**Annual Review of Competence Progression**

**Checklist for Work Place Based Assessments in ACCS CT/ST2**

Trainee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRN/NTN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial Anaesthetic Competences – if in 3 month post**

|  |  |  |
| --- | --- | --- |
| Formative assessment of 5 Anaesthetic-CEX: | **Date of assessment** | **Assessor’s name** |
| * IAC A01 Preoperative assessment
 | date | name |
| * IAC A02 Management of the spontaneously breathing patient
 | date | name |
| * IAC A03 Anaesthesia for laparotomy
 | date | name |
| * IAC A04 Rapid Sequence Induction
 | date | name |
| * IAC A05 Recovery
 | date | name |
| Formative assessment of 8 Specific Anaesthetic CbDs: |
| * IAC C01 Patient identification
 | date | name |
| * IAC C02 Post op nausea & vomiting
 | date | name |
| * IAC C03 Airway assessment
 | date | name |
| * IAC C04 Choice of muscle relaxants & induction agents
 | date | name |
| * IAC C05 Post op analgesia
 | date | name |
| * IAC C06 Post op oxygen therapy
 | date | name |
| * IAC C07 Emergency surgery
 | date | name |
| * IAC C08 Failed Intubation
 | date | name |
| Formative assessment of 6 further anaesthetic DOPS: |
| * IAC Basic and advanced life support
 | date | name |
| * IAC D01 Demonstrate function of anaesthetic machine
 | date | name |
| * IAC D02 Transfer and positioning of patient on operating table
 | date | name |
| * IAC D03 Demonstrate CPR on a manikin
 | date | name |
| * IAC D04 Technique of scrubbing up, gown & gloves
 | date | name |
| * IAC D05 Competences for pain management including PCA
 | date | name |
| * IAC D06 Failed Intubation practical drill on manikin
 | date | name |
| **PLUS - the Basis of Anaesthetic Practice - if in 6 month post** |
| * Pre-operative assessment
 | date | name |
| * Pre-medication
 | date | name |
| * Induction of GA
 | date | name |
| * Intra-operative care
 | date | name |
| * Post-operative recovery
 | date | name |
| * Anaesthesia for emergency surgery
 | date | name |
| * Management of cardio-respiratory arrest (adult and children)
 | date | name |
| * Infection Control
 | date | name |
| Optional modules if in 9 month block  |
| * Sedation
 | date | name |
| * Regional block
 | date | name |
| * Emergency surgery
 | date | name |
| * Safe Transfers
 | date | name |

**Intensive Care Medicine**

|  |
| --- |
| Formative assessments in 2 missing Major Presentations: |
| * CMP1 Anaphylaxis
 | date | name |
| * CMP2 Cardio-respiratory arrest
 | date | name |
| * CMP3 Major Trauma
 | date | name |
| * CMP4 Septic patient (ideally assessed in ICM)
 | date | name |
| * CMP5 Shocked patient
 | date | name |
| * CMP6 Unconscious patient
 | date | name |
| Formative assessment of any Acute Presentations not yet covered |
| 1. date
 | 1. date
 | 1. date
 | 1. date
 | 1. date
 |
|  name | name | name | name | name |
| Formative assessment of 13 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 |
| * Any other
 | date | name |
| * Any other
 | date | name |

**Overview by end of CT/ST2**

|  |  |
| --- | --- |
| All 6 Major Presentations completed | date |
| All 38 Acute Presentations completed | date |
| All 45 Practical procedures completed | date |
| Structured Training Report x2 (one for each placement) | YES / NO (please circle) |
| MSF – minimum of 12 responses (annual)with spread of participants as agreed with Educational Supervisor | YES / NO (please circle) |
| **ACCS AM trainees only -**  Multi Consultant Review x 4 | YES / NO (please circle) |
| Evidence of Audit or Quality Improvement Project (one every 12 months) | YES / NO (please circle) |
| Progress in relevant post graduate examinations:  | Exams achieved |
| Resuscitation courses relevant to speciality (ALS, ATLS, APLS or equiv) | date |
| Safeguarding Children Level 2 (upload certificate to eportfolio) | date |
| Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols) | YES / NO (please circle) |
| Number of core training days attended (upload certificates to eportfolio) | number |
| Survey monkey feedback completed for each placement | YES / NO (please circle) |
| ARCP outcome 1 or equivalent for CT/ST1 | YES / NO (please circle) |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee signature: |  | **Date:** |  |
| Education Supervisor signature: |  | **Date:** |  |
| Education Supervisor namePLEASE PRINT |  |