# **Checklist for ACCS CT/ST2**

Please create a file in your personal library on e-portfolio labelled:

#### ARCP CT-2

All paper-based evidence must be scanned and uploaded to the ARCP CT-2 file with an appropriate title (e.g. IAC Certificate)

The checklist below should be used as guidance to be certain you are completing all of the required competencies as you progress through your training year.

Work-place-based assessments or specific training modules must be completed, signed, uploaded and linked to the curriculum codes on your e-portfolio as evidence that you have achieved each competency.

| Trainee Name:                         | DRN/NTN: |
|---------------------------------------|----------|
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#### **Anaesthetics**

| Formative assessment of 5 Anaesthetic-CEX:                | Date of    | Assessor's |
|---|------------|------------|
|   | assessment | name       |
| IAC A01 Preoperative assessment                           | Date       | Name       |
| IAC A02 Management of the spontaneously breathing patient | Date       | Name       |
| IAC A03 Anaesthesia for laparotomy                        | Date       | Name       |
| IAC A04 Rapid Sequence Induction                          | Date       | Name       |
| IAC A05 Recovery  | Date       | Name       |
| Formative assessment of 8 Specific Anaesthetic CbDs:      |            |            |
| IAC C01 Patient identification                            | Date       | Name       |
| IAC C02 Post op nausea & vomiting                         | Date       | Name       |
| IAC C03 Airway assessment                                 | Date       | Name       |
| IAC C04 Choice of muscle relaxants & induction agents     | Date       | Name       |
| IAC C05 Post op analgesia                                 | Date       | Name       |
| IAC C06 Post op oxygen therapy                            | Date       | Name       |
| IAC C07 Emergency surgery                                 | Date       | Name       |
| IAC C08 Failed Intubation                                 | Date       | Name       |
| Formative assessment of 6 anaesthetic DOPS:               |            |            |
| IAC Basic and advanced life support                       | Date       | Name       |
| IAC D01 Demonstrate function of anaesthetic machine       | Date       | Name       |

| IAC D02 Transfer and positioning of patient on operating table | Date | Name |
|--|------|------|
| IAC D03 Demonstrate CPR on a manikin                           | Date | Name |
| IAC D04 Technique of scrubbing up, gown & gloves               | Date | Name |
| IAC D05 Competences for pain management including PCA          | Date | Name |
| IAC D06 Failed Intubation practical drill on manikin           | Date | Name |

| PLUS – Introduction to Anaesthesia (3-6 months)              |      |      |
|--|------|------|
| Pre-operative assessment                                     | Date | Name |
| Pre-medication   | Date | Name |
| Induction of GA  | Date | Name |
| Intra-operative care   | Date | Name |
| Post-operative recovery                                      | Date | Name |
| Anaesthesia for emergency surgery                            | Date | Name |
| Management of cardio-respiratory arrest (adult and children) | Date | Name |
| Infection Control  | Date | Name |
| Optional modules   |      |      |
| • Sedation   | Date | Name |
| Regional block   | Date | Name |
| Emergency surgery  | Date | Name |
| Safe Transfers   | Date | Name |
|  |      |      |

### **Intensive Care Medicine**

| Formative assessments in 2 missing Major Presentations: |      |      |  |
|---|------|------|--|
| CMP1 Anaphylaxis  | Date | Name |  |
| CMP2 Cardio-respiratory arrest                          | Date | Name |  |
| CMP3 Major Trauma                                       | Date | Name |  |
| CMP4 Septic patient (ideally assessed in ICM)           | Date | Name |  |
| CMP5 Shocked patient                                    | Date | Name |  |
| CMP6 Unconscious patient                                | Date | Name |  |

| l. Date  | 2. Date   | 3. Date               | 4. Date                 | 5. Date          |
|--|---|-----------------------|-------------------------|------------------|
| Name   | Name  | Name                  | Name                    | Name             |
| formative assessmincluding:                                  | ent of 13 practical proced                                | lures as DOPS (may be | assessed as Mini CEX or | CbD if indicated |
| • ICM 1 Periphe  | ral venous cannulation                                    |                       | Date                    | Name             |
| ICM 2 Arterial   | ICM 2 Arterial cannulation                                |                       |                         | Name             |
| ICM 3 ABG sampling & interpretation                          |   |                       | Date                    | Name             |
| ICM 4 Central venous cannulation                             |   | Date                  | Name                    |                  |
| ICM 5 Connection to ventilator                               |   |                       | Date                    | Name             |
| ICM 6 Safe use of drugs to facilitate mechanical ventilation |   | Date                  | Name                    |                  |
| ICM 7 Monitoring respiratory function                        |   | Date                  | Name                    |                  |
| ICM 8 Managing the patient fighting the ventilator           |   |                       | Date                    | Name             |
| ICM 9 Safe use   | ICM 9 Safe use of vasoactive drugs and electrolytes       |                       | Date                    | Name             |
| ICM 10 Fluid co  | ICM 10 Fluid challenge in an acutely unwell patient (CbD) |                       | Date                    | Name             |
| ICM 11 Accidental displacement of ETT / tracheostomy         |   | Date                  | Name                    |                  |
| Any other  | Any other   |                       | Date                    | Name             |
| Any other  | Any other   |                       | Date                    | Name             |

## Overview by end of CT/ST2

| All 6 Major Presentations completed  |  |
|--|--|
| All 38 Acute Presentations completed   |  |
| All 45 Practical procedures completed  |  |
| Clinical Supervisor's Report / End of Placement Review for the Anaesthetics Rotation                     |  |
| Clinical Supervisor's Report / End of Placement Review for the ICM Rotation                              |  |
| Educational Supervisor's Report / Structured Training Report (EM stream)                                 |  |
| IAC Certificate  |  |
| 2-page document signed by Clinical Supervisor and Anaesthetics College Tutor and uploaded to e-portfolio |  |

| Introduction to Anaesthesia Modules   |        |
|---|--------|
| Completed, signed and uploaded to the e-portfolio   |        |
| Anaesthesia Consultant/Trainer Feedback   |        |
| Completed and uploaded to the e-portfolio   |        |
| Anaesthetic Logbook   |        |
| (RCoA format required for Anaesthetic-Stream Trainees. Ideally done on LLP)   |        |
| Principle ICM Competencies Modules  |        |
| Completed, signed and uploaded to the e-portfolio   |        |
| ACCS ICM Final Sign-Off – Principal and Additional Competencies Completed, signed and uploaded to the e-portfolio                           |        |
| MSF -   |        |
| Minimum of 12 responses (annually) with a minimum of 2 consultants  |        |
| Anaesthetic stream trainees note: ICM training specifically requires an MSF in ICM  |        |
| Multi Consultant Review x 4 – AM stream trainees only   |        |
| Audit or Quality Improvement Project  |        |
| One to be completed every 12 months   |        |
| Reflective notes  |        |
| Record of any personal complaints, incidents, SUIs and any GMC concerns received must be  |        |
| recorded in e-portfolio and reflective notes written in response  |        |
| Compliments and thanks  |        |
| Scanned and uploaded to e-portfolio   |        |
| Progress in relevant postgraduate examinations  |        |
| Resuscitation courses relevant to specialty (ALS, ATLS, APLS or equiv.)   | Date   |
| Safeguarding Children Level 2   | Date   |
| Completed and certificate uploaded to e-portfolio  Progress toward achieving level 2 common competences confirmed by supervisor and trainee |        |
| (For EM stream Trainees – complete the red and blue man symbols in the e-portfolio)   |        |
| (1 of EW stream Trainees Complete the rea and blue mail symbols in the e-portiono)  |        |
| Number of Regional Training Days attended   | Number |
| Up-to-date CV uploaded to personal library on e-portfolio   |        |
| Form R submitted to HEEoE   |        |
| Survey monkey feedback completed for each placement (returned to ACCS Administrator when requested)   |        |
|   |        |

To be completed by trainee and countersigned by Educational Supervisor

| Trainee signature:                     | Date: |  |
|--|-------|--|
| Education Supervisor signature:        | Date: |  |
| Education Supervisor name PLEASE PRINT |       |  |