

## Irish Committee for Emergency Medicine Training

Emergency Medicine Training Office  
Royal College of Surgeons in Ireland  
123 St. Stephens Green,  
Dublin 2,  
Ireland

Tel: +353 1 402 2240  
Fax: +353 1 402 2459  
Email: [EMadministrator@rcsi.ie](mailto:EMadministrator@rcsi.ie)

Dr. Gareth Quin  
Dean  
Chair, ICEMT

Mr James Binchy  
Vice Dean  
Core Specialist Training in Emergency Medicine

Prof John Ryan  
Vice Dean  
Advanced Specialist Training in Emergency Medicine



### Trainer's Assessment of Core Specialist Trainee Form – EM Year 3

**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
<b>CLINICAL TRAINING</b>						
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						
<b>TEACHING</b>						
Attendance and motivation						
Presentations						
<b>AUDIT/ RESEARCH</b>						
Work in progress						
Work completed						
<b>PROFESSIONAL</b>						
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Progression towards advanced EM training**

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

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](mailto:omockler@rcsi.ie)**