

Irish Committee on Emergency Medicine Training Reply

to: Administrator for Emergency Medicine Training Royal College of Surgeons in Ireland
 123 St. Stephens Green, Dublin 2, Ireland
 Tel: +353 1 402 2240

Fax: + 353 1 402 2459

Email: astem@rcsi.ie

Dr. Gareth Quin
 Dean, Postgraduate Emergency Medicine Education and Training

Prof. John Ryan
 Vice Dean

Orla Mockler
 Senior Team Lead

Trainer's Assessment of Advanced Specialist Trainee 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 (Please circle): 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						
Diagnostic skills						
Judgement						
Use of investigations						
Record keeping						
Referral decisions						
Practical skills						
TEACHING						
Protected time <small>(average hours per week)</small>						
Teaching skills						
Supervision skills						
Practical procedures						
RESEARCH						
Protected time <small>(average hours per week)</small>						
Motivation and initiative						
Research completed						
MANAGEMENT						
Time management						
Administrative ability						
ABILITY						
Communication skills						
Compassion						
Leadership						

Irish Committee on Emergency Medicine Training Reply to:

Administrator for Emergency Medicine Training Royal College of Surgeons in Ireland
123 St. Stephens Green, Dublin 2, Ireland
Tel: +353 1 402 2240

Fax: + 353 1 402 2459

Email: astem@rcsi

Dr. Gareth Quin
Dean, Postgraduate Emergency Medicine Education and Training

Prof. John Ryan
Vice Dean

Orla Mockler
Administrator

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

NAME:

DATE:

1. Strengths of Trainee:

.....
.....

2. Weaknesses of Trainee:

.....
.....

3. Suggestions for improvement:

.....
.....

PEN PICTURE OF TRAINEE:

TRAINERS SIGNATURE(S) _____

DATE : _____

TRAINEE SIGNATURE _____

DATE: _____

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