**SUMMARY OF SENTINEL INTERVENTIONS**

|  |  |
| --- | --- |
| Trainee Name |  |
| Programme (Deanery) |  |
| Expected date of completion  |  |

Please indicate in the grid below the number of sentinel interventions completed during your entire PHEM sub-specialty training. This is for monitoring of exposure and guidance for the TAP and IBTPHEM only. It is not a requirement for successful completion of PHEM sub-specialty training

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Direct Consultant Supervision** |  | **Pre-hospital Emergency Anaesthesia** | **Procedural Sedation** |
|  | **%** |  | **Adult** | **Paediatric** | **Adult** | **Paediatric** |
| Phase 1 | 1a |  | Trauma |  |  |  |  |
| 1b |  | Medical |  |  |  |  |
| Phase 2 | 2 |  | Trauma |  |  |  |  |
|  | Medical |  |  |  |  |
| Total |  |  |  |  |  |  |  |

I confirm that I have undertaken all of the above interventions myself as part of the PHEM sub-specialty training.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signed |  |

|  |  |
| --- | --- |
| Date |  |