

During Emergency Medicine 6 months

- **Common Competencies Level 2**
 - Reach 12.5%
- **Summative assessment (Mini-CEX or CbD) in two Major presentations:**
 - CMP3 - Major Trauma
 - CMP6 - Unconscious patientAlternatives: Anaphylaxis, Cardiorespiratory arrest, septic patient, shocked patient
- **Summative assessment (Mini-CEX or CbD) in all of the following Acute presentations:**
 - CAP7 - Chest pain
 - CAP1 - Abdominal pain
 - CAP6 - Breathlessness
 - CAP30 - Mental health
 - CAP18 - Head injury
- **Formative assessments (ACAT-EM) in 5 additional acute presentations**
 - AP 1
 - AP 2
 - AP 3
 - AP 4
 - AP 5(all 5 can be completed in 1 ACAT-EM, see appendix for list of acute presentations)
- **10 additional assessments of acute presentations**
 - AP1
 - AP2
 - AP3
 - AP4
 - AP5
 - AP6
 - AP7
 - AP8
 - AP9
 - AP10Use a combi of e-learning, reflective entries, teaching and audit assessments, additional ACAT-EMs
- **Assessment of 5 practical procedures including:**
 - Airway management
 - Primary survey
 - Wound care
 - Fracture or joint reduction
 - plus one other: Arterial cannulation, Peripheral venous cannulation, Arterial blood gas sampling, Lumbar puncture, Pleural tap and aspiration, Intercostal drain – seldinger, Intercostal drain – open, Ascitic tap, Abdominal paracentesis, DC Cardioversion, Knee aspiration, Large joint examination, Temporary pacing (external/wire)
- **Supervisor Meetings every 3 months**
 - AUGUST or February Start of Placement (Clinical and Educational)
 - NOVEMBER or APRIL Mid-Placement (Clinical and Educational)
 - JANUARY or Early JUNE End of ED Placement (Clinical) and Educational end and start

During the Acute medicine 6 months

- **Common Competencies Level 2**
 - Reach 25%
- **Formative (Mini-CEX or Cbd) assessment in 2 major presentations**
 - CMP5 - Shocked patient
 - CMP2 - Cardiorespiratory arrest
 - Alternatives: CMP6 - Unconscious patient, CMP3 - Major Trauma, CMP1 – Anaphylaxis, Ideally CMP4 - Septic patient should be covered during ITU attachment
- **Formative assessment of an additional 10 of the Acute presentations (Mini-CEX, Cbd or ACAT)**
 - AP1
 - AP2
 - AP3
 - AP4
 - AP5
 - AP6
 - AP7
 - AP8
 - AP9
 - AP10
- **Formative assessment of 5 practical procedures (DOPs)**
 - DOP1
 - DOP2
 - DOP3
 - DOP4
 - DOP5
- **Meetings**
 - AUGUST or February Start of Placement (Clinical and Educational)
 - NOVEMBER or APRIL Mid-Placement (Clinical and Educational)
 - JANUARY or Early JUNE End of ED Placement (Clinical) and Educational end and start

- **Spread: 3 Mini-CEX • 5 DOPs • 3 Cbds • 3 ACATs**

Across whole year

- **1 Sim Course** (18th November 2015, 16th February 2016 or 5th May 2016)
- **70% EM teaching attendance** (upload all certificates of attendance to eportfolio)
- **1 Audit** (discuss with your department audit lead)
- **1 Multisource feedback** (best at end of EM placement)
- **1 Structured training report by educational supervisor** (min. 1 months before ARCP)
- **2 trainees surveys which will be sent out by the ACCS school (Anna)**

Aim to have covered all Major presentations, Acute presentations and practical procedures at least once during the first 2 years of ACCS. Next page contains a checklist.

Major Presentations

- CMP1 Anaphylaxis
- CMP2 Cardio-respiratory arrest
- CMP3 Major trauma
- CMP4 Septic patient
- CMP5 Shocked patient
- CMP6 Unconscious patient

Acute Presentations

- CAP1 (S) Abdominal pain including loin pain
- CAP2 Abdominal swelling, mass and consti
- 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 & swelling - atraumati
- 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 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

Procedures

- 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 acutely unwe
- PP21 Secondary assessment of the acutely unwell (in ICU)
- PP22 Connection to mechanical ventilat
- 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 or tracheosto
- PP28 Preoperative assessment
- PP29 Management of spontaneously breathing patient
- PP30 Administer anaesthesia for laparotomy
- PP31 Demonstrate RSI
- PP32 Recover patient from anaesthesia
- PP33 Demonstrate function of anaesthetic machine
- PP34 Transfer of patient to operating ta
- PP35 Demonstrate CPR resuscitation manik
- PP36 Technique of scrubbing up and donning gown and gloves
- PP37 Basic competences for pain mana
- PP38 Patient identification
- PP39 Post op N&V
- PP40 Airway assessment
- PP41 Choice of muscle relaxants and induction agents
- PP42 Post op analgesia
- PP43 Post op oxygen therapy
- PP44 Emergency surgery
- PP45 Safe use of vasoactive drugs and electrolytes