuscitation, stabilization and provision of definitive care for the trauma victim.
- Learn use of the diagnostic imaging modalities available for evaluation of the trauma victim.
- Develop procedural skills necessary in the evaluation and management of the trauma victim.
- Learn to recognize and treat immediate life and limb threatening injuries in the trauma victim.
- Learn special considerations in the evaluation and management of the pregnant trauma victim.
- Learn special considerations in the evaluation and management of the pediatric trauma victim.
- Learn special considerations in the evaluation and management of the geriatric trauma victim.
- Learn the principles of disaster management
- Learn how to manage fractures, reduce dislocations and learn the splint and plaster techniques

Otolaryngology

- Develop relevant history and physical examination skills.
- Learn the evaluation and management of common problems of the head and neck.
- Learn the evaluation and management of facial trauma.
- Develop skill in the evaluation and management of upper airway disorders.
- Learn use of the diagnostic imaging modalities available for evaluation of head and neck disorders.

Pediatrics

- Develop skill in infant/pediatric resuscitation.
- Develop skill in performance of appropriate pediatric history and physical examination, including general growth and development, assessment and knowledge of current immunization requirements.
- Learn the etiologies, significance, and treatment of fever and infection in the child.
- Learn the manifestations and significance of abdominal related complaints in the child.
- Learn the etiologies and treatment of neurologic emergencies in the child.
- Learn the physiology and management of derangements of fluid and electrolyte in children.
- Learn the indications of social and/or psychological disturbances.
- Learn the specific problems of pediatric trauma victims.
- Learn the manifestations and treatment of pediatric cardiac abnormalities.

- Learn the pathophysiology, etiologies, and treatment of respiratory disorders of children.
- Learn the pathophysiology, etiologies, and treatment of common serious endocrine and hematologic disorders of children.
- Learn the pathophysiology, etiologies, and treatment of common serious gynecologic and urologic conditions of children.
- Learn to recognize and provide appropriate treatment for orthopedic and soft tissue problems of childhood.
- Learn the common dermatologic diseases and dermatologic manifestations of systemic diseases in children.
- Learn to recognize and treat children with common and/or serious problems of the head and neck.

Psychiatry

- Develop familiarity with common psychotherapeutic agents.
- Learn relevant interviewing techniques to deal with patients with various psychiatric disorders.
- Learn principles of managing the violent patient.

Radiology

- Learn all the possible presentations of injuries and clinical conditions with their related radiological findings in CT Scan, X-Ray and MRI, Ultrasound, etc.

Elective

Upgrade any area of deficient expertise

Community Medicine –

- Learn management of emergencies in the community setting

COMPETENCIES TO BE ATTAINED BY THE END OF 3 YEARS

By the end of their first year, emergency medicine residents will:

1. Demonstrate the ability to provide appropriate care to patients with non-emergent problems:
 - a. Obtain an accurate and complete clinical and psychosocial history and perform a comprehensive physical examination
 - b. Develop appropriate differential diagnoses
 - c. Know the available investigative and therapeutic options
 - d. After review, implement an appropriate investigative and therapeutic plan
 - e. Develop and, after review, implement an appropriate written and verbal discharge plan
 - f. Demonstrate an awareness of the available information systems to support patient care and discharge planning
 - g. Demonstrate competency (including an understanding of the indications, contraindications, and techniques) in the core procedures used on nonemergent patients (e.g. laceration repair, reduction in or immobilization of extremity injury, pelvic examination, slit-lamp examination)
 - i. Demonstrate an understanding of the concepts of disease prevention as it applies to emergency medicine
 - k. Properly document all historical, physical examination, and diagnostic test findings
2. Demonstrate a level-appropriate knowledge of the biochemical, clinical, epidemiologic, and social-behavioural basis of diseases seen in the emergency department:
 - a. Demonstrate a basic understanding of the principles of evidence-based medicine
 - b. Demonstrate mastery of minor acute and nonemergent conditions
 - c. Demonstrate mastery of the principles of ACLS and ATLS d. PALS and NALS (paediatric advanced life support and neonate advanced life support)
 - d. Demonstrate a level-appropriate understanding of the core curriculum
3. Demonstrate the ability to appraise and assimilate scientific evidence and analyze and improve their own practice:
 - a. Demonstrate the ability to critically assess their competency in managing minor acute and on emergent cases
 - b. Demonstrate the ability to apply published studies to their own practice
 - c. Demonstrate the ability to use available information technology appropriate to the care of their patients
4. Demonstrate effective interpersonal and communication skills with:
 - a. Patients and their families
 - b. Other physicians
 - c. Other health care providers
5. Demonstrate the professionalism required of a physician:
 - a. Accept responsibility for continuity of patient care
 - b. Demonstrate respect for patients' privacy and autonomy
 - c. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities
 - d. Demonstrate a commitment to sound ethical principles regarding the care of patients

- e. Demonstrate respect for the dignity of patients and colleagues as persons
- 6. Demonstrate a basic understanding of the role of the emergency department in the larger context of health care delivery:
 - a. Demonstrate an understanding of the principles of a cost-benefit analysis
 - b. Know the relative costs of the various tests and treatment contemplated
 - c. Serve as an advocate for the patient in their dealing with the complexities of the health care system, specifically with regard to appropriate referral and followup

By the end of their second year, residents will, in addition to the objectives achieved during the first year:

1. Demonstrate the ability to provide appropriate care to patients with emergent and life threatening conditions:
 - a. Obtain an appropriately focused history and perform an appropriately focused physical examination
 - b. Develop comprehensive differential diagnoses
 - c. Develop an investigative and therapeutic plan
 - d. Develop and, after review, implement an appropriate written and verbal discharge plan
 - e. Demonstrate competency (including an understanding of the indications, contraindications, and techniques) in the core procedures used on patients with emergent and life-threatening conditions (eg, endotracheal intubation, tube thoracostomy, defibrillation/cardioversion, etc.)
2. Demonstrate a level-appropriate knowledge of the biochemical, clinical, epidemiologic, and social-behavioural basis of diseases seen in the emergency department:
 - a. Apply the principles of evidence-based medicine
 - b. Demonstrate mastery of the emergent and life-threatening conditions that present to the emergency department
 - c. Demonstrate a level-appropriate understanding of the core
3. Demonstrate the ability to appraise and assimilate scientific evidence and analyze and improve their own practice:
 - a. Demonstrate the ability to critically assess their competency in managing the emergent and life-threatening conditions that present to the emergency department
 - b. Use published studies to improve their own practice
 - c. Use available information technology appropriate to the care of their patients
4. Demonstrate a level-appropriate understanding of the role of the emergency department in the larger context of health care delivery:
 - a. Demonstrate the ability to divide his or her time and energies appropriately to provide optimal care for several patients concurrently
 - b. Develop plans for evaluation and treatment that, without compromising patient care, acknowledge the patient's particular health care system

By the end of their third year, residents will, in addition to the objectives achieved during the first 2 years:

1. Demonstrate the ability to provide appropriate care to patients

- a. Listen to a history and physical examination presentation from a junior resident and provide appropriate feedback and guidance
 - b. Perform an appropriately focused history and physical examination, taking into consideration the previous evaluation of the junior resident
 - c. Implement an appropriate investigative and therapeutic plan
 - d. Implement an appropriate written and verbal discharge plan
 - e. Demonstrate understanding of the indications, contraindications, and techniques in uncommonly performed but lifesaving procedures (eg, cricothyroidotomy, burr craniotomy) and mastery of all other core procedures
 - f. Demonstrate an understanding of documentation as it applies to billing and reimbursement requirements
2. Demonstrate a level-appropriate knowledge of the biochemical, clinical, epidemiologic, and social-behavioural basis of diseases seen in the emergency department:
- a. Demonstrate mastery of all conditions that commonly present to the emergency department
 - b. Teach courses such as ACLS as a certified instructor
 - c. Demonstrate an understanding of the core curriculum
3. Facilitate the learning of others
- a. Teach and appropriately supervise medical students and junior residents
4. Demonstrate an understanding of the role of the emergency department in the larger context of health care delivery
- a. Triage patients and direct the attention of junior-level residents so as to provide optimal care for all patients in the emergency department.
 - b. Plan and participate in a mass-casualty disaster drill

PROGRESS REPORT FORMAT

(Affiliated to Maharashtra University of Health Sciences)

Term-wise Progress Report of Post Graduate Residents

Department of : _____

Part – I

(Students Profile)

1. Name of P. G. Resident : _____

2. Name of the PG Course : _____

3. Year of admission : _____

4. Term : From _____ to _____

5. Dissertation Topic : _____

(for Degree Course Only)

6. Name of P.G. Guide : _____

7. Name of the H.O.D. : _____

8. Leave availed during the : _____

period

9. Total percentage of attendance: _____

Part – II

Assessment according to Clinical/Academic Performance

Grading	A	-	Above 80%
	B	-	60% to 80%
	C	-	50% to 59%
	D	-	Less than 50%

(1) CLINICAL PERFORMANCE (Grading):

- (i) O.P.D. Work : _____

- (ii) Ward Work : _____

- (iii) O.T. Work : _____

- (iv) Other : _____

(2) PROGRESS OF DISSERTATION (Wherever applicable):

(3) ACADEMIC PERFORMANCE:

(i) Written Tests:-

Date	Marks obtained

(ii) *Seminar/Symposia:-

Date	Topic	Evaluation

(iii) *Case Presentation:-

Date	Topic	Evaluation

(iv) *Journal Club:-

Date	Topic	Evaluation

(v) Practical /Viva:-

Date	Marks obtained

(vi) *Microteaching:-

Date	Topic	Evaluation

(*May be assessed on a scale of 1 to 10)

(4) Papers/Posters Presented:-

Sr. No.	Title of Presentation	Paper/ Poster	Event	Month/ Year	Venue

Overall Grading: _____

Remarks of Post-Graduate Guide

Certified that Dr. _____ has a total attendance of ____ % (For duration _____ to _____). His/her overall performance has been _____(satisfactory/average/unsatisfactory)

Date: _____ Name & Signature of PG Guide _____

Remarks of Head of Department

Progress of Dr. _____ has been _____ (Satisfactory / Unsatisfactory)

Date: _____ Name & Signature of HOD _____

Remarks of Dean

(a) Progress _____ (Satisfactory / Unsatisfactory)

(b) Term granted _____ (Yes / No)

Date: _____ Signature of Dean _____

WORKSHOPS

The Students shall complete following workshops during the first year

- BLS
- ACLS
- ATLS
- PALS
- NALS
- AUTLS
- Disaster Management
- Behavioral Sciences

DISSERTATION

AIM

To Orient the students to various methodologies of research, induce them to get acquainted with them and facilitate fruitful research, which will add to existing body of knowledge in the field of Emergency Medicine.

Objectives

- Identify a relevant research question
- Conduct critical review of literature
- Formulate a hypothesis
- Determine most suitable study design
- State the objectives of the study
- Prepare a study protocol
- Get approval from the Ethics Committee
- Conduct the study, compile the data
- Analyze & interpret the data
- Draw conclusions, declare results
- Write two research papers and publish in peer reviewed journal
- Present paper/ poster at state/ national level conference

Guidelines

- Scope of the study should be such that it is possible to conduct within the resources & time available
- More emphasis should be given on methodology rather than results
- Ethical issues & consideration must be given priority.

EVALUATION OF STUDENTS FOR PG DEGREE

For Postgraduate Degree the overall evaluation of the students will consist of internal assessment and the university examinations at the end of the course.

Internal Assessment

Once a month theory 10 Short answer questions tests as per the lectures
Viva exams once in two months at the end of rotation.

Titles Of Theory Papers

Paper –	I Basic Sciences
Paper –	II Medicine & Allied Subjects
Paper -	III Surgery & Allied Subjects
Paper -	IV Recent Advances

Each theory paper – 100 marks

10 Structured questions of 10 marks each – 100 marks

Practical

Ten short cases	30 marks each	300 Marks
Viva – Voce	Table Viva	100 Marks

(Equipment, X-ray/CT/MRI, ECG, ABG, BLS & ACLS, ATLS, Airway and Intubation, Ventilator, Dissertation, Communication skills, 5 OSCE of 2 mark each)

Log Book
MD Emergency Medicine

Certificate

This is to certify that Dr_____ has completed six terms of residency in the Department of Emergency Medicine as a post graduate student. The student has himself / herself performed the practical work as mentioned in this log book.

Date:

Signature of HOD

Place: Pune

* Indicates name & LOGO will change as per the institute.

INDEX

S. Number		Page Number
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7.	Direct Observation of Procedural Skills (DOPS)	41
8.	Case Based Discussion (CBD)	53
9.	Multi-source Feedback (MSF)	65
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11.	Abbreviations	67

PersonalDetails

<p>Title:</p> <p>Surname:</p> <p>Name:</p> <p>Gender: Date of Birth :</p> <p>Medical Council Number and Date of Issue :</p> <p>Address for Correspondence :</p> <p>Telephone Number:</p> <p>E-Mail:</p> <p>Details of MBBS:</p> <ol style="list-style-type: none">1. College:2. University:3. Year of passing:	
---	--

I certify that this is a true and recent likeness of the candidate.

Signature of Guide

Name and Dept
Stamp of H.O.D

Explanatory Notes

Introduction

Emergency Medicine' is a Specialty approved by the Medical Council of India. Training in this specialty is specified by MCI & National Curriculum, and Maharashtra University of Health Sciences and this will lead to the achievement of the Certificate of Completion of Post Graduate Specialty Training in Emergency Medicine.

Training in the specialty of Emergency Medicine is based on both summative and continuous formative assessments. The summative component includes the examinations as specified within the university curriculum. The formative component consists of a series of appraisals which each trainee is expected to undergo during all stages of training. These forms of assessment are used throughout the training period; however, the choice of clinical cases used during the assessments will aim to reflect the competencies expected to have been acquired at each stage reached, and will therefore become increasingly complex as the trainee progresses through each phase of the training programme.

The logbook for trainees in Emergency Medicine will serve both as a guide of the curriculum as well as a portfolio of appraisals and assessments. Each trainee, in higher training, is obliged to use this logbook. The documentation it contains will provide the proof that all competencies necessary for progress and for the eventual award of Post Graduate Degree has been completed.

Educational and Academic Activities: These include prerequisite courses such as BLS & ACLS or equivalent, ATLS or equivalent and PALS or equivalent. Participation in any other courses, conferences, specialty updates, academic meetings and journal clubs should also be recorded in this section.

Tutorials: These are scheduled teaching sessions with approved tutors and will cover various topics from the curriculum.

Case Sheets: This section will contain lists of interesting clinical problems encountered, learning points and interventions performed. These lists will highlight the experience gained by the trainee with respect to topics mentioned in the University and National Curriculum.

Work Place Based Assessments (WPBA): These assessments will provide feedback to trainers and trainees and are intended to be formative. They aim to test skills, knowledge, behavior and work attitudes during day-to-day practice. It is not possible to cover the whole curriculum through these assessments but the more important skills and topics are chosen to facilitate further exploration and discussion. Through these assessments the trainee can chart his / her progress and learn from feedback provided by the assessor.

The trainee must complete a preset number of each of the agreed types of assessments and competence is evaluated annually by the appointed tutor. Although the main workplace assessment is formative, summative evidence will be used during the annual review and this will contribute to the result of this evaluation. A minimum of one WPBA per month is recommended, but more may be required for particular trainees to ensure competence. The number of WPBA's completed may not necessarily mean that competence at a particular level has been achieved.

Types of WPBAs to be used

- Multi source feedback (MSF)
- Mini Clinical Evaluation Exercise (Mini-CEX)
- Case Based Discussion (CBD)
- Direct Observation of Procedural Skills (DOPS)

Multi Source Feedback (MSF)

This is a method of assessment of professional competence within a team-working environment and can also provide feedback to the trainee. MSF is undertaken annually by both Basic and Higher Specialty Trainees.

Mini-Clinical Evaluation Exercise (Mini-CEX)

This is a method of assessment of skills essential for the provision of a good standard of clinical care, and will also facilitate feedback to the trainee. Both the clinical and professional skills of the trainee are assessed while working in the Emergency Department or during rotations in other Departments. The assessments are based on clinical problems in a range of clinical settings. The way a trainee interacts with a patient is also observed and assessed. Most encounters last between 15 and 20 minutes.

The areas of competence covered are listed according to the stage of training reached in a separate section of this logbook. The Post Graduate should have a minimum of 4 mini CEXs per year.

Direct Observation of Procedural Skills (DOPS)

This is used to assess the trainees' technical, operative and professional skills in a range of basic diagnostic and interventional procedures, or parts of procedures, during routine practice and will facilitate developmental feedback. DOPS is used in simpler environments and procedures and can take place in the Emergency Department, wards or in the operating theatre. Lists of procedures that can be assessed in this manner are referenced later on in this document according to the level of training. A Post Graduate needs to undergo a minimum of 4 DOPS per year of training

Case Based Discussion (CBD)

This method is designed to assess clinical judgment, decision-making and the application of medical knowledge in relation to patient care in cases for which the trainee has been directly responsible. The method is particularly designed to test higher order thinking and synthesis as it allows assessors to explore deeper understanding of how trainees compile, prioritize and apply knowledge.

By using clinical cases that offer a challenge to the trainee, rather than routine cases, the trainee is able to explain the complexities involved and the reasoning behind choices they made. It also enables the discussion of the ethical and legal framework of practice. It uses patient records as the basis for dialogue, for systematic assessment and structured feedback. As the actual record is the focus for the discussion, the assessor can also evaluate the quality of record keeping and the presentation of cases. Most assessments take no longer than 15-20 minutes. The Post Graduate must complete 4 CBD per year.

Educational and Academic Activities

Mandatory Courses:

	Date	Location
BLS		
ATLS		
ACLS		

Other Courses, Conferences, Specialty Updates, Journal clubs:

[illegible]

Tutorial Sheet

[illegible]

Interestingcases

Date	Patient ID	Clinical Problems	Interventions	Learning Points

Interestingcases

Date	Patient ID	Clinical Problems	Interventions	Learning Points

Interestingcases

Date	Patient ID	Clinical Problems	Interventions	Learning Points

Interestingcases

Date	Patient ID	Clinical Problems	Interventions	Learning Points

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Interestingcases

Date	Patient ID	Clinical Problems	Interventions	Learning Points

Interestingcases

Date	Patient ID	Clinical Problems	Interventions	Learning Points

Interestingcases

Date	Patient ID	Clinical Problems	Interventions	Learning Points

Interesting cases

Date	Patient ID	Clinical Problems	Interventions	Learning Points

MINI-CLINICAL EVALUATION EXERCISE (CEX)

Trainee's Surname: _____

Trainee's Forename: _____

Registration Number: _____

Clinical Setting: A&E /Clinic/ Ward/ Acute Admission

Complexity of Case (Please Circle) Low High Med

Assessors Position (Please Specify) _____

Number Of Times Procedure Performed By the Trainee: (Please Circle)

0 1-4 5-9 >9

Please grade the following areas using scale heading as appropriate	Below Expectations	Border line	Meets Expectations	Above Expectations	U/C*
History Taking					
Physical examination Skills					
Communication Skills					
Clinical judgment					
Professionalism					
Organization/Efficiency					
Overall Clinical Care					

U/C – Please mark this if you have not observed the behavior and therefore feel unable to comment

Key Learning Points

Discussion with trainer

Assessor's satisfaction with Case Based Discussion

- Not at all satisfied / reasonably satisfied / very satisfied

Assessors Name: _____ SignDate: _____

MINI-CLIN MINI-CLINICAL EVALUATION EXERCISE (CEX)

Trainee's Surname: _____

Trainee's Forename: _____

Registration Number: _____

Clinical Setting: A&E /Clinic/ Ward/ Acute Admission

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Key Learning Points

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<div style="display: flex; justify-content: space-between; padding: 0 10px;"> 0 1-4 5-9 >9 </div>					
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	Below Expectations	Border line	Meets Expectations	Above Expectations	U/C*
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Physical examination Skills					
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Key Learning Points

Discussion with trainer

Assessor's satisfaction with Case Based Discussion

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Organization/Efficiency					
Overall Clinical Care					

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Key Learning Points

Discussion with trainer

Assessor's satisfaction with Case Based Discussion

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Key Learning Points

Discussion with trainer

Assessor's satisfaction with Case Based Discussion

- Not at all satisfied / reasonably satisfied / very satisfied

Assessor's Name: _____ Sign Date: _____

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Trainee's Surname:

Trainee's Forename: _____

Complexity of Case (Please Circle) Low High Med

Assessor's Position (Please Specify) _____

Number Of Times Procedure Performed By the Trainee: (Please Circle)

0 1-4 5-9 >9

Please grade the following	Below Expectations	Border line	Meets Expectations	Above Expectations	U/C*
Demonstrates understanding of indications, relevant anatomy, technique of procedure					
Obtains informed consent					
Demonstrates appropriate preparation pre-procedure					
Appropriate analgesia or safe sedation					
Technical ability					
Aseptic technique					
Seeks help where appropriate					
Post procedure management					
Communication skills					
Consideration of patient / professionalism					
Overall ability to perform procedure					

U/C: Please mark this if you have not observed the behavior and therefore unable to comment

Comments

Assessor's satisfaction with Case Based Discussion

- Not at all satisfied / reasonably satisfied / very satisfied

Assessor's Name: _____ Signature: _____

Date: _____

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Trainee's Surname: _____

Trainee's Forename: _____

Complexity of Case (Please Circle) Low High Med

Assessor's Position (Please Specify) _____

Number Of Times Procedure Performed By the Trainee: (Please Circle)

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Seeks help where appropriate					
Post procedure management					
Communication skills					
Consideration of patient / professionalism					
Overall ability to perform procedure					

U/C: Please mark this if you have not observed the behavior and therefore unable to comment

Comments

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- Not at all satisfied / reasonably satisfied / very satisfied

Assessor's Name: _____ Signature: _____

Date: _____

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Trainee's Surname:

Trainee's Forename: _____

Complexity of Case (Please Circle) Low High Med

Assessor's Position (Please Specify) _____

Number Of Times Procedure Performed By the Trainee: (Please Circle)

0 1-4 5-9 >9

Please grade the following	Below Expectations	Border line	Meets Expectations	Above Expectations	U/C*
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Obtains informed consent					
Demonstrates appropriate preparation pre-procedure					
Appropriate analgesia or safe sedation					
Technical ability					
Aseptic technique					
Seeks help where appropriate					
Post procedure management					
Communication skills					
Consideration of patient / professionalism					
Overall ability to perform procedure					

U/C: Please mark this if you have not observed the behavior and therefore unable to comment

Comments

Assessor's satisfaction with Case Based Discussion

- Not at all satisfied / reasonably satisfied / very satisfied

Assessor's Name: _____ Signature: _____

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Assessor's Name: _____ Signature: _____

Date: _____

CASEBASEDDISCUSSION(CBD)

Trainee's Surname:

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Complexity of Case (Please Circle) Low High Med

Assessors Position (Please Specify) _____

Number of Times Procedure Performed By the Trainee: (Please Circle)

0 1-4 5-9 >9

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Clinical assessment (includes diagnostic skills)					
Medical Treatment					
Investigations & Treatment					
Follow up & Management Plan					
Clinical Reasoning					
Overall Clinical Care					

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Assessor's Name: _____ Signature: _____

Date: _____

Multi-Source Feedback

First Year

Second Year

Third Year

Work Place Based Assessment

First Year

Assessment	1	2	3	4
Mini CEX	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations
DOPS	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations
CBD	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations

Second Year

Assessment	1	2	3	4
Mini CEX	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations
DOPS	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations
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Third Year

Assessment	1	2	3	4
Mini CEX	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations
DOPS	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations	Above Expectations As Expected Below Expectations
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List of Abbreviations

BST	Basic Specialist Trainee
CBD	Case Base Discussion
DOPS	Direct Observation of Procedural Skills
HST	Higher Specialist Trainee
Mini-CEX	Mini Clinical Observation Exercise
MSF	Multi-Source Feedback
WPBA	Work Place Based Assessment

NOTES: