

National Emergency Medicine Training Programme



Work Place Based Assessments

Organ Support

Name of trainee:		Year of Training CSTEM Yr. 1/2/3	
Assessor:		IMC No:	
Grade of assessor: Consultant / SPR		Date	/ /
Procedure observed (Organ Support):			

*Checklist – Please tick to indicate the trainees performance	Yes	No	N/A
1. Connects mechanical ventilator and selects initial settings			
2. Describes safe use of drugs to facilitate mechanical ventilation			
3. Describes safe management of the patient “fighting the ventilator”			
4. Describes principles of monitoring cardiovascular function			
5. Describes principles of monitoring respiratory function			
6. Describes appropriate response to oliguria			
7. Prescribes safe administration of vasoactive drugs, electrolytes			

Indicate the strengths of Trainee’s Performance:	
Indicate the weaknesses of Trainee’s Performance:	
Additional Comments:	
Assessor Signature:	Trainee Signature:

*Please return forms to Orla Mockler, Emergency Medicine Training, RCSI, 121 St. Stephens Green, Dublin 2 or omockler@rcsi.ie