ARCP Record Book

**For CT1 and CT2 ACCS Trainees in the Severn School**

Version August 2019

Health Education England (working across the south west)

**Introduction**

Since the introduction of the new ACCS curriculum in May 2010 ACCS training is now described under the headings of:

1. Common Competencies
2. Major Presentations
3. Acute Presentations
4. Anaesthesia in ACCS
5. Practical Procedures

Some of this training must be obtained in a particular module, but other competencies can be achieved in any of the modules. A minimum number must be achieved by the end of year two.

Trainees should use the relevant e-portfolio for their parent specialty, and paper forms for WBPAs in other modules. However, WPBAs including MSFs differ slightly between specialties, and should be completed using the paperwork specific to the specialty being assessed, NOT the parent specialty. Specialty-specific MSF and other WPBA forms, as well as other specialty-specific paperwork can all be found on the ACCS School website.

The purpose of this booklet is to give trainees and trainers a central document where all the required competencies and clinical procedures can be recorded. It also includes all 4 modular educational supervisor reports. As each trainee completes a module within the ACCS programme an end of module Structured Training Report should be completed by the trainee with their educational supervisor for that module. This is the person that has had direct responsibility for the educational and clinical needs of the trainee during that particular module.

At the end of the year each trainee will submit this booklet having had a Structured Training Report completed for each module they have undertaken that year; there will usually be 2 of these. In addition there will also be a record of the competencies, presentations and practical procedures that they have achieved, signed off by their modular educational supervisor. This booklet along with an up-to-date CV will be required for the trainees ARCP outcome to be determined for the year.

Jo Kerr Marianne Gillings

Head of School, ACCS Severn EM lead

Duncan Whitehead Judith Stedeford Dom Janssen

AM Lead Anaesthesia Lead ICM lead

**General Information**

|  |  |
| --- | --- |
| Trainee’s Name |  |
| GMC number |  |
| ACCS parent specialty  |  |
| College training number |  |
| Base Hospital |  |
|  |  |
| Module 1  | Specialty: | Dates: |
|  | Location: | Supervisor2: |
| Module 2  | Specialty: | Dates: |
|  | Location: | Supervisor2: |
| **Year 1 ARCP**  | Date: | Outcome: |
| Module 3  | Specialty: | Dates: |
|  | Location: | Supervisor2: |
| Module 4  | Specialty: | Dates: |
|  | Location: | Supervisor2: |
| **Year 2 ARCP**  | Date: | Outcome: |

The supervision arrangements in ACCS are different from those in Foundation training which can sometimes cause confusion for trainees and trainers. The trainee is allocated an Educational Supervisor for each of their 6 month blocks (or 3 month / 9 month in BRI and Weston). The Educational Supervisor should be a Consultant from the specialty the trainee is currently working in. The Educational Supervisor for each placement is who the trainee should initially contact for any training related issues. The Educational Supervisor should meet with the trainee 2 or 3 times during the 6 months.

The Educational Supervisor is responsible for completing the Structured Training Report at the end of the placement.

**Common Competencies**

Many of these competences are an integral part of clinical practice and as such will be assessed concurrently with the clinical presentations and procedures assessments. Trainees should use these assessments to provide evidence that they have achieved the appropriate level. Descriptors of the required performance at each level can be found in the May 2010 curriculum, pages 27 - 74, or on the Severn ACCS School website at:

<http://www.accs.severndeanery.nhs.uk/assets/Accs/Curriculum/CommonCompetenciesforACCSleveldescriptorscurriculumpage.docx>

At least 50% of the common competencies must be signed off at level 2 or above by the end of the CT2 ACCS year, and all at level 2 or above by the end of CT3. For a few common competences alternative evidence should be used e.g. assessments of audit and teaching, completion of courses, management portfolio, which can be used to record management & leadership competencies.

|  |  |
| --- | --- |
| **Competency** | **Level achieved (Sign and date)** |
| **1** | **2** | **3** | **4** |
| 1. History taking
 |  |  |  |  |
| 1. Clinical examination
 |  |  |  |  |
| 1. Therapeutics and safe prescribing
 |  |  |  |  |
| 1. Time management and decision making
 |  |  |  |  |
| 1. Decision making and clinical reasoning
 |  |  |  |  |
| 1. The patient as central focus of care
 |  |  |  |  |
| 1. Prioritisation of patient safety in clinical practice
 |  |  |  |  |
| 1. Team working and patient safety
 |  |  |  |  |
| 1. Principles of quality and safety improvement
 |  |  |  |  |
| 1. Infection control
 |  |  |  |  |
| **Competency** | **Level achieved (Sign and date)** |
| **1** | **2** | **3** | **4** |
| 1. Managing long term conditions and promoting patient self-care
 |  |  |  |  |
| 1. Relationships with patients and communication within a consultation
 |  |  |  |  |
| 1. Breaking bad news
 |  |  |  |  |
| 1. Complaints and medical error
 |  |  |  |  |
| 1. Communication with colleagues and cooperation
 |  |  |  |  |
| 1. Health promotion and public health
 |  |  |  |  |
| 1. Principles of medical ethics and confidentiality
 |  |  |  |  |
| 1. Valid consent
 |  |  |  |  |
| 1. Legal framework for practice
 |  |  |  |  |
| 1. Ethical research
 |  |  |  |  |
| 1. Evidence and guidelines
 |  |  |  |  |
| 1. Audit
 |  |  |  |  |
| 1. Teaching and training
 |  |  |  |  |
| 1. Personal behaviour
 |  |  |  |  |
| 1. Management and NHS structure
 |  |  |  |  |

**Major Presentations**

These are seen as the cornerstone of the clinical skills of ACCS trainees and they should all be signed off by the end of the second year.

Two must be completed in the Emergency Medicine module and must be assessed in a Summative assessment using the Mini-CEX descriptor tool or a pass/fail CbD (see Curriculum pages 222-228). Summative tools are available for Major trauma, Shock, Altered level of consciousness, Sepsis.

Two should be assessed in the Acute Medicine module and the other two can be done in any of the modules but it is recommended that the Septic patient should be signed off in the Intensive Care Medicine module. The knowledge, skills and behaviours to be achieved for each presentation are listed in the curriculum pp 76– 85.

Clinical presentations are assessed using the ACCS Workplace-based assessments (WPBAs):

* mini-Clinical Evaluation Exercise (M-CEX)
* Direct Observation of Procedural Skills (DOPS)
* Multi-Source Feedback (MSF)
* Case-Based Discussions (CBD)
* Acute Care Assessment Tool (ACAT and ACAT-EM)
* Patient Survey
* Audit Assessment
* Teaching Observation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Presentation** | **ACCS Module (AM/EM/ICM/An)** | **Assessment method****(DOPS, M-CEX, CBD, ACAT)** | **Date** | **Supervisor signature** |
| 1. Anaphylaxis
 |  |  |  |  |
| 1. Cardio respiratory Arrest (valid ALS Certificate Mandatory)
 |  |  |  |  |
| 1. Major Trauma
 |  |  |  |  |
| 1. Septic patient
 |  |  |  |  |
| 1. Shocked patient
 |  |  |  |  |
| 1. Unconscious patient
 |  |  |  |  |

**Acute Presentations**

There are 38 Acute Presentations (APs) which need to be signed off by the end of the second (exceptionally third) year of ACCS. These are generally most applicable to AM and EM; a minimum of 10 in AM and 10 in EM should be signed off in each of these modules. There are 5 APs that require the trainee to complete specific summative WBAs in EM attachment. Up to 5 APs can be cover by a single ACAT in either EM or AM. See ACCS Curriculum page 87-139.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Presentation** | **ACCS Module (AM/EM/ICM/An)** | **Assessment method** | **Date** | **Supervisor signature** |
| 1. Abdominal pain, including loin pain
 | EM | M-CEX |  |  |
| 1. Abdominal swelling, mass & constipation
 |  |  |  |  |
| 1. Acute Back Pain
 |  |  |  |  |
| 1. Aggressive/disturbed behaviour
 |  |  |  |  |
| 1. Blackout/Collapse
 |  |  |  |  |
| 1. Breathlessness
 | EM | M-CEX |  |  |
| 1. Chest Pain
 | EM | M-CEX |  |  |
| 1. Confusion (acute), delirium
 |  |  |  |  |
| 1. Cough
 |  |  |  |  |
| 1. Cyanosis
 |  |  |  |  |
| 1. Diarrhoea
 |  |  |  |  |
| 1. Dizziness and vertigo
 |  |  |  |  |
| 1. Falls
 |  |  |  |  |
| 1. Fever
 |  |  |  |  |
| 1. Fits / Seizure
 |  |  |  |  |
| 1. Haematemesis and melaena
 |  |  |  |  |
| 1. Headache
 |  |  |  |  |
| **Presentation** | **ACCS Module (AM/EM/ICM/An)** | **Assessment method** | **Date** | **Supervisor signature** |
| 1. Head Injury
 | EM | M-CEX |  |  |
| 1. Jaundice
 |  |  |  |  |
| 1. Limb pain and swelling - atraumatic
 |  |  |  |  |
| 1. Neck pain
 |  |  |  |  |
| 1. Oliguric patient
 |  |  |  |  |
| 1. Pain Management
 |  |  |  |  |
| 1. Painful ear
 |  |  |  |  |
| 1. Palpitations
 |  |  |  |  |
| 1. Pelvic pain
 |  |  |  |  |
| 1. Poisoning
 |  |  |  |  |
| 1. Rash
 |  |  |  |  |
| 1. Red eye
 |  |  |  |  |
| 1. Suicidal ideation / mental health
 | EM | M-CEX |  |  |
| 1. Sore throat
 |  |  |  |  |
| 1. Syncope and pre-syncope
 |  |  |  |  |
| 1. Traumatic limb and joint injuries
 |  |  |  |  |
| 1. Vaginal bleeding
 |  |  |  |  |
| 1. Ventilatory support
 |  |  |  |  |
| 1. Vomiting and nausea
 |  |  |  |  |
| 1. Weakness and paralysis
 |  |  |  |  |
| 1. Wound assessment and management
 |  |  |  |  |

**General Practical Procedures**

There is a list of 44 Practical procedures in the ACCS Curriculum. 39 out of 44 (ideally all) are expected to be completed by the end of the second year, all by the end of the third year. 17 are associated with the Anaesthetic Initial assessment of competence, and 11 are associated with ICM training. The remaining general procedures are listed below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Practical procedures** | **Module** | **WBA type** | **Date** | **Supervisor signature** |
| 1. Lumbar puncture
 |  |  |  |  |
| 1. Pleural tap and aspiration
 |  |  |  |  |
| 1. Intercostal drain Seldinger
 |  |  |  |  |
| 1. Intercostal drain - Open
 |  |  |  |  |
| 1. Ascitic tap
 |  |  |  |  |
| 1. Abdominal paracentesis
 |  |  |  |  |
| 1. Basic airway protection
 | EM | DOPS |  |  |
| 1. Basic and advanced life support
 |  | DOPS |  |  |
| 1. DC Cardioversion
 |  |  |  |  |
| 1. Knee aspiration
 |  |  |  |  |
| 1. Temporary pacing (external or transvenous)
 |  |  |  |  |
| 1. Fracture manipulation and joint reduction
 | EM | DOPS |  |  |
| 1. Large joint examination
 |  |  |  |  |
| 1. Wound management
 | EM | DOPS |  |  |
| 1. Trauma primary survey
 | EM | DOPS |  |  |
| 1. Initial assessment of the acutely unwell
 |  |  |  |  |
| 1. Secondary assessment of the acutely unwell
 |  |  |  |  |

**Structured Training Report for Acute Medicine Module**

The modular educational supervisor must complete this STR, having reviewed the trainee’s learning portfolio and WPBAs. ACCS-AM trainees should also have an educational supervisors report completed in their e-Portfolio.

|  |
| --- |
| **Current Placement** |
| Base Hospital/Department |  |
| Dates |  |
| Educational supervisor |  |
|  |  |
| **WPBAs in Current Placement**  |
| Assessment | Number | Comments |
| Mini-CEXs(min 3 in 6 months) |  |  |
| DOPs(min 5 in 6 months) |  |  |
| CBDs(min 3 in 6 months) |  |  |
| ACATs(min 3 in 6 months) |  |  |
| MSF(min 1 in 12 months) |  | Number of respondents (min 12 including 3 consultants): |
| **Summary of outcomes (please review evidence)** |
| Topic | Comments |
| *Major Presentations (at least 2)*; M-CEX or CBD  |
| 1.  |  |
| 2. |  |
| 3. |  |
| *Acute Presentations (at least 10)*; M-CEX, CBD or ACAT |
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |
| *Additional Acute Presentations;* M-CEX, CBD, ACAT, e-learning, reflection. |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| *Practical Procedures (at least 5);* DOPS |
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5. |  |
| 6. |  |
| **Summary of experience** |
| **Activity** | **Details / comments** |
| Log book - numbers and case mix |  |
| Clinical governance, audit |  |
| Progress against PDP |  |
| Management, leadership |  |
| Exams, educational achievements |  |
| Courses, study days  |  |
| Teaching experience |  |
| Plaudits, thanks |  |
| Other achievements |  |
| Periods of absence |  |
| **Concerns, complaints, investigations:** |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint?  | Yes1 / No |
| If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns about the trainee’s fitness to practice or conduct?  | Yes1 /No / NA |
| Details: |

1 If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report, and notify the Deaneryand TPD/Head of school.

|  |
| --- |
| **Summary of Trainees Assessment** |

Please attach supporting evidence if available or give examples of behaviours.

|  |
| --- |
| Clinical knowledge and skills |
| Professionalism and attitudes |
| Communication and relationships |
| Academic endeavour and learning |
| Overall strengths of Trainee |
| Areas for improvement |
| Supervisor signature:Date:  | Trainee signature:Date: |

**Structured Training Report for Emergency Medicine Module**

The modular educational supervisor must complete this STR, having reviewed the trainee’s learning portfolio and WPBA. ACCS-EM trainees should also have an educational supervisors report completed in their e-Portfolio.

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| --- |
| **Current Placement** |
| Base Hospital/Department |  |
| Dates |  |
| Educational supervisor |  |
|  |
| **WPBAs in Current Placement**  |
| **Assessment** | **Number** | **Details / comments** |
| Mini-CEXs(min 4 in 6 months) |  |  |
| DOPs(min 5 in 6 months) |  |  |
| CBDs(min 3 in 6 months) |  |  |
| ACATs(min 1 in 6 months) |  |  |
| MSF(min 1 in 12 months) |  | Number of respondents (min 12 including 3 consultants): |
| **Summary of outcomes (please review evidence)** |
| **Topic** | **Outcome / Comments** |
| *Major Presentations (at least 2); s*ummative M-CEX or CBD (by consultant or senior specialty doctor) |
| 1.  |  |
| 2. |  |
| 3. |  |
| *Acute Presentations (at least 5);* summative M-CEXs or CBDs (by consultant or senior specialty doctor) |
| 1. Chest Pain |  |
| 2. Abdominal pain |  |
| 3. Breathlessness |  |
| 4. Mental Health |  |
| 5. Head Injury |  |
| 6. |  |
| *Acute Presentations (at least 5);* 1 ACAT-EM (required), formative M-CEXs, CBDs; additional APs can also use e-learning or reflective practice  |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| *Practical Procedures (at least 5);* formative EM-DOPS |
| 1. Basic Airway |  |
| 2. Trauma primary survey |  |
| 3. Wound management |  |
| 4. Fracture manipulation and joint stabilisation |  |
| 5. |  |
| 6. |  |
| **Summary of experience** |
| **Activity** | **Details / comments** |
| Log book - numbers and case mix |  |
| Clinical governance, audit |  |
| Progress against PDP |  |
| Management, leadership |  |
| Exams, educational achievements |  |
| Courses, study days  |  |
| Teaching experience |  |
| Plaudits, thanks |  |
| Other achievements |  |
| Periods of absence |  |
| **Concerns, complaints, investigations:** |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint?  | **Yes1****/ No** |
| If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns about the trainee’s fitness to practice or conduct?  | **Yes1****/No / NA** |
| Details: |

1 If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report, and notify the Deanery andTPD/Head of school.

|  |
| --- |
| **Summary of Trainees Assessment** |

Please attach supporting evidence if available or give examples of behaviours.

|  |
| --- |
| Clinical knowledge and skills |
| Professionalism and attitudes |
| Communication and relationships |
| Academic endeavour and learning |
| Overall strengths of Trainee |
| Areas for improvement |
| Supervisor signature:Date:  | Trainee signature:Date: |

**Structured Training Report for Anaesthesia Module**

The modular educational supervisor must complete this STR, having reviewed the trainee’s learning portfolio and WPBA. ACCS-anaes trainees should also have an educational supervisors report completed in their e-Portfolio.

|  |
| --- |
| **Current Placement** |
| Base Hospital/Department |  |
| Dates |  |
| Educational supervisor |  |
|  |
| **WPBAs in Current Placement**  |
| **Assessment** | **Number** | **Details / comments** |
| Mini-CEXs(min 5 in 6 months1) |  |  |
| DOPs(min 6 in 6 months1) |  |  |
| CBDs(min 8 in 6 months1) |  |  |
| MSF(min 1 in 12 months) |  | Number of respondents (min 12 including 3 consultants): |
| 1 If further modules in Sedation or Transfer Medicine have been completed then one of each M-CEX, DOPs and CBD per module should be completed |
| **Practical procedures in Anaesthesia (Initial Assessment of Competence)** |
| **Procedure** | **WBA type** | **Date** | **Supervisor signature, name** |
| 1. Preoperative assessment of a patient scheduled for a routine operating list
 | M-CEX |  |  |
| 1. Management of spontaneously breathing patient
 | M-CEX |  |  |
| 1. Administer anaesthesia for acute abdominal surgery
 | M-CEX |  |  |
| 1. Demonstrate RSI
 | M-CEX |  |  |
| 1. Recover patient from anaesthesia
 | M-CEX |  |  |
| 1. Demonstrates function of anaesthetic machine
 | DOPS |  |  |
| 1. Transfer a patient onto the operating table and position them for surgery
 | DOPS |  |  |
| 1. Demonstrates CPR on a manikin
 | DOPS |  |  |
| 1. Demonstrates technique of scrubbing up and donning gown and gloves
 | DOPS |  |  |
| 1. Basic Competencies for Pain Management – including PCA
 | DOPS |  |  |
| 1. Demonstrates the routine for dealing with failed intubation on a manikin
 | DOPS |  |  |
| 1. Discuss steps for correct identification of patient, operation and side
 | CBD |  |  |
| 1. Discuss how minimising postoperative N&V influenced the anaesthetic
 | CBD |  |  |
| 1. Discuss assessment of the airway and prediction of difficult intubation
 | CBD |  |  |
| 1. Discuss how the choice of muscle relaxants /induction agents was made
 | CBD |  |  |
| 1. Discuss how the trainee’s choice of post‐operative analgesics was made
 | CBD |  |  |
| 1. Discuss how the trainee’s choice of post‐op oxygen therapy was made
 | CBD |  |  |
| 1. Discuss the anaesthetic problems of emergency intra‐abdominal surgery
 | CBD |  |  |
| 1. Discuss the routine to be followed in the case of failed intubation
 | CBD |  |  |
| **Initial Assessment of Competence completed** |  |  |
| **Summary of outcomes – Introduction to Anaesthetic practice**  |
| **Topic** | **WBA** | **Date** | **Supervisor signature, name** |
| Preoperative assessment | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
| Premedication | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
| Induction of general anaesthesia | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
| Intra-operative care | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
| Postoperative and recovery room care | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
| Introduction to anaesthesia for emergency surgery | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
| Management of respiratory and cardiac arrest | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
| Control of infection | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
|  |
| **Summary of outcomes – Core Anaesthesia (optional modules)**  |
| Sedation | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
| Transfer Medicine | M-CEX |  |  |
| CBD |  |  |
| DOPS |  |  |
|  |
| *For ACCS-anaesthesia trainees:* are they making reasonable progress with achieving common competencies (approx 50% before entering CT3 year)  | Yes / No |
| **Summary of experience** |
| **Activity** | **Details / comments** |
| Log book - numbers and case mix |  |
| Clinical governance, audit |  |
| Progress against PDP |   |
| Management, leadership |  |
| Exams, educational achievements |  |
| Courses, study days |  |
| Teaching experience |  |
| Plaudits, thanks |  |
| Other achievements |  |
| Periods of absence |  |
| **Concerns, complaints, investigations:** |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint?  | **Yes1****/ No** |
| If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns about the trainee’s fitness to practice or conduct?  | **Yes1****/No / NA** |
| Details: |

1 If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report, and notify the Deanery andTPD/Head of school.

|  |
| --- |
| **Summary of Trainees Assessment** |

Please attach supporting evidence if available or give examples of behaviours.

|  |
| --- |
| Clinical knowledge and skills |
| Professionalism and attitudes |
| Communication and relationships |
| Academic endeavour and learning |
| Overall strengths of Trainee |
| Areas for improvement |
| Supervisor signature:Date:  | Trainee signature:Date: |

**Structured Training Report for Intensive Care Medicine Module**

The modular educational supervisor must complete this STR, having reviewed the trainee’s learning portfolio and WPBA.

|  |
| --- |
| **Current Placement** |
| Base Hospital/Department |  |
| Dates |  |
| Educational supervisor |  |
|  |
| **WPBA in Current Placement** |
| **Assessment** | **Number** | **Comments** |
| Mini-CEXs(min 3 in 6 months) |  |  |
| DOPs(min 6 in 6 months) |  |  |
| CBDs(min 4 in 6 months) |  |  |
| ACATs |  |  |
| MSF(min 1 in 12 months) |  | Number of respondents (min 12 including 3 consultants): |

|  |
| --- |
| **Practical Procedures in Intensive Care Medicine (please review evidence)** |
| **Practical Procedure** | **WBA**  | **Date** | **Supervisor signature, name** |
| 1. Demonstrates aseptic peripheral venous cannulation
 | DOPS |  |  |
| 1. Demonstrates aseptic arterial cannulation (+ local anaesthetic)
 | DOPS  |  |  |
| 1. Obtains an arterial blood gas sample safely, interprets results correctly
 | DOPS or M-CEX |  |  |
| 1. Demonstrates aseptic placement of central venous catheter
 | DOPS |  |  |
| 1. Connects mechanical ventilator and selects initial settings
 | DOPS |  |  |
| 1. Describes safe use of drugs to facilitate mechanical ventilation
 | CBD |  |  |
| 1. Describes principles of monitoring respiratory function
 | CBD |  |  |
| 1. Describes the assessment of the patient with poor compliance during ventilatory support (‘fighting the ventilator’)
 | CBD |  |  |
| 1. Prescribes safe use of vasoactive drugs and electrolytes
 | M-CEX or CBD |  |  |
| 1. Delivers a fluid challenge safely to an acutely unwell patient
 | CBD |  |  |
| 1. Describes actions required for accidental displacement of ETT or tracheostomy
 | CBD |  |  |
| **Achieved the ACCS level in the ICM Training Progression Grid (see page 27)** |  |  |

|  |
| --- |
| **Summary of experience** |
| **Activity** | **Details / comments** |
| Log book - numbers and case mix |  |
| Clinical governance, audit |  |
| Progress against PDP |   |
| Management, leadership |  |
| Exams, educational achievements |  |
| Courses, study days |  |
| Teaching experience |  |
| Plaudits, thanks |  |
| Other achievements |  |
| Periods of absence |  |
| **Concerns, complaints, investigations:** |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint?  | **Yes1****/ No** |
| If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns about the trainee’s fitness to practice or conduct?  | **Yes1****/No / NA** |
| Details: |

1 If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report, and notify the Deanery andTPD/Head of school.

|  |
| --- |
| **Summary of Trainees Assessment** |

Please attach supporting evidence if available or give examples of behaviours.

|  |
| --- |
| Clinical knowledge and skills |
| Professionalism and attitudes |
| Communication and relationships |
| Academic endeavour and learning |
| Overall strengths of Trainee |
| Areas for improvement |
| Supervisor signature:Date:  | Trainee signature:Date: |

The descriptors for each level of competence in the Training Progression Grid are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Task oriented competence** | **Knowledge oriented competence** | **Patient management competence** |
| 1 | Performs task under direct supervision. | Very limited knowledge; requires considerable guidance to solve a problem within the area. | Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2 | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task. | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols. | Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases. |
| 3 | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives. | Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases. |
| 4 | Independent (consultant) practice. | Expert level of knowledge. | Specialist. |

| Training Progression Grid – Stage 1 ACCS | Trainee to circle level at end of block:Aim for bold/shaded level | Trainer initial | Date |  |
| --- | --- | --- | --- | --- |
| **Domain 1: Resuscitation and management of the acutely ill patient** |  |
| 1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology | 1 | **2** | 3 | 4 |  |  |  |
| 1.2 Manages cardiopulmonary resuscitation - ALS recommended | 1 | 2 | **3** | 4 |  |  |  |
| 1.3 Manages the patient post resuscitation | **1** | 2 | 3 | 4 |  |  |  |
| 1.4 Triages and prioritises patients appropriately, including timely admission to ICU | **1** | 2 | 3 | 4 |  |  |  |
| 1.5 Assesses and provides initial management of the trauma patient | **1** | 2 | 3 | 4 |  |  |  |
| 1.6 Assesses and provides initial management of the patient with burns | 1 | 2 | 3 | 4 |  |  |  |
| 1.7 Describes the management of mass casualties | **1** | 2 | 3 | 4 |  |  |  |
| **Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation** |  |
| 2.1 Obtains a history and performs an accurate clinical examination | 1 | **2** | 3 | 4 |  |  |  |
| 2.2 Undertakes timely and appropriate investigations | 1 | **2** | 3 | 4 |  |  |  |
| 2.3 Performs electrocardiography (ECG / EKG) and interprets the results | 1 | **2** | 3 | 4 |  |  |  |
| 2.4 Obtains appropriate microbiological samples and interprets results | 1 | **2** | 3 | 4 |  |  |  |
| 2.5 Obtains and interprets the results from blood gas samples | 1 | **2** | 3 | 4 |  |  |  |
| 2.6 Interprets imaging studies | 1 | **2** | 3 | 4 |  |  |  |
| 2.7 Monitors and responds to trends in physiological variables | 1 | **2** | 3 | 4 |  |  |  |
| 2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis | **1** | 2 | 3 | 4 |  |  |  |
| **Domain 3: Disease Management** |  |
| 3.1 Manages the care of the critically ill patient with specific acute medical conditions | **1** | 2 | 3 | 4 |  |  |  |
| 3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient | **1** | 2 | 3 | 4 |  |  |  |
| 3.3 Recognises & manages the patient with circulatory failure | **1** | 2 | 3 | 4 |  |  |  |
| 3.4 Recognises & manages the patient with, or at risk of, acute renal failure | **1** | 2 | 3 | 4 |  |  |  |
| 3.5 Recognises & manages the patient with, or at risk of, acute liver failure | **1** | 2 | 3 | 4 |  |  |  |
| 3.6 Recognises & manages the patient with neurological impairment | **1** | 2 | 3 | 4 |  |  |  |
| 3.7 Recognises & manages the patient with acute gastrointestinal failure | **1** | 2 | 3 | 4 |  |  |  |
| 3.8 Recognises & manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS) | 1 | 2 | 3 | 4 |  |  |  |
| 3.9 Recognises and manages the septic patient | **1** | 2 | 3 | 4 |  |  |  |

| Training Progression Grid – Stage 1 ACCS | Trainee to circle level at end of block:Aim for bold/shaded level | Trainer initial | Date |  |
| --- | --- | --- | --- | --- |
| 3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins | **1** | 2 | 3 | 4 |  |  |  |
| 3.11 Recognises life-threatening maternal peripartum complications and manages care | **1** | 2 | 3 | 4 |  |  |  |
| **Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure** |  |
| 4. 1 Prescribes drugs and therapies safely | 1 | **2** | 3 | 4 |  |  |  |
| 4.2 Manages antimicrobial drug therapy | 1 | **2** | 3 | 4 |  |  |  |
| 4.3 Administers blood and blood products safely | 1 | **2** | 3 | 4 |  |  |  |
| 4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation | 1 | **2** | 3 | 4 |  |  |  |
| 4.5 Describes the use of mechanical assist devices to support the circulation | 1 | 2 | 3 | 4 |  |  |  |
| 4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support | **1** | 2 | 3 | 4 |  |  |  |
| 4.7 Initiates, manages and weans patients from renal replacement therapy | 1 | 2 | 3 | 4 |  |  |  |
| 4.8 Recognises and manages electrolyte, glucose and acid-base disturbances | **1** | 2 | 3 | 4 |  |  |  |
| 4.9 Co-ordinates and provides nutritional assessment and support | 1 | **2** | 3 | 4 |  |  |  |
| **Domain 5: Practical procedures** |  |
| 5.1 Administers oxygen using a variety of administration devices | 1 | **2** | 3 | 4 |  |  |  |
| 5.2 Performs emergency airway management | **1** | 2 | 3 | 4 |  |  |  |
| 5.3 Performs difficult and failed airway management according to local protocols | 1 | 2 | 3 | 4 |  |  |  |
| 5.4 Performs endotracheal suction | 1 | **2** | 3 | 4 |  |  |  |
| 5.5 Performs fibreoptic bronchoscopy and BAL in the intubated patient | 1 | 2 | 3 | 4 |  |  |  |
| 5.6 Performs percutaneous tracheostomy | 1 | 2 | 3 | 4 |  |  |  |
| 5.7 Performs chest drain insertion | 1 | **2** | 3 | 4 |  |  |  |
| 5.8 Performs arterial catheterisation | **1** | 2 | 3 | 4 |  |  |  |
| 5.9 Performs ultrasound techniques for vascular localisation | **1** | 2 | 3 | 4 |  |  |  |
| 5.10 Performs central venous catheterisation | **1** | 2 | 3 | 4 |  |  |  |
| 5.11 Performs defibrillation and cardioversion | 1 | **2** | 3 | 4 |  |  |  |
| 5.12 Performs transthoracic cardiac pacing, describes transvenous | 1 | 2 | 3 | 4 |  |  |  |
| 5.13 Describes how to perform pericardiocentesis | **1** | 2 | 3 | 4 |  |  |  |
| 5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables | **1** | 2 | 3 | 4 |  |  |  |
| 5.15 Performs lumbar puncture (intradural / 'spinal') under supervision | 1 | **2** | 3 | 4 |  |  |  |
| 5.16 Manages the administration of analgesia via an epidural catheter | **1** | 2 | 3 | 4 |  |  |  |

| Training Progression Grid – Stage 1 ACCS | Trainee to circle level at end of block:Aim for bold/shaded level | Trainer initial | Date |  |
| --- | --- | --- | --- | --- |
| 5.17 Performs abdominal paracentesis | 1 | 2 | 3 | 4 |  |  |  |
| 5.18 Describes Sengstaken tube (or equivalent) placement | **1** | 2 | 3 | 4 |  |  |  |
| 5.19 Performs nasogastric tube placement | 1 | 2 | **3** | 4 |  |  |  |
| 5.20 Performs urinary catheterisation | 1 | 2 | **3** | 4 |  |  |  |
| **Domain 6: Perioperative care** |  |
| 6.1 Manages the pre- and post-operative care of the high risk surgical patient | 1 | 2 | 3 | 4 |  |  |  |
| 6.2 Manages the care of the patient following cardiac surgery | 1 | 2 | 3 | 4 |  |  |  |
| 6.3 Manages the care of the patient following craniotomy | 1 | 2 | 3 | 4 |  |  |  |
| 6.4 Manages the care of the patient following solid organ transplantation | 1 | 2 | 3 | 4 |  |  |  |
| 6.5 Manages the pre- and post-operative care of the trauma patient | **1** | 2 | 3 | 4 |  |  |  |
| **Domain 7: Comfort and recovery** |  |
| 7.1 Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families | **1** | 2 | 3 | 4 |  |  |  |
| 7.2 Manages the assessment, prevention and treatment of pain and delirium | 1 | **2** | 3 | 4 |  |  |  |
| 7.3 Manages sedation and neuromuscular blockade | 1 | **2** | 3 | 4 |  |  |  |
| 7.4 Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives | **1** | 2 | 3 | 4 |  |  |  |
| 7.5 Manages the safe and timely discharge of patients from the ICU | **1** | 2 | 3 | 4 |  |  |  |
| 7.6 Co-ordinates patient follow up in hospital | **1** | 2 | 3 | 4 |  |  |  |
| 7.7 Co-ordinates patient follow up and rehabilitation after hospital discharge | **1** | 2 | 3 | 4 |  |  |  |
| **Domain 8: End of life care** |  |
| 8.1 Manages the process of withholding or withdrawing treatment with the multi-disciplinary team | **1** | 2 | 3 | 4 |  |  |  |
| 8.2 Discusses end of life care with patients and their families / surrogates | **1** | 2 | 3 | 4 |  |  |  |
| 8.3 Manages palliative care of the critically ill patient | 1 | 2 | 3 | 4 |  |  |  |
| 8.4 Performs brain-stem death testing | 1 | 2 | 3 | 4 |  |  |  |
| 8.5 Manages the physiological support of the organ donor | 1 | 2 | 3 | 4 |  |  |  |
| 8.6 Manages donation following cardiac death | 1 | 2 | 3 | 4 |  |  |  |
| **Domain 9: Paediatric care** |  |
| 9.1 Describes the recognition of the acutely ill child and initial management of paediatric emergencies  | 1 | 2 | 3 | 4 |  |  |  |
| 9.2 Describes national legislation & guidelines relating to child protection and their relevance to critical care | **1** | 2 | 3 | 4 |  |  |  |

| Training Progression Grid – Stage 1 ACCS | Trainee to circle level at end of block:Aim for bold/shaded level | Trainer initial | Date |  |
| --- | --- | --- | --- | --- |
| **Domain 10: Transport** |  |
| 10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU | **1** | 2 | 3 | 4 |  |  |  |
| **Domain 11: Patient safety and health systems management** |  |
| 11.1 Leads a daily multidisciplinary ward round | **1** | 2 | 3 | 4 |  |  |  |
| 11.2 Complies with local infection control measures | 1 | 2 | **3** | 4 |  |  |  |
| 11.3 Identifies environmental hazards and promotes safety for patients and staff | 1 | **2** | 3 | 4 |  |  |  |
| 11.4 Identifies & minimises risk of critical incidents & adverse events, incl complications of critical illness | **1** | 2 | 3 | 4 |  |  |  |
| 11.5 Organises a case conference | 1 | 2 | 3 | 4 |  |  |  |
| 11.6 Critically appraises and applies guidelines, protocols and care bundles | 1 | **2** | 3 | 4 |  |  |  |
| 11.7 Describes commonly used scoring systems for assessment of severity of illness, case mix and workload | **1** | 2 | 3 | 4 |  |  |  |
| 11.8 Demonstrates an understanding of & managerial & administrative responsibilities of the ICM specialist | 1 | 2 | 3 | 4 |  |  |  |
| **Domain 12: Professionalism** |  |
| 12.1 Communicates effectively with patients and relatives | 1 | **2** | 3 | 4 |  |  |  |
| 12.2 Communicates effectively with members of the health care team | 1 | **2** | 3 | 4 |  |  |  |
| 12.3 Maintains accurate and legible records / documentation | 1 | **2** | 3 | 4 |  |  |  |
| 12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment | **1** | 2 | 3 | 4 |  |  |  |
| 12.5 Demonstrates respect of cultural & religious beliefs and awareness of their impact on decision making | 1 | **2** | 3 | 4 |  |  |  |
| 12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data | 1 | **2** | 3 | 4 |  |  |  |
| 12.7 Collaborates and consults; promotes team-working | 1 | **2** | 3 | 4 |  |  |  |
| 12.8 Ensures continuity of care through effective hand-over of clinical information | 1 | **2** | 3 | 4 |  |  |  |
| 12.9 Supports clinical staff outside the ICU to enable the delivery of effective care | 1 | **2** | 3 | 4 |  |  |  |
| 12.10 Appropriately supervises, and delegates to others, the delivery of patient care | **1** | 2 | 3 | 4 |  |  |  |
| 12.11 Takes responsibility for safe patient care | 1 | **2** | 3 | 4 |  |  |  |
| 12.12 Formulates clinical decisions with respect for ethical and legal principles | **1** | 2 | 3 | 4 |  |  |  |
| 12.13 Seeks learning opportunities and integrates new knowledge into clinical practice | 1 | **2** | 3 | 4 |  |  |  |
| 12.14 Participates in multidisciplinary teaching | 1 | 2 | **3** | 4 |  |  |  |
| 12.15 Participates in research or audit under supervision | 1 | **2** | 3 | 4 |  |  |  |