



Dr Christopher Day

GMC Number: 7040945

Post/Supervisor Details:

- CT/ST1 - Princess Royal University Hospital - Core Training - Accident and Emergency Medicine - Mr Khalid Pervaiz (RCEM Educational Supervisor) (03 Aug 2011 to 31 Jan 2012)
- CT/ST1 - Princess Royal University Hospital - Core Training - Acute Medicine - Mr Khalid Pervaiz (RCEM Educational Supervisor) (01 Feb 2012 to 03 Aug 2012)
- CT/ST2 - Queen Elizabeth Hospital - Core Training - ACCS ICM - Duncan Brooke (RCEM Educational Supervisor), Dr Peter Roberts (RCEM Educational Supervisor) (07 Aug 2013 to 04 Feb 2014)
- CT/ST2 - Queen Elizabeth Hospital - Core Training - ACCS Anaesthetics - Duncan Brooke (RCEM Educational Supervisor) (05 Feb 2014 to 05 Aug 2014)

Friday, 10 July 2015

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22. Anaesthetic: CBD, 11/04/2014, dr zahoor mackay, 5186963, Consultant
23. Anaesthetic: CBD, 22/05/2014, Dr Sharon Power, 2283155, Consultant
24. Anaesthetic: CBD, 14/04/2014, Dr Sharon Power, 2283155, Consultant
25. Anaesthetic: DOPS, 23/04/2014, IAC D06 Failed Intubation practical drill on manikin, Dr Chirag V Patel, Consultant
26. Anaesthetic: CBD, 26/04/2014, Dr Chirag V Patel, 6040164, Consultant
27. Anaesthetic: CBD, 26/04/2014, Dr Chirag V Patel, 6040164, Consultant
28. Anaesthetic: CBD, 29/05/2014, Dan Harding, Consultant
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30. ICM: DOPS, 06/06/2014, Fascia Iliaca block under ultrasound, Dan Harding, 3251775, Consultant
31. DOPS: Generic, 06/06/2014, Dan Harding, 3251775, Consultant
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33. DOPS: Generic, 10/06/2014, Mr.khaleel ahmed chilimi, 5192051, SASG
34. Anaesthetic: DOPS, 26/05/2014, IAC D05 Competencies for pain management including PCA, sanjay gupta, 4491907, Consultant
35. Anaesthetic: DOPS, 26/05/2014, IAC D02 Transfer and positioning of patient on operating table, Dr Gupta, 4491907, Consultant
36. Anaesthetic: CBD, 23/05/2014, Dr Nallamilli, Consultant
37. Anaesthetic: CBD, 22/05/2014, Dr Hans Sauer, 6094933, Consultant
38. Anaesthetic: CBD, 22/05/2014, Dr Hans Sauer, 6094933, Consultant
39. ICM: DOPS, 27/04/2014, Internal Jugular CV Line (U/S guided), Dr P C Roberts, 3285914, Consultant
40. ICM: DOPS, 27/04/2014, Arterial Line, Dr P C Roberts, 3285914, Consultant
41. Procedural Log, 04/03/2014, Manage anaesthesia for spontaneously breathing patient, 04/03/2014
42. DOPS: Generic, 12/03/2014, Dr Sharon Power, 2283155, Consultant

MSF: Summary Form**Forms submitted by:**

- Other
- Nurse
- Sister/Charge nurse
- FY1
- CT1/2
- FY2
- FY2
- Consultant
- Sister/Charge nurse
- CT1/2
- FY2
- FY2
- SASG
- Consultant
- Nurse
- FY2

CT/ST1 - Princess Royal University Hospital - Core Training - Accident and Emergency Medicine (03 Aug 2011 to 31 Jan 2012)

16 forms submitted

Question	Performance Does Not Meet Expectations	Performance Partially Meets Expectations	Performance Meets Expectations	Performance Exceeds Expectations	Performance Consistently Exceeds Expectations	Not Observed
Good Clinical Care						
Medical knowledge/ clinical skills	0	0	5	7	4	0
Problem-solving skills	0	0	2	10	4	0
Note-keeping	0	0	5	9	2	0
Emergency care skills	0	0	3	7	6	0

Clinical Care Comments

- Good understanding of most clinical presentations to the Emergency Department.
- Good clinical knowledge
- Good communication, decision making and professionalism
- Wide range of knowledge. Works through problems systematically. Knows where to look for advice/guidelines/protocols. A little cautious and seeks reassurance-needs to believe in himself and his abilities more!
- Chris has worked really hard to develop his acute care skills to good effect
- Chris works well within the A+E department. Able to make decisions independently, occasionally needing some support.
- Chris has progressed well and has developed a broad range of EM experience.
- A very coconscious and thorough Doctor that constantly strives to do the very best for all patients.
- I have had the pleasure of working with Dr Day on several occasions. I have always found him to be a most supportive and helpful colleague who always puts patients first. His standards in clinical care continue to be an inspiration for those around him.

Relationships with Patients

Empathy/ sensitivity	0	0	2	10	4	0
Communicates with patient groups	0	0	0	12	4	0
Respect patients/ relatives	0	0	0	11	5	0
Appreciates psycho-social aspects of patient care	0	0	4	8	4	0
Offers explanations	0	0	3	9	4	0

Relationships with Patients Comments

- Treats patients well. Good patient care.
- Very good relationship. Caring and empathic
- Sound communication skills.

ePortfolio of Dr Christopher Day

- Empathetic and good listener. Good bed side manner
- Chris appears to have a good relationship with patients and relatives. He gives them clear and concise information enabling them, to be fully informed of their condition.
- Chris has excellent communication skills with all groups of adults and paediatric patients. His ability to think on his feet and diffuse heightened situations with agitated or aggressive patients has been commented upon and respected by many colleagues
- Has a very professional approach and treats all patients equally with dignity and appropriately. On numerous occasions i have witnessed Doctor Day explain and treat patients considering various complications and holistic needs.
- I have never known Dr Day to shy from any perceived difficult social situation. His relationship with patients is excellent. This testimony is borne out by the number of patients who recognise his empathy and comment as such.

Relationships with Colleagues

Is a team-player	0	0	1	5	10	0
Asks others' view/advice	0	0	1	7	8	0
Encourages discussion	0	0	4	8	4	0
Clear/precise Instructions	0	0	5	7	4	0
Respect for colleagues	0	0	1	5	10	0
Communicates well	0	0	2	9	5	0
Is reliable	0	0	1	7	8	0
Can lead a team well	0	0	7	6	2	1
Takes responsibility	0	0	3	10	3	0
"I like working with this doctor"	0	0	1	5	10	0

Relationships with Colleagues Comments

- A good team player
- Been fun to work with in a busy and sometimes stressful A&E department.
- Very easy to get on with. Dependable and is always happy to help. Very supportive
- Good leadership skills and mentor for junior colleagues. Encouraging and supportive. Approachable and always takes time out to teach and explain to colleagues. Really enjoyed working with him
- has settled in very well and is a well liked member of the team
- Chris is a well liked colleague. He is always reliable and willing to help. Chris is very aware of how the department is run and he always keeps me informed on the decisions he has made regarding the patients he is seeing.
- Chris is a good team player and shares responsibility for the workload. He is approachable and always makes himself available to others for advice on patient care. A great member of the A&E department!
- Excellent team player and well liked for his personality and clinical skills.
- Doctor Day is approachable and extremely helpful. There is never a bad time, his help is always available.
- Always a pleasure to work with Dr.Day.

Teaching and Training

Teaching is structured	0	0	4	6	1	5
Is enthusiastic about teaching	0	0	4	7	2	3
Doctor's teaching sessions are beneficial	0	0	2	6	2	6
Teaching is presented well	0	0	2	7	1	6
Uses varied teaching skills	0	0	5	3	1	7

Teaching and Training Comments

- Takes time, even in a busy department
- Enjoyed presentation that was made on Eyes. Suitable for the level of audience, relevant, good take home messages and interesting.
- have not observed as yet
- I know he is keen to teach but have not observed as yet

ePortfolio of Dr Christopher Day

- Undertook and delivered audit findings professionally.
- Often creates food for thought with lively and insightful cases.

Global ratings and concerns

Overall rating	0	0	3	7	6	0
Rating at this stage of training	0	0	4	5	6	1

Global ratings and concerns Comments

Question	Yes	No	Not Answered
Do you have any concerns about this doctor's probity or health?	0	16	0

General Comments

- Overall, a very competent doctor with very good potential.
- Chris has worked very hard to succeed at the ST1 level and has done this to good effect I'm sure he will continue to progress well and achieve all his goals
- It has been a pleasure to work along side Doctor Day in A & E. His skills knowledge and skills seemed to have constantly improved during our working relationship.

reference code: 7412438

Educational Meeting

This meeting form is to be used for the Initial Meeting, Mid Term Review and End of Attachment meetings held between Supervisors and Trainees.

Trainee's Surname: Day
 Trainee's Forename: Christopher
 GMC Number: 7040945

Name of Clinical Supervisor /
 Educational Supervisor

Meeting Date

Type of meeting Initial Meeting Mid Term Review End of Attachment

Review of previous 3-6 months

More confident in Managing acutely ill patients;

- Septic shock
- Acute DIB
- Chest pain
- acute abdomen

Improved:

- time management
- manipulation of fractures/ dislocations.
- digital & haematoma blocks
- interpretation of ECGs (LBBB interpretation of ST segment sgargbossa criteria)

effective member of trauma / cardiac resus team

Lessons learnt

- early recognition of critically ill patients (particularly sepsis), management and referral to specialities
- Management of minor trauma
- examination & management of acute eye problems.
- management of epistaxis including cauterization.
- interpretation of facial x-rays.

Courses/exams booked or completed

- MCEM Part A (Summer diet)
- ATLS during next 3-6 months.

Audit (*planned or completed*)

- CEM audit " use of intranasal morphine".

Research (*planned or completed*)Other activities (*planned or completed*)

- Level 2 U/S course as a helper.
- MCEM course (actor - conflict management OSCE station).

Induction received (Initial Meeting only)

Yes No

Reviewed personal plan

Yes

No

reference code: 7412654

Educational Meeting

This meeting form is to be used for the Initial Meeting, Mid Term Review and End of Attachment meetings held between Supervisors and Trainees.

Trainee's Surname: Day
 Trainee's Forename: Christopher
 GMC Number: 7040945

Name of Clinical Supervisor /
 Educational Supervisor

Meeting Date

Type of meeting Initial Meeting Mid Term Review End of Attachment

Review of previous 3-6 months

Chris has been with the acute medicine unit for the past 6 months
 This is a busy acute medicine unit-45-50 admissions a day
 Unselected medical take-age range 16 years -101 years
 Hyperacute stroke service
 Chris has grown and developed in the past 5 months. His ability to manage an unwell patient is excellent and he is becoming more knowledgeable in medicine,
 He is always willing to learn and a good team player.
 We support Chris in his career in emergency medicine and am happy with his progress

Lessons learnt

Acute medical conditions-management after the first 4 hours-ACS/COPD/acute kidney injury/seizures/infection -pyrexia of unknown origin
 Understanding the chronic diseases
 Timely and safe discharge criteria for common medical conditions
 Capable of managing acutely unwell patients
 management of team

Courses/exams booked or completed

ATLS June 2012
 Local deanery programs-neurological emergencies/wound care

Audit (planned or completed)

Acute emergency audit of local hospital medical admissions
 5 COPD/5 syncope/ 5 chest pain both weekend and day admissions

Research (planned or completed)

Other activities (planned or completed)

Reading around general medicine
 Attending Clinical Governance Meetings Weekly
 Weekly Medical Grand Rounds

Induction received (Initial Meeting only)

Yes No

Reviewed personal plan

Yes No

reference code: 8756106

ARCP Final Form

Panel member name:	Lacy, Coker							
Position:	<input type="radio"/> Head of School	<input checked="" type="radio"/> TPD	<input type="radio"/> College Tutor	<input type="radio"/> Dean/Subdean	<input type="radio"/> Deanery Admin	<input type="radio"/> Other		
Panel Member Speciality:	<input type="radio"/> Anaesthetics	<input checked="" type="radio"/> Emergency Medicine	<input type="radio"/> Acute Medicine	<input type="radio"/> Intensive Care	<input type="radio"/> Other			
Date of ARCP:	26/06/2012							
Period Covered:	03/08/2011							
Period of Training:	to							
	31/07/2012							
Period of Training:	<input checked="" type="radio"/> CT1	<input type="radio"/> CT2	<input type="radio"/> CT3	<input type="radio"/> ST4	<input type="radio"/> ST5	<input type="radio"/> ST6	<input type="radio"/> ST7	<input type="radio"/> OOPE

Panel confirms trainee in correct year:

Outcome of ARCP:	<input checked="" type="radio"/> Outcome 1 Satisfactory Progress
	<input type="radio"/> Outcome 2 Development of specific competences needed - no additional training time required
	<input type="radio"/> Outcome 3 Inadequate progress by trainee - additional training time required
	<input type="radio"/> Outcome 4 Released from training programme with or without specified competences
	<input type="radio"/> Outcome 5 Incomplete evidence presented - additional training time may be required
	<input type="radio"/> Outcome 6 Gained all required competences - recommended for completion of training
	<input type="radio"/> Outcome 7 Fixed term specialty outcome - competences achieved identified below
	<input type="radio"/> Outcome 8 Out of programme experience for approved clinical experience, research or career break
	<input type="radio"/> Outcome 9 Top-up training

Intention to sit examinations:	<input checked="" type="radio"/> MCEM Part A	<input type="radio"/> MCEM Part B	<input type="radio"/> MCEM Part C	<input type="radio"/> FCEM	<input type="radio"/> N/A - out of programme	<input type="radio"/> N/A - not yet eligible	<input type="radio"/> N/A - all required exams passed
Diet of examination:	<input checked="" type="radio"/> Autumn diet this year		<input type="radio"/> Spring diet next year		<input type="radio"/> Autumn diet next year		<input type="radio"/> N/A

Specific competences required in next post:

Additional notes from ARCP:

reference code: 8815728

MSF: Summary Form

Forms submitted by:

- Consultant
- Sister/Charge nurse
- FY2
- Sister/Charge nurse
- Nurse
- Consultant
- ST4-6
- Other
- Consultant
- Sister/Charge nurse
- Consultant
- CT1/2
- CT1/2

CT/ST2 - Queen Elizabeth Hospital - Core Training - ACCS ICM (07 Aug 2013 to 04 Feb 2014)

13 forms submitted

Question	Performance Does Not Meet Expectations	Performance Partially Meets Expectations	Performance Meets Expectations	Performance Exceeds Expectations	Performance Consistently Exceeds Expectations	Not Observed
Good Clinical Care						
Medical knowledge/ clinical skills	0	0	6	3	4	0
Problem-solving skills	0	0	5	4	4	0
Note-keeping	0	0	5	5	3	0
Emergency care skills	0	0	5	4	3	1

Clinical Care Comments

- Very satisfactory standard of clinical care provided with less than 6 months anaesthetic experience
- Dr Day is a caring person, showing compassion at all times
- Great communication and knowledge displayed consistently
- Dr Day has developed both his medical knowledge and clinical skills during his time on ICU.
- Dr Day can fully assess a situation, plan and execute correct management considering the associated risks and benefits.
- Dr Day maintains complete and accurate medical notes including conversations with various members of the MDT and NOKs. Dr Day has taken on board feedback regarding his handwriting and has improved greatly.
- Christopher has excellent clinical skills and has impressed myself and our critical care team throughout his time with us.
- Needs to improve clarity of handwriting
- He is having a good skills and knowledge progression
- Very competent doctor, asks for help appropriately and always eager to learn

Relationships with Patients

Empathy/ sensitivity	0	0	3	3	7	0
Communicates with patient groups	0	0	3	3	7	0
Respect patients/ relatives	0	0	2	4	7	0
Appreciates psycho-social aspects of patient care	0	0	4	1	8	0
Offers explanations	0	0	4	1	8	0

Relationships with Patients Comments

- Dr Day communicates with the patient where appropriate and integrates them in their plan of care
- Treats all patients and relatives with respect and discussions with family are clear and understandable
- Dr Day demonstrates empathy and consideration towards patients putting them at the centre of his practice. He is caring and maintains privacy and dignity at all times.
- Christopher is empathetic and respectful. He is clearly very aware of the importance of communication with patients and relatives in critical care.

ePortfolio of Dr Christopher Day

- Excellent
- Excellent communication with colleagues, patients and patient families. I am always impressed by his communication skills and empathy.

Relationships with Colleagues

Is a team-player	0	0	2	5	6	0
Asks others' view/advice	0	0	1	7	5	0
Encourages discussion	0	0	4	4	5	0
Clear/precise Instructions	0	0	4	4	5	0
Respect for colleagues	0	0	3	3	7	0
Communicates well	0	0	3	4	6	0
Is reliable	0	0	2	6	5	0
Can lead a team well	0	0	5	2	4	2
Takes responsibility	0	0	5	2	6	0
"I like working with this doctor"	0	0	1	4	8	0

Relationships with Colleagues Comments

- Dr Day is working along all his colleagues, treats them with respect, is reliable and polite
- A great team player working very well with all healthcare professions and seeks advice when appropriate
- Dr Day is respectful of the senior nursing team and liaises appropriately with all members of the MDT.
- Christopher treats all of his colleagues with respect and has become a valued member of our team.
- Always seeks and listens to advice from pharmacists when necessary
- No concerns at all
- As above. Definitely a team player.

Teaching and Training

Teaching is structured	0	0	4	2	3	4
Is enthusiastic about teaching	0	0	4	2	5	2
Doctor's teaching sessions are beneficial	0	0	2	2	4	5
Teaching is presented well	0	0	2	2	4	5
Uses varied teaching skills	0	0	3	2	3	5

Teaching and Training Comments

- Dr Day is very enthusiastic and keen to learn about new procedures on a regular basis
- A passionate teacher who enjoys educating others in a constructive and educative manner
- I am unable to fully comment on this.
- I have only been present for a small number of his teaching sessions, but these were well structured and presented.

Global ratings and concerns

Overall rating	0	0	6	2	5	0
Rating at this stage of training	0	0	5	5	3	0

Global ratings and concerns Comments

Question	Yes	No	Not Answered
Do you have any concerns about this doctor's probity or health?	0	13	0

General Comments

- It is a pleasure working with Dr Day, he is a team player, reliable, polite and very keen to improve knowledge in specialist areas (critical care)
- An educated and compassionate doctor who treats patients, relatives and healthcare professionals with the up most respect. Able to discuss sensitive medical information with patients and relatives in a clear and concise manner. Informative and able to share infortantive educational material with healthcare professionals in a bid to improve treatments and knowledge. A pleasure to work with.
- Based on my experience of doctors at this level of training, Chris is a very competent practitioner with excellent clinical and communication skills. He shows great knowledge and is very friendly and enthusiastic. I have no concerns about him and his practice whatsoever.
- HARD WORKING, CONSCIENTIOUS DOCTOR, WELL MANNERED AND RESPECTFUL
- Chris is a very pleasant doctor to work alongside and is always enthusiastic and keen to learn more from pharmacists.
- Dr Day is hard working, a good team player, reliable and approachable.
- Sound trainee, good team player, a pleasure to work with
- I have really enjoyed working with Chris this year. I have found him to be enthusiastic and extremely hard working. His clinical skills are excellent, and he has a reassuring and professional bedside manner. I would be delighted to work with him again in the future.
- A pleasure to work with. Reliable, clinically competent and always eager to learn more. Takes direction well when needed. An excellent communicator with patients, families and colleagues.

reference code: 14708412

Educational Meeting

This meeting form is to be used for the Initial Meeting, Mid Term Review and End of Attachment meetings held between Supervisors and Trainees.

Trainee's Surname: Day
 Trainee's Forename: Christopher
 GMC Number: 7040945

Name of Clinical Supervisor /
 Educational Supervisor

Meeting Date

Type of meeting Initial Meeting Mid Term Review End of Attachment

PDP Learning Objectives [View PDPs](#)

Review of previous 3-6 months

CD has made exceptional progress and spent a great deal of time improving his knowledge and skills whilst in the ICU - he is very keen to learn and listen and question

Lessons learnt

Huge experience in technical procedures
 Has gained experience and recognition of Critically Ill patients - utilizes protocols appropriately and recognizes when to deviate from such guidelines and to question

Courses/exams booked or completed

ITU and Anaesthetic novice course
 MCEM in June 2014

Audit (*planned or completed*)

Unable to conduct audit as on family leave (paternity) for a period in centre of attachment

Research (*planned or completed*)

N/A

Other activities (*planned or completed*)

Induction received (Initial Meeting only) Yes No

Reviewed personal plan Yes No

reference code: 14140182

Educational Meeting

This meeting form is to be used for the Initial Meeting, Mid Term Review and End of Attachment meetings held between Supervisors and Trainees.

Trainee's Surname: Day
 Trainee's Forename: Christopher
 GMC Number: 7040945

Name of Clinical Supervisor /
 Educational Supervisor

Meeting Date

Type of meeting Initial Meeting Mid Term Review End of Attachment

PDP Learning Objectives [View PDPs](#)

Review of previous 3-6 months

Chris is a very keen trainee and progressed very well since February. He is extremely interested in all aspects of Anaesthesia and worked hard to achieve his IAC. He has good technical skills and record keeping. He is a very good team player and always takes utmost care to put patient's priorities first. Chris is fully engaged in the educational process and works well with colleagues.

Lessons learnt

He is a competent and confident trainee with a skill set which exceeds the expectations of someone of his level of training. He is aware of his limitation and not afraid to ask for help and advice.

Courses/exams booked or completed

Chris is revising for his examen.

Audit *(planned or completed)*

Research *(planned or completed)*

Other activities *(planned or completed)*

Induction received (Initial Meeting only)

Yes No

Reviewed personal plan

Yes No

reference code: 14816810

ACAT: Acute Care Assessment Tool (ACAT)

Date of Assessment:

Trainee's Name: Dr Christopher Day

Trainee's GMC Nr: 7040945

Trainee's Year:

Assessor's Registration Nr:
(e.g. GMC, NMC, GDC)

Assessor's Name:

Assessor's Email:

Assessor's Position: Consultant SAS SpR GP

If Other, please specify:

List of cases seen (please include the curriculum competence level being assessed where applicable):

-A 80YO Septic shock requiring vasopressor (Arterial line CVP access successful by trainee)
 -75m. Background of AF and ischaemic cardiomyopathy. Presented in pulmonary oedem Required DC cardioversion
 -60 Exacerbation of COPD. Required NIV and then intubation.
 - 79m AKI secondary to diarrhoea. Required filter and vasopressors

How has the trainee's acute work been assessed:

- Post Take Ward Round
- During Acute Unselected Take - Day
- During Acute Unselected Take - Night
- Specialty Take
- Critical Care
- Regular ward round
- Other

Please score the trainee on the scale shown. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage/year of training and level of experience. Please mark 'Unable to Comment' if you feel you have not observed the behaviour.

	Well below expectations for stage of training	Below expectations for stage of training	Borderline for stage of training	Meets expectations for stage of training	Above expectation for stage of training	Well above expectations for stage of training	Unable to Comment
Clinical assessment:	<input type="radio"/> Well below	<input type="radio"/> Below	<input type="radio"/> Borderline	<input checked="" type="radio"/> Meets	<input type="radio"/> Above	<input type="radio"/> Well above	<input type="radio"/> U/C
Medical record keeping:	<input type="radio"/> Well below	<input type="radio"/> Below	<input type="radio"/> Borderline	<input type="radio"/> Meets	<input checked="" type="radio"/> Above	<input type="radio"/> Well above	<input type="radio"/> U/C
Investigations and referrals:	<input type="radio"/> Well below	<input type="radio"/> Below	<input type="radio"/> Borderline	<input checked="" type="radio"/> Meets	<input type="radio"/> Above	<input type="radio"/> Well above	<input type="radio"/> U/C
Management of critically ill patient:	<input type="radio"/> Well below	<input type="radio"/> Below	<input type="radio"/> Borderline	<input checked="" type="radio"/> Meets	<input type="radio"/> Above	<input type="radio"/> Well above	<input type="radio"/> U/C
Time management:	<input type="radio"/> Well below	<input type="radio"/> Below	<input type="radio"/> Borderline	<input type="radio"/> Meets	<input checked="" type="radio"/> Above	<input type="radio"/> Well above	<input type="radio"/> U/C
Management of Take / Team	<input type="radio"/>	<input type="radio"/> Below	<input type="radio"/> Borderline	<input type="radio"/> Meets	<input type="radio"/> Above	<input checked="" type="radio"/>	<input type="radio"/> U/C

ePortfolio of Dr Christopher Day

working:	<input type="radio"/> Well below	<input type="radio"/> Below	<input type="radio"/> Borderline	<input type="radio"/> Meets	<input type="radio"/> Above	<input type="radio"/> Well above	<input type="radio"/> U/C
Clinical leadership:	<input type="radio"/> Well below	<input type="radio"/> Below	<input type="radio"/> Borderline	<input type="radio"/> Meets	<input checked="" type="radio"/> Above	<input type="radio"/> Well above	<input type="radio"/> U/C
Handover:	<input type="radio"/> Well below	<input type="radio"/> Below	<input type="radio"/> Borderline	<input type="radio"/> Meets	<input type="radio"/> Above	<input checked="" type="radio"/> Well above	<input type="radio"/> U/C
OVERALL CLINICAL JUDGEMENT:	<input type="radio"/> Well below	<input type="radio"/> Below	<input type="radio"/> Borderline	<input type="radio"/> Meets	<input checked="" type="radio"/> Above	<input type="radio"/> Well above	<input type="radio"/> U/C

Based on this observation please rate the level of overall competence the trainee has shown:

Overall Clinical Judgement

Rating	Description
<input type="radio"/> Below Level expected during Foundation Programme	Trainee required frequent supervision to assist in almost all clinical management plans and/or time management
<input type="radio"/> Performed at the level expected at completion of Foundation Programme / early Core Training	Trainee required supervision to assist in some clinical management plans and/or time management
<input checked="" type="radio"/> Performed at the level expected on completion of Core Training / early Higher Training	Supervision and assistance needed for complex cases, competent to run the acute care period with senior support.
<input type="radio"/> Performed at level expected during Higher Training	Very little supervising consultant input needed, competent to run the acute care period with occasional senior support.
<input type="radio"/> Performed at level expected for completion of Higher Training	Able to practise independently and provide senior supervision for the acute care period.

Which aspects of the encounter were done well?

The trainee coped extremely well being the on-call Resident for an 18 bedded ICU and assessing patients in A&E. On occasion they required telephone advice but this was appropriate. He was able to stabilise patients in A&E and ICU and is competent to perform CVP lines , arterial lines, chest drains and dc cardioversions unsupervised.

Any suggested areas for improvement?

Needs to become better and trying find answers to clinical questions in the literature. It will assist his discussions with seniors.

Definitely, his clinical progress in ICU has been good.

Agreed action:

I have sent all the ICU trainees papers to read that cover important topics in ICU. Teaching on ward rounds.

Trainee's Comments:

An excellent opportunity to improve my clinical skills. I have enjoyed the challenging nature of this placement. The consultants have offered the right balance of support and giving us autonomy.

reference code: 13350434

MiniCEX: Major Presentation: Sepsis

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Sancho Villar

Assessor GMC number: 4693431

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: sancho.villar@nhs.net

Date: 02/11/2013

Case discussed (brief description): Different case sepsis scenarios

	Expected behaviour	Successful / Unsuccessful
Initial approach	<p>Initial approach based on ABCD system- ensuring early monitoring of vital signs including temperature, SPaO₂, blood sugar</p> <ul style="list-style-type: none"> • Can interpret early warning medical score as indicators of sepsis (EMEWS or similar) • Aware of systemic inflammatory response criteria (SIRS), and that 2 or more may indicate sepsis <ul style="list-style-type: none"> ◦ T > 38 or < 36 ◦ HR > 90 ◦ RR > 20 ◦ WCC > 12 or < 4 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
History and information gathering	<ul style="list-style-type: none"> • Obtains history of symptoms leading up to illness • Able to take a collateral history, from paramedics, friends and family • Able to use AMPLE history • Looks specifically for conditions causing immunocompromise 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Examination	<p>Able to perform a competent examination looking for</p> <ul style="list-style-type: none"> • Possible source of infection • Secondary organ failure 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Investigation	<p>Asks for appropriate tests</p> <ul style="list-style-type: none"> • FBC • U&Es • clotting studies • ABGs or VBGs • Lactate, ScVo₂ • Blood cultures • ECG • CXR • Urinalysis +/- catheterisation • Other interventions which may help find source of sepsis <ul style="list-style-type: none"> ◦ Swabs ◦ PCR ◦ Pus <p>Considers need for further imaging</p>	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
	<p>Form a management plan with initial interventions being:</p> <ul style="list-style-type: none"> • Oxygen therapy • Fluid bolus, starting with 20 mls/Kg • IV Antibiotics, based on likely source of infection • Documentation of a physiological score, which can be repeated 	

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<p>Clinical decision making and judgment</p>	<ul style="list-style-type: none"> • Be able to reassess <p>Recognises and is able to support physiological markers of organ dysfunction, such as:-</p> <ul style="list-style-type: none"> • Systolic BP < 90 mm Hg • PaO2 < 8 Kpa • Lactate > 5 • Reduced GCS • Urine output < 30 mls/hr <p>Demonstrates when to use invasive monitoring, specifically</p> <ul style="list-style-type: none"> • CVP line • Arterial line <p>Demonstrates when to start inotropes, Noradrenaline v dopamine</p> <p>Demonstrates how to set up an inotrope infusion</p>	<table border="1"> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Successful</td> <td style="text-align: center;">Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/>	<input type="radio"/>	Successful	Unsuccessful
<input checked="" type="radio"/>	<input type="radio"/>					
Successful	Unsuccessful					
<p>Communication with patient, relatives, staff</p>	<p>Effectively communicates with both patient and other members of the acute care team</p>	<table border="1"> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Successful</td> <td style="text-align: center;">Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/>	<input type="radio"/>	Successful	Unsuccessful
<input checked="" type="radio"/>	<input type="radio"/>					
Successful	Unsuccessful					
<p>Overall plan</p>	<p>Identifies sepsis</p> <p>Implements 4 hour sepsis bundle</p> <p>Stabilises patient, reassesses and able to inform and/or hand over to critical care team</p>	<table border="1"> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Successful</td> <td style="text-align: center;">Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/>	<input type="radio"/>	Successful	Unsuccessful
<input checked="" type="radio"/>	<input type="radio"/>					
Successful	Unsuccessful					
<p>Professionalism</p>	<p>Behaves in a professional manner</p>	<table border="1"> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Successful</td> <td style="text-align: center;">Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/>	<input type="radio"/>	Successful	Unsuccessful
<input checked="" type="radio"/>	<input type="radio"/>					
Successful	Unsuccessful					
<p>Overall</p>	<p><i>Auto-calculated from above outcomes.</i></p> <p><i>If all items are marked as Successful, this will rate Successful. Otherwise, will be rated as Unsuccessful.</i></p>	<table border="1"> <tr> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Successful</td> <td style="text-align: center;">Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/>	<input type="radio"/>	Successful	Unsuccessful
<input checked="" type="radio"/>	<input type="radio"/>					
Successful	Unsuccessful					

Things done particularly well:

Learning points:

Action points:

In my view Dr Christopher Day is progressing very well in his ICU rotation. He knows his limitations and strengths points.
Very happy so far with his effort and clinical work.

reference code: 12577729

MiniCEX: Major Presentation: Shock

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Sancho Villar

Assessor GMC number: 4693431

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: sancho.villar@nhs.net

Date: 02/11/2013

Case discussed (brief description): Different septic shock scenarios

	Expected behaviour	Successful / Unsuccessful
Initial approach	<ul style="list-style-type: none"> • ABCD approach, including GCS • Asks for vital signs including SPaO2, blood sugar • Requests monitoring • Recognises physiological abnormalities • Looks for obvious cause of shock e.g. bleeding • Secures iv access 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
History and information gathering	<ul style="list-style-type: none"> • Obtains targeted history from patient • Obtains collateral history from friends, family, paramedics- cover PMH • Recognises the importance of treatment before necessarily getting all information • Obtains previous notes 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Examination	Detailed physical examination which must include physical signs that would differentiate between haemorrhagic, hypovolaemic, cardiogenic and septic causes for shock	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Investigation	Asks for appropriate tests <ul style="list-style-type: none"> • arterial blood gas or venous gas and lactate • FBC • U&Es • clotting studies • LFTs, toxicology • Cross match as indicated • blood and urine culture • CK and troponin • ECG • CXR • Familiar with use of US to look for IVC compression and cardiac tamponade 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Clinical decision making and judgment	Forms diagnosis and differential diagnosis including: <ul style="list-style-type: none"> • Trauma-haemorrhagic, blood loss control from direct pressure, pelvic splintage, emergency surgery or interventional radiology • Gastrointestinal - upper and lower GI bleed, or fluid loss form D&V • Cardiogenic - STEMI, tachy and brady dysrhythmia, • Infection- sepsis, knows sepsis bundle • Endocrine - Addison's disease, DKA • Neurological - neurogenic shock • Poisoning - TCAs, cardio toxic drugs 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Communication		<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful

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with patient, relatives, staff	Effectively communicates with both patient and colleagues	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
Overall plan	Identifies immediate life threats and readily reversible causes	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
	Stabilises and prepares for further investigation, treatment and admission		
Professionalism	Behaves in a professional manner	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
Overall	<i>Auto-calculated from above outcomes. If all items are marked as Successful, this will rate Successful. Otherwise, will be rated as Unsuccessful.</i>	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful

Things done particularly well:

Learning points:

Action points:

He has learned a good structured approach to these clinical cases.
I am very happy with Dr Day progression in ICU.

reference code: 12577744

MiniCEX: Major presentation: Anaphylaxis

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Sancho Rodriguez Villar

Assessor GMC number: 4693431

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: sancho.rodvil@hotmail.com

Date: 06/11/2013

Case discussed (brief description): He was able to identify the key priorities points in the case scenario.

	Expected behaviour	Successful / Unsuccessful
Initial approach	<ul style="list-style-type: none"> • ABCD approach, including GCS • Asks for vital signs including SPaO2, blood sugar • Requests monitoring • Recognises physiological abnormalities • Looks for obvious cause of shock e.g. bleeding • Secures iv access 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
History	<ul style="list-style-type: none"> • Obtains targeted history from patient • Obtains collateral history from friends, family, paramedics- cover PMH • Recognises the critical symptoms, and symptom patterns • Recognises the importance of treatment before necessarily getting all information • Obtains previous notes 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Examination	<p>Detailed physical examination which must include physical signs that would differentiate between potential causes:</p> <ul style="list-style-type: none"> • Haemorrhagic, • Hypovolaemic, • Cardiogenic • Sepsis • Maintains privacy and dignity 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Investigation	<p>Asks for appropriate tests-</p> <ul style="list-style-type: none"> • Arterial blood gas or venous gas and lactate • FBC, • U&Es, • Clotting studies, • LFTs, • Toxicology, • Cross match as indicated • Blood and urine culture, • CK and troponin, • ECG, • CXR, <p>Familiar with use of US to look for IVC compression and cardiac tamponade.</p>	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
	<p>Forms diagnosis and differential diagnosis including:</p> <ul style="list-style-type: none"> • Trauma-haemorrhagic, blood loss control form direct pressure, pelvic splintage, emergency surgery or interventional radiology • Gastrointestinal - upper and lower GI bleed, or fluid loss form D&V • Cardiogenic - STEMI, tachy and brady dysrhythmia 	

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<p>Clinical decision making and judgement</p>	<ul style="list-style-type: none"> • Infection- sepsis, knows sepsis bundle • Endocrine - Addison's disease, DKA • Neurological - neurogenic shock • Poisoning - TCAs, cardio toxic drugs <p>Identifies most likely diagnosis Uses diagnostic tests to discriminate between diagnoses Identified those who can safely be discharged Recognised atypical presentation Made timely decisions and anticipated interventions, responded promptly Reassessed and reviewed effect of the interventions.</p>	<table border="1"> <tr> <td style="background-color: #ADD8E6;"><input checked="" type="radio"/> Successful</td> <td><input type="radio"/> Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful			
<p>Communication</p>	<p>Effectively communicates with both patient and colleagues Listened to other views Followed the lead of colleagues Gave clear instructions</p>	<table border="1"> <tr> <td style="background-color: #ADD8E6;"><input checked="" type="radio"/> Successful</td> <td><input type="radio"/> Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful			
<p>Organisation and efficiency</p>	<p>Made good progress with case</p>	<table border="1"> <tr> <td style="background-color: #ADD8E6;"><input checked="" type="radio"/> Successful</td> <td><input type="radio"/> Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful			
<p>Overall plan</p>	<p>Identifies immediate life threats and readily reversible causes Stabilises and prepares for further investigation, treatment and admission</p>	<table border="1"> <tr> <td style="background-color: #ADD8E6;"><input checked="" type="radio"/> Successful</td> <td><input type="radio"/> Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful			
<p>Professionalism</p>	<p>Behaves in a professional manner Respected confidentiality</p>	<table border="1"> <tr> <td style="background-color: #ADD8E6;"><input checked="" type="radio"/> Successful</td> <td><input type="radio"/> Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful			
<p>Overall</p>	<p><i>Auto-calculated from above outcomes. If all items are marked as Successful, this will rate Successful. Otherwise, will be rated as Unsuccessful.</i></p>	<table border="1"> <tr> <td style="background-color: #ADD8E6;"><input checked="" type="radio"/> Successful</td> <td><input type="radio"/> Unsuccessful</td> </tr> </table>	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful			

Things done particularly well:

Learning points:

Action points:

He is progressing really well in his ITU rotation

reference code: 12613087

MiniCEX: Major Presentation: Unconscious patient

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Sancho Rodriguez Villar

Assessor GMC number: 4693431

Grade of assessor:

 Consultant SASG ST4-6 Other

Assessor email:

sancho.rodvil@hotmail.com

Date:

17/11/2013

Case discussed (brief description):

Tension pneumothorax clinical scenario.
Approach and management

	Expected behaviour	Successful / Unsuccessful
Initial approach	<ul style="list-style-type: none"> • ABCD approach, including GCS • Asks for vital signs including SPaO2, blood sugar • Secures iv access • Looks for lateralising signs, pin point pupils, signs of trauma, considers neck injury <p>Considers opiate OD, alcoholism, anticoagulation</p>	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
History and information gathering	<ul style="list-style-type: none"> • Obtains history- friends, family, paramedics- cover PMH, previous ODs etc • Obtains previous notes 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Examination	<ul style="list-style-type: none"> • Detailed physical examination including fundoscopy 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Investigation	<p>Asks for appropriate tests</p> <ul style="list-style-type: none"> • arterial blood gas • FBC • U&Es • clotting studies • LFTs, toxicology • blood and urine culture • CK and troponin • HbCO • ECG • CXR • and CT 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Clinical decision making and judgment	<p>Forms diagnosis and differential diagnosis including:</p> <ul style="list-style-type: none"> • Trauma- SAH, Epidural and subdural • Neurovascular- stroke, hypertensive encephalopathy • Cardiovascular- dysrhythmia, hypotension • Neuro- seizure or post ictal • Infection- meningitis, encephalitis, sepsis • Organ failure- pulmonary, renal, hepatic • Metabolic- glucose, sodium, thyroid disease, temperature • Poisoning • Psychogenic 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Communication with patient,	Effectively communicates with both patient and colleagues	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful

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relatives, staff		<input type="checkbox"/>	<input type="checkbox"/>
Overall plan	Identifies immediate life threats and readily reversible causes	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
	Stabilises and prepares for further investigation, treatment and admission		
Professionalism	Behaves in a professional manner	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful
Overall	<i>Auto-calculated from above outcomes. If all items are marked as Successful, this will rate Successful. Otherwise, will be rated as Unsuccessful.</i>	<input checked="" type="radio"/> Successful	<input type="radio"/> Unsuccessful

Things done particularly well:

In general, he is improving and developing really, really well during his ITU rotation.
His structured approach to the clinical scenarios

Learning points:

Action points:

I am more than happy with his learning curve.

reference code: 12723990

MiniCEX: Major presentation: Cardiac Arrest

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Sancho Rodriguez Villar

Assessor GMC number: 4693431

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: sancho.rodvil@hotmail.com

Date: 17/11/2013

Case discussed (brief description): PEA arrest clinical scenario secondary to a tension pneumothorax.

	Expected behaviour	Successful / Unsuccessful
Initial approach	<ul style="list-style-type: none"> • ABC approach • Recognises cardiac arrest • Identifies team members and competence • Allocates tasks • Calls for help immediately • Requests monitor to evaluate rhythm • Recognises rhythm 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
History	<ul style="list-style-type: none"> • Obtains information from ambulance crew and relatives • Arranges for collateral history from notes/GP • Recognises relevant potential causes 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Examination	<ul style="list-style-type: none"> • Ensures adequate evaluation of ventilation and cardiac output throughout resuscitation • Ensures effective CPR • Ensures brief physical examination looking for possible causes 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Investigation	<p>Asks for appropriate tests-</p> <ul style="list-style-type: none"> • Arterial blood gas or venous gas and lactate • Electrolytes on blood gas <p>Post arrest care – asks for relevant investigations-</p> <ul style="list-style-type: none"> • Arterial blood gas or venous gas and lactate • U&Es, • Clotting studies, • LFTs, toxicology, • Cross match as indicated • Blood and urine culture, • CK and troponin, • ECG, • CXR <p>Familiar with use of US to look for cardiac standstill/tamponade</p>	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful
Clinical decision making and judgement	<ul style="list-style-type: none"> • Ensures airway protected and maintained • Ensures ventilation appropriate throughout • Correctly identifies rhythm • Correctly follows ALS algorithm • Rules out reversible causes in appropriate time frame • Treats reversible causes appropriately • Reassessed and reviewed effect of the interventions • Makes decision to stop at appropriate time 	<input checked="" type="radio"/> Successful <input type="radio"/> Unsuccessful

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	<ul style="list-style-type: none"> • Post arrest involves appropriate clinicians 	
Communication	<ul style="list-style-type: none"> • Effectively communicates with team • Listened to other views • Followed the lead of colleagues • Gave clear instruction • Ensures communication with relatives • Appropriate handover to ITU on ROSC 	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; background-color: #e6f2ff;"> <input checked="" type="radio"/> Successful </div> <div style="border: 1px solid black; padding: 2px; background-color: #fff;"> <input type="radio"/> Unsuccessful </div> </div>
Organisation and efficiency	<ul style="list-style-type: none"> • Good allocation of tasks • Remains calm and effective • Ensures safe defibrillation where appropriate 	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; background-color: #e6f2ff;"> <input checked="" type="radio"/> Successful </div> <div style="border: 1px solid black; padding: 2px; background-color: #fff;"> <input type="radio"/> Unsuccessful </div> </div>
Overall plan	<ul style="list-style-type: none"> • Maintains pace and effectiveness of resuscitation • Correctly stops or continues until ROSC 	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; background-color: #e6f2ff;"> <input checked="" type="radio"/> Successful </div> <div style="border: 1px solid black; padding: 2px; background-color: #fff;"> <input type="radio"/> Unsuccessful </div> </div>
Professionalism	<ul style="list-style-type: none"> • Behaves in a professional manner • Respected confidentiality 	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; background-color: #e6f2ff;"> <input checked="" type="radio"/> Successful </div> <div style="border: 1px solid black; padding: 2px; background-color: #fff;"> <input type="radio"/> Unsuccessful </div> </div>
Overall	<p><i>Auto-calculated from above outcomes.</i></p> <p><i>If all items are marked as Successful, this will rate Successful. Otherwise, will be rated as Unsuccessful.</i></p>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; background-color: #e6f2ff;"> <input checked="" type="radio"/> Successful </div> <div style="border: 1px solid black; padding: 2px; background-color: #fff;"> <input type="radio"/> Unsuccessful </div> </div>

Things done particularly well:

Structured approach.
Early identification of the cause

Learning points:

Action points:

I am very happy with his work and learning during his rotation in ITU

reference code: 12724006

Anaesthetic: DOPS

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dr Sharon Power

Assessor GMC number: 2283155

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: sharon.power@nhs.net

Date: 12/03/2014

- IAC Basic and advanced life support
- IAC D01 Demonstrate function of anaesthetic machine
- IAC D02 Transfer and positioning of patient on operating table
- IAC D03 Demonstrate CPR on a manikin
- Procedure: IAC D04 Technique of scrubbing up, gown & gloves
- IAC D05 Competencies for pain management including PCA
- IAC D06 Failed Intubation practical drill on manikin
- Other specify

Other (please specify):

Case discussed (brief description): Spinal anaesthesia for RIH repair

Clinical setting: Theatre Icu A&E Delivery suite Pain clinic OtherRating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Description	Unsatisfactory or Excellent	Comments
Understood the indications for the procedure and clinical alternatives.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Clearly explained plans to the patient and explained potential risks in a way they understood.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Good understanding of theoretical background to procedure including anatomy, physiology and imaging.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Good advance preparation for the procedure.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
	<input type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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Communicated plan for procedure to relevant staff.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Aware of risks of cross-infection and effective aseptic technique during procedure was demonstrated.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Procedure successful or failure understood in the current setting.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Coped well with unexpected problems.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Skilful and handled patient and tissues gently.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Maintained accurate and legible records including descriptions of problems or difficulties.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Issued clear post-procedure instructions to patient and/or staff.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Sought at all times to work to the highest professional standards.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory

Examples of good practice were:

Well performed

Areas of practice requiring improvement were:

NIL

Further learning and experience should focus on:

NIL

reference code: 13663897

Anaesthetic: MiniCEX

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945

Assessor:
 Assessor GMC number:
 Grade of assessor: Consultant SASG ST4-6 Other
 Assessor email:

Date:

Case discussed (brief description):

Clinical setting: Theatre Icu A&E Delivery suite Pain clinic Other

Focus of case - look up of which IAC code

- IAC A01 Preoperative assessment
- IAC A02 Management of the spontaneously breathing patient
- IAC A03 Anaesthesia for laparotomy
- IAC A04 Rapid Sequence Induction
- IAC A05 Recovery

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Complete the following if you have marked practice unsatisfactory

Description	Unsatisfactory or Excellent	Comments
Planning and preparation		
Made a clear plan for the patients care, recognising and considering potential problems or/and hazards.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Considered available relevant information and sought additional information/investigations where necessary.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Prepared necessary drugs and equipment before starting the case.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Ensured appropriate assistance was available.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Clinical decision making		

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Demonstrated a clear understanding of underlying principles of medical science and practice.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Initiated monitoring and observation appropriate to the clinical situation.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Coped well with unexpected problems.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

None Occured

Reassessed and modified plan in response to the patient's progress in a timely manner (immediacy and urgency).

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Not Required

Safe practice

Understood and participated in WHO patient safety checklist.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Followed all appropriate standards, guidelines and protocols.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Followed procedures for avoiding healthcare associated infections.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Understood the need for and process of critical incident reporting.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

None Occured

Professional behaviour

Recognised and reacted to the patient's concerns and fears; communicated plans and risks using appropriate language.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Maintained confidentiality and protected patient dignity.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Team working

Conducted appropriate 2 way communication with team members.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Functioned as an effective team member.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Demonstrated leadership when required.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Technical skills

Demonstrated a systematic and co-ordinated approach to a clinical situation.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

ePortfolio of Dr Christopher Day

Demonstrated familiarity with all equipment utilised.

Excellent

Unsatisfactory

Demonstrated good manual dexterity and care when handling patient.

Excellent

Unsatisfactory

Maintained good situational awareness throughout.

Excellent

Unsatisfactory

Examples of good practice were:

Saw the patient pre operatively and explained the anaesthetic procedure and risks involved. I told him to take charge and lead the list and i will be his helper and he managed the case well.

Areas of practice requiring improvement were:

None identified

Further learning and experience should focus on:

Keep doing more cases to build up confidence

reference code: 13801517

Anaesthetic: MiniCEX

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dr D Leschinskiy

Assessor GMC number: 4773533

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: d.leschinskiy@nhs.net

Date: 27/03/2014

Case discussed (brief description): Emergency laparotomy. Unwell patient. Recent ITU admission. Needs for ITU admission postop

Clinical setting: Theatre Icu A&E Delivery suite Pain clinic Other

Focus of case - look up of which IAC code

- IAC A01 Preoperative assessment
- IAC A02 Management of the spontaneously breathing patient
- IAC A03 Anaesthesia for laparotomy
- IAC A04 Rapid Sequence Induction
- IAC A05 Recovery

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Complete the following if you have marked practice unsatisfactory

Description	Unsatisfactory or Excellent	Comments
Planning and preparation		
Made a clear plan for the patients care, recognising and considering potential problems or/and hazards.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Considered available relevant information and sought additional information/investigations where necessary.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Prepared necessary drugs and equipment before starting the case.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Ensured appropriate assistance was available.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Clinical decision making		
Demonstrated a clear understanding of underlying principles of medical	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

ePortfolio of Dr Christopher Day

science and practice.

Excellent Unsatisfactory

Initiated monitoring and observation appropriate to the clinical situation.

Excellent Unsatisfactory

Coped well with unexpected problems.

Excellent Unsatisfactory

Reassessed and modified plan in response to the patient's progress in a timely manner (immediacy and urgency).

Excellent Unsatisfactory

Safe practice

Understood and participated in WHO patient safety checklist.

Excellent Unsatisfactory

Followed all appropriate standards, guidelines and protocols.

Excellent Unsatisfactory

Followed procedures for avoiding healthcare associated infections.

Excellent Unsatisfactory

Understood the need for and process of critical incident reporting.

Excellent Unsatisfactory

Professional behaviour

Recognised and reacted to the patient's concerns and fears; communicated plans and risks using appropriate language.

Excellent Unsatisfactory

Maintained confidentiality and protected patient dignity.

Excellent Unsatisfactory

Team working

Conducted appropriate 2 way communication with team members.

Excellent Unsatisfactory

Functioned as an effective team member.

Excellent Unsatisfactory

Demonstrated leadership when required.

Excellent Unsatisfactory

Technical skills

Demonstrated a systematic and co-ordinated approach to a clinical situation.

Excellent Unsatisfactory

Demonstrated familiarity with all equipment utilised.

Excellent Unsatisfactory

Demonstrated good manual dexterity and care when handling patient.

Excellent Unsatisfactory

ePortfolio of Dr Christopher Day

Maintained good situational awareness throughout.

Excellent

Unsatisfactory

Examples of good practice were:

Confident. Good technical skills. Sound understanding of applicable protocols

Areas of practice requiring improvement were:

More experience needed

Further learning and experience should focus on:

Emergency surgery. CEPOD list

reference code: 13848139

Anaesthetic: MiniCEX

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dr D Leschinskiy

Assessor GMC number: 4773533

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: d.leschinskiy@nhs.net

Date: 31/03/2014

Case discussed (brief description): Emergency laparotomy for obstructed bowel in a compromised patient

Clinical setting: Theatre Icu A&E Delivery suite Pain clinic Other

Focus of case - look up of which IAC code

- IAC A01 Preoperative assessment
- IAC A02 Management of the spontaneously breathing patient
- IAC A03 Anaesthesia for laparotomy
- IAC A04 Rapid Sequence Induction
- IAC A05 Recovery

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Complete the following if you have marked practice unsatisfactory

Description	Unsatisfactory or Excellent	Comments
Planning and preparation		
Made a clear plan for the patients care, recognising and considering potential problems or/and hazards.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Considered available relevant information and sought additional information/investigations where necessary.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Prepared necessary drugs and equipment before starting the case.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Ensured appropriate assistance was available.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Clinical decision making		
Demonstrated a clear understanding of underlying principles of medical	<input checked="" type="radio"/> <input type="radio"/>	

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science and practice.

Excellent Unsatisfactory

Initiated monitoring and observation appropriate to the clinical situation.

Excellent Unsatisfactory

Coped well with unexpected problems.

Excellent Unsatisfactory

Reassessed and modified plan in response to the patient's progress in a timely manner (immediacy and urgency).

Excellent Unsatisfactory

Safe practice

Understood and participated in WHO patient safety checklist.

Excellent Unsatisfactory

Followed all appropriate standards, guidelines and protocols.

Excellent Unsatisfactory

Followed procedures for avoiding healthcare associated infections.

Excellent Unsatisfactory

Understood the need for and process of critical incident reporting.

Excellent Unsatisfactory

Professional behaviour

Recognised and reacted to the patient's concerns and fears; communicated plans and risks using appropriate language.

Excellent Unsatisfactory

Maintained confidentiality and protected patient dignity.

Excellent Unsatisfactory

Team working

Conducted appropriate 2 way communication with team members.

Excellent Unsatisfactory

Functioned as an effective team member.

Excellent Unsatisfactory

Demonstrated leadership when required.

Excellent Unsatisfactory

Technical skills

Demonstrated a systematic and co-ordinated approach to a clinical situation.

Excellent Unsatisfactory

Demonstrated familiarity with all equipment utilised.

Excellent Unsatisfactory

Demonstrated good manual dexterity and care when handling patient.

Excellent Unsatisfactory

Maintained good situational awareness throughout.

Excellent

Unsatisfactory

Examples of good practice were:

Good attention to details. Identification of risk factors. Planning postop care

Areas of practice requiring improvement were:

Just more experience needed

Further learning and experience should focus on:

Regional blocks (thoracic epidural) for laparotomy

reference code: 13860107

Anaesthetic: MiniCEX

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945

Assessor: Dr David Lee
 Assessor GMC number: 3249958
 Grade of assessor: Consultant SASG ST4-6 Other
 Assessor email: david.lee1@nhs.net

Date: 04/04/2014

Case discussed (brief description): Elective gynaecology patient with co-morbidity

Clinical setting: Theatre Icu A&E Delivery suite Pain clinic Other

Focus of case - look up of which IAC code

- IAC A01 Preoperative assessment
- IAC A02 Management of the spontaneously breathing patient
- IAC A03 Anaesthesia for laparotomy
- IAC A04 Rapid Sequence Induction
- IAC A05 Recovery

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Complete the following if you have marked practice unsatisfactory

Description	Unsatisfactory or Excellent	Comments
Planning and preparation		
Made a clear plan for the patients care, recognising and considering potential problems or/and hazards.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Considered available relevant information and sought additional information/investigations where necessary.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Prepared necessary drugs and equipment before starting the case.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Ensured appropriate assistance was available.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Clinical decision making		

ePortfolio of Dr Christopher Day

Demonstrated a clear understanding of underlying principles of medical science and practice.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Initiated monitoring and observation appropriate to the clinical situation.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Coped well with unexpected problems.

<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
--	--------------------------------------

Reassessed and modified plan in response to the patient's progress in a timely manner (immediacy and urgency).

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Safe practice

Understood and participated in WHO patient safety checklist.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Followed all appropriate standards, guidelines and protocols.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Followed procedures for avoiding healthcare associated infections.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Understood the need for and process of critical incident reporting.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Professional behaviour

Recognised and reacted to the patient's concerns and fears; communicated plans and risks using appropriate language.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Maintained confidentiality and protected patient dignity.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Team working

Conducted appropriate 2 way communication with team members.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Functioned as an effective team member.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Demonstrated leadership when required.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Technical skills

Demonstrated a systematic and co-ordinated approach to a clinical situation.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Demonstrated familiarity with all equipment utilised.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Demonstrated good manual dexterity and care when handling patient.

<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
---------------------------------	--------------------------------------

Maintained good situational awareness throughout.

Excellent

Unsatisfactory

Examples of good practice were:

Good history

Areas of practice requiring improvement were:

Presentation skills

Further learning and experience should focus on:

More experience

reference code: 13923515

Anaesthetic: MiniCEX

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: dr zahoor mackay

Assessor GMC number: 5186963

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: z.mackay@nhs.net

Date: 10/04/2014

Case discussed (brief description): Extubation of 60 year old ASA2 Laparoscopic Cholecystectomy.

Clinical setting: Theatre Icu A&E Delivery suite Pain clinic Other

Focus of case - look up of which IAC code

- IAC A01 Preoperative assessment
- IAC A02 Management of the spontaneously breathing patient
- IAC A03 Anaesthesia for laparotomy
- IAC A04 Rapid Sequence Induction
- IAC A05 Recovery

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Complete the following if you have marked practice unsatisfactory

Description	Unsatisfactory or Excellent	Comments
Planning and preparation		
Made a clear plan for the patients care, recognising and considering potential problems or/and hazards.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Considered available relevant information and sought additional information/investigations where necessary.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Prepared necessary drugs and equipment before starting the case.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Ensured appropriate assistance was available.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Clinical decision making		

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Demonstrated a clear understanding of underlying principles of medical science and practice.

Excellent Unsatisfactory

Aware of DAS guidelines on low risk extubation

Initiated monitoring and observation appropriate to the clinical situation.

Excellent Unsatisfactory

Coped well with unexpected problems.

Excellent Unsatisfactory

Reassessed and modified plan in response to the patient's progress in a timely manner (immediacy and urgency).

Excellent Unsatisfactory

Safe practice

Understood and participated in WHO patient safety checklist.

Excellent Unsatisfactory

Followed all appropriate standards, guidelines and protocols.

Excellent Unsatisfactory

Followed procedures for avoiding healthcare associated infections.

Excellent Unsatisfactory

Understood the need for and process of critical incident reporting.

Excellent Unsatisfactory

Professional behaviour

Recognised and reacted to the patient's concerns and fears; communicated plans and risks using appropriate language.

Excellent Unsatisfactory

Maintained confidentiality and protected patient dignity.

Excellent Unsatisfactory

Team working

Conducted appropriate 2 way communication with team members.

Excellent Unsatisfactory

Functioned as an effective team member.

Excellent Unsatisfactory

Demonstrated leadership when required.

Excellent Unsatisfactory

Technical skills

Demonstrated a systematic and co-ordinated approach to a clinical situation.

Excellent Unsatisfactory

Demonstrated familiarity with all equipment utilised.

Excellent Unsatisfactory

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Demonstrated good manual dexterity and care when handling patient.

Excellent

Unsatisfactory

Maintained good situational awareness throughout.

Excellent

Unsatisfactory

Examples of good practice were:

Communicative, Cooperative and conscientious.

Areas of practice requiring improvement were:

need to do more cases, which I believe he will do over a period he is in anaesthetics.

Further learning and experience should focus on:

care of difficult airway

reference code: 13982052

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor:

Assessor GMC number:

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email:

Date:

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

IAC C01 Patient identification

IAC C02 Post op nausea & vomiting

IAC C03 Airway assessment

IAC C04 Choice of muscle relaxants & induction agents

Focus on: IAC C05 Post op analgesia

IAC C06 Post op oxygen therapy

IAC C07 Emergency surgery

IAC C08 Failed Intubation

Other specify

Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	Doing the correct procedure on right patient
2. Reviewed and understood the significance of appropriate investigations,	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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requested additional information:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	<input type="text" value="Not Part of assessment"/>
3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
4. Identified potential problems and difficulties:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	<input type="text" value="WHO Protocol"/>
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Examples of good practice were:	<input type="text" value="Identified the patient and checked the procedure required and the site
Went through WHO checklist"/>		
Areas of practice requiring improvement were:	<input type="text" value="None identified"/>		
Further learning and experience should focus on:	<input type="text" value="None Identified"/>		

reference code: 13918503

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: dr zahoor mackay

Assessor GMC number: 5186963

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: z.mackay@nhs.net

Date: 11/04/2014

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

Focus on:

IAC C01 Patient identification

IAC C02 Post op nausea & vomiting

IAC C03 Airway assessment

IAC C04 Choice of muscle relaxants & induction agents

IAC C05 Post op analgesia

IAC C06 Post op oxygen therapy

IAC C07 Emergency surgery

IAC C08 Failed Intubation

Other specify

Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
2. Reviewed and understood the significance of appropriate investigations, requested additional information:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
4. Identified potential problems and difficulties:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory

Examples of good practice were:

hard working

Areas of practice requiring improvement were:

new in the department. I believe he will further improve the skills of anaesthesia

Further learning and experience should focus on:

Requires to further improve knowledge of anaesthetic agents

reference code: 13981912

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor:

Assessor GMC number:

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email:

Date:

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

- IAC C01 Patient identification
 IAC C02 Post op nausea & vomiting
 IAC C03 Airway assessment
 IAC C04 Choice of muscle relaxants & induction agents
 IAC C05 Post op analgesia
 IAC C06 Post op oxygen therapy
 IAC C07 Emergency surgery
 IAC C08 Failed Intubation
 Other specify

Focus on:

Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
2. Reviewed and understood the significance of appropriate investigations, requested additional information:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
4. Identified potential problems and difficulties:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory

Examples of good practice were:

Having undertaken 6 months in ITU Dr Day understood the management of hypoxaemic patients. Understood and applied targeted O2 therapy.

Areas of practice requiring improvement were:

More experience

Further learning and experience should focus on:

Further experience in post op management of patients with complex respiratory problems.

reference code: 14012521

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945

Assessor: Dr Sharon Power
 Assessor GMC number: 2283155
 Grade of assessor: Consultant SASG ST4-6 Other
 Assessor email: sharon.power@nhs.net

Date: 11/04/2014

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

IAC C01 Patient identification

IAC C02 Post op nausea & vomiting

IAC C03 Airway assessment

IAC C04 Choice of muscle relaxants & induction agents

Focus on: IAC C05 Post op analgesia

IAC C06 Post op oxygen therapy

IAC C07 Emergency surgery

IAC C08 Failed Intubation

Other specify

Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
2. Reviewed and understood the significance of appropriate investigations, requested additional information:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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4. Identified potential problems and difficulties:	<input checked="" type="radio"/>	<input type="radio"/>	
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/>	<input type="radio"/>	
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/>	<input type="radio"/>	
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/>	<input type="radio"/>	
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input checked="" type="radio"/>	<input type="radio"/>	
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/>	<input type="radio"/>	

Examples of good practice were: Satisfactory understanding of the basic observations/tests to be used.

Areas of practice requiring improvement were: Putting theory into practice!

Further learning and experience should focus on: Further experience with challenging patients.

reference code: 14012586

Anaesthetic: DOPS

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dr Chirag V Patel

Assessor GMC number:

Grade of assessor:

 Consultant
 SASG
 ST4-6
 Other

Assessor email: chiragpatel21@yahoo.com

Date: 23/04/2014

- Procedure:
- IAC Basic and advanced life support
- IAC D01 Demonstrate function of anaesthetic machine
- IAC D02 Transfer and positioning of patient on operating table
- IAC D03 Demonstrate CPR on a manikin
- IAC D04 Technique of scrubbing up, gown & gloves
- IAC D05 Competencies for pain management including PCA
- IAC D06 Failed Intubation practical drill on manikin
- Other specify

Other (please specify):

Case discussed (brief description):

Difficult airway Society - Failure to intubate drill on a manikin.

Clinical setting:

 Theatre
 Icu
 A&E
 Delivery suite
 Pain clinic
 Other

Rating:

 Practice was satisfactory
 Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Description	Unsatisfactory or Excellent	Comments
Understood the indications for the procedure and clinical alternatives.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	Knew the Guideline well.
Clearly explained plans to the patient and explained potential risks in a way they understood.	<input type="radio"/> Excellent <input type="radio"/> Unsatisfactory	NA
Good understanding of theoretical background to procedure including anatomy, physiology and imaging.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Good advance preparation for the procedure.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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Communicated plan for procedure to relevant staff.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Aware of risks of cross-infection and effective aseptic technique during procedure was demonstrated.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Procedure successful or failure understood in the current setting.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Coped well with unexpected problems.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Skilful and handled patient and tissues gently.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	Used a manikin
Maintained accurate and legible records including descriptions of problems or difficulties.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Issued clear post-procedure instructions to patient and/or staff.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Sought at all times to work to the highest professional standards.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

Examples of good practice were:

Good preparation and understanding of the DAS guideline.
Very enthusiastic to learn.

Areas of practice requiring improvement were:

na

Further learning and experience should focus on:

When opportunity is right to try to use some of the equipment we discussed and demonstrated on the manikin, on a patient under supervision of a consultant.

reference code: 14091720

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor:

Assessor GMC number:

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email:

Date:

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

- Focus on:
- IAC C01 Patient identification
 - IAC C02 Post op nausea & vomiting
 - IAC C03 Airway assessment
 - IAC C04 Choice of muscle relaxants & induction agents
 - IAC C05 Post op analgesia
 - IAC C06 Post op oxygen therapy
 - IAC C07 Emergency surgery

IAC C08 Failed Intubation

Other specify

Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
2. Reviewed and understood the significance of appropriate investigations, requested additional information:	<input type="radio"/> Excellent <input type="radio"/> Unsatisfactory	<input type="text" value="na"/>

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3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
4. Identified potential problems and difficulties:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	use of monitoring.
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	Discussed the importance of keeping time, monitoring O2 sats, and oxygenation.
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	Knew and followed DAS failed intubation drill.
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Examples of good practice were:	Knew and followed DAS failed intubation drill.		
Areas of practice requiring improvement were:	na		
Further learning and experience should focus on:	na		

reference code: 14091780

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dr Chirag V Patel

Assessor GMC number: 6040164

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: chiragpatel21@yahoo.com

Date: 26/04/2014

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

- IAC C01 Patient identification
 IAC C02 Post op nausea & vomiting
 IAC C03 Airway assessment
 IAC C04 Choice of muscle relaxants & induction agents
 IAC C05 Post op analgesia
 IAC C06 Post op oxygen therapy
 IAC C07 Emergency surgery
 IAC C08 Failed Intubation
 Other specify

Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
2. Reviewed and understood the significance of appropriate investigations, requested additional information:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
4. Identified potential problems and difficulties:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory

Examples of good practice were:

Good knowledge of reasons for poor oxygenation in the post op period.

Areas of practice requiring improvement were:

Close observation of patient for signs of poor oxygenation as well as use of monitoring.

Further learning and experience should focus on:

Attention to detail.

reference code: 14091818

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945

Assessor: Dan Harding
 Assessor GMC number:
 Grade of assessor: Consultant SASG ST4-6 Other
 Assessor email: dan.harding@nhs.net

Date: 29/05/2014

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

Focus on:
 IAC C01 Patient identification
 IAC C02 Post op nausea & vomiting
 IAC C03 Airway assessment
 IAC C04 Choice of muscle relaxants & induction agents
 IAC C05 Post op analgesia
 IAC C06 Post op oxygen therapy
 IAC C07 Emergency surgery
 IAC C08 Failed Intubation
 Other specify
 Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory
 Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
2. Reviewed and understood the significance of appropriate investigations, requested additional information:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
4. Identified potential problems and difficulties:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory

Examples of good practice were: enthusiastic. Good knowledge of basic medical science.
Puts basic knowledge into practice.

Areas of practice requiring improvement were: needs more experience with intubation (will get this over next 2 months)

Further learning and experience should focus on: more experience with fascia iliacus blocks.
making sure that the airway is secure in emergency cases.

reference code: 14644645

CBD: Formative

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dan Harding

Assessor GMC number: 3251775

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: dan.harding@nhs.net

Date: 06/06/2014

Case discussed (brief description): two paediatric orthopaedic trauma cases (ORIF radius)

Presentation: discussion of the anaesthetic issues affecting paediatric trauma

Please TICK to indicate the standard of the trainee's performance in each area:

Not observed	Further core learning needed	Demonstrates good practice		Demonstrates excellent practice
		Must address learning points highlighted below	Should address learning points highlighted below	

Record keeping:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Review of investigations:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Diagnosis:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Treatment:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Planning for subsequent care (in patient or discharged patients):

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Clinical reasoning:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Patient safety issues:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Overall clinical care:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Things done particularly well:

enthusiastic.
good knowledge of basic medical science

Learning points:

further reading regarding paediatric physiology and practical conduct of anaesthesia (airway, CVS and respiratory system)

Action points:

more practice with Ayre's T-piece
sizing the airway in children

reference code: 14785617

ICM: DOPS

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945
 Year of Training: CT/ST2

Assessor: Dan Harding
 Assessor GMC number: 3251775
 Grade of assessor: Consultant SASG ST4-6 Other
 Assessor email: dan.harding@nhs.net

Date: 06/06/2014

Procedure observed (including indications): Fascia Iliaca block under ultrasound

Please TICK to indicate the standard of the trainee's performance in each area:

Not observed or practice unsafe	Safe - supervision required (BASIC)		Minimal supervision required (INTERMEDIATE)		No supervision and manages complications (ADVANCED)	
	Direct	Immediate	Distant - often	Distant - rare	Partially independent	Totally independent

Indication for procedure discussed with assessor:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input checked="" type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Obtaining informed consent:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input checked="" type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Appropriate preparation including monitoring, analgesia and sedation:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input checked="" type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Technical skills and aseptic technique:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input checked="" type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Situation awareness and clinical judgement:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input checked="" type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Safety, including prevention and management of complications:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input checked="" type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Care /investigations immediately post procedure:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input checked="" type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Professionalism, communication and consideration for patient, relatives and staff:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input checked="" type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Not observed or practice unsafe	Direct	Immediate	Distant - often	Distant - rare	Partially independent	Totally independent
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Documentation in the notes:

Not observed or practice unsafe	Direct	Immediate	Distant - often	Distant - rare	Partially independent	Totally independent
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OVERALL CLINICAL CARE:

Not observed or practice unsafe	Direct	Immediate	Distant - often	Distant - rare	Partially independent	Totally independent
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Things done particularly well:

manual dexterity
good knowledge of basic medical science

Suggested areas for development:

more practice

reference code: 14785506

DOPS: Generic

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dan Harding

Assessor GMC number: 3251775

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: dan.harding@nhs.net

Date: 06/06/2014

Procedure observed (including indications): Fascia iliaca block

List of procedures: fascia iliaca block

Please TICK to indicate the standard of the trainee's performance in each area:

Not observed	Further core learning needed	Demonstrates good practice		Demonstrates excellent practice
		Must address learning points highlighted below	Should address learning points highlighted below	

Indication for procedure discussed with assessor:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Obtaining informed consent:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Appropriate preparation including monitoring, analgesia and sedation:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Technical skills and aseptic technique:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Situation awareness and clinical judgement:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Safety, including prevention and management of complications:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Care /investigations immediately post procedure:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Professionalism, communication and consideration for patient, relatives and staff:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input checked="" type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Documentation in the notes:

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Not observed	Further learning	Must address learning points	Should address learning points	Excellent practice
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Completed task appropriately:

Not observed	Further learning	Must address learning points	Should address learning points	Excellent practice
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Things done particularly well:

enthusiastic
good at identifying tissue planes

Learning points:

introduction to anatomy of groin

Action points:

further learning of anatomy of nerves of the upper leg and hip

reference code: 14785673

Anaesthetic: DOPS

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dr Sharon Power

Assessor GMC number: 2283155

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: sharon.power@nhs.net

Date: 10/06/2014

 IAC Basic and advanced life support IAC D01 Demonstrate function of anaesthetic machine IAC D02 Transfer and positioning of patient on operating table IAC D03 Demonstrate CPR on a manikin IAC D04 Technique of scrubbing up, gown & gloves IAC D05 Competencies for pain management including PCA IAC D06 Failed Intubation practical drill on manikin Other specify

Other (please specify):

Procedure:

Case discussed (brief description):

The procedure for checking an anaesthetic machine before use.

Clinical setting:

 Theatre Icu A&E Delivery suite Pain clinic Other

Rating:

 Practice was satisfactory
 Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Description	Unsatisfactory or Excellent	Comments
Understood the indications for the procedure and clinical alternatives.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Clearly explained plans to the patient and explained potential risks in a way they understood.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Good understanding of theoretical background to procedure including anatomy, physiology and imaging.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Good advance preparation for the procedure.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
	<input type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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Communicated plan for procedure to relevant staff.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Aware of risks of cross-infection and effective aseptic technique during procedure was demonstrated.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Procedure successful or failure understood in the current setting.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Coped well with unexpected problems.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Skilful and handled patient and tissues gently.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Maintained accurate and legible records including descriptions of problems or difficulties.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Issued clear post-procedure instructions to patient and/or staff.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
Sought at all times to work to the highest professional standards.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory

Examples of good practice were:

Understood the principles and practice of checking an anaesthetic machine.

Areas of practice requiring improvement were:

Becoming more slick at checking!

Further learning and experience should focus on:

Checking different machines with different circuits etc.

reference code: 14821085

DOPS: Generic

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Mr.khaleel ahmed chilimi

Assessor GMC number: 5192051

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: chilkhaleel@hotmail.com

Date: 10/06/2014

Procedure observed (including indications): Aspiration of Knee in Theatre post wash out. Patient consented in anaesthetic room.

List of procedures: Left Knee joint Aspiration of

Please TICK to indicate the standard of the trainee's performance in each area:

Not observed	Further core learning needed	Demonstrates good practice		Demonstrates excellent practice
		Must address learning points highlighted below	Should address learning points highlighted below	

Indication for procedure discussed with assessor:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Obtaining informed consent:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Appropriate preparation including monitoring, analgesia and sedation:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Technical skills and aseptic technique:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Situation awareness and clinical judgement:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Safety, including prevention and management of complications:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Care /investigations immediately post procedure:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Professionalism, communication and consideration for patient, relatives and staff:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Documentation in the notes:

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<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input checked="" type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Completed task appropriately:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Things done particularly well:

did the procedure well

Learning points:

aspirated the knee via suprapatellar site.
Injected the knee through the lateral portal approach

Action points:

further cases need to be done

reference code: 14827289

Anaesthetic: DOPS

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: sanjay gupta

Assessor GMC number: 4491907

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: sanjaygupta@nhs.net

Date: 26/05/2014

- Procedure:
- IAC Basic and advanced life support
- IAC D01 Demonstrate function of anaesthetic machine
- IAC D02 Transfer and positioning of patient on operating table
- IAC D03 Demonstrate CPR on a manikin
- IAC D04 Technique of scrubbing up, gown & gloves
- IAC D05 Competencies for pain management including PCA
- IAC D06 Failed Intubation practical drill on manikin
- Other specify

Other (please specify):

Case discussed (brief description): how to set up a PCA for post op pain relief

Clinical setting: Theatre Icu A&E Delivery suite Pain clinic OtherRating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Description	Unsatisfactory or Excellent	Comments
Understood the indications for the procedure and clinical alternatives.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Clearly explained plans to the patient and explained potential risks in a way they understood.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Good understanding of theoretical background to procedure including anatomy, physiology and imaging.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Good advance preparation for the procedure.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
	<input type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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Communicated plan for procedure to relevant staff.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Aware of risks of cross-infection and effective aseptic technique during procedure was demonstrated.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Procedure successful or failure understood in the current setting.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Coped well with unexpected problems.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	<input type="text" value="None Occured"/>
Skilful and handled patient and tissues gently.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	<input type="text" value="None required"/>
Maintained accurate and legible records including descriptions of problems or difficulties.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Issued clear post-procedure instructions to patient and/or staff.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Sought at all times to work to the highest professional standards.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	

Examples of good practice were:

Areas of practice requiring improvement were:

Further learning and experience should focus on:

reference code: 14570662

Anaesthetic: DOPS

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dr Gupta

Assessor GMC number: 4491907

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: sanjaygupta@nhs.net

Date: 26/05/2014

 IAC Basic and advanced life support IAC D01 Demonstrate function of anaesthetic machine IAC D02 Transfer and positioning of patient on operating table IAC D03 Demonstrate CPR on a manikin IAC D04 Technique of scrubbing up, gown & gloves IAC D05 Competencies for pain management including PCA IAC D06 Failed Intubation practical drill on manikin Other specify

Other (please specify):

Procedure:

Case discussed (brief description):

how to safely transfer an anaesthetised patient from anaesthetic room to operating table.

Clinical setting:

 Theatre Icu A&E Delivery suite Pain clinic Other

Rating:

 Practice was satisfactory
 Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Description	Unsatisfactory or Excellent	Comments
Understood the indications for the procedure and clinical alternatives.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Clearly explained plans to the patient and explained potential risks in a way they understood.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Good understanding of theoretical background to procedure including anatomy, physiology and imaging.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
Good advance preparation for the procedure.	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
	<input type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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Communicated plan for procedure to relevant staff.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Aware of risks of cross-infection and effective aseptic technique during procedure was demonstrated.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Procedure successful or failure understood in the current setting.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Coped well with unexpected problems.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	<input type="text" value="none occurred"/>
Skilful and handled patient and tissues gently.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Maintained accurate and legible records including descriptions of problems or difficulties.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Issued clear post-procedure instructions to patient and/or staff.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
Sought at all times to work to the highest professional standards.	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	

Examples of good practice were:

Areas of practice requiring improvement were:

Further learning and experience should focus on:

reference code: 14570554

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945

Assessor:

Assessor GMC number:

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email:

Date:

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

IAC C01 Patient identification

IAC C02 Post op nausea & vomiting

IAC C03 Airway assessment

IAC C04 Choice of muscle relaxants & induction agents

Focus on:

IAC C05 Post op analgesia

IAC C06 Post op oxygen therapy

IAC C07 Emergency surgery

IAC C08 Failed Intubation

Other specify

Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
2. Reviewed and understood the significance of appropriate investigations, requested additional information:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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4. Identified potential problems and difficulties:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory

Examples of good practice were: preop visit
aseptic tech followed for invasive procedures

Areas of practice requiring improvement were: Anaesthetic management of ASA gr 3 and above patients

Further learning and experience should focus on: Various Muscle relaxants mode of actions , complications,

reference code: 14540653

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945

Assessor: Dr Hans Sauer
 Assessor GMC number: 6094933
 Grade of assessor: Consultant SASG ST4-6 Other
 Assessor email: hsauer@nhs.net

Date: 22/05/2014

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

- IAC C01 Patient identification
 IAC C02 Post op nausea & vomiting
 IAC C03 Airway assessment
 IAC C04 Choice of muscle relaxants & induction agents
 IAC C05 Post op analgesia
 IAC C06 Post op oxygen therapy
 IAC C07 Emergency surgery
 IAC C08 Failed Intubation
 Other specify

Focus on:

Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory
 Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
2. Reviewed and understood the significance of appropriate investigations, requested additional information:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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4. Identified potential problems and difficulties:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	

Examples of good practice were: Sound knowledge.

Areas of practice requiring improvement were: Basic science.

Further learning and experience should focus on: Experience of TIVA.

reference code: 14514216

Anaesthetic: CBD

confirmSettingOther

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945

Assessor: Dr Hans Sauer
 Assessor GMC number: 6094933
 Grade of assessor: Consultant SASG ST4-6 Other
 Assessor email: hsauer@nhs.net

Date: 22/05/2014

Setting: Theatre Icu A&E Delivery suite Pain clinic Other

IAC C01 Patient identification

IAC C02 Post op nausea & vomiting

IAC C03 Airway assessment

IAC C04 Choice of muscle relaxants & induction agents

Focus on:

IAC C05 Post op analgesia

IAC C06 Post op oxygen therapy

IAC C07 Emergency surgery

IAC C08 Failed Intubation

Other specify

Other (please specify):

Nature: Elective Scheduled Emergency Urgent

ASA: 1 2 3 4 5

Rating: Practice was satisfactory Practice was unsatisfactory

If the performance was judged to be unsatisfactory, you must complete the following questions indicating which areas of performance you judged to be unsatisfactory. Areas of excellent practice can also be indicated.

Please grade the following areas:

Description	Unsatisfactory or Excellent	Comments
1. Understood the need for an accurate and appropriate clinical record:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
2. Reviewed and understood the significance of appropriate investigations, requested additional information:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	
3. Understood the indications for the procedure and clinical alternatives:	<input checked="" type="radio"/> Excellent <input type="radio"/> Unsatisfactory	

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4. Identified potential problems and difficulties:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
5. Understood the criteria for judging the success of the treatment plan or procedure:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
6. Was able to describe the key issues and their clinical relevance:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
7. Was able to formulate a plan for future care based on knowledge of potential problems and their severity:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
8. Where relevant, knew and followed appropriate standards, guidelines and protocols:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	
9. Demonstrated an appropriate, systematic and co-ordinated approach to clinical care:	<input checked="" type="radio"/> Excellent	<input type="radio"/> Unsatisfactory	

Examples of good practice were: Aware of potential difficulties.

Areas of practice requiring improvement were: n/a

Further learning and experience should focus on: More experience needed.

reference code: 14514291

ICM: DOPS

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945
 Year of Training: CT/ST2

Assessor: Dr P C Roberts
 Assessor GMC number: 3285914
 Grade of assessor: Consultant SASG ST4-6 Other
 Assessor email: peter.roberts@nhs.net

Date: 27/04/2014

Procedure observed (including indications): Internal Jugular CV Line (U/S guided)

Please TICK to indicate the standard of the trainee's performance in each area:

Not observed or practice unsafe	Safe - supervision required (BASIC)		Minimal supervision required (INTERMEDIATE)		No supervision and manages complications (ADVANCED)	
	Direct	Immediate	Distant - often	Distant - rare	Partially independent	Totally independent

Indication for procedure discussed with assessor:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input checked="" type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Obtaining informed consent:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Appropriate preparation including monitoring, analgesia and sedation:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Technical skills and aseptic technique:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input checked="" type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Situation awareness and clinical judgement:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input checked="" type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Safety, including prevention and management of complications:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input checked="" type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Care /investigations immediately post procedure:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Professionalism, communication and consideration for patient, relatives and staff:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input type="radio"/> Totally independent
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Not observed or practice unsafe	Direct	Immediate	Distant - often	Distant - rare	Partially independent	Totally independent
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Documentation in the notes:

Not observed or practice unsafe	Direct	Immediate	Distant - often	Distant - rare	Partially independent	Totally independent
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OVERALL CLINICAL CARE:

Not observed or practice unsafe	Direct	Immediate	Distant - often	Distant - rare	Partially independent	Totally independent
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Things done particularly well:

Accomplished at these lines and able not only to perform but teach this procedure

Suggested areas for development:

Gain experience in Subclavian Vein access

reference code: 14140042

ICM: DOPS

Trainee: Dr Christopher Day
 Trainee GMC number: 7040945
 Year of Training: CT/ST2

Assessor: Dr P C Roberts
 Assessor GMC number: 3285914
 Grade of assessor: Consultant SASG ST4-6 Other
 Assessor email: peter.roberts@nhs.net

Date: 08/01/2014

Procedure observed (including indications): Arterial Line

Please TICK to indicate the standard of the trainee's performance in each area:

Not observed or practice unsafe	Safe - supervision required (BASIC)		Minimal supervision required (INTERMEDIATE)		No supervision and manages complications (ADVANCED)	
	Direct	Immediate	Distant - often	Distant - rare	Partially independent	Totally independent

Indication for procedure discussed with assessor:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Obtaining informed consent:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Appropriate preparation including monitoring, analgesia and sedation:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Technical skills and aseptic technique:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Situation awareness and clinical judgement:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Safety, including prevention and management of complications:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Care /investigations immediately post procedure:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Professionalism, communication and consideration for patient, relatives and staff:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Documentation in the notes:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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OVERALL CLINICAL CARE:

<input type="radio"/> Not observed or practice unsafe	<input type="radio"/> Direct	<input type="radio"/> Immediate	<input type="radio"/> Distant - often	<input type="radio"/> Distant - rare	<input type="radio"/> Partially independent	<input checked="" type="radio"/> Totally independent
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Things done particularly well:

Totally independant and fully capable

Suggested areas for development:

None

reference code: 14140059

Procedural Log

Procedure Type	Anaesthetic
Procedure	Manage anaesthesia for spontaneously breathing patient
Date of Activity	04/03/2014
Year of training	2
Age of patient	29
Hospital number	1214339
Sex of patient	<input type="radio"/> Male <input checked="" type="radio"/> Female
Reflective comments on procedure	LMA Volume controlled ventilation
Private or Shared?	Place in the Shared Area of my ePortfolio

reference code: 13586765

DOPS: Generic

Trainee: Dr Christopher Day

Trainee GMC number: 7040945

Assessor: Dr Sharon Power

Assessor GMC number: 2283155

Grade of assessor: Consultant SASG ST4-6 Other

Assessor email: sharon.power@nhs.net

Date: 11/03/2014

Procedure observed (including indications): Spinal anaesthesia for elective RIH repair.
Patient request as previous similar surgery in Greece.

List of procedures: Spinal anaesthesia

Please TICK to indicate the standard of the trainee's performance in each area:

Not observed	Further core learning needed	Demonstrates good practice		Demonstrates excellent practice
		Must address learning points highlighted below	Should address learning points highlighted below	

Indication for procedure discussed with assessor:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Obtaining informed consent:

<input checked="" type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input type="radio"/> Excellent practice
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Appropriate preparation including monitoring, analgesia and sedation:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Technical skills and aseptic technique:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Situation awareness and clinical judgement:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Safety, including prevention and management of complications:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Care /investigations immediately post procedure:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Professionalism, communication and consideration for patient, relatives and staff:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Documentation in the notes:

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<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Completed task appropriately:

<input type="radio"/> Not observed	<input type="radio"/> Further learning	<input type="radio"/> Must address learning points	<input type="radio"/> Should address learning points	<input checked="" type="radio"/> Excellent practice
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Things done particularly well:

Performance of spinal
Communication with patient

Learning points:

Doses required for different surgeries.
How to extend blocks that are not high enough.

Action points:

To read up suggested doses for various ops and influence of patient characteristics/position in spread of block.

reference code: 13663838