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 unsupervised  Yes / No | Skill lab competent  Yes / 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:………………….