ARCP Record Book

**For CT2 ACCS Trainees in the Peninsula School**

Version 2 July 2016

Health Education England (working across the south west)

**Introduction**

ACCS training is described under the headings of:

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

All information in this document refers to the ACCS April 2012 curriculum which can be found via the GMC: <http://www.gmc-uk.org/education/24935.asp>. Page references to this document will follow as appropriate to each section.

Some of this training must be obtained in a particular job, but other competencies can be achieved in any of the jobs. A minimum number of competencies must be achieved by the end of years one and two.

ACCS CT2 EM and AM Trainees should use the relevant e-portfolio for their parent specialty, but will also need to complete this paper document as some areas are not covered by the e-portfolio. ACCS CT2 Anaesthetic trainees should now use their e-portfolio, and also complete this paper document to demonstrate overall competencies and evidence of curriculum mapping, which is not on the anaesthetic e-portfolio.

The purpose of this booklet is to give trainees and trainers a guide as to the required competencies and clinical procedures for the CT2 year, and to provide a central resource to collate all competencies gained. The booklet therefore includes Structured Training Reports (STR) for the Anaesthesia and ICM modules. Some evidence can be collated on the trainee’s e-portfolios, but important areas are not clearly covered on the e-portfolio so it is important the trainees use this paper document as the basis for discussion with both their clinical and educational supervisors. It is sensible to record these discussions so example interim training report paperwork is in this booklet too (appendix 1) – but trainees can use the relevant eportfolio forms instead.

At the end of the year each CT2 trainee will use this booklet **as well as their e-portfolio** to demonstrate the outcome of their year’s training at their Annual Record of Competency Progression meeting or ARCP. **The General Information page and the Educational Supervisor countersignature box for each Structured Training Report MUST be completed in this document for all trainees and brought to ARCP as there are no e-portfolio equivalent documents.**

Dr Lou Mitchell,

Training Programme Director ACCS (Emergency Medicine CT1-3, AM CT1-2, Anaes CT1) Peninsula

Dr Justine Elliott,

Training Programme Director ACCS (Anaesthesia CT2 & 3) & Core Anaesthesia trainees Peninsula

Dr Alison Moody,

Training Programme Director ACCS (AM CT3) and Core Medical Training

**General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee’s Name | |  | |
| GMC number | |  | |
| ACCS parent specialty | |  | |
| College training number | |  | |
| Base Hospital | |  | |
| Educational supervisor1 | |  | |
| Training Programme Director for Year | |  | |
| Job 3 | Specialty: | | Dates: |
|  | Location: | | Supervisor2: |
|  | Initial meeting date: | | Mid term meeting date: |
|  | End of placement meeting and STR completion date: | | Educational Supervisor placement signoff date: |
| Job 4 | Specialty: | | Dates: |
|  | Location: | | Supervisor2: |
|  | Initial meeting date: | | Mid term meeting date: |
|  | End of placement meeting and STR completion date: | | Educational Supervisor placement signoff date: |
| Year 2 ARCP | Date: | | Outcome: |

1 *Educational supervisor* is a Consultant in the base hospital from the parent specialty that the trainee is training in.

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

**Anaesthesia in ACCS (for non Anaesthetists)**

All ACCS trainees will complete a 6 month block of anaesthesia training.

All trainees completing a 6 month block will be expected to achieve their Initial Test of Competence (IAC) as evidenced by the specific WPBA’s. There are 5 MCEX, 6 DOPs and 8 CBD’s . They are contained within this book and in the ACCS Curriculum. Without the IAC it will not be possible to pass your ARCP successfully (Outcome 1)

In addition to the IAC, the modules listed under the ‘Basis of anaesthetic practice’, and all the associated learning outcomes, must also be completed. The requirements are identical to those of the CT anaesthetic trainees within the Peninsula and again this will be a minimum ARCP requirement. They will not necessarily have to complete any additional WPBA’s for this but will need to have the modules “signed off” by their educational or clinical supervisors. It will not be possible to achieve a successful ARCP unless the trainee can provide evidence that these learning outcomes have been achieved.

The components of the Basis of anaesthetic practice are:

· Preoperative assessment

· Premedication

· Induction of general anaesthesia

· Intra-operative care

· Postoperative and recovery room care

· Management of respiratory and cardiac arrest

· Control of infection

· Introduction to anaesthesia for emergency surgery

The specific learning outcomes are not listed within this document but can be found within the ACCS Curriculum pages 136-172

There are a number of modules within anaesthetic core training, but not part of the ‘basis’ section, which are of added interest to the ACCS trainee. These include the following modules listed under ‘Basic anaesthesia';

1. Airway management

2. Sedation

3. Transfer Medicine

4. Critical incidents

Non anaesthetists i.e. EM/ ED trainees should complete any 2 of the above. Anaesthetists must complete all these as part of their basic level training certificate.

Elements within all these modules are included in the IAC and Basis section. It is suggested that, where possible, the learning outcomes of 1 to 3 above are also addressed during the anaesthetic training.

Details of these additional units can be found in the ACCS 2012 curriculum pages 159-169.

Trainees who will be pursuing anaesthetic training after completion of ACCS may also wish to complete additional elements of core training and this should be discussed with individuals’ educational supervisors. There are 30 ‘Critical Incidents’ listed in this module. Many are generic and will have been addressed in other parts of ACCS training. Others will be covered in the routine course of anaesthetic training. Trainees should be aware of this list and ensure they have addressed those of direct relevance during their ACCS training.

For trainees to complete these modules they will need to provide evidence and the Curriculum stipulates that they must complete at least one relevant WPBA of each type (MCEX, DOP and CBD) per module. While this is a desirable outcome and will be essential for all anaesthetic trainees by the end of their basic training, it will be possible to pass your ARCP successfully if not all the 4 extra modules have been completed.

**Assessment Tools**

The RCoA recommends the use of workplace based assessment tools (WPBA), Direct Observation of Procedural Skills (DOPS), Anaesthesia Clinical Evaluation Exercise (A-CEX), Case-based Discussion (CbD) and Anaesthesia List Management Assessment Tool (ALMAT).

When trainees feel that they have completed a training unit and have the evidence in their training record and logbook, they should review this with their College Tutor, Educational Supervisor or Specialty Lead, who will sign this as complete or suggest ways of completing the unit if more training is required.

**Instructions to trainers**

* It is the trainee’s responsibility to ask you to assess them
* Any appropriate consultant can sign off individual elements of a unit of training
* Some elements are topics for discussion and others are competencies to be observed
* The College Tutor, your educational supervisor or the training unit supervisor must sign off completion of a training units.
* The nominated educational supervisor is responsible with the trainee for completing the Structured Training Report at the end of the anaesthesia block. The trainee will have a template for this in their ACCS ARCP book

**If the Educational Supervisor cannot sign off a unit of training / module as expected, they should contact the College Tutor as soon as possible for advice.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Minimum number of individual WPBA assessments in each placement on the rotation** | Mini-CEX | DOPS | CbD | MSF |
| Anaesthetics:- Initial Assessment of Competency | 5 | 6 | 8 | 1 |
| Anaesthetics:- Basic Anaesthesia training modules. Complete a minimum of 2 of the following 4 modules: |  |  |  |  |
| 1.Airway Management | 1 | 1 | 1 |  |
| 2.Sedation | 1 | 1 | 1 |  |
| 3.Transfer Medicine | 1 | 1 | 1 |  |
| 4.Critical Incidents | 1 | 1 | 1 |  |
| ICM | 3 | 6 | 4 | 1 |

**Common Competencies**

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. Evidence may include mini-CEX, CBD, ACAT, MSF, DOPS, Patient Survey, or exam success.

Descriptors of the required performance at each level can be found in the ACCS curriculum, pages 26 – 74

**ACCS CT2 trainees need to have completed all of the common competences by the end of CT2.**

At least 50% of these must be signed off at level 2 or above. For a few 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.

**Please insert your Common Competencies paperwork from your CT1 year ACCS booklet here.**

**This will ensure you avoid duplication of assessments, but most importantly will guide you in ensuring that you have attained all the requirements to the correct level to complete your generic ACCS training.**

**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.

**Please insert your Major Presentations paperwork from your CT1 booklet here if you have any to complete**. (You may be planning to complete the septic patient MP in your ICM placement)

**This will ensure you avoid duplication of assessments, but most importantly will guide you in ensuring that you have attained all the requirements to the correct level to complete your generic ACCS training.**

**Acute Presentations**

There are 38 Acute Presentations (APs) which need to be signed off by the end of the second year of ACCS but they are generally most applicable to AM and EM.

**Please insert your Acute Presentations paperwork from your CT1 booklet here if you have any to complete.**

**This will ensure you avoid duplication of assessments, but most importantly will guide you in ensuring that you have attained all the requirements to the correct level to complete your generic ACCS training.**

**General Practical Procedures**

There is a list of 44 Practical procedures in the ACCS Curriculum. 39 out of 44 (ideally all) are expected to be completed by the end of the second year, all by the end of the third year. 17 are associated with the Anaesthetic Initial assessment of competence, and 11 are associated with ICM training.

**Please insert your Practical Procedures paperwork from your CT1 booklet here if you have any to complete.**

**This will ensure you avoid duplication of assessments, but most importantly will guide you in ensuring that you have attained all the requirements to the correct level to complete your generic ACCS training.**

**Structured Training Report for Anaesthesia Module**

The clinical supervisor assigned to the trainee must complete this STR or the e-portfolio equivalent for AM/EM trainees, having reviewed the trainees learning portfolio and WBPA’s. The educational supervisor from the trainee’s home specialty **must** review this report, and fill in any gaps which are in this paper document but not covered in the e-portfolio STR, most importantly health issues or other pastoral considerations. They then must countersign this document in this record book as there is no e-portfolio equivalent.

|  |  |
| --- | --- |
| **Current Placement** | |
| Base Hospital/Department |  |
| Dates |  |
| Clinical supervisor |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Practical procedures in Anaesthesia (Initial Assessment of Competence)** | | | |
| **Procedure** | **WBA type** | **Date** | **Supervisor signature, name** |
| 1. Preoperative assessment | M-CEX |  |  |
| 1. Management of spontaneously breathing patient | M-CEX |  |  |
| 1. Administer anaesthesia for laparotomy | M-CEX |  |  |
| 1. Demonstrate RSI | M-CEX |  |  |
| 1. Recover patient from anaesthesia | M-CEX |  |  |
| 1. Demonstrates function of anaesthetic machine | DOPS |  |  |
| 1. Transfer of patient to operating table | DOPS |  |  |
| 1. Demonstrate CPR on a mannikin | DOPS |  |  |
| 1. Technique of scrubbing up and donning gown and gloves | DOPS |  |  |
| 1. Basic competences for pain management | DOPS |  |  |
| 1. Demonstrate failed intubation drill | DOPS |  |  |
| 1. Patient Identification | CBD |  |  |
| 1. Post-operative nausea and vomiting | CBD |  |  |
| 1. Airway assessment | CBD |  |  |
| 1. Choice of muscle relaxants and induction agents | CBD |  |  |
| 1. Post operative analgesia | CBD |  |  |
| 1. Post operative oxygen therapy | CBD |  |  |
| 1. Emergency surgery | CBD |  |  |
| 1. Routine for managing failed intubation | CBD |  |  |
| **Initial Assessment of Competence completed** | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Summary of outcomes – Basis of Anaesthetic practice** | | | | | | |
| **Topic** | | **WBA** | | **Date** | | **Supervisor signature, name** |
| Preoperative assessment: history | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| Preoperative assessment: examination | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| Preoperative assessment: specific anaesthetic evaluation | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| Premedication | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| Induction of general anaesthesia | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| Intra-operative care | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| Postoperative and recovery room care | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| Introduction to anaesthesia for emergency surgery | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| Management of respiratory and cardiac arrest | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| Control of infection | | M-CEX | |  | |  |
| CBD | |  | |  |
| DOPS | |  | |  |
| **Summary of outcomes – Basic Anaesthesia modules** *Complete a minimum of 2 of the following:* | | | | | | |
| **Topic** | **WBA** | | **Date** | | **Supervisor signature, name** | |
| 1.Airway management | M-CEX | |  | |  | |
| CBD | |  | |  | |
| DOPS | |  | |  | |
| 2.Sedation | M-CEX | |  | |  | |
| CBD | |  | |  | |
| DOPS | |  | |  | |
| 3.Transfer Medicine | M-CEX | |  | |  | |
| CBD | |  | |  | |
| DOPS | |  | |  | |
| 4.Critical Incidents | M-CEX | |  | |  | |
| CBD | |  | |  | |
| DOPS | |  | |  | |
| Confirmation of satisfactory communication skills, attitudes and behaviour | | |  | |  | |

|  |  |  |
| --- | --- | --- |
| **Summary of experience** | | |
| **Activity** | **Details / comments** | |
| Log book - numbers and case mix |  | |
| Clinical governance, audit |  | |
| Progress against PDP |  | |
| Management, leadership |  | |
| Exams, educational achievements |  | |
| Courses, study days |  | |
| Teaching experience |  | |
| Plaudits, thanks |  | |
| Other achievements |  | |
| Periods of absence |  | |
| **Concerns, complaints, investigations:** | | |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint? | | **Yes1****/ No** |
| If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns about the trainee’s fitness to practice or conduct? | | **Yes1****/No / NA** |
| Details: | | |

1 If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report, and notify the Deanery andTPD/Head of school.

|  |
| --- |
| **Summary of Trainees Assessment** |

Please attach supporting evidence if available or give examples of behaviours.

|  |  |
| --- | --- |
| Clinical knowledge and skills | |
| Professionalism and attitudes | |
| Communication and relationships | |
| Academic endeavour and learning | |
| Health (physical, psychological, home or other) or extenuating circumstances in the last 6 months that may have affected training. Including any periods of absence. | |
| Overall strengths of Trainee | |
| Areas for improvement | |
| Supervisor signature:  Date: | Trainee signature:  Date: |

|  |  |
| --- | --- |
| As the trainee’s Educational supervisor for the year, I have seen all evidence presented either above or the equivalent on the trainee’s e-portfolio (the trainee must show you this). I have ensured that all areas above, particularly pastoral concerns, have been discussed and documented either on the e-portfolio structured training report or on the paper report above. To the best of my knowledge there are no other outstanding issues with progression of their training. | |
| Educational Supervisor signature:  Date: | Trainee signature:  Date: |

**Structured Training Report for Intensive Care Medicine Module**

The clinical supervisor must complete this STR or the e-portfolio equivalent for AM/EM trainees, having reviewed the trainees learning portfolio and WBPA’s. The educational supervisor **must** fill in any gaps which are in this paper document but not covered in the e-portfolio STR, most importantly health issues or other pastoral considerations. They then must countersign this document in this record book as there is no e-portfolio equivalent.

|  |  |  |
| --- | --- | --- |
| **Current Placement** | | |
| Base Hospital/Department | |  |
| Dates | |  |
| Clinical supervisor | |  |
|  | | |
| **WPBA in Current Placement** | | |
| **Assessment** | **Number** | **Comments** |
| Mini-CEXs  (min 3 in 6 months) |  |  |
| DOPs  (min 6 in 6 months) |  |  |
| CBDs  (min 4 in 6 months) |  |  |
| ACATs |  |  |
| MSF  (min 1 in 12 months) |  | Number of respondents: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Practical Procedures in Intensive Care Medicine (please review evidence)** | | | |
| **Practical Procedure** | **WBA** | **Date** | **Supervisor signature, name** |
| 1. Demonstrates aseptic peripheral venous cannulation | DOPS |  |  |
| 1. Demonstrates aseptic arterial cannulation (+ local anaesthetic) | DOPS |  |  |
| 1. Obtains an arterial blood gas sample safely, interprets results correctly | DOPS or M-CEX |  |  |
| 1. Demonstrates aseptic placement of central venous catheter | DOPS |  |  |
| 1. Connects mechanical ventilator and selects initial settings | DOPS |  |  |
| 1. Describes safe use of drugs to facilitate mechanical ventilation | CBD |  |  |
| 1. Describes principles of monitoring respiratory function | CBD |  |  |
| 1. Describes the assessment of the patient with poor compliance during ventilatory support (‘fighting the ventilator’) | CBD |  |  |
| 1. Prescribes safe use of vasoactive drugs and electrolytes | M-CEX or CBD |  |  |
| 1. Delivers a fluid challenge safely to an acutely unwell patient | CBD |  |  |
| 1. Describes actions required for accidental displacement of ETT or tracheostomy | CBD |  |  |
| **Achieved the ACCS level in the ICM Training Progression Grid** | |  |  |

|  |  |  |
| --- | --- | --- |
| **Summary of experience** | | |
| **Activity** | **Details / comments** | |
| Log book - numbers and case mix |  | |
| Clinical governance, audit |  | |
| Progress against PDP |  | |
| Management, leadership |  | |
| Exams, educational achievements |  | |
| Courses, study days |  | |
| Teaching experience |  | |
| Plaudits, thanks |  | |
| Other achievements |  | |
| Periods of absence |  | |
| **Concerns, complaints, investigations:** | | |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event investigation, or named in any complaint? | | **Yes1****/ No** |
| If so, are you aware that the issue(s) has/have been resolved satisfactorily, with no unresolved concerns about the trainee’s fitness to practice or conduct? | | **Yes1****/No / NA** |
| Details: | | |

1 If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report, and notify the Deanery andTPD/Head of school.

|  |
| --- |
| **Summary of Trainees Assessment** |

Please attach supporting evidence if available or give examples of behaviours.

|  |  |
| --- | --- |
| Clinical knowledge and skills | |
| Professionalism and attitudes | |
| Communication and relationships | |
| Academic endeavour and learning | |
| Health (physical, psychological, home or other) or extenuating circumstances in the last 6 months that may have affected training. Including any periods of absence. | |
| Overall strengths of Trainee | |
| Areas for improvement | |
| Supervisor signature:  Date: | Trainee signature:  Date: |

|  |  |
| --- | --- |
| As the trainee’s Educational supervisor for the year, I have seen all evidence presented either above or the equivalent on the trainee’s e-portfolio (the trainee must show you this). I have ensured that all areas above, particularly pastoral concerns, have been discussed and documented either on the e-portfolio structured training report or on the paper report above. To the best of my knowledge there are no other outstanding issues with progression of their training. | |
| Educational Supervisor signature:  Date: | Trainee signature:  Date: |

**Appendix 1 – adapted RCOA clinical supervision record form for anaesthetic trainees to photocopy and use as basis for recording initial and mid - term meetings with clinical supervisors (use STR for end of term meeting)**

**Initial / Interim Progress Report**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trainee’s surname | |  |  | | | | | |
| Trainee’s forename(s) | |  |  | | | | | |
| GMC number |  | |  | | | GMC NUMBER MUST BE COMPLETED | | |
| Deanery Training Number | | |  | | | | CRN |  |
| Educational Supervisor | | |  |  | | | | |
| GMC number |  | |  | | | GMC NUMBER MUST BE COMPLETED | | |
| Name of Clinical Supervisor | | | if any)  ( | |  | | | |

|  |  |
| --- | --- |
| **GMC Survey** | DATE |

**Training Year (circle year):**

ACCS1 ACCS2

|  |  |  |  |
| --- | --- | --- | --- |
| **Training placement** | | | |
| Hospital |  | | |
| Dates | From: To: | |  |
| **Unit(s) of Training completed:** | | **Comments** | |
|  | |  | |
|  | |  | |
|  | |  | |
| **Initial meeting specific discussion points;** | | Trainee written/updated PDP for discussion?  Trainee given clear advice re: clinical duties? Knows where to find details of / how to troubleshoot rota? Familiarised with clinical setting? Knows how to reach clinical advice in and out-of-hours? Knows where to access approved clinical guidelines? | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Practice** | **Satisfactory?** | | **Comments** | |  |
| Clinical care | YES | NO |  | |  |
| Maintaining professionalism | YES | NO |  | |  |
| Relationships with patients | YES | NO |  | |  |
| Relationships with colleagues | YES | NO |  | |  |
| Teaching and training | YES | NO |  | |  |
| Probity | YES | NO |  | |  |
| **Educational Appraisal** | **Satisfactory?** | | **Comments** | |  |
| Curriculum vitae | YES | NO |  | |  |
| Summary of work place assessments | YES | NO |  | |  |
| Logbook summary | YES | NO |  | |  |
| Record of educational activities | YES | NO |  | |  |
| Personal development plan | YES | NO |  | |  |
| Number of leave days taken **excluding** annual leave and study leave: | | | |  |  |
| **Health Record** | | | | |  |
| Any significant health issues? | | | | YES | NO |
| If so, please give details: | | | | |  |
| Number of sick leave days in this placement: | | | |  |  |
| Has any essential training been missed? | | | | YES | NO |
| If so, please give details: | | | | |  |

|  |  |  |
| --- | --- | --- |
| **Details of concerns/investigations:** |  |  |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/Significant Event Investigation or named in any complaint? | YES | NO |
| If so, are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about a trainee’s fitness to practice or conduct? | YES | NO |
| **Details of concerns/investigations:** |  |  |
| Comments, if any: |  |  |

|  |
| --- |
| **Recommended personal development for remainder of training year:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the trainee fulfilling your expectations for a trainee at this level?** | | | |
| YES | NO | PLEASE TICK AS APPROPRIATE |  |
| **If no, please comment below detailing any specific evidence:** | | | |
|  | | | |

|  |
| --- |
| **Supervisor/Tutor statement:** |
|  |

|  |
| --- |
| **Trainee statement:** |
|  |

We confirm that this is an accurate summary covering the period:

from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

|  |  |
| --- | --- |
| *Signed by:*    -------------------------------------------------------  ***Trainee*** | *Signed by:*    -------------------------------------------------------  ***Educational Supervisor/College Tutor*** |