



Australasian College
for Emergency Medicine

Foundational Emergency Medicine Training Program Procedural Checklist

October 2024

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), paediatric (P), male (M) and female (F).

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).

If a procedure is assessed as 'Not Yet Competent', feedback is to be provided for the trainee on page 5 of this Procedural Checklist.

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

<i>Foundational Emergency Medicine Training Program DOPS</i>
<ol style="list-style-type: none">1. Suture wound2. Bag valve mask3. Defibrillation4. C-spine maneuver (log roll)5. Plaster upper limb6. Plaster lower limb
*DOPS also listed in checklist below

Name of FEMTP Trainee: _____

3. ACEM Associateship in Foundational Emergency Medicine Training Program (FEMTP)

	Procedures	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) Male (M) Female (F) *DOPS	Date of procedure	Competent (C) ✓	Not Yet Competent (NYC) *** FEEDBACK BELOW ✗	Name of supervisor/specialist	Signature of supervisor/specialist
Resus	Insert oropharyngeal airway	R					
	Insert nasopharyngeal airway	R					
	Insert laryngeal mask	R/S					
	Basic airway manoeuvres	R					
		R					
	Use bag valve mask (both one and two handed)*	R/S, A					
R/S, P							
Analgesia/pain relief	Intranasal analgesia (adult or paediatric)	R					
	Digital nerve block	R					
	Infiltration of local anaesthetic	R					
Musculoskeletal	Plaster upper limb*	R					
	Plaster lower limb*	R					
Trauma	Pelvic splinting / binder	R/S					
	Close wound with tissue adhesive	R					
	Suture wound*	R					
	C spine manouver, including three-person log roll*	R					
Burns	Assess burn (size and depth)	R					

Name of FEMTP Trainee: _____

	Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) Male (M) Female (F)	Date of procedure	Competent (C) ✓	Not Yet Competent (NYC) *** FEEDBACK BELOW ✗	Name of supervisor/specialist	Signature of supervisor/specialist
Wounds	Incision and drainage of abscess	R					
Cardiac	Safe defibrillation (adult or paediatric)*	R/S					
Circulation	IV access - Large bore (16G or larger)	R					
	Intraosseous access	R/S					
Neurology	Mini-mental state examination	R					
Paediatrics	Appropriate basic airway techniques (on an infant)	R/S					
	Assess hydration	R					
	Teach use of spacer	R					
Obstetrics and gynaecological	Speculum vaginal examination and visualisation of the cervical os	R					
	Assess foetal heartbeat in late pregnancy (foetal doppler)	R					
Gastro-intestinal	Insertion of nasogastric tube	R					

Name of FEMTP Trainee: _____

	Procedure	Adult (A) Paediatric (P) Simulation (S) Real Patient (R) Male (M) Female (F) *DOPS	Date of procedure	Not Yet Competent (NYC)/Comp etent (C)		Name of supervisor/specialist	Signature of supervisor/ specialist
Toxicology and toxinology	Pressure bandage with immobilisation (PBI)	R/S					
Ophthalmological	Removal of foreign body from eye	R					
Other	Insertion of urinary catheter	R, M					
	Insertion of urinary catheter	R, F					

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 FEMTP 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 FEMTP 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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