



EMD Procedural Checklist

INTRODUCTION

The Procedural Checklist assesses the trainee's ability to safely and appropriately perform procedures.

Procedures must be assessed by an Approved Assessor (see assessment summary page for Approved Assessor Matrix).

INSTRUCTIONS

Trainees

Trainees are required to complete all procedures. There must be one entry for every row of the checklist.

Procedures are required to be completed as indicated in the checklist. Procedures are denoted as those to be completed on real patients (R), simulated (S), adult (A) and paediatric (P).

Assessors

Trainees are assessed by the Approved Assessor who observes the encounter.

The Approved Assessor records their name, signature and date of the procedure on the checklist.

The Primary Supervisor is required to countersign the bottom of each page of the checklist once they have confirmed that all procedures have been assessed by an Approved Assessor (which can include a registered specialist medical practitioner with the appropriate scope of practice).

The Primary Supervisor arranges for the procedures on the checklist to be saved in the assessment area of the ACEM Educational Resources website.

EMD DOPS
<ol style="list-style-type: none">1. NIV2. Procedural sedation3. Joint or fracture reduction – major joint/ extremity4. Lumbar puncture5. RSI plus ventilator setup
*DOPS also listed in checklist below

Name of EMD Trainee: _____
 ACEM Emergency Medicine Diploma (EMD)

	Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) *DOPS	Date of procedure	Not Yet Competent (NYC)/Competent (C)	Name of supervisor/specialist	Signature of supervisor/ specialist
Resus	Emergency intubation (e.g. RSI)	R				
		R				
		R				
		R/S				
		R/S				
	Other endotracheal intubation (insertion of ETT)	R				
		R				
		R				
		R				
		R				
		R				
		R				
		R				
		R				
	Other airway procedures (either Insertion of laryngeal mask or endotracheal intubations)	R				
		R				
		R				
		R				
		R				
		R				
		R				
		R				
		R				

Name of EMD Trainee: _____

	Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) *DOPS	Date of procedure	Not Yet Competent (NYC)/Competent (C)	Name of supervisor/specialist	Signature of supervisor/ specialist
Resus	Set up a ventilator for an adult in the ED	R				
		R/S				
		R/S				
		R/S				
		R/S				
	Non-invasive ventilation including BiPAP and CPAP*	R				
		R/S				
		R/S				
	Insertion of intercostal catheter	R/S				
	RSI plus set up ventilator*	R				
Analgesia/pain relief	Procedural sedation*	R, A				
		R, P				
	Femoral nerve block / fascia ilaca block	R				
		R/S				
Musculo-skeletal	Fracture or joint reduction - major/extremity*	R				
Trauma	Chest decompression	R/S				
Cardiac	Application of external pacemaker	R/S				
	Cardioversion	R/S				
Circulation	Arterial line insertion	R				
	Insertion of rapid infusion catheter (RIC)	R/S				

Name of EMD Trainee: _____

	Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) *DOPS	Date of procedure	Not Yet Competent (NYC)/Competent (C)	Name of supervisor/specialist	Signature of supervisor/ specialist
Neurology	Lumbar puncture*	R				
Psychiatric/ mental health	Manage acutely behaviourally disturbed patient	R				
Infectious disease	Joint aspiration	R				
Paediatrics	Neonate resuscitation	R/S				
	CPR in the newly born	R/S				
	Neonate airway management, including use of: + airway suction + Bag ventilation + CPAP device	R/S				
	Bag ventilation	R				
		R/S				
		R/S				
		R/S				
	Endotracheal intubation	R/S				
		R/S				
		R/S				
		R/S				
		R/S				
	Laryngeal mask	R/S				
		R/S				
	Set up ventilator using initial settings	R/S				
		R/S				
Septic screening procedure	R					

Name of EMD Trainee: _____

	Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) *DOPS	Date of procedure	Not Yet Competent (NYC)/Competent (C)	Name of supervisor/specialist	Signature of supervisor/ specialist
Toxicology and Toxinology	Interpret ECG in a poisoned patient	R				
ENT	Nasal packing	R				
	Chemical cautery of epistaxis	R				

When you have completed all the procedures, please ask your Primary Supervisor to sign off and make sure all procedures have been entered on the [Assessment Summary](#):

Name of Primary Supervisor: _____ Signature of Primary Supervisor: _____ Date: _____