

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 <u>6 month post</u>		
• 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	2. Date	3. Date	4. Date	5. 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 specialty (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 (<u>if a requirement in region</u>)	YES / NO (please circle)

To be completed by trainee and countersigned by Educational Supervisor

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