ARCP Record Book

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

Version 1 March 2015

NHS Education Southwest

**Introduction**

ACCS training is described under the headings of:

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

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 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. ACCS CT2 Anaesthetic trainees should now use their eportfolio, and also complete this paper document. Pages 4 and 5 of the IAC workbook can be copied or brought by all trainees as evidence of completed WPBAs.

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.

At the end of the year each CT2 trainee will use this booklet **as well as their eportfolio** to demonstrate the outcome of their year’s training at their Annual Record of Competency Progression meeting or ARCP.

Katharine Robinson

Training Programme Director ACCS Peninsula

**Anaesthesia in ACCS**

All ACCS trainees will complete a **6 month block in anaesthetic training** and will be expected to achieve their Initial Assessment of Competence (IAC) as evidenced by the specific WPBA’s (5 MCEX, 6 DOPs and 8 CBD’s). They are contained within this book, in the Basis of Anaesthetic Practice workbook 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 units listed under the ‘Basis of Anaesthetic Practice’ must be completed. These are identical to the initial requirements of the Core anaesthetic trainees within the Peninsula and will be a minimum ARCP requirement. These modules will need to be “signed off” by an educational or clinical supervisor. Successful completion of these units will be necessary to achieve a successful ARCP outcome.

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 April 2012 on pages 136-158. The learning outcomes listed in the Basis for Anaesthetic Practice are very similar and can be used to sign off the units. Elements can be signed off when covered during formal teaching or after informal discussions in theatre. Some material will be covered during induction (control of infection) or during courses (ALS and transfer courses).

There are a number of modules within anaesthetic core training which are not in the Basis of Anaesthetic Practice workbook but are of added interest to the ACCS trainee. These include:

1. Airway management

2. Sedation

3. Transfer Medicine

4. Critical incidents

Details of these additional modules can be found in the ACCS 2012 curriculum p159-169. They are similar to the learning outcomes listed for the equivalent units in the ‘Basic Level Training’ workbook used by anaesthetists. This documentation has been attached to the Basis of Anaesthetic Practice workbook for easy reference for non-anaesthetic ACCS trainees. It is suggested that the learning outcomes of 1 to 3 above are addressed during the anaesthetic block, with a minimum of 2 being signed off. 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 during 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 that they have completed the learning outcomes and the relevant WPBAs (1 A-CEX, 1 DOPS and 1 CBD). While it is desirable for trainees to undertake as much work as possible from these additional modules, a successful ARCP outcome will be achieved if a minimum of 2 are signed off.

**Intensive Care Medicine (ICM) for ACCS**

All ACCS trainees will undertake 6 months in ITU. The practical procedures that are required are listed below. Anaesthetic ACCS trainees should ensure that the ICM competencies in the BLT workbook are also completed. Non-anaesthetic trainees who wish to pursue a career in ICM may wish to use the RCoA curriculum Annex F to identify extra competencies that they may choose to identify and sign off during their time in ICM.

**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/SAS doctor can sign off individual elements of a unit of training
* Some elements are topics for discussion and others are competencies to be observed
* Some elements may be covered during courses or formal teaching
* The College Tutor specialty lead or an educational supervisor nominated by the College Tutor must sign off completion of a training unit.
* 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, the trainee 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\* |

\* Minimum of 1 MSF per 12 months. It is recommended that if issues arise within the first MSF that it is repeated in the other specialty

**General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee’s Name | |  | |
| GMC number | |  | |
| ACCS parent specialty | |  | |
| College training number | |  | |
| Base Hospital | |  | |
| Educational supervisor1 | |  | |
|  | |  | |
| Job 1 | Specialty: | | Dates: |
|  | Location: | | Supervisor2: |
| Job 2 | Specialty: | | Dates: |
|  | Location: | | Supervisor2: |
| **Year 1 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.

**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 CT1 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 CT1 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.**

**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 April 2012 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 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.**

**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 CT1 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial Assessment of Competence (or provide a copy of page 5 of Basis of Anaesthetic Practice workbook)** | | | |
| **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 manikin | 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** | |  |  |

**(or provide a copy of Page 4 from the Basis of Anaesthetic Practice workbook)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Basis of Anaesthetic practice: Summary of WPBAs (should be integrated with IAC WPBAs)** | | | | | | |
| **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 | |  | |  |
| **Extra 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.

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| --- |
| **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 | |
| Overall strengths of Trainee | |
| Areas for improvement | |
| Supervisor signature:  Date: | Trainee signature:  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-CEXs  (min 3 in 6 months) |  |  |
| DOPs  (min 6 in 6 months) |  |  |
| CBDs  (min 4 in 6 months) |  |  |
| ACATs  (non-mandatory) |  |  |
| 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 for CTs** | |  |  |

|  |  |  |
| --- | --- | --- |
| **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 | |
| Overall strengths of Trainee | |
| Areas for improvement | |
| Supervisor signature:  Date: | Trainee signature:  Date: |