

Emergency Medicine Logbook



Association of Emergency Physicians of Malta

Ghaqda Maltija tat-Tobba ghall-Emergenzi

INDEX

1. Introduction
2. Personal details
3. Explanatory notes
4. List of WPBAs for BSTs
5. List of WPBAs for HSTS
6. Educational / Academic activities
7. Tutorials
8. Case sheets
9. Mini CEX
10. DOPS
11. CBD
12. MSF
13. Summary of WPBAs
14. Abbreviations



1.Introduction:

'Accident and Emergency Medicine' is a Specialty approved by the Specialist Accreditation Committee within the Department of Health in Malta. Training in this specialty is specified within a National Curriculum, and this will lead to the achievement of the Certificate of Completion of Basic Emergency Medicine Training (CCBEMT) and the Certificate of Completion of Specialty Training (CCST) in Emergency Medicine.

Training in the specialty of Accident and Emergency Medicine is based on both summative and continuous formative assessments. The summative component includes the examinations as specified within the National Curriculum. The formative component consists of a series of appraisals which each trainee is expected to undergo during all stages of training. These forms of assessment are used throughout the training period; however, the choice of clinical cases used during the assessments will aim to reflect the competencies expected to have been acquired at each stage reached, and will therefore become increasingly complex as the trainee progresses through each phase of the training programme.

The logbook for trainees in Accident and Emergency Medicine will serve both as a guide of the curriculum as well as a portfolio of appraisals and assessments. Each trainee, whether in basic or higher training, is obliged to use this logbook. The documentation it contains will provide the proof that all competencies necessary for progress and for the eventual award of certificates have been completed.

2. Personal Details (attach c.v. to this section)

Title:	
Surname:	
Name:	
Gender:	Date of Birth (dd/mm/yyyy) :
Medical Council Number & Date of issue:	
Address for correspondence:	
Telephone Numbers:	
E-mail:	

I certify that this is a true and recent likeness of the candidate.

Signature of Consultant

Name and hospital stamp of
certifying Consultant

Affix passport photo

3. Explanatory Notes

Trainees in Accident and Emergency Medicine will initially be Basic Specialty Trainees and subsequently Higher Specialty Trainees.

Basic Specialty Trainee (BST): This is an official appointment within the Department of Health. The trainee will be required to undergo the training and assessments as detailed in the National Curriculum over a minimum period of two years. If successful, he / she will be awarded the Certificate of Completion of Basic Emergency Medicine Training (CCBEMT) and will then be eligible for appointment as a Higher Specialty Trainee in the same Specialty.

Higher Specialty Trainee (HST): This is an official appointment within the Department of Health. The trainee is expected to undergo training and continuous formative assessments over a minimum period of four years, as stipulated in the National Curriculum. If successful he / she will be awarded the Certificate of Completion of Specialty Training in Emergency Medicine (CCST) and will be eligible for inclusion in the National Specialist Register as a 'Specialist in Accident and Emergency Medicine'.

Approved tutors: These will be the persons who will supervise the trainee on the shop floor and will also carry out assessments. For both BSTs and HSTs, approved tutors will include consultants and accredited specialists in Accident and Emergency Medicine or in the particular specialty, if the trainee is on rotation in other relevant departments. For the awarding of the CCBEMT to BSTs and the CCST to HSTs, the final recommenders / assessors will be A&E Consultants.

Approved training posts: As stipulated in the National Curriculum, approved training posts for BSTs are:

General or acute medicine	General or acute surgery
Anaesthetics	Orthopaedic/trauma surgery
Critical care	Plastic surgery/burns
Paediatrics	Neurosurgery
Neurology	Cardiothoracic surgery
Cardiology	Thoracic surgery
Obstetrics & Gynaecology	Urology
Psychiatry	ENT/ophthalmology

The specialties marked in **bold** are the most important. A BST will need a minimum of two rotations of 6 months each from the above and 12 months in the Emergency Department.

HSTs need to spend 30 months in the Emergency Department and 18 months out of the Emergency Department in the following specialities:

6 months Anaesthesia and ITU
3 months Acute Medicine (Cardiology / MAU)
3 months Orthopaedics (with a focus on FTC / Hand Clinic, Trauma Theatre and post take rounds)
3 months Paediatrics
3 months Radiology

Educational and Academic Activities: These include prerequisite courses such as ALS or equivalent, ATLS or ETC or equivalent and EPLS or equivalent. Participation in any other courses, conferences, specialty updates, academic meetings and journal clubs should also be recorded in this section.

Tutorials: These are scheduled teaching sessions with approved tutors and will cover various topics from the National Curriculum.

Case Sheets: This section will contain lists of interesting clinical problems encountered, learning points and interventions performed. These lists will highlight the experience gained by the trainee with respect to topics mentioned in the National Curriculum.

Work Place – Based Assessments (WPBA): These assessments will provide feedback to trainers and trainees and are intended to be formative. They aim to test skills, knowledge, behaviour and work attitudes during day-to-day practice. It is not possible to cover the whole curriculum through these assessments but the more important skills and topics are chosen to facilitate further exploration and discussion. Through these assessments the trainee can chart his / her progress and learn from feedback provided by the assessor.

The trainee must complete a preset number of each of the agreed types of assessments and competence is evaluated annually by the appointed tutor. Although the main workplace assessment is formative, summative evidence will be used during the annual review and this will contribute to the result of this evaluation.

A minimum of one WPBA per month is recommended, but more may be required for particular trainees to ensure competence. The number of WPBAs completed may not necessarily mean that competence at a particular level has been achieved.

Types of WPBAs used are:

- Multi source feedback (MSF)
- Mini Clinical Evaluation Exercise (Mini-CEX)
- Case Based Discussion (CBD)
- Direct Observation of Procedural Skills (DOPS)

Multi Source Feedback (MSF). This is a method of assessment of professional competence within a team-working environment and can also provide feedback to the trainee. MSF is undertaken annually by both Basic and Higher Specialty Trainees.

Mini-Clinical Evaluation Exercise (Mini-CEX): A method of assessment of skills essential for the provision of a good standard of clinical care, and will also facilitate feedback to the trainee. Both the clinical and professional skills of the trainee are assessed while working in the Emergency Department or during rotations in other Departments.

The assessments are based on clinical problems in a range of clinical settings. The way a trainee interacts with a patient is also observed and assessed. Most encounters last between 15 and 20 minutes.

The areas of competence covered are listed according to the stage of training reached in a separate section of this logbook. A BST should have a minimum of 4 mini-CEX per year and a HST should have a minimum of 8 mini-CEX per year of training.

Case Based Discussion (CBD) : This method is designed to assess clinical judgment, decision-making and the application of medical knowledge in relation to patient care in cases for which the trainee has been directly responsible. The method is particularly designed to test higher order thinking and synthesis as it allows assessors to explore deeper understanding of how trainees compile, prioritize and apply knowledge. By using clinical cases that offer a challenge to the trainee, rather than routine cases, the trainee is able to explain the complexities involved and the reasoning behind choices they made. It also enables the discussion of the ethical and legal framework of practice. It uses patient records as the basis for dialogue, for systematic assessment and structured feedback. As the actual record is the focus for the discussion, the assessor can also evaluate the quality of record keeping and the presentation of cases. Most assessments take no longer than 15-20 minutes. The BST must complete 4 CBD per year whilst the HST must complete 2 CBD per year.

Direct Observation of Procedural Skills (DOPS): This is used to assess the trainees' technical, operative and professional skills in a range of basic diagnostic and interventional procedures, or parts of procedures, during routine practice and will facilitate developmental feedback. DOPS is used in simpler environments and procedures and can take place in the Emergency Department, wards or in the operating theatre. A list of procedures that can be assessed in this manner are referenced later on in this document according to the level of training. A BST needs to undergo a minimum of 4 DOPS per year of training whilst the HST needs to undergo 2 DOPS per year.

4. List of WPBAs for BSTs

	Topics
Mini CEX X 4 per year	<ul style="list-style-type: none"> • Examination of the unconscious patient • Examination of patient with chest pain, to include differential diagnosis and investigations • Examination of patient with acute abdominal pain, to include differential diagnosis and investigation • Perform a primary survey • Large joint exam, e.g. shoulder or knee • Examination of the hand • Examination of the breathless patient • Examination of the patient with neurological injury, including indications for imaging and admissions
DOPS X 4 per year	<ul style="list-style-type: none"> • Basic airway management including adjuncts e.g. BVM, oxygen delivery • Surgical airway • Observed defibrillation • Wound management, to include knowledge of anatomy, local anaesthetic technique and closure • Chest drain insertion (both Seldinger or open technique) • Perform ECG with posterior and right ventricular leads and be able these additional leads appropriately • External pacing • Conscious sedation, to include indications, consent and how to deal with any complications • Pelvic examination to include use of speculum and be able to take swabs
CBD X 4 per year	<ul style="list-style-type: none"> • Indications for definitive airway and intubation • Cardiac arrest management, to include rhythm recognition and drug pharmacology and arrest in special situations • Life threatening conditions in trauma • 'The shocked patient' • Presentation and management of CVA/stroke, to include risk stratification and indications for thrombolysis • The breathless patient, to include differential diagnosis, investigations and management plan • Acute coronary syndromes, to include differential diagnosis, investigations and management plan.

5. List of WPDAs for HSTs

	Topics
Mini CEX X 8 per year	<ul style="list-style-type: none"> • Examination of a patient with back pain • Perform a secondary survey in adult trauma • Assessment of adult with head injury, including investigation and indications for admission • Assessment of a neurovascular compromised limb • Assessment of the rotator cuff • Assessment of wrist pain • Initial assessment and management of the septic patient • Assessment of the mental health patient (to include suicide risk) • Assessment of the patient with acute headache, including investigations and treatment • Assessment of a patient with diabetic ketoacidosis (or other complex metabolic/toxicology problem) • Assessment of Maxillo-facial trauma • assessment of acute confusional state (or altered mental state) • Dealing with a difficult patient/or DNAR orders • dealing with a real time shop floor crisis e.g. critical incident or acute staffing problem
DOPs x 2 per year	<ul style="list-style-type: none"> • Fracture manipulation e.g. Colles fracture • Reduction of a dislocated joint e.g. shoulder, ankle • Clearing the cervical spine • Log roll and spinal evaluation • Blood transfusion and rapid transfusion in trauma • Joint aspiration and injection • Venous cut down or femoral vein line • Wound exploration (to include correct identification of injured structures) • FAST scan in trauma • Starting Non Invasive Ventilation • Femoral nerve block and application of splint • Use of slit lamp/removal of foreign body • Observed teaching (small group or lecture) • insertion of central line • Insertion of arterial line

	Topics
CBD x 2 per year	<ul style="list-style-type: none">• Major trauma with a life threatening primary survey injury• Major trauma with life threatening complex 'C' problem, such as pelvic injury/or use of interventional radiology• Acute presentation of non traumatic rheumatologic conditions• The hot swollen joint• NICE guidelines for head injury• assessment of the painful calf• Acute renal failure• The sexual health patient (may include HIV)• Major incident planning exercise• Management a patient with thermal injury (may include burns or cold)• Management of a patient with urological condition (may include renal colic, torsion or retention)• Anaphylaxis• Management of a complaint• Bleeding in early pregnancy• Collapse and syncope

6. Educational and Academic Activities

Mandatory Courses:

	Date	Location
ALS		
ATLS or ETC		
EPLS		

Other Courses, Conferences, Specialty Updates, Journal clubs:

Activity	Date	Location

7.Tutorial Sheet

[illegible]

8. Case Sheet

Date	Patient ID No.	Clinical Problems	Interventions	Learning points

9. MINI-CLINICAL EVALUATION EXERCISE (CEX)

Trainee's Surname _____

Trainee's Forename _____

Registration Number _____

CLINICAL SETTING (PLEASE CIRCLE) A&E CLINIC WARD ACUTE ADMISSION

Complexity of case (PLEASE CIRCLE) LOW HIGH MED

ASSESSORS POSITION (PLEASE CIRCLE) CONSULTANT HST OTHER (please specify) _____

Number of previous Mini CEX's observed by 0 1 2 3 4 5-9 >9

Assessor with any Trainee: (PLEASE CIRCLE)

Please grade the following areas using scale heading as appropriate:	Below Expectations for level of Trainee	Borderline for level of Trainee	Meets Expectations for level of Trainee	Above Expectations for level of Trainee	U/C*
History Taking					
Physical Examination Skills					
Communication Skills					
Clinical Judgement					
Professionalism					
Organisation / Efficiency					
Overall Clinical Care					
U/C* -- PLEASE MARK THIS IF YOU HAVE NOT OBSERVED THE BEHAVIOUR AND THEREFORE FEEL UNABLE TO COMMENT					

Positive remarks**Suggestions for development**

Assessor's satisfaction with Mini-CEX

Not at all satisfied			reasonably satisfied			very satisfied
1	2	3	4	5	6	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ASSESSOR NAME _____

SIGNATURE. _____

DATE _____

ASSESSORS REGISTRATION NUMBER _____

10. DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Trainee's Surname _____

Trainee's Forename _____

Registration Number _____

CLINICAL SETTING (PLEASE CIRCLE) A&E CLINIC WARD ACUTE ADMISSION

Procedure: _____

Complexity of case (PLEASE CIRCLE) LOW HIGH MED

ASSESSORS POSITION (PLEASE CIRCLE) CONSULTANT HST OTHER (please specify) _____

Number of previous DOPS observed by Assessor with any Trainee: (PLEASE CIRCLE) 0 1 2 3 4 5-9 >9

Number of times procedure performed by Trainee (PLEASE CIRCLE) 0 1-4 5-9 >9

Please grade the following areas using scale heading as appropriate:	Below Expectations for level of Trainee	Borderline for level of Trainee	Meets Expectations for level of Trainee	Above Expectations for level of Trainee	U/C*
Demonstrates understanding of indications, relevant anatomy, technique of procedure.					
Obtains informed consent.					
Demonstrates appropriate preparation pre-procedure.					
Appropriate Analgesia or safe sedation					
Technical ability					
Aseptic technique					
Seeks helps where appropriate					
Post procedure management					
Communication skills					
Consideration of patient / professionalism					
Overall ability to perform procedure					
U/C* -- PLEASE MARK THIS IF YOU HAVE NOT OBSERVED THE BEHAVIOUR AND THEREFORE FEEL UNABLE TO COMMENT					

PLEASE USE THIS SPACE TO RECORD AREAS OF STRENGTH OR ANY SUGGESTIONS FOR DEVELOPMENT

ASSESSOR NAME _____

SIGNATURE. _____

DATE _____

ASSESSORS REGISTRATION NUMBER _____

11. CASE BASED DISCUSSION (CBD)

Trainee's Surname _____

Trainee's Forename _____

Registration Number _____

CLINICAL SETTING (PLEASE CIRCLE) A&E CLINIC WARD ACUTE ADMISSION

Complexity of case (PLEASE CIRCLE) LOW HIGH MED

ASSESSORS POSITION (PLEASE CIRCLE) CONSULTANT HST OTHER (please specify) _____

Number of previous CBDs undertaken by Assessor with any Trainee: (PLEASE CIRCLE)

0 1 2 3 4 5-9 >9

Please grade the following areas using scale heading as appropriate:	Below Expectations for level of Trainee	Borderline for level of Trainee	Meets Expectations for level of Trainee	Above Expectations for level of Trainee	U/C*
Clinical record keeping					
Clinical assessment (includes diagnostic skills)					
Medical treatment					
Investigations and treatment					
Follow up and management plan					
Clinical reasoning					
Overall Clinical Care					
U/C* – PLEASE MARK THIS IF YOU HAVE NOT OBSERVED THE BEHAVIOUR AND THEREFORE FEEL UNABLE TO COMMENT					

Key learning points

Discussion with trainer

Agreed Action:

	Not at all satisfied		reasonably satisfied		very satisfied
	1	2	3	4	5
Assessor's satisfaction with Cbd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSOR NAME _____

SIGNATURE. _____

DATE _____

ASSESSORS REGISTRATION NUMBER _____

12. MULTI-SOURCE FEEDBACK (MSF): This form is completely anonymous.

I would be grateful if you could return this form as soon as possible to:

Name of Doctor: _____

Date: _____

Grade of colleague completing this appraisal: _____

UNKNOWN	1	2	3	4	5
Not Observed	Performance Does Not Meet Expectations	Performance Partially Meets Expectations	Performance Meets Expectations	Performance Exceeds Expectations	Performance Consistently Exceeds Expectations
Good Clinical Care			Rating (UNKNOWN / 1 - 5)		
1	Medical knowledge and clinical skills				
2	Problem-solving skills				
3	Note-keeping – clarity; legibility and completeness				
4	Emergency Care skills				
Relationships with Patients			Rating (UNKNOWN / 1 - 5)		
1	Empathy and sensitivity				
2	Communicates well with all patient groups				
3	Treats patients and relatives with respect				
4	Appreciates the psycho-social aspects of patient care				
5	Offers explanations				
Relationships with Colleagues			Rating (UNKNOWN / 1 - 5)		
1	Is a team-player				
2	Asks for others' point of view and advice				
3	Encourages discussion				
4	Shows empathy and sensitivity				
5	Is clear and precise with instructions				
6	Treats colleagues with respect				
7	Communicates well (incl. non-verbal communication)				
8	Is reliable				
9	Can lead a team well				
10	Takes responsibility				

Teaching and Training	Rating (UNKNOWN / 1 - 5)

1	<i>Teaching is structured</i>	
2	<i>Is enthusiastic about teaching</i>	
3	<i>This doctor's teaching sessions are beneficial</i>	
4	<i>Teaching is presented well</i>	
5	<i>Uses varied teaching skills</i>	
Global rating		Rating (UNKNOWN / 1 - 5)
	<i>How would you rate this trainee's performance at this stage of training?</i>	

13. Dates of WPBAs

Trainee name:

Assessment	1 st	2 nd	3 rd	4 th	5 TH	6 TH
	BST		HST			
Mini- CEX						
DOPS						
CBD						
MSF <i>(only once a year)</i>						

List of Abbreviations

BST	Basic Specialist Trainee
CBD	Case Base Discussion
DOPS	Direct Observation of Procedural Skills
HST	Higher Specialist Trainee
Mini-CEX	Mini Clinical Observation Exercise
MSF	Multi-Source Feedback
WPBA	Work Place Based Assessment



NOTES