

Supplemental: WEST MIDLANDS ACCS CT/ST2 Checklist 2019-20 **(COVID-19)**

This checklist replaces the original checklist from August 2019 and gives details on the requirements for the **ARCP June 2020 only**

Modifications are due to COVID-19 epidemic

The STR/ESSR* must contain a global assessment by the ES on your progression. In the absence of sufficient WPBA this will be the key evidence considered by the Panel.

In the event of difficulties meeting with your ES the form is to be counter signed with your College/Specialty tutor or discussed with the TPD.

***ESSR – only for Anaesthesia Stream Trainees on LLP replaces STR**

Summary of Year

<i>Number of Major Presentations completed (year 1+2) (min 5/6)</i>	Date
<i>Number of Acute Presentations completed (year 1+2) (min 20/38)</i>	Date
<i>Number of Practical procedures completed (year 1+2) (16/25 inc ICM 1-11)</i>	Date
Common Competencies >50% completed by ALL trainees to Level 2 (year 1+2) (min 13/25) or compensatory evidence in STR	Number
Initial Assessment of Competence	Yes/NO
Structured Training Report /ESSR (Must contain a global comment on trainees progression)	YES / NO (please circle)
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor (or compensatory evidence in STR)	YES / NO (please circle)
Progress in relevant post graduate examinations (for information only)	Exams achieved
Safeguarding Children Level 2 (upload certificate to ePortfolio)	Date
ACCS AM trainees only - Multi Consultant Review x 4 Not required after Feb 20	YES / NO / NA
Form R	YES / NO

TRAINEE NAME

Anaesthesia Placement

<u>Initial Assessment of Competence – 0-3 months</u>	WPBA	Date of assessment	Assessor's name
• IAC A01 Preoperative assessment	A-CEX	Date	Name
• IAC A02 Management of the spontaneously breathing	A-CEX	Date	Name
• IAC A03 Anaesthesia for laparotomy	A-CEX	Date	Name
• IAC A04 Rapid Sequence Induction	A-CEX	Date	Name
• IAC A05 Recovery	A-CEX	Date	Name
• IAC C01 Patient identification	CbDs	Date	Name
• IAC C02 Post op nausea & vomiting	CbDs	Date	Name
• IAC C03 Airway assessment	CbDs	Date	Name
• IAC C04 Choice of muscle relaxants & induction agents	CbDs	Date	Name
• IAC C05 Post op analgesia	CbDs	Date	Name
• IAC C06 Post op oxygen therapy	CbDs	Date	Name
• IAC C07 Emergency surgery	CbDs	Date	Name
• IAC C08 Failed Intubation	CbDs	Date	Name
• IAC D01 Demonstrate function of anaesthetic machine	DOPS	Date	Name
• IAC D02 Transfer and positioning of patient on operating	DOPS	Date	Name
• IAC D03 Demonstrate CPR on a manikin	DOPS	Date	Name
• IAC D04 Technique of scrubbing up, gown & gloves	DOPS	Date	Name
• IAC D05 Competences for pain management including	DOPS	Date	Name
• IAC D06 Failed Intubation practical drill on manikin	DOPS	Date	Name

Intensive Care Medicine Placement

Formative assessment of 11 practical procedures as DOPS (may be assessed as Mini CEX or CbD if indicated), including:		
• ICM 1 Peripheral venous cannulation	Date	Name
• ICM 2 Arterial cannulation	Date	Name
• ICM 3 ABG sampling & interpretation	Date	Name
• ICM 4 Central venous cannulation	Date	Name
• ICM 5 Connection to ventilator	Date	Name
• ICM 6 Safe use of drugs to facilitate mechanical ventilation	Date	Name
• ICM 7 Monitoring respiratory function	Date	Name
• ICM 8 Managing the patient fighting the ventilator	Date	Name
• ICM 9 Safe use of vasoactive drugs and electrolytes	Date	Name
• ICM 10 Fluid challenge in an acutely unwell patient (CbD)	Date	Name
• ICM 11 Accidental displacement ETT / tracheostomy	Date	Name

TRAINEE NAME

During the COVID-19 pandemic did the trainee's scope of practice change?	Yes / No (delete as appropriate)
If Yes – please describe changes:	
Has this affected the trainee's ability to achieve the assessments listed above	Yes / No (delete as appropriate)
Has the trainee had a period of time away due to self-isolation / shielding etc?	Yes / No (delete as appropriate)
If Yes – please give dates and duration (weeks)	

To be completed by trainee and countersigned by Educational Supervisor

Trainee signature:		Date:	
Educational Supervisor signature:		Date:	
Educational Supervisor name PLEASE PRINT			