

Irish Committee for Emergency Medicine Training

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 Core Specialist Training in Emergency Medicine



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 Advanced Specialist Training in Emergency Medicine

Trainer's Assessment of Core Specialist Trainee Form – EM Year 2

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/Vice Dean'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:	CST TRAINEE NUMBER:
DATE COMMENCED POST:	TRAINERS:
HOSPITAL:	

Criteria	Inadequate	Below average	Satisfactory	Above average	Excellent	Comments
CLINICAL TRAINING						
Information gathering						
Use of investigations						
Diagnostic ability						
Ability to formulate a plan						
Admission/discharge decisions						
Emergency management						
Record keeping						
Practical skills						
Work rate						
Time management						
TEACHING						
Attendance and motivation						
Presentations						
AUDIT/ RESEARCH						
Work in progress						
Work completed						
PROFESSIONAL						
Professionalism						
Communication skills						
Reliability						
Teamwork						

Core Specialist Trainee Assessment Form for completion by Consultant Trainers (*continued*)

NAME: _____ **DATE:** _____

Criteria	Inadequate	Below average	Satisfactory	Above average	Excellent	Comment
Relationship with colleagues						
Relationship with nursing and allied health professionals						
Relationship with patients and relatives						
Overall commitment to EM						

1. Strengths of Trainee: _____

2. Weaknesses of Trainee: _____

3. Suggestions for improvement: _____

Development as an EM trainee

Based on the trainee's second 6 month EM post on CSTEM, please rate their development as an EM trainee by placing an X the visual analogue scale below where A represents little or no development and B represents excellent development.

A _____ B

Do you have any specific concerns about this trainee that you wish to discuss with the Vice Dean?

No Yes If Yes, the Vice Dean will contact you.

TRAINERS SIGNATURE(S) _____ DATE: _____

TRAINEE SIGNATURE _____ DATE: _____

These forms are strictly confidential. Completion and return will greatly facilitate the Training Programme. If the trainer has serious concerns regarding the trainee and does not wish to discuss issues directly with the trainee, he/she should contact the Dean or Vice Dean directly by email to omockler@rcsi.ie