**Trainer’s assessment:**

*Please comment on whether the trainee’s current level is appropriate for independent consultant practice- 1. Ready for independent practice; 2. Almost ready for independent practice; 3. Not yet ready.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Competency** | **Date** | **Independent practice**  **(1/2/3)?** | **Comments** *(Must be inserted if assessment is not 1)* | **Trainer Name** | **Initials** |
| Assess need for admission |  |  |  |  |  |
| Planning of investigation and management |  |  |  |  |  |
| Recognition of deterioration |  |  |  |  |  |
| Communication with family |  |  |  |  |  |
| Liaison with MDT |  |  |  |  |  |
| Discharge management |  |  |  |  |  |
| **Breadth of experience** |  |  |  |  |  |
| **Overall** |  |  |  |  |  |

**Competencies- Ability to:**

1. Determine the need for admission when assessing those referred, including psychosocial impact on need as well as medical need. Discussion on rounds
2. Determine, plan and explain to families the appropriate investigations and treatment. Observed by trainer
3. Recognise and manage severe and/or deteriorating respiratory problems including the need for and implementation of invasive and non-invasive ventilatory support Discussion on rounds.
4. Liaise with the multidisciplinary team caring for the patients 360
5. Give discharge advice to families with acute or chronic respiratory problems and arrange follow up as necessary. Observed by trainer.
6. Able to summarise care and plan appropriate future management. Case summary review, ward round presentation

**Evidence (over 3 years)**

1. Portfolio of at least 50 cases should be available, with at least 5 be reflective notes. These should demonstrate evidence based practice in the management of the conditions described.
2. At least 5 observed episodes of interaction with families – e.g. on explaining tests, explaining diagnosis / differential or giving discharge advice.