

ARCP Record Book

For CT1 and 2 ACCS Trainees

Version 1.2 Aug 2015

Introduction

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

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

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

It is envisaged at this stage that at the end of the year each trainee will submit this booklet with a completed Training report for each module they have undertaken that year, this will usually be 2. In addition there will also be a record of the competencies, presentations and practical procedures that they have achieved signed off by their Modular supervisor. This booklet along with an up-to-date CV will be required for the trainees ARCP outcome to be determined for the year.

In addition to these assessments all trainees must show evidence of up to date training in safeguarding of vulnerable adults and safeguarding children (level 2)

General Information

Trainee's Name		
GMC number		
ACCS parent specialty		
College training number		
Base Hospital		
Overall educational supervisor*		
Module 1 including dates		
Module 1 Supervisor**		
Module 2 Including dates		
Module 2 Supervisor**		
Year 1 ARCP	Date	Outcome
Module 3 Including dates		
Module 3 Supervisor**		
Module 4 Including dates		
Module 4 Supervisor**		
Year 2 ARCP	Date	Outcome

**Overall educational supervisor* is a Consultant in the base hospital from the parent specialty that the trainee is training in. They would usually be the consultant with overall responsibility for training within their specialty e.g. College Tutor in Anaesthesia.

***Modular supervisor* is the person responsible for the trainee during that module and will be the person completing the Structured Training Report at the end of that specific module with the trainee.

COMMON COMPETENCIES

The individual criteria can be found in the ACCS Curriculum May 2010 document on pages 26-72. Many of these competences are an integral part of clinical practice and as such will be assessed concurrently with the clinical presentations and procedures assessments. Trainees should use these assessments to provide evidence that they have achieved the appropriate level.

For a small number of common competences alternative evidence should be used e.g. assessments of audit and teaching, completion of courses, management portfolio, which can be used to record management & leadership competencies. It is anticipated that >50% of CC's will be signed off by the end of the CT2 ACCS year and all before entering specialist training.

Competency	Level achieved (Sign and date)			
	1	2	3	4
1) History taking				
2) Clinical examination				
3) Therapeutics and safe prescribing				
4) Time management and decision making				
5) Decision making and clinical reasoning				
6) The patient as central focus of care				
7) Prioritisation of patient safety in clinical practice				
8) Team working and patient safety				
9) Principles of quality and safety improvement				
10) Infection control				

Competency	Level achieved (Sign and date)			
	1	2	3	4
11) Managing long term conditions and promoting patient self-care				
12) Relationships with patients and communication within a consultation				
13) Breaking bad news				
14) Complaints and medical error				
15) Communication with colleagues and cooperation				
16) Health promotion and public health				
17) Principles of medical ethics and confidentiality				
18) Valid consent				
19) Legal framework for practice				
20) Ethical research				
21) Evidence and guidelines				
22) Audit				
23) Teaching and training				
24) Personal behaviour				
25) Management and NHS structure				

MAJOR PRESENTATIONS

These are seen as the cornerstone of the clinical skills of ACCS trainees and they should all be signed off by the end of the second year. 2 must be completed in the EM block and must be assessed in a Summative assessment using either a CBD or CEX specifically designed for Summative assessment (In Curriculum pages 222-228). 2 will be assessed in the AM block and the other 2 can be done in any of the modules but it is recommended that the Septic patient should probably be signed off in the ICM block.

Presentation	ACCS Module AM/EM/ICM/An	Date	Educational/Modular supervisor
1) Anaphylaxis			
2) Cardio respiratory Arrest (Valid ALS Certificate Mandatory)			
3) Major Trauma			
4) Septic patient			
5) Shocked patient			
6) Unconscious patient			

ACUTE PRESENTATIONS

There are 38 Acute presentations(AP) which will need to be signed off by the end of the third year of ACCS. A minimum of 10 in AM and 10 in EM should be signed off by the end of the second year. There are 5 AP's that require the trainee to complete specific summative WBA in EM attachment. Up to 5 AP's can be cover by a single ACAT in either EM or AM. For further information see ACCS Curriculum P87-139.

Presentation	ACCS Module AM/EM/ICM/An	Date	Educational/Modular supervisor
1) Abdominal Pain including loin pain	EM recommended		
2) Abdominal Swelling, Mass & Constipation			
3) Acute Back Pain			
4) Aggressive/disturbed behaviour			
5) Blackout/Collapse			
6) Breathlessness	EM recommended		
7) Chest Pain	EM recommended		
8) Confusion, Acute/Delirium			
9) Cough			
10) Cyanosis			
11) Diarrhoea			
12) Dizziness and Vertigo			
13) Falls			
14) Fever			
15) Fits / Seizure			
16) Haematemesis & Melaena			
17) Headache			

18) Head Injury	EM recommended		
19) Jaundice			
20) Limb Pain & Swelling - Atraumatic			
21) Neck pain			
22) Oliguric patient			
23) Pain Management			
24) Painful ear			
25) Palpitations			
26) Pelvic pain			
27) Poisoning			
28) Rash			
29) Red eye			
30) Suicidal ideation / Mental health	EM recommended		
31) Sore throat			
32) Syncope and pre- syncope			
33) Traumatic limb and joint injuries			
34) Vaginal bleeding			
35) Ventilatory Support			
36) Vomiting and Nausea			
37) Weakness and Paralysis			
38) Wound assessment and management			

ANAESTHESIA FOR ACCS

Within the ACCS anaesthesia module the trainee must achieve the Initial Test of Competence as well as completing all 8 modules from 'Basis of Anaesthetic Practice'

Optional Modules from the Basic Section of the anaesthesia curriculum may also be completed if desired.

Please can all modules be signed and dated by the trainees Anaesthesia Modular Supervisor.

Hospital where anaesthesia module undertaken

Dates from to

Number of months of Anaesthesia training

	Date	Signature and name of supervisor
Initial Test of competency passed		
Preoperative Assessment		
Premedication		
Induction of General Anaesthesia		
Intraoperative Care		
Postoperative and recovery room care		
Management of respiratory & cardiac arrest		
Control of Infection		
Introduction of Anaesthesia for emergency surgery		
Optional Units		

PRACTICAL PROCEDURES

There is a list of 44 Practical procedures in the ACCS Curriculum. They are all to be completed by the end of the second year. Some procedures and their assessment are specific to certain elements of the ACCS programme and a specific type of WBA has been recommended, these have been indicated in brackets using the key below. These include the 17 that are associated with the Anaesthetic Initial assessment of competence.

Mi, A = Mini-CEX(Anaesthetic), D = DOPs, C = CBD

Practical procedures	ACCS Module	WBA type	Date	Educational/Modular supervisor
1. Arterial cannulation	ICM (D)			
2. Peripheral venous cannulation	ICM (D)			
3. Central venous cannulation	ICM (D)			
4. Arterial blood gas sampling	ICM (Mi,D)			
5. Lumbar puncture				
6. Pleural tap and aspiration				
7. Intercostal drain Seldinger				
8. Intercostal drain - Open				
9. Ascitic tap				
10. Abdominal paracentesis				
11. Airway protection	EM (D)			
12. Basic and advanced life support	Anaes (D)			
13. DC Cardioversion				
14. Knee aspiration				

15. Temporary pacing (external/ wire)				
16. Reduction of dislocation/ fracture	EM (D)			
17. Large joint examination				
18. Wound management	EM (D)			
19. Trauma primary survey	EM (D)			
20. Initial assessment of the acutely unwell				
21. Secondary assessment of the acutely unwell				
22. Connection to a mechanical ventilator	ICM (D)			
23. Safe use of drugs to facilitate mechanical ventilation	ICM (C)			
24. Managing the patient fighting the ventilator	ICM (C)			
25. Monitoring Respiratory function	ICM (C)			
Initial Assessment of Competence (IAC) - as listed below from Preoperative assessment to Emergency surgery				
26. Preoperative assessment	Anaes (A)			
27. Management of spontaneously breathing patient	Anaes (A)			
28. Administer anaesthesia for laparotomy	Anaes (A)			
29. Demonstrate RSI	Anaes (A)			

30. Recover patient from anaesthesia	Anaes (A)			
31. Demonstrates function of anaesthetic machine	Anaes (D)			
32. Transfer of patient to operating table	Anaes (D)			
33. Technique of scrubbing up and donning gown and gloves	Anaes (D)			
34. Basic competences for pain management	Anaes (D)			
35. Patient Identification	Anaes (C)			
36. Post op N&V	Anaes (C)			
37. Airway assessment	Anaes (C)			
38. Choice of muscle relaxants and induction agents,	Anaes (C)			
39. Post op analgesia	Anaes (C)			
40. Post op oxygen therapy	Anaes (C)			
41. Emergency surgery	Anaes (C)			
42. Safe use of vasoactive drugs and electrolytes	ICM (Mi,C)			
43. Delivers a fluid challenge safely to an acutely unwell patient	ICM (C)			
44. Describes actions required for accidental displacement of tracheal tube or tracheostomy	ICM (C)			

Structured Training Report for Acute Medicine Module

The educational/modular supervisor must complete this STR, having reviewed the trainee's learning portfolio and WPBAs. Alternatively please substitute a print out of the STR from the Medicine e Portfolio.

Current Placement		
Base Hospital/Department		
Dates		
Clinical supervisor		
WPBA in Current Placements		
Assessment	Number	Comments
Mini-CEX (min 3 in 6 months)		
DOPs (min 5 in 6 months)		List procedures included in DOPs and ensure they are signed off in Practical procedures
CBD (min 3 in 6 months)		
ACAT (min 3 in 6 months)		
MSF		

Experiential outcomes (please review evidence in learning portfolio)	
	Comments
Major Presentations (at least 2 out of 6)	
Acute Presentations (at least 10 out of 38)	
Procedural Procedures	
Log book	
Clinical Governance/Audit	
Exams / Other Educational Achievements	
Life Support Courses	
Other Courses	
Other evidence of Achievements	
Other outcomes to be considered that may not be in the learning portfolio. (e.g. Critical Incidents, Complaints)	

Summary of Trainees Assessment

Supervisor to complete. Please attach evidence if available to support opinions or give examples of behaviours.

Pen Picture of Trainee:
Clinical
Professionalism
Communication
Academic Endeavour/Learning

Strengths of Trainee

Suggestions for improvement

I confirm that this is an accurate description/summary of this trainee's learning portfolio and WPBA, covering the period fromto

Supervisor Name and Signature

Trainee Signature

Date:

Date:

Structured Training Report for Emergency Medicine Module

The educational/modular supervisor must complete this STR, having reviewed the trainee's learning portfolio and WPBAs. Alternatively please substitute a print out of the STR from the Emergency Medicine e Portfolio.

Current Placement		
Base Hospital/Department		
Dates		
Clinical supervisor		
WPBA in Current Placements		
Assessment	Number	Comments
Mini-CEX (min 4 in 6 months)		
DOPs (min 5 in 6 months)		List procedures included in DOPs and ensure they are signed off in Practical procedures
CBD (min 3 in 6 months)		
ACAT (min 1 in 6 months)		
MSF		

Experiential outcomes (please review evidence in learning portfolio)				
Activity	Topic	Date	Outcome	Comments
<i>Summative assessments</i>				
Major Presentation 1				
Major Presentation 2				
Others				
Acute Presentation 1	Chest Pain			
Acute Presentation 2	Abdominal pain			
Acute Presentation 3	Breathlessness			
Acute Presentation 4	Mental Health			
Acute Presentation 5	Head Injury			
Others				
<i>Formative assessments</i>				
Acute Presentation 6				
Acute Presentation 7				
Acute Presentation 8				
Acute Presentation 9				
Acute Presentation 10				
Others				
<i>Procedural Procedures</i>				
Practical procedure 1	Basic Airway			
Practical procedure 2	Trauma primary survey			
Practical procedure 3	Wound management			
Practical procedure 4	Fracture manipulation + Joint stabilisation			
Practical procedure 5				
Other				

Experiential outcomes (please review evidence in learning portfolio)			
Activity	Date	Outcome	Comments
Log book			
CG activity			
PDP			
Educational achievements			
Management			
Short courses ALS ATLS			
Other evidence			
Other outcome to be considered that may not be in the learning portfolio			
Activity	Date	Outcome	Comments
Critical incidents			
Complaints			
Other			

Summary of Trainees Assessment

Supervisor to complete. Please attach evidence if available to support opinions or give examples of behaviours.

Strengths of Trainee

Weaknesses of Trainee

Suggestions for improvement

I confirm that this is an accurate description/summary of this trainee's learning

portfolio and WPBA, covering the period fromto

Supervisor Name and Signature

Trainee Signature

Date:

Date:

Structured Training Report for Anaesthesia Module

The educational/modular supervisor must complete this STR, having reviewed the trainee's learning portfolio and WPBAs. Alternatively please substitute a print out of the STR from the Anaesthesia e Portfolio.

Current Placement		
Base Hospital/Department		
Dates		
Clinical supervisor		
WPBA in Current Placement		
Assessment	Number	Comments
Mini-CEX (min 7 in 6 months)		
DOPs (min 8 in 6 months)		List procedures included in DOPs and ensure they are signed off in Practical procedures
CBD (min 10 in 6 months)		
MSF (Optional – compulsory in ICM module)		

Basic training modules			
Topic	Date	Outcome	Comments
Initial Assessment of Competence			
Preoperative Assessment			
Premedication			
Induction of General Anaesthesia			
Intraoperative Care			
Postoperative and recovery room care			
Management of Respiratory and Cardiac Arrest			
Control of Infection			
Introduction to anaesthesia for emergency surgery			
Additional optional units from basis of anaesthesia			
Confirmation of satisfactory communication skills attitudes and behaviour			

If ACCS Anaesthesia trainee are they making reasonable progress with achieving competencies (roughly 50% before entering CT2b year) Yes No

Experience (please review supporting information in portfolio)			
Activity	Date(s)	Details	Comments/Outcome
Log book Case numbers Case mix This year total Overall total			
Exams Taken			Fail Pass
School Primary study days attended			
Courses			
Teaching Experience			
Administration / Management			
Critical incidents			

Plaudits & Complaints			
GMC trainee Survey		Receipt No	
Other achievements			

Summary of Trainees Assessment

Supervisor to complete.

Strengths of Trainee

To be completed by Supervisor

Weaknesses of Trainee

Suggestions for improvement

To be completed by Trainee

Strengths and weaknesses

To be completed by Trainee

Personal Development Plan

We confirm that this is an accurate description and summary of this trainee's learning portfolio and WPBA, covering the period fromto

Supervisor Name and Signature

Trainee Name and Signature

GMC Number:

GMC Number:

Date:

Date:

Structured Training Report for Intensive Care Medicine Module

The educational/modular supervisor must complete this STR, having reviewed the trainee's learning portfolio and WPBAs.

Current Placement		
Base Hospital/Department		
Dates		
Clinical supervisor		
WPBA in Current Placement		
Assessment	Number	Comments
Mini-CEX (min 3 in 6 months)		
DOPs (min 6 in 6 months)		List procedures included in DOPs and ensure they are signed off in Practical procedures
CBD (min 4 in 6 months)		
MSF (1 per placement - compulsory)		

Experiential outcomes (please review evidence in learning portfolio)				
Practical Procedure	WBA	Date	Outcome	Comments
Demonstrates aseptic peripheral venous cannulation	DOPS			
Demonstrates aseptic arterial cannulation (+ local anaesthetic)	DOPS			
Obtains an arterial blood gas sample safely, interprets results correctly	DOPS or M CEX			
Demonstrates aseptic placement of central venous catheter	DOPS			
Connects mechanical ventilator and selects initial settings	DOPS			
Describes Safe Use of Drugs to Facilitate Mechanical Ventilation	CBD			
Describes Principles of Monitoring Respiratory Function	CBD			
Describes the Assessment of the patient with poor compliance during Ventilatory Support ('fighting the ventilator')	CBD			
Prescribes safe use of vasoactive drugs and electrolytes	M CEX or CBD			
Delivers a fluid challenge safely to an acutely unwell patient	CBD			
Describes actions required for accidental displacement of ETT or tracheostomy	CBD			

Completed IBTICM Basic training record for ICM

Yes No

Summary of Trainees Assessment

Supervisor to complete. Please attach evidence if available to support opinions or give examples of behaviours.

Strengths of Trainee

Weaknesses of Trainee

Suggestions for improvement

I confirm that this is an accurate description/summary of this trainee's learning

portfolio and WPBA, covering the period fromto

Supervisor Name and Signature

Trainee Signature

Date:

Date: