



Australasian College
for Emergency Medicine

Advanced Emergency Medicine Training Program Procedural Checklist

October 2024

[acem.org.au](https://www.acem.org.au)

1. Introduction

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

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

2. 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.

<i>Advanced Emergency Medicine Training Program DOPS</i>
<ol style="list-style-type: none">1. Ventilator – assessment, adjustment and troubleshooting e.g. alarms2. US guided peripheral vascular access3. Central venous access
*DOPS also listed in checklist below

Name of AEMTP Trainee: _____

3. ACEM Associateship in Advanced Emergency Medicine Training Program (AEMTP)

	Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) *DOPS	Date of procedure	Competent (C) ✓	Not Yet Competent (NYC) *** FEEDBACK BELOW ✗	Name of supervisor/specialist	Signature of supervisor/specialist
Resus	Complex RSI of an adult	R					
		R					
	Emergency intubation (e.g. RSI)	R					
		R					
		R/S					
		R/S					
		R/S					
	Endotracheal intubation (insertion of oral ETT) with c-spine immobilisation	R					
		R					
		R/S					
		R/S					
		R/S					
	Use of bougie	R					
		R/S					
	Other endotracheal intubation (insertion of ETT)	R/S					
		R/S					
		R/S					
		R/S					
		R/S					
		R/S					
		R/S					
		R/S					
		R/S					
		R/S					
	CICO or eFONA	R/S					

Name of AEMTP Trainee: _____

	Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) *DOPS	Date of procedure	Not Yet Competent (NYC)/Competent (C)	Not Yet Competent (NYC) *** FEEDBACK BELOW X	Name of supervisor/specialist	Signature of supervisor/ specialist
	Other airway procedures (either Insertion of laryngeal mask or endotracheal intubations)	R					
		R					
		R					
		R					
		R					
		R					
		R					
		R					
		R					
	Set up a ventilator, including adjustments and troubleshooting (e.g. alarms) for an adult*	R					
		R/S					
		R/S					
		R/S					
		R/S					
Insert intercostal catheter	R						
Trauma	Trauma: Management of complex trauma special subpopulations in two out of the following three: + Geriatric + Paediatric + Pregnant	R					
		R					
Burns	Fluid calculations and replacement	R, A					
		R, P					
Wounds	Manage complex wound	R					

Name of AEMTP Trainee: _____

	Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) *DOPS	Date of procedure	Not Yet Competent (NYC)/Competent (C)	Not Yet Competent (NYC) *** FEEDBACK BELOW X	Name of supervisor/specialist	Signature of supervisor/ specialist
Circulation	Central venous access*	R					
		R/S					
		R/S					
Ultrasound	eFAST or AAA	R					
	US guided peripheral vascular access*	R					
Paediatrics	RSI in a paediatric patient	R/S					

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:

Name of AEMTP Trainee: _____

Initial Date & Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) Male (M) Female (F)	Feedback	Date of repeated procedure	Name of Assessor	Signature of Assessor	COMPETENCY ACHIEVED ✓

Name of AEMTP Trainee: _____

Initial Date & Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) Male (M) Female (F)	Feedback	Date of repeated procedure	Name of Assessor	Signature of Assessor	COMPETENCY ACHIEVED ✓



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