Trainee declaration for Internal Medicine ARCP, IM Procedural Skills

To be completed by all trainees

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| Name of the Trainee |  |
| Training Year, Speciality and GMC number |  |
|  | Can perform unsupervisedYes / No | Skill lab competentYes / No / NA\* |
| Leadership of Advanced cardiopulmonary resuscitation (CPR) |  |  |
| Ascitic tap |  |
| Direct current (DC) cardioversion |  |
| Lumbar puncture |  |
| Nasogastric (NG) tube |  |
| Pleural aspiration for fluid (diagnostic) |  |
| Abdominal paracentesis |  |  |
| Access to circulation for resuscitation (femoral vein or intraosseous) |  |  |
| Intercostal drain for effusion |  |  |
| Intercostal drain for pneumothorax |  |  |
| Temporary cardiac pacing using an external device |  |  |

*NA\* - if can perform unsupervised*

The information provided is best of my knowledge and I am willing to provide the evidences if ARCP panel require further clarification.

Trainee Signature: …………………………… Date:………………….