The Royal College of Emergency Medicine

NHS
Health Education England

DRE-EM (Defined Route of Entry into Emergency Medicine) TRAINING PROGRAMME HANDBOOK 2019-2020

Version 1 – 28 April 2019

Trainee Name:	
GMC number:	
College training number:	
Base hospital:	
Overall educational supervisor:	
Emergency Medicine Dates: Clinical supervisor:	
Paediatric Emergency Medicine Dates: Clinical supervisor:	
Acute Medicine Dates: Clinical supervisor:	
Anaesthetics Dates: Clinical supervisor:	
Intensive Care Medicine Dates: Clinical supervisor:	

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Introduction

Welcome to the East of England DRE-EM training programme, this comprises of:

YEAR IN:

Emergency Medicine (EM) - 6 – 9 months block

Paediatric Emergency Medicine – 3 – 6 months block

YEAR OUT:

Acute Medicine (AM) - 4 months block

Anaesthetics - 4 months block

Intensive Care Medicine (ICM) - 4 months block

However, the above structure is not rigid. Depending on the local delivery, the above blocks may be rearranged and blocks lengthened or shortened as long as they are a minimum of 3 months and a maximum of 6 months in duration. The training programme created for each DRE-EM trainee is bespoke according to their previous experience or training.

The DRE-EM handbook has been designed to outline the requirements of the two years of the ST3 (DRE-EM) training program. It will enable you to keep track of your progress and prepare for your Annual Review of Competence Progression (ARCP), which will take place in June or July every year.

Trainees are expected to use e-portfolio to record workplace based assessments and this handbook to keep track of progress and for the completion of specific forms as outlined in each section.

Supervision and assessment

Educational supervisor (ES)

The consultant who supervises the progress of the trainee over the course of their DRE-EM training programme and completes the Structured Training Report required for the ARCP. Each DRE-EM trainee will be assigned an ES at the beginning of the programme.

The ES may also complete workplace- based assessments and should contribute to the trainee's 360- degree multi-source feedback.

Clinical supervisor (CS)

Any consultant who directly supervises the trainee in the clinical setting and completes workplace based assessments is referred to as a Clinical Supervisor.

The following meeting schedule should be expected:

For the year in (EM & PEM):

EM (6-9 months):

ES meetings:

1st meeting within the first 4 weeks of starting the rotation. A supervisor's initial educational meeting form is to be completed on the trainee's electronic training record. During the initial meeting, educational objectives will be set and these will be used to assess the trainee's progress in subsequent meetings.

The second meeting should occur about 3 months after starting the rotation in EM to ensure desired progress in made and assessments are done with learning events recorded.

The third meeting should take place 4 weeks prior to the end of the placement and an end of placement report is created.

PEM (3-6 months):

Clinical Supervisor's meeting:

A clinical supervisor could be a paediatrician, or an EM consultant with PEM qualification or an EM consultant with PEM interest.

1st meeting within the first 2-4 weeks of starting the rotation. A supervisor's initial educational meeting form is to be completed on the trainee's electronic training record. During the initial meeting, educational objectives will be set, and these will be used to assess the trainee's progress in subsequent meetings.

2nd meeting for a 3 months placement: this should be the end of placement meeting to ensure the competences are achieved.

2nd meeting for a 6 months placement would be to ensure the trainee is progressing satisfactorily and required assessments on the way of completion.

3rd meeting for a 6 months placement should be the end of placement meeting to ensure the competences are achieved as outlined on the e-portfolio. An end of placement report should be completed by the supervisor.

For the year out (Anaesthesia, ICU, AM 4 months each):

In the year out, trainees will be assigned a specific Clinical Supervisor in the relevant specialty to complete their progress reports in that specialty. The educational supervisor would remain the same from the Emergency department.

Each trainee is expected to meet two to three times with their assigned Clinical Supervisor. Sometimes a trainee may be placed on 6-month rotation in Anaesthesia and ICM on a vacant post, during which the trainee is expected to meet the CS at least 3 times.

The following should be completed at the supervision meetings:

Initial meeting with Clinical Supervisor

To be scheduled within 4 weeks of starting the rotation. A supervisor's initial educational meeting form is to be completed on the trainee's electronic training record. During the initial meeting, educational objectives will be set and these will be used to assess the trainee's progress in subsequent meetings.

Mid-term meeting with Clinical Supervisor (in cases of 6-months placements)

To be scheduled at the end of the third month of the rotation. A supervisor's mid-term educational meeting form is to be completed on the trainee's electronic training record.

Final meeting with Clinical Supervisor

To be scheduled during the fourth month of the rotation and prior to the final educational supervisor's meeting if the trainee is in a post outside their parent specialty. The supervisor's end of placement review form should be completed and should state whether the trainee has completed all the required competencies for the rotation (or is 'on-track' to complete all of the required competencies before the end of the 4- or 6-months period of the rotation).

Final meeting with Educational Supervisor (applicable to all trainees irrespective of 4 or 6 months of placement)

To be scheduled at the end of the third or fourth month of training and at least four weeks prior to the trainee's scheduled ARCP. The Educational Supervisors Report/Structured Training Report is to be completed in advance of the ARCP panel so that any problems or missing evidence is identified and the trainee has adequate time to complete any outstanding competencies. Evidence of achievement of the learning objectives, together with the results of the WPBAs and all mandatory competency requirements will be reviewed and will form the content of the

report. When the trainee has been in a specialty outside their parent specialty, the educational reports of the clinical supervisor, including the clinical supervisor's end of placement review will provide the evidence for completion of the report. Included in the final report will be attendance at regional training (expected to be 75%) and documentation of the *number of days of absence* (other than annual & study leave). Additional training time in the relevant speciality may have to be considered in the event of absence of more than 14 days per year.

The trainee should be made fully aware of the content of the report before it is submitted.

The ARCP panel will review the Educational Supervisors Report/Structured Training Report, and the trainee's 'Portfolio of Evidence' to confirm all required competencies have been achieved before the trainee is allowed to proceed to the next level of training.

Multisource feedback

The trainee is expected to undertake a **multisource feedback** with a minimum of **12 responses**, including **2 from consultants**, at least **once a year**.

A DRE-EM trainee must complete a feedback in both the year in and in the year out.

In addition, each parent specialty has a unique form of multi-consultant review that must be completed prior to the end of the rotation. The specific requirements are outlined within the sections dedicated to each specialty, below.

Competency Level

These are competencies that should be acquired by all doctors during their training period starting within the undergraduate career and developing throughout postgraduate training. For DRE-EM trainees, competence to at least level 2 descriptors will be expected prior to progression into further specialty training. Documentation of competency achievement should begin in year 1 and continue until all the required competencies have been achieved.

Competency Level Descriptors			
Level	Task orientated competence	Knowledge orientated 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

Portfolios

DRE-EM Trainees

DRE-EM trainees must register with the RCEM e-portfolio.

http://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Applying_for_Specialty_Training/RCEM/Exams_Training/UK_Trainees/ePortfolio.aspx

The e-portfolio should contain a complete record of the trainee's training experience.

Each trainee must maintain an up-to-date e-portfolio throughout their training program. The portfolio is designed to record the required educational supervision meetings, workplace based assessments, multi-source feedback, reflective notes and ARCP outcomes and has a facility to allow trainees to upload additional evidence to a personal library.

Guidance for assessments

Workplace based assessments (WBPAs)

Since the introduction of the EM curriculum in 2015 updated in 2016, the ACCS training and the EM ST3 are now described under the headings of:

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

The full EM curriculum can be found at

https://www.rcem.ac.uk/docs/Training/RCEM_2015_Curriculum___Applicable_from_August_2016__approved_23_Nov_2015_ATCF_RTT_DRE-EM_additions_July2017%20-%20JCST%20amendments.pdf

For further reading the full ACCS curriculum may be found at

http://www.rcoa.ac.uk/system/files/TRG-CU-ACCS2012.pdf

Guidance is included below on the WPBAs required for each rotation.

During this and the subsequent phase of training the main aims are to develop skills to
- Assess any acutely ill patient
- Commence resuscitation
- Diagnose the most likely underlying problem
- Initiate appropriate investigations
- Liaise with the in-patient teams to ensure appropriate definitive care

EM, PEM, AM, Anaesthesia & ICM

During your DRE-EM period, rotating through ACCS and ST3 specialities, you will gather evidence of competency across a broad curriculum.

The evidence must take the form of work-place based assessments where specified and additional competencies may be demonstrated with a combination of e-learning, reflective entries, teaching, and audit. Summative assessments of your management of the Major Presentations and several of the Acute Presentations must be completed by a consultant as outlined in the ARCP Checklist.

It is recognised that some rare presentations may only be encountered in a simulation session or life support course. Work-place based assessments can be requested on courses in the same way that they are requested in real practice but should make up only a small number of your overall competency assessments and should only be required for the presentations that you are less likely to encounter in everyday practice.

A summary table of the ACCS, EM and PEM curriculum is shown below. The table is for your reference and it is advised that you document the date on which you have achieved and evidenced each curriculum item. The table is valuable as a reference for you as you populate your e-portfolio and for your Educational Supervisor when completing your Structured Training Report (STR).

Below the curriculum summary table, you will see the ARCP Checklists. This is the definitive list of evidence that you must present at your ARCP to achieve outcome 1 and progress to the next level of training. You are required to provide supporting evidence in you e-portfolio for each item on the ARCP checklist.

It is recommended that you start early to gather evidence in the form of WPBAs and other documentation. It is very difficult to adequately evidence your progress if you wait until too late in the year and remember that the final Educational Supervisor's meeting should take place 4 weeks in advance of your scheduled ARCP. The DRE-EM ARCPs are generally scheduled in July

For further information please see the RCEM Curriculum - August 2015.

Paper WPBA forms can be found at https://www.rcoa.ac.uk/accs/assessments-and-appraisals/assessment-forms

During your time in each specialty, you should attend all locally arranged educational sessions and the required ST3 Regional Training Days.

ACCS Competencies		
	Common competencies	**Sign and date**
CC1	History taking	
CC2	Clinical examination	
CC3	Therapeutics and safe prescribing	
CC4	Time and workload management	
CC5	Decision making and clinical reasoning	
CC6	The patient as central focus of care	
CC7	Prioritisation of patient safety in clinical practice	
CC8	Team working and patient safety	
CC9	Principles of quality and safety improvement	
CC10	Infection control	
CC11	Managing long term conditions and promoting patient self-care	
CC12	Relationships with patients and communication within a consultation	
CC13	Breaking bad news	
CC14	Complaints and medical error	
CC15	Communication with colleagues and cooperation	
CC16	Health promotion and public health	
CC17	Principles of medical ethics and confidentiality	
CC18	Valid consent	

CC19	Legal framework for practice	
CC20	Ethical research	
CC21	Evidence and guidelines	
CC22	Audit	
CC23	Teaching and training	
CC24	Personal behaviour	
CC25	Management and NHS structure	
	Major presentations:	**Sign and date:**
CMP1	Anaphylaxis	
CMP2	Cardio-respiratory arrest	
CMP3	Major trauma	
CMP4	Septic patient	
CMP5	Shocked patient	
CMP6	Unconscious patient	
	Acute presentations:	**Sign and date:**
CAP1	Abdominal pain	
CAP2	Abdominal swelling, mass and constipation	
CAP3	Acute back pain	
CAP4	Aggressive/disturbed behaviour	
CAP5	Blackout/collapse	
CAP6	Breathlessness	
CAP7	Chest pain	
CAP8	Confusion, acute delirium	
CAP9	Cough	

CAP10	Cyanosis	
CAP11	Diarrhoea	
CAP12	Dizziness and vertigo	
CAP13	Falls	
CAP14	Fever	
CAP15	Fits/seizure	
CAP16	Haematemesis/melaena	
CAP17	Headache	
CAP18	Head injury	
CAP19	Jaundice	
CAP20	Limb pain and swelling - atraumatic	
CAP21	Neck pain	
CAP22	Oliguric patient	
CAP23	Pain management	
CAP24	Painful ear	
CAP25	Palpitations	
CAP26	Pelvic pain	
CAP27	Poisoning	
CAP28	Rash	
CAP29	Red eye	
CAP30	Suicidal ideation/mental health	
CAP31	Sore throat	
CAP32	Syncope and pre-syncope	
CAP33	Traumatic limb and joint injuries	

CAP34	Vaginal bleeding	
CAP35	Ventilatory support	
CAP36	Vomiting and nausea	
CAP37	Weakness and paralysis	
CAP38	Wound assessment and management	
	Practical procedures	**Sign and date**
PP1	Arterial cannulation	
PP2	Peripheral venous cannulation	
PP3	Central venous cannulation	
PP4	Arterial blood gas sampling	
PP5	Lumbar puncture	
PP6	Pleural tap and aspiration	
PP7	Intercostal drain – Seldinger	
PP8	Intercostal drain – open	
PP9	Ascitic tap	
PP10	Abdominal paracentesis	
PP11	Airway protection	
PP12	Basic and Advanced Life Support	
PP13	DC cardioversion	
PP14	Knee aspiration	
PP15	Temporary pacing (external/wire)	
PP16	Reduction of dislocation / fracture	
PP17	Large joint examination	
PP18	Wound management	

PP19	Trauma primary survey	
PP20	Initial assessment of the acutely unwell	
PP21	Secondary assessment of the acutely unwell (post resus)	
PP22	Connection to a mechanical ventilator	
PP23	Safe use of drugs to facilitate mechanical ventilation	
PP24	Managing the patient fighting the ventilator	
PP25	Monitoring respiratory function	
PP26	Deliver a fluid challenge safely to an acutely unwell patient	
PP27	Describe actions required for accidental displacement of tracheal tube of tracheostomy	

The training committee recognise that it may not be feasible to complete this number of WPBAs in a 24 month period and will take a pragmatic approach. It is expected that the trainees will complete at least **90%** of the total number.

Paediatric Emergency Medicine Curriculum

Children will be seen throughout the whole of the training programme from ACCS onwards. The focus on children in the third year of training inevitably leads to some arbitrary divisions of what should be known and by when. It is important that all paediatric encounters are used to their maximum educational potential regardless of when they occur. Some of the emergency presentations listed below are rare and may occur only once or twice throughout the whole training programme. The PEM curriculum is built on an understanding of the preceding parts of the curriculum, which is assumed. Thus, for example the principles of wound management should already be known and are the same regardless of age. Paediatrics continues throughout the whole of training and although it is indicated that additional areas should be covered in ST4-6, all the areas previously specified will be seen repeatedly and this provides the opportunity for the trainee to become more experienced and expert–dealing with cases of greater complexity and acuity, becoming better at leading and coordinating resuscitation and

more skilled at practical procedures (spiral learning). However, we have indicated the most important and often indicated the same condition under different presentations.

Emergency Physicians treating children need to:

♣ Be able to interact with children of different stages of development to elicit the history and undertake a careful, sensitive and flexible examination

♣ Be aware of the different developmental stages of children and their assessment

♣ Acquire the special skills needed for children – e.g. airway management, vascular access

♣ Know that the interpretation of tests is age dependent e.g. ECG, radiology, FBC

♣ Be aware that paediatric life-threatening emergencies are infrequent and therefore prior preparation is essential i.e. successful completion of APLS is needed

♣ Be able to prescribe safely for children

♣ Know that some of the presenting symptoms could be manifestations of nonaccidental injury (NAI)

♣ Be able to identify those patients needing urgent specialist attention

♣ Have an understanding of which patients can be safely sent home and what follow-up they may need

♣ Know the immunisation schedules

♣ Know and respect the legal framework and ethical issues relating to children in the ED including consent and confidentiality

Below is a list of presenting complaints that the EM trainee will need to know how to assess and manage. These are divided into paediatric major presentations (PMP1-6), for which assessment will be mandatory and must be completed by the end of ST3/CT3. Competences of PMP may be achieved by successful completion of an Advanced Paediatric Life Support (APLS), European Paediatric Life Support (EPLS) course or a course with equivalent curricular coverage and assessments, approved by the RCEM. Mandatory assessment for the following paediatric acute presentations (PAPs)is also required by the end of ST3/CT3.

The exact format for PEM attachment varies between hospitals but must include at least 3 months paediatrics and the trainees should see an indicative number of around 700 children and keep a record of this for their portfolio. Trainees should also attend the regional training programme including one 2-day PEM course currently held at Peterborough & Basildon in the

autumn. By the end of ST3, trainees need to have passed the MCEM (prior to August 2018) or FRCEM intermediate or equivalent diploma to progress to Higher Speciality Training.

Paediatric major presentations(PMPs)		**Sign and date:**
PMP1	Anaphylaxis	
PMP2	Apnoea, stridor and airway obstruction	
PMP3	Cardio-respiratory arrest	
PMP4	Major trauma in children	
PMP5	The shocked child	
PMP6	The unconscious child	
Paediatric Acute Presentations		**Sign and date:**
PAP1	Abdominal pain	
PAP2	Accidental poisoning, poisoning and self-harm	
PAP3	Acute life-threatening event(ALTE)	
PAP4	Blood disorders	
PAP5	Breathing difficulties - recognise the critically ill and those who will need intubation and ventilation	
PAP6	Concerning presentations (Physical and sexual abuse, neglect, safeguarding concerns etc)	
PAP7	Dehydration secondary to diarrhoea and vomiting	
PAP8	ENT	
PAP9	Fever in all age groups	

PAP10	Floppy child	
PAP11	Gastro-intestinal bleeding	
PAP12	Headache	
PAP13	Neonatal presentations	
PAP14	Ophthalmology	
PAP15	Pain in children	
PAP16	Painful limbs – atraumatic	
PAP17	Painful limbs- traumatic	
PAP18	Rashes in children	
PAP19	Sore throat	
Practical procedures		**Sign and date**
PEMP 1	Venous access in children	
PEMP 2	Airway Assessment and Maintenance	
PEMP 3	Primary survey in a child	
	Other additional	

NOTES ON ANAESTHETICS / ICM

The anaesthesia curriculum and assessments

During the anaesthesia component of DRE-EM, trainees must complete the following sections of the ACCS curriculum as a minimum and attain all the identified minimum clinical learning outcomes.

There are two sections for the anaesthetic attachment during DRE-EM year IN/ Year2.
Section 1 must be completed IF you are placed for 4 months.
Both sections **should** be completed IF your placement is for 6 months:

1. Initial Assessment of Competencies usually completed in the first 3-4 months
2. The Introduction to Anaesthesia - to be completed by the end of 6 months.

Initial Assessment of Competency (IAC) 0-3 months

The IAC is the first milestone in anaesthetic training and will normally be achieved within the first 3 to 6 months of 1:1 supervised anaesthetic training. Once trainees have achieved the IAC they may work without direct supervision and join the on call rota but they will at all times remain

A-CEX		
Assessment Code	Assessment	Trainer/Date
IAC_A01	Preoperative assessment of a patient who is scheduled for a routine operating list [not urgent or emergency]	
IAC_A02	Manage anaesthesia for a patient who is not intubated and is breathing spontaneously	
IAC_A03	Administer anaesthesia for acute abdominal surgery	
IAC_A04	Demonstrate Rapid Sequence Induction	
IAC_A05	Recover a patient from anaesthesia	

under the supervision of a named Consultant Anaesthetist.

There are 19 WPBAs required to complete the IAC. These are summative, the trainee must therefore be able to demonstrate their knowledge of the subjects. These assessments can only be completed by a **Consultant**.

All 19 WPBA assessments must be completed individually on the e-portfolio, and when completed all sections must be signed on the back of the IAC certificate.
The IAC certificate must be signed by 2 Consultant Anaesthetists.
To complete the IAC certificate the anaesthetic clinical supervisor should also see a logbook and Consultant feedback before the IAC is signed off.
The IAC certificate must be **signed by 2 Consultant Anaesthetists. One should preferably be the College Tutor.**

EM trainees: Link for **paper certificate** for and further information:

http://www.rco.ac.uk/training-and-the-training-programme/initial-assessment-of-competencies-iac

Please scan BOTH SIDES of the IAC certificate once completed and upload to e-portfolio.

Assessments to be used for the Initial Assessment of Competence:

DOPS		
Assessment Code	Assessment	Trainer/Date
IAC_D01	Demonstrate functions of the Anaesthetic machine	
IAC_D02	Transfer a patient onto the operating table and position them for surgery [lateral, Lloyd Davis or lithotomy position]	
IAC_D03	Demonstrate cardio-pulmonary resuscitation on a manikin	
IAC_D04	Demonstrates technique of scrubbing up and donning gown and gloves	
IAC_D05	Basic competencies for pain management – manages PCA including prescription and adjustment of machinery	

IAC_D06	Demonstrates the routine for dealing with failed intubation on a manikin	

CBD		
Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to preoperative preparation, choice of induction, maintenance, post operative care. Select one of the following topics and discuss the trainees understanding of the issues in context.		
Assessment Code	Assessment	Trainer/Date
IAC_C01	Discuss the steps taken to ensure correct identification of the patient, the operation and the side of operation	
IAC_C02	Discuss how the need to minimise postoperative nausea and vomiting influenced the conduct of the anaesthetic	
IAC_C03	Discuss how the airway was assessed and how difficult intubation can be predicted	
IAC_C04	Discuss how the choice of muscle relaxants and induction agents was made	
IAC_C05	Discuss how the trainee's choice of post-operative analgesics was made	
IAC_C06	Discuss how the trainee's choice of post-operative oxygen therapy was made	
IAC_C07	Discuss the problems emergency intra-abdominal surgery causes for the anaesthetist and how the trainee dealt with these	
IAC_C08	Discuss the routine to be followed in the case of failed intubation	

The Introduction to Anaesthesia - the start of training to 3-6 months (Generally a DRE-EM trainee would not require completing this part as their posting would be for 4 months only).

If a DRE-EM trainee is placed on a **6-month post**, then this section **must** be completed as this is included in the ARCP summary check list.

There are **8 Units of Training** in this section. All of these 8 units of training should be completed by the end of the 6-month anaesthetic attachment.

1. **Preoperative assessment**
2. **Premedication**
3. **Postoperative and recovery room care**
4. **Perioperative management of emergency patients**
5. **Induction of general anaesthesia**
6. **Intra-operative care**
7. **Management of respiratory and cardiac arrest**
8. **Control of infection**

It has been agreed by the Specialty Training Committee that **EM/AM trainees** must complete all WPBA in these sections but as a minimum only need to complete **one** DOPS, **one** CBD and **one** ACEX for **each** unit of training on the e-portfolio. We suggest these electronic WPBA are

completed at the time of discussion in order to ensure timely completion and also to gain most from the feedback. The remaining WPBAs must be documented by gaining a signature on the paperwork found in the Handbook, which should be uploaded to the e-portfolio once completed.

Completion of a Unit of Training needs to be demonstrated on the portfolio by the completion of **one Mid-point or Post review form per Unit of Training**. There will therefore be 8 Mid-Point/Post Review assessments by the end of the 6 months. These documents should indicate achievement of the learning outcome for each of the Units of Training. Please scan and upload the completed paperwork for each Unit of Training, demonstrating all signatures and link to the appropriate Mid-Point/Post Review.

These are the **minimum** requirements for The Introduction to Anaesthesia. The trainees are welcome to complete all of the WPBA's on the portfolio if they wish. They may also use the paper WPBA assessment forms found on the RCOA website.

- https://www.rcoa.ac.uk/system/files/TRG-DOPSAssessForm2016.pdf
- https://www.rcoa.ac.uk/system/files/TRG-ACEXAssessForm2016.pdf
- https://www.rcoa.ac.uk/system/files/TRG-CBDAssessForm2016.pdf

Core Anaesthesia 6-24 months

There are an additional two units within anaesthetic core training, (listed under Core Anaesthesia) but not part of the 'Introduction to Anaesthesia', which are of added interest to ACCS trainees:

1. Transfer medicine
2. Sedation

Trainees wishing to complete these additional 'core training' units may do so once the IAC and 'Introduction to anaesthesia' have been successfully completed. These additional units are optional for the DRE-EM trainee.

The **blueprint** for the workplace based assessment tools are defined in **Annex B** of the Curriculum for a CCT in Anaesthetics 2010, updated 2016.

http://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXB.pdf

The Introduction to Anaesthesia - the start of training (3-6 months, previously known as the Basis of anaesthetic practice):

Preoperative assessment

Learning outcomes
To perform a structured preoperative anaesthetic assessment prior to surgery and recognise when further assessment/optimisation is needed
To explain options and risks of routine anaesthesia to patients in a way they understand and obtain consent for anaesthesia
To formulate a plan for the management of common coexisting diseases

Competence	Description	Trainer	Date
A-CEX			
OA_BS_01	Obtains a history relevant to the planned anaesthesia and surgery including: i. A history of the presenting complaint for surgery ii. A systematic comprehensive relevant medical history iii. Information about current and past medication iv. Drug allergy and intolerance v. Information about previous anaesthetics and relevant family history		
OA_BS_06	Makes appropriate plans for surgery: i. Manages co-existing medicines in the perioperative period ii. Plans an appropriate anaesthetic technique[s] iii. Secures consent for anaesthesia iv. Recognises the need for additional work-ups and acts accordingly v. Discusses issues of concern with relevant members of the team vi. Reliably predicts the level of supervision they will require		

DOPS			
CE_BS_01	Performs an examination relevant to the presentation and risk factors that is valid, targeted and time efficient		
CE_BS_04	Performs relevant additional examinations		
CBD			
OA_BK_02	Describes the ASA and NCEPOD classifications and their implications		
OA_BK_04	Lists the indications for preoperative fasting and understand appropriate regimens		
OA_BK_05	Explains the methods commonly used for assessing the airway to predict difficulty with tracheal intubation		
OA_BK_08	Discusses how to manage drug therapy for co-existing disease in the perioperative period including, but not exclusively: obesity, diabetic treatment, steroids, anti-coagulants, cardiovascular medication and antiepileptics		

☐ Unit of training sign off complete

Date:

Premedication

Learning outcomes
To prescribe premedication when indicated, especially for the high risk population

Competence	Description	Trainer	Date
A-CEX			
PD_BK_02	Lists basic indications for prescription of premedicant drugs		
PD_BK_07	Identifies local/national guidelines on management of thrombo-embolic risk and how to apply them		
DOPS			
PD_BS_01	Selects and prescribes appropriate agents to reduce risk of regurgitation and aspiration, in time frame available		
CBD			
PD_BK_05	Recalls/lists the factors that influence the risk of patients at increased risk of gastric reflux/aspiration and understands strategies to reduce it		

☐ Unit of training sign off complete

Date:

Postoperative and recovery room care

Learning outcomes
To manage the recovery of patients from general anaesthesia

To describe the organisation and requirements of a safe recovery room
To identify and manage common postoperative complications in patients with a variety of co-morbidities
To manage postoperative pain and nausea and vomiting
To manage postoperative fluid therapy
Safely manage emergence from anaesthesia and extubation
Shows awareness of common immediate postoperative complications and how to manage them
Prescribes appropriate postoperative fluid, analgesic regimes
Assess and treats PONV

Competence	Description
A-CEX	
PO_BK_07	In respect of postoperative pain: i. Describes how to assess the severity of acute pain ii. Knows the 'analgesic ladder' and identifies appropriate postoperative analgesic regimes including types of drugs and doses iii. Knows how to manage 'rescue analgesia' in patient with severe pain iv. Lists the complications of analgesic drugs
PO_BK_08	In respect of PONV: i. Recognises the impact of PONV ii. List the factors that predispose to PONV iii. Describes the basic pharmacology of anti-emetic drugs iv. Describes appropriate regimes for prevention and treatment of PONV
DOPS	
PO_BS_01	Performs safe tracheal extubation
PO_BS_03	Transfers an unconscious patient from the operating theatre to the recovery room
CBD	
PO_BS_10	Recognises when discharge criteria have been met for patients going home or to the ward

☐ Unit of training sign off complete

Date:

Perioperative management of emergency patients

Learning outcomes
Delivers safe perioperative care to adult ASA 1E and/or 2E patients requiring uncomplicated emergency surgery

Competence	Description
A-CEX	
ES_BK_02	In respect to the preparation of acutely ill patients for emergency surgery: i. Describes the resuscitation of the patient with hypovolaemia and electrolyte abnormalities ii. Discusses how patients may be inadequately fasted and how this problem is managed iii. Discusses the management of acute preoperative pain
DOPS	
ES_BS_01	Resuscitates acutely ill patients and identifies the need for appropriate plans for intra and postoperative care.
CBD	
ES_BK_03	Lists the indicators of severe illness

☐ Unit of training sign off complete

Date:

Induction of general anaesthesia

Learning outcomes
To conduct safe induction of anaesthesia in ASA grade 1-2 patients confidently
To recognise and treat immediate complications of induction, including tracheal tube misplacement and adverse drug reactions
To conduct anaesthesia for ASA 1E and 2E patients requiring emergency surgery for common conditions
Demonstrates safe practice behaviours including briefings, checklists and debriefs
Demonstrates correct pre-anaesthetic check of all equipment required ensuring its safe functioning
Demonstrates safe induction of anaesthesia, using preoperative knowledge of individual patients co-morbidity to influence appropriate induction technique; shows awareness of the potential complications of process and how to identify and manage them

A-CEX			
IG_BK_01	i. Recalls the pharmacology and pharmacokinetics, including doses, interactions and significant side effects of drugs used during induction of anaesthesia ii. Describes the factors that contribute to drug errors in anaesthesia		

IG_BK_03	In respect of the induction of anaesthesia: i. Describes the effect of pre-oxygenation and knows correct technique ii. Explains the techniques of intravenous and inhalational induction and understands the advantages and disadvantages of both techniques iii. Describes the physiological effects of intravenous induction iv. Describes how to recognise an intra-arterial injection of a harmful substance and its appropriate management v. Identifies the special problems of induction associated with cardiac disease, respiratory disease, musculoskeletal disease, obesity and those at risk of regurgitation/pulmonary aspiration.		
DOPS			
IG_BS_01	Demonstrates safe practice in checking the patient in anaesthetic room		
IG_BS_04	Selects, checks, draws up, dilutes, labels and administers drugs safely		

CBD			
IG_BK_05	In respect of tracheal intubation: i. Lists its indications ii. Lists available types of tracheal tube and identifies their applications iii. Explains how to choose the correct size and length of tracheal tube iv. Explains the advantages/disadvantages of different types of		
IG_BS_14	Demonstrates safe perioperative management of ASA 1 and 2 patients requiring emergency surgery		

□ Unit of training sign off complete

Date:

Intra-operative care

Learning outcomes
The ability to maintain anaesthesia for elective and emergency surgery

The ability to use the anaesthesia monitoring systems to guide the progress of the patient and ensure safety
Considers the effects that co-existing disease and planned surgery may have on the progress of anaesthesia and plans for the management of significant co-existing diseases
Recognise the importance of working as a member of the theatre team
Safely maintains anaesthesia and shows awareness of potential complications and their management

Competence	Description	Trainer	Date
A-CEX			
IO_BS_04	Uses a nerve stimulator to assess the level of neuromuscular blockade		
DOPS			
IO_BS_01	Directs the team to safely transfer the patient and position of patient on the operating table and is aware of the potential hazards including, but not exclusively, nerve injury, pressure points, ophthalmic injuries		
IO_BS_03	Maintains anaesthesia with a face mask in the spontaneously breathing patient		
CBD			
IO_BS_06	Maintains accurate, detailed, legible anaesthetic records and relevant documentation		
IO_BS_10	Manages common co-existing medical problems [with appropriate supervision] including but not exclusively: i. Diabetes ii. Hypertension iii. Ischaemic Heart Disease iv. Asthma and COPD v. Patients on steroids		

☐ Unit of training sign off complete

Date:

Management of respiratory and cardiac arrest in adults and children

Learning outcomes
To have gained a thorough understanding of the pathophysiology of respiratory and cardiac arrest and the skills required to resuscitate patients
Understand the ethics associated with resuscitation

Be able to resuscitate a patient in accordance with the latest Resuscitation Council (UK) guidelines. [Any trainee who has successfully completed a RC(UK) ALS course in the previous year, or who is an ALS Instructor/Instructor candidate, may be assumed to have achieved this outcome]

Valid Advanced Life Support/ALS instructor and EPLS or similar		

OR

Certificate from trust resuscitation officer after completion of CASTest		

OR

Competence	Description	Trainer	Date
A-CEX			
RC_BK_19	Identifies the signs indicating return of a spontaneous circulation		
DOPS			
RC_BS_06	Performs external cardiac compression		
RC_BS_08	Uses a manual or automated defibrillator to safely defibrillate a patient		
CBD			
RC_BK_17	Recalls/describes the Adult and Paediatric Advanced Life Support algorithms		
RC_BK_16	Recalls/discusses the reversible causes of cardiac arrest and their treatment, including but not limited to: i. Hypoxia ii. ii. Hypotension iii. iii. Electrolyte and metabolic disorders iv. Hypothermia v. Tension pneumothorax v. Cardiac tamponade vi. Drugs and toxins viii. Coronary or		

If you have a valid ALS certificate, save it as evidence and send a DOPS to the assessor. You can get your CUT form for this module signed off with one WPBA provided you have completed your Advanced Life Support within the validity period.

☐ Unit of training sign off complete

Date:

Infection control

Learning outcomes
To understand the need for infection control processes
To understand types of infections contracted by patients in clinical setting
To understand and apply most appropriate treatment for contracted infection

To understand the risks of infection and apply mitigation policies and strategies
To be aware of the principles of surgical antibiotic prophylaxis
The acquisition of good working practices in the use of aseptic techniques

Competence	Description	Trainer	Date
A-CEX			
IF_BS_03	Be able to administer IV antibiotics taking into account i. Risk of allergy ii. Anaphylaxis		
DOPS			
IF_BS_01	Identifies patients at risk of infection and applies an infection mitigation strategy		
IF_BS_05	Demonstrates the correct use of disposable filters and breathing systems		
CBD			
IF_BK_05	Explains the need for antibiotic policies in hospitals		
IF_BK_09	Recalls/explains the need for, and methods of, sterilisation		

☐ Unit of training sign off complete

Date:

Transfer medicine (optional)

Learning outcomes
Correctly assesses the clinical status of patients and decides whether they are in a suitably stable condition to allow intra-hospital transfer [only]
Gains understanding of the associated risks and ensures they can put all possible measures in place to minimise these risks
Core clinical learning outcome
Safely manages the intra-hospital transfer of the critically ill but stable adult patient for the purposes of investigations or further treatment [breathing spontaneously or with artificial ventilation] with distant supervision

Attendance at the Transfer training Course		

AND / OR

Competence	Description	Trainer	Date
A-CEX			
TF_BK_02	Explains the risks/benefits of intra-hospital transfer		

TF_BK_03	Recalls/describes the minimal monitoring requirements for transfer		
TF_BS_01	Demonstrates the necessary organisational and communication skills to plan, manage and lead the intra-hospital transfer of a stable patient		
DOPS			
TF_BS_02	Demonstrates how to set up the ventilator and confirm correct functioning prior to commencing transfer		
TF_BS_03	Demonstrates safety in securing the tracheal tube securely prior to commencing the movement/transfer		
TF_BS_07	Demonstrates appropriate choices of sedation, muscle relaxation and analgesia to maintain the patient's clinical status during transfer		
CBD			
TF_BK_05	Outlines the physical hazards associated with intra-hospital transfer		

Attended transfer training course at ___________________________ on date: _________________

□ Unit of training sign off complete

Date:

Sedation (optional)

Learning outcomes
To gain a fundamental understanding of what is meant by conscious sedation and the risks associated with deeper levels of sedation
To be able to describe the differences between conscious sedation and deeper levels of sedation, with its attendant risks to patient safety
Understands the particular dangers associated with the use of multiple sedative drugs especially in the elderly
To be able to manage the side effects in a timely manner, ensuring patient safety is of paramount consideration at all times
To be able to safely deliver pharmacological sedation to appropriate patients and recognise their own limitations
Core clinical learning outcome
Provision of safe and effective sedation to ASA 1 and 2 adult patients, aged less than 80 years of age using a maximum of two short acting agents

Competence	Description	Trainer	Date
A-CEX			

CS_BK_01	Can explain: i. What is meant by conscious sedation and why understanding the definition is crucial to patient safety ii. The differences between conscious sedation and deep sedation and GA iii. The fundamental differences in techniques /drugs used /patient safety iv. The significant risks to patient safety associated with sedation		
CS_BS_05	Demonstrates the ability to recognise and manage the complications of sedation techniques appropriately, including recognition and correct management of loss of verbal responsiveness		
DOPS			
CS_BS_02	Demonstrates ability to explain sedation to patients and to obtain consent		
CS_BS_04	Demonstrates the ability to administer and monitor intravenous sedation to patients for clinical procedures		
CBD			
CS_BK_10	Can explain the use of single, multiple drug & inhalation techniques		
CS_BK_13	Explains the need for robust recovery and discharge criteria when conscious sedation is used for out-patient procedures and the importance of ensuring appropriate escort arrangements are in place		

☐ Unit of training sign off complete

Date:

The Anaesthesia Assessment System

Work Place Assessments: Trainees may use their existing EM e-portfolio if they intend to remain within either of those specialties post-ACCS. However, paper based documentation will be issued by the Anaesthetic College Tutor when you start your anaesthetic post. If needed, the elements therein can be mapped across to e-portfolio or a scanned image of completed key documentation uploaded into the library section of the programme.

Anaesthetic ACCS trainees will be able to enter the required work place based assessments directly onto the LLP provided by The Royal College of Anaesthetists (RCoA). All up to date versions of anaesthetic Work Place Assessment forms (WPBAs) can be found on the RCoA website. There are subtle variations of WPBAs that will be familiar to you already; Anaesthetic Clinical Evaluation Exercises (A-CEX), Directly Observed Procedures (DOPs) and Anaesthetic Case Based Discussions (CBDs). The anaesthetic assessments are clearly centred on the anaesthesia part of the curriculum but opportunities to cover major and acute presentations whilst undergoing anaesthetic training should also be used.

Anaesthetic CBDs: As in other facets of ACCS, Anaesthetic CBDs are not intended as a test of knowledge, or as an oral or clinical examination. They are intended to assess the clinical decision-making process and the way in which the trainee used medical knowledge when managing a single case. In practical terms, the trainee will arrange a CBD with an assessor (Consultant or senior trainee) and bring along a selection of three anaesthetic records from cases in which he/she has recently been solely involved. The assessor selects one and then engages the trainee in a discussion around the pre-operative assessment of the patient, the choices and reasons for selection of techniques and the management decisions with respect to pre-, intra- and post-operative management. A CBD is the trainee's chance to have somebody pay close attention to an aspect of their clinical thinking and to provide feedback. Feedback and discussion are mandatory.

Consultant/Trainer Feedback: This tool has long been used throughout the East of England School of Anaesthesia and is now being used across the entire Health Education East of England (HEEoE). It is a uni-sourced Feedback WPBA. The Anaesthetic College Tutor obtains the feedback and a summated view will be given to you prior to your first formal Performance Review. This is to allow reflection and your own comments to be added. For ACCS trainees, this review will coincide with the final sign off of the Initial Assessment of Competence (IAC) at the three-month stage. It is a snapshot of your generic skills (both technical and non-technical), attitudes and behaviours. It supports your portfolio in the same way as multi-source feedback, but is generated by those Consultant Anaesthetists who you have worked with, and **needs to be available to your ARCP panel.**

Logbook

All trainees should maintain a logbook of their anaesthetic cases, from the ***start*** of anaesthesia which **needs to be available to your ARCP panel as a summary report by age, speciality, ASA grade and level of supervision.** Theatres in individual trusts may collate this electronically. Trainees should ensure that their name is in the theatre "book" and that their involvement with cases is kept on record. We do not recommend other logbook apps as there are data protection issues and the apps are not maintained by the developers.

Keep this record from the start of your anaesthetics placement. If the necessary evidence is not available at a trainee's ARCP, it is difficult to obtain the information in retrospect.

Intensive Care Medicine

This unit is delivered in a single 3- 6-month block. During Basic training in ICM, the trainee will be working under direct supervision for the majority of the time, being introduced to the knowledge and skills required for ICM. A broad-based outline knowledge of the wide range of problems which are seen in ICM is necessary at Basic level.

The new ICM Curriculum is available at

http://www.ficm.ac.uk

Below are the key learning outcomes for Basic level training in ICM

- Appreciate the factors involved in the decision to admit to the ICU
- Identify a sick patient at an early stage
- Be able to undertake immediate resuscitation of patients with cardiac arrest and sepsis
- Have an outline understanding of the pathology, clinical features and the management of common problems which present to ICU
- Understand the principles and place of the common monitoring and intervention in ICU
- Be able to follow a management plan for common ICU problems and recognise developing abnormalities, but appreciate that they will need assistance in deciding on an appropriate action
- Be able to continue the management, with distant supervision of:
    - a resuscitated patient
    - a stable post-operative patient
    - a patient established on non-invasive ventilation

This following set of assessments is based on Basic ICM level of the Royal College of Anaesthetists 2010 Curriculum (Annexe F) however the competencies have been reduced to those that DRE-EM trainees can reliably achieve. Please use this document rather than the full Annexe F.

Please note **ALL** the Principle and Additional competencies must be signed off by the end of your placement.

Principle competencies must be done in the ICM training module.

Additional competencies are not optional, they MUST all also be completed by the end of Year 2 ACCS training, but these Additional ICM competencies MAY be obtained outside the ICM module

As an example: The Additional competency '1.1 Manages cardiopulmonary resuscitation – ALS recommended' MUST be signed but this could be signed based on experience in the ICM, emergency medicine, acute medicine or anaesthesia modules. Trainees should familiarize themselves with the Additional competencies at the beginning of ACCS so that these may be obtained during other ACCS modules where possible.

Irrespective of which base specialty you come from we would like you to complete these assessments. This should add clarity as to what is expected of you but also help you if you wish to continue Intensive Care Medicine training further.

In addition to the competencies laid out here we will also ask you to undertake a **Multisource Feedback exercise** towards the end of your attachment. This helps us gauge your progress and also your relationships with the multidisciplinary team, patients and relatives which are not easily measured by competencies.

Guidance has been drawn from CCT in Anaesthesia, Annex F – Intensive Care Medicine.

http://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXF.pdf

How to use this workbook

To facilitate keeping track of your progress, print out Section 1 (Principle Assessments) and record the completion of the assessments by dating them in the trainee evidence column.

At least one piece of suitable evidence is required for each of the relevant competencies. **One clinical encounter can be used to cover multiple curriculum competencies.**

A single patient encounter involving a history, examination, differential diagnosis and construction and implementation of a management plan could assess many of the competencies together. For example, a trainee may see a patient in the acute admission unit, assess them, start investigations, diagnose their pneumonia, start the patient on antibiotics and

bring them to the ICU where they may need respiratory support. In such a scenario the trainee can, via the use of CBD, DOPS or CEX, bundle together assessment of competencies such as:

1.1 - Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology
2.1 - Obtains a history and performs an accurate clinical examination
2.2 - Undertakes timely and appropriate investigations

2.5 - Obtains and interprets the results of blood gas samples

4.6 - Manages the care of the critically ill patient with specific acute medical conditions

4.2 - Manages antimicrobial drug therapy

11.3 - Performs arterial catheterisation

Assessment Tools Key The 'Assessment Tools' column describes what type of workplace-based assessment is suitable for each competency. Other types of evidence may be used to demonstrate competencies, as described in 'Additional Assessment Tools Key' below. Please ensure that the numbering of evidence items in this table matches that in your portfolio. The paperwork for the individual CbD, DOPS, I-CEX etc can be downloaded from this link, if your base speciality is not Anaesthesia.

http://www.ficm.ac.uk/curriculum-and-assessment/assessments-forms

Workplace-Based Assessment Tools Key
Case-Based Discussion [CBD]
Direct Observation of Procedural Skills [DOPS]
ICM Mini-Clinical Evaluation Exercise [I-CEX]
Multi-source Feedback [MSF]
Simulation

CAT Target Level

'CAT Target Level' indicates the final competency level for this stage of training. Trainees should not normally be marked higher than these levels at the end of CAT, unless in exceptional circumstances with accompanying evidence, therefore you are unlikely as an ACCS trainee to be graded higher than level 2 for most competencies. Please see the full ICM Syllabus for details of the knowledge, skills and behaviours which make up each competency.

Competency Level Descriptors			
Level	Task orientated competence	Knowledge orientated 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

Section 1 – Principle assessments (These competencies must be assessed during the ICM module)

ICM Domain and Competencies	CAT	Level	Assessment	Trainee Evidence

	Target Level	Achieved	Tools	Date & Assessment (eg D1, D2 etc)
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		I, C	
1.4 Triages and prioritises patients appropriately, including timely admission to ICU	1		C	
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation				
2.1 Obtains a history and performs an accurate clinical examination	1		I	
2.2 Undertakes timely and appropriate investigations	1		I, C	
2.4 Obtains appropriate microbiological samples and interprets results	1		D, C	
2.5 Obtains and interprets the results from blood gas samples	2		D, C	
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis	1		I, C	
Domain 3: Disease Management				
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient	1		C	
3.3 Recognises and manages the patient with circulatory failure	1		I, C	
3.4 Manages the patient with, or at risk of, acute renal failure	1		I, C	

3.6 Recognises and manages the patient with neurological impairment	1		I, C	
3.9 Recognises and manages the septic patient	1		I, C	
Domain 4: Therapeutic interventions/ Organ support in single or multiple organ failure				
4.2 Manages antimicrobial drug therapy	2		I, C	
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	2		I, C	
4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	1		D, C	
4.8 Recognises and manages electrolyte, glucose and acid-base disturbances	1		I, C	
Domain 7: Comfort and recovery				
7.2 Manages the assessment and treatment of delirium	2		D, I, C	
7.3 Manages sedation and neuromuscular blockade	2		D, I, C	
7.4 Communicates the continuing care requirements of patients at ICU discharge to health care professionals, patients and relatives	1		M, I	
7.5 Manages the safe and timely discharge of patients from the ICU	1		M, I	
Domain 8: End of life				
8.1 Describes the process of withholding or withdrawing treatment with the multi-disciplinary team	1		C	
Domain 9: Paediatric Care				
9.2 Describes national legislation and guidelines relating to child protection and	1		C	

their relevance to critical care			Child safeguarding certificate	
Domain 10: Transport				
10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	1		D, I Transfer course	
Domain 11: Patient safety and health systems management				
11.2 Complies with local infection control measures	3		C, D	
Domain 12: Professionalism				
12.8 Ensures continuity of care through effective hand-over of clinical information	2		C, M, I	

Principle ICM competencies module sign-off – to be completed following ICM module and acquisition of principle competencies.

Trainer Signature: ______________________ Trainer Name (Print): ______________________________

(ICM Educational Supervisor)

Trainee Signature: ______________________ Trainee Name (Print): ____________________________

Date:

***** PLEASE ENSURE THAT YOU ALSO COMPLETE THE FOLLOWING ADDITIONAL ASSESSMENTS AND ICM FINAL SIGN OFF WHICH IS LOCATED ON PAGE 41 *****

Section 2 – Additional Assessments (Required but may be obtained and signed outside ICM)

ICM Domain and Competencies	CAT Target Level	Level Achieved	Assessment Tools	Trainee Evidence Date & Assessment (eg D1, D2 etc)
Domain 1: Resuscitation and management of the acutely ill patient				
1.2 Manages cardiopulmonary resuscitation – ALS recommended	3		ALS certificate	

1.3 Manages the patient post resuscitation	1		I, S	
1.5 Assesses and provides initial management of the trauma patient	1		D, I, C	
Domain 3: Therapeutic interventions/ Organ support in single or multiple organ failure				
3.1 Manages the care of the critically ill patient with specific acute medical conditions e.g. liver failure, gastrointestinal failure	2		I, C	
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	2		I, C, S	
Domain 4: Therapeutic interventions/organ support in single or multiple organ failure				
4.8 Understands the assessment and management of nutritional support on the intensive care unit	2		C	
Domain 5: Practical procedures				
5.2 Performs emergency airway management	2		D, S	
5.3 Performs difficult and failed airway management according to local protocols	2		D, S Anaes. IAC	
5.8 Performs arterial catheterisation	1		D, C	
5.9 Performs ultrasound techniques for vascular localisation	1		D	
5.10 Performs central venous catheterisation	1		D, C	
5.15 Performs lumbar puncture (intradural / 'spinal') under supervision	2		D, S	
5.19 Performs nasogastric tube placement	3		D	
Domain 12: Professionalism				

12.2 Communicates effectively with members of the health care team	2		M	
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	2		M	
12.14 Participates in multidisciplinary teaching	3		M	

ACCS ICM Final sign off - Principle and Additional competencies completed

Any ICM, EM, AM or Anaesthesia Educational Supervisor may sign this once the Principle competencies are signed by the ICM Supervisor (above) and all the Additional Competencies are complete:

Trainer Signature: ______________________ Trainer Name (Print): ______________________________

(ICM Educational Supervisor)

Trainee Signature: ______________________ Trainee Name (Print): ____________________________

Date:

Annual Review of Competence Progression

Checklist for DRE-EM

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

ARCP DRE-EM – Year 1

ARCP DRE-EM – Year 2

All paper-based evidence must be scanned and uploaded to the appropriate file with an appropriate title (e.g. ALS Certificate 2018) depending on which year of DRE-EM you have been placed.

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: ______________________________ NTN: ________________________________

Emergency Medicine (Year In or 1)

Summative assessments by a consultant in **at least 2** Major Presentations	Date of assessment	Assessor's name
• CMP1 Anaphylaxis	Date	Name
• CMP2 Cardio-respiratory arrest (or current ALS certification)	Date	Name
• CMP3 Major Trauma	Date	Name
• CMP4 Septic patient	Date	Name
• CMP5 Shocked patient	Date	Name
• CMP6 Unconscious patient	Date	Name
Summative assessments by a consultant in **each** of the following 5 Acute Presentations:		
• CAP1 Abdominal Pain	Date	Name
• CAP6 Breathlessness	Date	Name
• CAP7 Chest Pain	Date	Name

• CAP18 Head Injury	Date	Name
• CAP30 Mental Health	Date	Name

Formative assessments in **at least 5 further Acute Presentations** using a variety of assessment tools including ACAT(EM) which can cover up to 5 acute presentations				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name

9 other **Acute Presentations** covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs		
1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name

Practical procedures as DOPS in each of the following 5 domains:		
• PP11 Airway Maintenance	Date	Name
• PP16 Fracture/Joint manipulation	Date	Name
• PP18 Wound Care	Date	Name
• PP19 Primary Survey	Date	Name

• Any 1 other procedure	Date	Name

General Emergency Medicine (ST3)

Assessments by a consultant in at least 6 Resuscitation cases including at least 1 trauma case Presentations by 3 Mini-CEX or CbD **At least 1 resuscitation case assessed within first 3 months (Using ST3 resuscitation form)**		
• Mini-CEX	Date	Name
• Mini-CEX	Date	Name
• Mini-CEX	Date	Name
•	Date	Name
•	Date	Name
•	Date	Name
All remaining 14 ST3 Acute presentations covered by: ST3-6 MiniCEX/CBD, ESLE, teaching and audit assessments, Evidence of learning e.g. RCEM Learning modules Reflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc.		
• C3AP1a Chest trauma Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP1b Abdominal trauma Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP1c Spinal injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP1d Maxillo-facial injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP1e Major burns Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP2a Traumatic lower limb injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP2b Traumatic upper limb injury Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP3 Blood gas interpretation Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP4 Blood glucose abnormalities Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP5 dysuria, Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name

• C3AP6 Emergency Airway Care Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP7 needle stick injury, Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP8 testicular pain, Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
• C3AP9 urinary retention Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
Extended Supervised Learning Events (ESLE) Two will be conducted in Adult Emergency Medicine, the first by 3 months. The first is to be conducted by the clinical/educational supervisor.		
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All remaining practical procedures completed as DOPs (ST1 EM/ST 3 EM procedures): total 45 in entire curriculum				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name

Paediatric Emergency Medicine CT/ST3

Assessments by a consultant in at least 2 Paediatric Major Presentations by ST3 Resus Mini-CEX or CbD **and** APLS (or EPLS/EPALS) course: At least 1 PMP assessment within the first 3 months	**Date of assessment**	**Assessor's name**
• PMP1 Anaphylaxis	Date	Name
• PMP2 Apnoea, Stridor and Airway Obstruction	Date	Name
• PMP3 Cardio-respiratory arrest	Date	Name
• PMP4 Major Trauma	Date	Name
• PMP5 Shocked child	Date	Name
• PMP6 Unconscious child	Date	Name
Assessments by a consultant in each of the following 5 Acute Paediatric Presentations by general Mini-CEX or CbD: At least 2 PAP assessments (one of which must be a mini-CEX) within the first 3 months		
• PAP1 Abdominal Pain	Date	Name
• PAP5 Breathing Difficulties & potential need for critical support	Date	Name
• PAP6 Presentations that cause concern	Date	Name
• PAP9 Fever in all age groups	Date	Name

• PAP15 Pain management in children	Date	Name
All 14 remaining Acute Paediatric presentations covered by: ST3-6 MiniCEX/CBD, ELSE, teaching and audit assessments, Evidence of learning e.g. RCEM Learning modules Reflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc.		
• PAP2 Accidental poisoning, poisoning and self-harm WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP3 Acute life-threatening event WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP4 Blood disorders WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP7 Dehydration secondary to D&V WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP8 ENT WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP10 Floppy child WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP11 GI bleeding WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP12 Headache WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP13 Neonatal presentations WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP14 Ophthalmology WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP16 Painful limb - atraumatic WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP17 Painful limb - traumatic WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP18 Rashes in children WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
• PAP19 Sore throat WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
Paediatric practical procedures as 3 DOPs in the following domains:		

• PEMP 1 Venous access in children	Date	Name
• PEMP 2 Airway Assessment and Maintenance	Date	Name
• PEMP 3 Primary survey in a child	Date	Name

Other paediatric practical procedures covered by further DOPs or reflective practice:

1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name

Overview by end of DRE-EM Year 1 or Year IN

ST1 & ST3 adult EM Major Presentations completed	Date
ST1 & ST3 adult EM Acute Presentations completed	Date
ST1 & ST3 adult EM Practical Procedures completed	Date
All paediatric presentations and procedures completed	Date
Structured Training Reports (one for each placement)	YES / NO (please circle)
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	Date
Evidence of Audit or Quality Improvement Project (one every 12 months)	YES / NO (please circle)
MRCEM awarded prior to 31 July 2018 or progress in FRCEM Primary and FRCEM Intermediate SAQ and SJP examinations (upload to eportfolio)	Exams achieved
Evidence of Management Project(s)	Yes/ No (please circle)
ALS or equivalent (upload certificate to e-portfolio)	Date
Progress to completion of ATLS & APLS or equivalent	
Safeguarding Children Level 3 (upload certificate to e-portfolio)	Date
Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
Number of training days attended (upload certificates to e-portfolio)	Number
Local feedback as requires by Deanery/LETB	YES / NO (please circle)

To be completed by trainee and countersigned by Educational Supervisor

Trainee signature:		**Date:**	
Education Supervisor signature:		**Date:**	
Education Supervisor name PLEASE PRINT			

Annual Review of Competence Progression
Checklist for Work Place Based Assessments in DRE-EM Year 2 OR YEAR OUT

Trainee Name: ______________________ NTN: ________________

Acute Medicine

Formative assessments in **2 Major Presentations** not yet covered:		
• CMP1 Anaphylaxis	Date	Name
• CMP2 Cardio-respiratory arrest	Date	Name
• CMP3 Major Trauma	Date	Name
• CMP4 Septic patient	Date	Name
• CMP5 Shocked patient	Date	Name
• CMP6 Unconscious patient	Date	Name

Formative assessments in **at least 10 Further Acute presentations** using a variety of assessment tools including ACAT(GIM)				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
6. Date	7. Date	8. Date	9. Date	10. Date
Name	Name	Name	Name	Name

9 other **Acute Presentations** covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs (Please circle)		
1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name

9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)			Date	Name
Practical procedures as 5 DOPS				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name

Anaesthetic Competences (ST2) - NB: IAC only if in 3- or 4-month post.

PLEASE SEE THE NOTES BELOW AT THE END OF THE CHECK LIST

Formative assessment of 5 Anaesthetic-CEX:	Date of assessment	Assessor's 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 further 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 - **if in 6 month post**		
• 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 **if in 9 month block**		
• Sedation	Date	Name
• Regional block	Date	Name
• Emergency surgery	Date	Name
• Safe Transfers	Date	Name

Intensive Care Medicine (ST2)

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

Formative assessment of any Acute Presentations not yet covered				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name

Formative assessment of 13 practical procedures as DOPS (may be assessed as Mini CEX or CbD if indicated), including:		
• ICM 1 Peripheral venous cannulation	Date	Name
• ICM 2 Arterial cannulation	Date	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 of vasoactive drugs and electrolytes	Date	Name
• ICM 10 Fluid challenge in an acutely unwell patient (CbD)	Date	Name
• ICM 11 Accidental displacement ETT / tracheostomy	Date	Name
• Any other	Date	Name
• Any other	Date	Name

Overview by end of DRE-EM /ST3 Programme

All 11 adult Major Presentations completed (CMP1-6+ C3AP1a-e)	Date
All 47 adult Acute Presentations completed (CAP 1-38 + C3AP2a,b,3,4,5,6,7,8,9)	Date
All 45 adult Practical Procedures completed	Date
All paediatric presentations and procedures completed	Date
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	YES / NO (please circle)
Evidence of Audit or Quality Improvement Project	YES / NO (please circle)
Evidence of Management Project(s)	YES / NO (please circle)
Structured Training Reports (one for each placement)	YES / NO (please circle)
MRCEM awarded prior to 31 July 2018 or FRCEM Primary and FRCEM Intermediate SAQ and SJP examinations (upload certificate to e-portfolio)	Date
ALS or equivalent (upload certificate to e-portfolio)	Date
ATLS or equivalent (upload certificate to e-portfolio)	Date
APLS or equivalent (upload certificate to e-portfolio)	Date
Safeguarding Children Level 3 (upload certificate to e-portfolio)	Date
Number of training days attended (upload certificates to e-portfolio)	Number
Local feedback as required by Deanery/LETB	YES / NO (please circle)
Common competences: **23/ 25 to Level 2** confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)

ARCP outcome 1 or equivalent for DRE-EM Year 1	YES / NO (please circle)
Faculty Education Statement supports training progression	YES / NO (please circle)

To be completed by trainee and countersigned by Educational Supervisor

Trainee signature:		**Date:**	
Education Supervisor signature:		**Date:**	
Education Supervisor name PLEASE PRINT			

What Happens Next?

Towards the end of your two-DRE-EM years, after achieving all the ACCS & ST3 competences, you are contacted by the TPD of HST for your ST4 – ST6 placements.

DRE-EM Specific Teaching

The DRE-EM trainees who are in their EM and PEM year, are expected to attend the specific regional monthly teaching programme. Please get in touch with your individual departments to arrange study leave on these days. The sessions are held on the 2nd Friday of every month.

All teaching programmes can be found on the Health Education, East of England website:

https://heeoe.hee.nhs.uk/node/3593

There will also be some FRCEM examination workshops for EM trainees.

For the DRE-EM trainees who are in their year out period, are expected to attend the departmental and regional teaching programmes in the specific specialties.

Contacts

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- Anna Frost, Admin Manager, East of England School of Emergency Medicine
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Resources

- For Acute Medicine attachment/ acute physician trainee's portfolio:

http://www.jrcptb.org.uk/enrolment

- For Emergency Medicine trainee's portfolio:

http://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Applying_for_Specialty_Training/RCEM/Exams_Training/UK_Trainees/ePortfolio.aspx

- For EM WPBAs

http://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Assessment_Schedule/RCEM/Exams_Training/UK_Trainees/Assessment_Schedule.aspx

- For Anaesthetic training and LLP

https://www.rcoa.ac.uk/lifelonglearning

- For core trainee survival guide

http://www.aagbi.org/sites/default/files/core_survival_guide_09.pdf

- Specific ACCS website:

https://rcoa.ac.uk/accs

- HEEOE School of Emergency Medicine website:

https://heeoe.hee.nhs.uk/em_home

- The RCOA guide for novice anaesthetists supports the first 3-6 months in anaesthesia and is a very useful resource for all ACCS trainees

http://www.rcoa.ac.uk/careers-and-training/the-rcoa-guide-novice-trainees

ACCS Specialty Specific Assessments forms & EM Work Place Based Assessment Forms

The link below contains all the paper-based assessment forms recommended for use by each college.

http://www.rcem.ac.uk/docs/Training/2015%20Curriculum%20-%20Appendix%202%20(Oct%202016%20update)%20-%20for%20website.pdf