

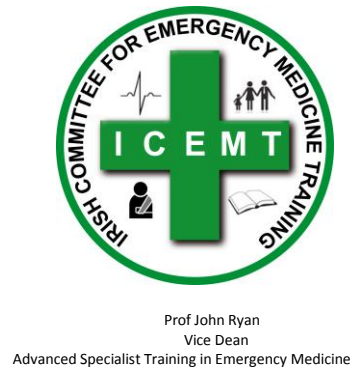
Irish Committee for Emergency Medicine Training

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 Dean
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 Core Specialist Training in Emergency Medicine



Core Specialist Trainee CSTEM 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:	CST TRAINEE NUMBER: _____
DATE:	YEAR (Please circle): 1 2 3
DATE STARTED THIS POST:	DATE STARTED CORE TRAINING:
HOSPITAL:	TRAINERS:

Criteria	Inadequate	Deficient	Satisfactory	Good	Excellent	Comments
CLINICAL TRAINING						
Exposure to Emergency Cases						
Major cases						
Minor cases						
Care of children <small>(N/A in comments if not applicable)</small>						
Management of Elective or Outpatient 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)						
Encouragement (Supervision)						
Links with other trainees						
FEEDBACK						
Did the Consultants provide you with feedback of your performance? <small>(praise or criticism)</small>						
Overall rating of the post						

Core Specialist Training Post Assessment Form for completion by CST Trainees (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
5. Would you recommend that this post remain a designated post for BSTEM? Yes/No
If not, please outline your reasons: _____

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