

Advanced Specialist Training Post Assessment Form

This is an official document. The original is the property of ICEMT. After completion it should be forwarded to the Administrator for Emergency Medicine Training in the Royal College of Surgeons in Ireland. The Administrator for Emergency Medicine Training will obtain the ICEMT Chair/Programme Director's signature, retain a copy for the trainee's file and lodge the signed originals in the Emergency Medicine Training Office.

Please Print Clearly Using Block Letters

TRAINEE NAME:		SpR Number or LAT:				
DATE:	YEAR:	6 mths	1	2	3	4
DATE STARTED THIS POST:		DATE STARTED HIGHER TRAINING:				
HOSPITAL:		TRAINERS:				
Criteria	Poor	Deficient	Satisfactory	Good	Excellent	Comments
CLINICAL TRAINING						
Resuscitation						
Major cases						
Minor cases						
Care of children						
Management of observation ward/ clinical decision unit patients						
AUDIT						
TEACHING						
Protected time <small>(average hours per week)</small>						
Formal teaching of trainee						
Supervision						
Practical procedures						
Trainer(s) accessibility/availability						
RESEARCH						
Opportunity (Facilities)						
Protected time <small>(average hours per week)</small>						
Encouragement (Supervision)						
Links with other trainees						
MANAGEMENT						
Did you have adequate support? a. Clinical b. Administrative experience?						
FEEDBACK						
Did the Consultants provide you with feedback of your performance? (praise or criticism)						
Overall rating of the post						

Irish Committee on Emergency Medicine Training Reply

to: Administrator for Emergency Medicine Training Royal College of Surgeons in Ireland
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Dean, Postgraduate Emergency Medicine Education and Training

Prof. John Ryan
Vice Dean

Orla Mockler
Administrator

Advanced Specialist Training Post Assessment Form *for completion by Specialist Registrars (continued)*

NAME:

DATE:

1. Strengths of post:

2. Weaknesses of post:

3. Suggestions for improvement:

4. Basic working week (hours worked):

EWTD Compliant Rota worked: Yes No

SECONDMENTS (List speciality attachments in last 12 months)

Secondment	Deficient	Satisfactory	Good	Comments

COURSE AND MEETINGS ATTENDED DURING THE POST

Title	Date

Number of days Study Leave granted

Course/meeting fee paid? YES NO Incidental expenses paid? YES NO

TRAINEE SIGNATURE

DATE:

These forms are strictly confidential. Completion and return will facilitate the Training Programme