**WORKPLACE BASED ASSESSMENTS FOR ACCS – CHECK LISTS FOR ANAESTHESIA STREAM**

**This form is to be signed off at CT1 ARCP and scanned into the portfolio for start of ACCS CT2.**

**It should then be fully completed and presented at ACCS CT2 ARCP.**

CORE MAJOR PRESENTATIONS – **4 must be done in CT1** (2 in EM and 2 in AM); only 2 remaining for CT2 (ICM); \*can be covered by simulation/ALS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CMP | Presentation | Specialty | Assessor/grade | Assessment |
| 1 | Anaphylaxis\* |  |  |  |
| 2 | Cardio-respiratory arrest\* |  |  |  |
| 3 | Major Trauma |  |  |  |
| 4 | Septic patient (ideally assessed in ICM) |  |  |  |
| 5 | Shocked patient |  |  |  |
| 6 | Unconscious patient |  |  |  |

CORE ACUTE PRESENTATIONS - \*must complete in EM placement (summative form by an EM Cons).

**ALL** **must be completed by end of ACCS CT2 most should be completed in CT1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *CAP* | *Presentation* | *Specialty* | *Assessor/Grade* | *Assessment method* |
| ***1*** | ***Abdominal pain/loin pain\**** | ***EM*** |  |  |
| *2* | *Abdominal swelling/mass* | *EM/AM* |  |  |
| *3* | *Acute Back Pain* | *EM/AM* |  |  |
| *4* | *Aggressive/disturbed behaviour* | *EM/AM* |  |  |
| *5* | *Blackout/collapse* | *EM/AM* |  |  |
| ***6*** | ***Breathlessness\**** | ***EM*** |  |  |
| ***7*** | ***Chest Pain\**** | ***EM*** |  |  |
| *8* | *Confusion/Delirium* | *EM/AM/ICM* |  |  |
| *9* | *Cough* | *EM/AM* |  |  |
| *10* | *Cyanosis* | *EM/AM/ICM* |  |  |
| *11* | *Diarrhoea* | *EM/AM* |  |  |
| *12* | *Dizziness and Vertigo* | *EM/AM* |  |  |
| *13* | *Falls* | *EM/AM* |  |  |
| *14* | *Fever* | *EM/AM/ICM* |  |  |
| *15* | *Fits/Seizures* | *EM/AM/ICM* |  |  |
| *16* | *Haematemesis/Malaena* | *EM/AM* |  |  |
| *17* | *Headache* | *EM/AM* |  |  |
| ***18*** | ***Head injury\**** | ***EM*** |  |  |
| *19* | *Jaundice* | *EM/AM* |  |  |
| *20* | *Limb pain – atraumatic* | *EM/AM* |  |  |
| *21* | *Neck Pain* | *EM/AM* |  |  |
| *22* | *Oliguric Patient* | *EM/AM/ICM* |  |  |
| *23* | *Pain Management* | *EM/AM/ICM* |  |  |
| *24* | *Painful ear* | *EM/AM* |  |  |
| *25* | *Palpitations* | *EM/AM/ICM* |  |  |
| *26* | *Pelvic Pain* | *EM/AM* |  |  |
| *27* | *Poisoning* | *EM/AM* |  |  |
| *28* | *Rash* | *EM/AM* |  |  |
| *29* | *Red Eye* | *EM/AM* |  |  |
| ***30*** | ***Suicidal Ideation/mental health\**** | ***EM*** |  |  |
| *31* | *Sore Throat* | *EM/AM* |  |  |
| *32* | *Syncope/pre-sycnope* | *EM/AM* |  |  |
| *33* | *Traumatic limb/joint injuries* | *EM/AM* |  |  |
| *34* | *Vaginal Bleeding* | *EM/AM* |  |  |
| *35* | *Ventilatory support* | *ICM* |  |  |
| *36* | *Vomiting and Nausea* | *EM/AM/Anaes* |  |  |
| *37* | *Weakness and paralysis* | *EM/AM/ICM* |  |  |
| *38* | *Wound management* | *EM/AM* |  |  |

PRACTICAL PROCEDURES (DOPS)

\*May be done through simulation. M= Mini-CEX, D=DOP, C=CBD, A=Anaesthetic Mini-CEX

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PP | Specialty | Procedure | WPBA | Date | Assessor |
| 1 | ICM2 | Arterial Cannulation | D |  |  |
| 2 | ICM1 | Peripheral Venous Cannulation | D |  |  |
| 3 | ICM4 | Central Venous Cannulation | D |  |  |
| 4 | ICM3 | Arterial Blood Gas Sampling | M, D |  |  |
| 5 | AM | Lumbar Puncture\* | D |  |  |
| 6 | *EM/AM* | Pleural Tap and aspiration\* | D |  |  |
| 7 | *EM/AM/ICM* | Intercostal Drain – Seldinger\* | D |  |  |
| 8 | *EM/AM* | Intercostal Drain – Open\* | D |  |  |
| 9 | AM | Ascitic Tap\* | D |  |  |
| 10 | AM | Abdominal paracentesis\* | D |  |  |
| **11** | **EM** | **Airway Protection\*** | **D** |  |  |
| 12 | Any | Basic and advanced life support (valid ALS) | D |  |  |
| 13 | AM | DC Cardioversion\* | D |  |  |
| 14 | EM/AM | Knee Aspiration\* | D |  |  |
| 15 | AM | Temporary pacing (external/wire)\* | D |  |  |
| **16** | **EM** | **Reduction of fracture/dislocation** | **D** |  |  |
| 17 | EM | Large joint Examination | D |  |  |
| **18** | **EM** | **Wound management** | **D** |  |  |
| **19** | **EM** | **Trauma primary survey** | **D** |  |  |
| 20 | EM/AM | Initial assessment of acutely unwell | M,D |  |  |
| 21 | ICM | Secondary assessment of acutely unwell (ICM) | M,D |  |  |
| 22 | ICM5 | Connection to mechanical Ventilator | D |  |  |
| 23 | ICM6 | Safe use of drugs to facilitate ventilation | C |  |  |
| 24 | ICM8 | Managing “fighting” the ventilator | C |  |  |
| 25 | ICM7 | Monitoring respiratory function | C |  |  |
| 42 | ICM9 | Safe use of vasoactive drugs and electrolytes | M,C |  |  |
| 43 | ICM10 | Delivers a fluid challenge to unwell pt | C |  |  |
| 44 | ICM11 | Dealing with accidental trachy displacement | C |  |  |
|  |  |  |  |  |  |
| 26 | IAC | Pre-op assessment | A |  |  |
| 27 | IAC | Manage spontaneously breathing patient | A |  |  |
| 28 | IAC | Anaesthesia for laparotomy | A |  |  |
| 29 | IAC | Demonstrate RSI | A |  |  |
| 30 | IAC | Recover patient from anaesthesia | A |  |  |
| 31 | IAC | Demonstrate function of anaesthetic machine | D |  |  |
| 32 | IAC | Transfer patient to operating table | D |  |  |
| 45\* | IAC | Demonstrate CPR (valid ALS) | D |  |  |
| 33 | IAC | Scrubbing up/donning gown and gloves | D |  |  |
| 34 | IAC | Competencies for pain management/PCA | D |  |  |
| 35 | IAC | Patient identification | C |  |  |
| 36 | IAC | Post op N+V | C |  |  |
| 37 | IAC | Airway Assessment | C |  |  |
| 38 | IAC | Choice of muscle relaxant and induction agent | C |  |  |
| 39 | IAC | Post op analgesia | C |  |  |
| 40 | IAC | Post op oxygen therapy | C |  |  |
| 41 | IAC | Emergency Surgery | C |  |  |
| 46\* | IAC | Failed Intubation drills on manikin\* (part of IAC) | D |  |  |

**NOTES ON MAJOR PRESENTATIONS:**

2 MPs **must** be summatively (pass/fail) assessed in Emergency Medicine (Mini-CEX descriptor tool or pass/fail CbD) by an EM consultant.

**NOTES ON ACUTE PRESENTATIONS:**

**\*APs can be difficult to obtain in ICM/Anaes\***

All the **5** of the APs in bold should be covered in EM using a summative tool.

**5** additional APs must be covered using x1 ACAT in EM

A further **10** APs covered in EM using any tool incl. e-learning.

**\*Complete 20 APs in EM\***

Anaphylaxis may be done using simulation; Cardio-resp. Arrest may be covered with a valid (at time of ARCP) ALS certificate.

**10 APs** should be covered in AM using Mini-CEX, CbD or at least x3 ACAT

The remaining APs can be covered by any tool and should be covered in AM/ICM

There is a minimum number of WPBAs over the 2 years which should be covered within the above requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specialty | Mini- CEX | DOPS | CbD | ACAT |
| Anaesthesia (3-6 months) | 5 | 6 | 8 | - |
| Anaesthesia (6-9 months) | 6 | 7 | 9 | - |
| Acute Medicine | 3 | 5 | 3 | 3 |
| Emergency Medicine | 4 | 5 | 3 | 1 |
| ICM | 3 | 6 | 4 |  |

**NOTES ON PRACTICAL PROCEDURES:**

**There are 46 PPs: Demonstrate CPR and failed intubation on a manikin are required for the IAC**

A minimum of **10** must be completed in year 1 (EM/AM), some may be completed on a simulator by attending a recognised training course.

They **must all** be **completed** by the end of **year 2**

\*Note: The ACCS curriculum has 45 PP listed (and refers to 44 PP in its guidance)!

**5** of the **46** PPs must be completed in **EM** using DOPS

* Airway
* Primary Survey
* Wound care
* Fracture/Joint Manipulation
* Plus one other not covered by another specialty

**5** of the **46** PPs must be completed in Acute Medicine using DOPs

**13** of the 46 completed in ICM using appropriate tool

NB. 5 DOPS is ONLY a minimum in EM and AM

Completing IAC completes all 16 required PPs for Anaesthesia

\*further information can be found in the [ACCS Curriculum](https://www.rcoa.ac.uk/node/1455)

**ARCP Sign Off**

|  |  |
| --- | --- |
| No. MPs |  |
| No. APs |  |
| No. PPs |  |

Date:

Chair:

Signature: