

## WEST MIDLANDS ACCS CT1 Checklist

### Summary of Year

Progress toward completing <b>ALL 38</b> Acute Presentations by end of CT2.	Number
Progress toward completing <b>ALL 44</b> Practical Procedures by end of CT2	Number
Structured Training Report x2 (one for each placement)	YES / NO (please circle)
Safeguarding Children Level 2 (upload certificate to ePortfolio)	
Evidence of Audit or Quality Improvement Project (one every 12 months)	
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	Date
Progress in relevant post graduate examinations:	
<b>ACCS AM trainees only</b> - Multi Consultant Review x 4	YES / NO (please circle)
Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
<b>EM Trainees only</b> - Upload certificates for ACCS teaching days attended.	Number
JEST and GMC Survey completion (evidence uploaded)	YES / NO (please circle)

**To be completed by trainee and countersigned by Educational Supervisor**

<b>Trainee signature:</b>		<b>Date:</b>	
<b>Educational Supervisor signature:</b>		<b>Date:</b>	
<b>Educational Supervisor name PLEASE PRINT</b>			

TRAINEE NAME \_\_\_\_\_

**Emergency Medicine**      **Trust** \_\_\_\_\_

Summative assessments by an <b>EM Consultant</b> in at least 2 Major Presentations		Date	Assessor's name and grade
• CMP1 Anaphylaxis		Date	Name and grade
• CMP2 Cardio-respiratory arrest (or current ALS certification)		Date	Name and grade
• CMP3 Major Trauma		Date	Name and grade
• CMP4 Septic patient		Date	Name and grade
• CMP5 Shocked patient		Date	Name and grade
• CMP6 Unconscious patient		Date	Name and grade
Summative Mini-CEX (or CBD) by an <b>EM Consultant</b> in each of the following 5 Acute Presentations			
• CAP1 Abdominal Pain		Date	Name and grade
• CAP6 Breathlessness		Date	Name and grade
• CAP7 Chest Pain		Date	Name and grade
• CAP18 Head Injury		Date	Name and grade
• CAP30 Mental Health		Date	Name and grade
Formative assessments in 5 further Acute Presentations 1 ACAT-EM.			
	Date	Acute Presentations covered (CAP No)	
ACAT			
10 other Acute Presentations Overall 6/12 Minimum Totals CBD (3) Mini-cex (4)			
CAP Number	Assessment Type (please circle)		Date
1.	Teaching / Audit / E-learning / Reflection / WPBA		
2.	Teaching / Audit / E-learning / Reflection / WPBA		
3.	Teaching / Audit / E-learning / Reflection / WPBA		
4.	Teaching / Audit / E-learning / Reflection / WPBA		
5.	Teaching / Audit / E-learning / Reflection / WPBA		
6.	Teaching / Audit / E-learning / Reflection / WPBA		
7.	Teaching / Audit / E-learning / Reflection / WPBA		
8.	Teaching / Audit / E-learning / Reflection / WPBA		
9.	Teaching / Audit / E-learning / Reflection / WPBA		
10.	Teaching / Audit / E-learning / Reflection / WPBA		
Practical procedures as DOPS for each of the following during EM placement			
			Date
• Airway Maintenance			
• Primary Survey			
• Wound Care			
• Fracture/Joint manipulation			
• Any 1 other procedure (Specify PP No)			

TRAINEE SIGNATURE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

TRAINEE NAME \_\_\_\_\_

**Acute Medicine**

**Trust** \_\_\_\_\_

Formative assessments in 2 Major Presentations by a <u>Medical Consultant</u>	Date	Assessor's Name and grade
• 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 10 Acute Presentations Overall 6/12 Min. Total – CBD (3) Mini-Cex (3) ACAT (3)**

	Date	Acute Presentations covered (CAP Number)				
ACAT 1						
ACAT 2						
ACAT 3						

Assessment	CAP Number	Date	Assessor
1. CBD			
2. CBD			
3. CBD			
1. Mini-Cex			
2. Mini-Cex			
3. Mini-Cex			

**Further Assessments to cover a TOTAL OF 20 (including above) Acute Presentations in ACUTE MEDICINE.**

CAP Number	Assessment Type (please circle)	Date
1.	Teaching / Audit / E-learning / Reflection / WPBA	
2.	Teaching / Audit / E-learning / Reflection / WPBA	
3.	Teaching / Audit / E-learning / Reflection / WPBA	
4.	Teaching / Audit / E-learning / Reflection / WPBA	
5.	Teaching / Audit / E-learning / Reflection / WPBA	
6.	Teaching / Audit / E-learning / Reflection / WPBA	
7.	Teaching / Audit / E-learning / Reflection / WPBA	
8.	Teaching / Audit / E-learning / Reflection / WPBA	
9.	Teaching / Audit / E-learning / Reflection / WPBA	
10.	Teaching / Audit / E-learning / Reflection / WPBA	

**Practical procedures as 5 DOPS (from the 44 on curriculum)**

DOPS Covered (PP Number)	Date
1.	
2.	
3.	
4.	
5.	

TRAINEE SIGNATURE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_