

**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**

<b>TRAINEE NAME:</b>	<b>SpR Number or LAT:</b>
<b>DATE:</b>	<b>YEAR (Please circle): 6 mths 1 2 3 4</b>
<b>DATE STARTED THIS POST:</b>	<b>DATE STARTED HIGHER TRAINING:</b>
<b>HOSPITAL:</b>	<b>TRAINERS:</b>

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

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***