WORKPLACE BASED ASSESSMENTS FOR ACCS – CHECK LISTS FOR ANAESTHESIA STREAM
This form is to be signed off at CT1 ARCP and scanned into the portfolio for CT2

CORE MAJOR PRESENTATIONS – **4 must be done in CT1** (2 in EM and 2 in AM); only 2 remaining for CT2 (ICM); *can be covered by simulation/ALS

CMP	Presentation	Specialty	Assessor/grade	Assessment
1	Anaphylaxis*			
2	Cardio-respiratory arrest*			
3	Major Trauma			
4	Septic patient (ideally assessed in ICM)			
5	Shocked patient			
6	Unconscious patient			

CORE ACUTE PRESENTATIONS - *must complete in EM placement (summative form by an EM Cons).

ALL must be completed by end of ACCS CT2 most should be completed in CT1

CAP	*Presentation*	*Specialty*	*Assessor/Grade*	*Assessment method*
1	***Abdominal pain/loin pain****	***EM***		
2	*Abdominal swelling/mass*	*EM/AM*		
3	*Acute Back Pain*	*EM/AM*		
4	*Aggressive/disturbed behaviour*	*EM/AM*		
5	*Blackout/collapse*	*EM/AM*		
6	***Breathlessness****	***EM***		
7	***Chest Pain****	***EM***		
8	*Confusion/Delirium*	*EM/AM/ICM*		
9	*Cough*	*EM/AM*		
10	*Cyanosis*	*EM/AM/ICM*		
11	*Diarrhoea*	*EM/AM*		
12	*Dizziness and Vertigo*	*EM/AM*		
13	*Falls*	*EM/AM*		
14	*Fever*	*EM/AM/ICM*		
15	*Fits/Seizures*	*EM/AM/ICM*		
16	*Haematemesis/Malaena*	*EM/AM*		
17	*Headache*	*EM/AM*		
18	***Head injury****	***EM***		
19	*Jaundice*	*EM/AM*		
20	*Limb pain – atraumatic*	*EM/AM*		
21	*Neck Pain*	*EM/AM*		
22	*Oliguric Patient*	*EM/AM/ICM*		
23	*Pain Management*	*EM/AM/ICM*		
24	*Painful ear*	*EM/AM*		
25	*Palpitations*	*EM/AM/ICM*		
26	*Pelvic Pain*	*EM/AM*		
27	*Poisoning*	*EM/AM*		
28	*Rash*	*EM/AM*		
29	*Red Eye*	*EM/AM*		
30	***Suicidal Ideation/mental health****	***EM***		
31	*Sore Throat*	*EM/AM*		
32	*Syncope/pre-sycnope*	*EM/AM*		
33	*Traumatic limb/joint injuries*	*EM/AM*		
34	*Vaginal Bleeding*	*EM/AM*		
35	*Ventilatory support*	*ICM*		
36	*Vomiting and Nausea*	*EM/AM/Anaes*		
37	*Weakness and paralysis*	*EM/AM/ICM*		
38	*Wound management*	*EM/AM*		

PRACTICAL PROCEDURES (DOPS)

*May be done through simulation. M= Mini-CEX, D=DOP, C=CBD, A=Anaesthetic Mini-CEX

PP	Specialty	Procedure	WPBA	Date	Assessor
1	ICM2	Arterial Cannulation	D		
2	ICM1	Peripheral Venous Cannulation	D		
3	ICM4	Central Venous Cannulation	D		
4	ICM3	Arterial Blood Gas Sampling	M, D		
5	AM	Lumbar Puncture*	D		
6	*EM/AM*	Pleural Tap and aspiration*	D		
7	*EM/AM/ICM*	Intercostal Drain – Seldinger*	D		
8	*EM/AM*	Intercostal Drain – Open*	D		
9	AM	Ascitic Tap*	D		
10	AM	Abdominal paracentesis*	D		
11	**EM**	**Airway Protection***	**D**		
12	Any	Basic and advanced life support (valid ALS)	D		
13	AM	DC Cardioversion*	D		
14	EM/AM	Knee Aspiration*	D		
15	AM	Temporary pacing (external/wire)*	D		
16	**EM**	**Reduction of fracture/dislocation**	**D**		
17	EM	Large joint Examination	D		
18	**EM**	**Wound management**	**D**		
19	**EM**	**Trauma primary survey**	**D**		
20	EM/AM	Initial assessment of acutely unwell	M,D		
21	ICM	Secondary assessment of acutely unwell (ICM)	M,D		
22	ICM5	Connection to mechanical Ventilator	D		
23	ICM6	Safe use of drugs to facilitate ventilation	C		
24	ICM8	Managing “fighting” the ventilator	C		
25	ICM7	Monitoring respiratory function	C		
42	ICM9	Safe use of vasoactive drugs and electrolytes	M,C		
43	ICM10	Delivers a fluid challenge to unwell pt	C		
44	ICM11	Dealing with accidental trachy displacement	C		
26	IAC	Pre-op assessment	A		
27	IAC	Manage spontaneously breathing patient	A		
28	IAC	Anaesthesia for laparotomy	A		
29	IAC	Demonstrate RSI	A		
30	IAC	Recover patient from anaesthesia	A		
31	IAC	Demonstrate function of anaesthetic machine	D		
32	IAC	Transfer patient to operating table	D		
45*	IAC	Demonstrate CPR (valid ALS)	D		
33	IAC	Scrubbing up/donning gown and gloves	D		
34	IAC	Competencies for pain management/PCA	D		
35	IAC	Patient identification	C		
36	IAC	Post op N+V	C		
37	IAC	Airway Assessment	C		
38	IAC	Choice of muscle relaxant and induction agent	C		
39	IAC	Post op analgesia	C		
40	IAC	Post op oxygen therapy	C		
41	IAC	Emergency Surgery	C		
46*	IAC	Failed Intubation drills on manikin* (part of IAC)	D		

NOTES ON MAJOR PRESENTATIONS:

2 MPs **must** be summatively (pass/fail) assessed in Emergency Medicine (Mini-CEX descriptor tool or pass/fail CbD) by an EM consultant.

NOTES ON ACUTE PRESENTATIONS:

APs can be difficult to obtain in ICM/Anaes

All the **5** of the APs in bold should be covered in EM using a summative tool.

5 additional APs must be covered using x1 ACAT in EM

A further **10** APs covered in EM using any tool incl. e-learning.

Complete 20 APs in EM

Anaphylaxis may be done using simulation; Cardio-resp. Arrest may be covered with a valid (at time of ARCP) ALS certificate.

10 APs should be covered in AM using Mini-CEX, CbD or at least x3 ACAT

The remaining APs can be covered by any tool and should be covered in AM/ICM

There is a minimum number of WPBAs over the 2 years which should be covered within the above requirements.

Specialty	Mini-CEX	DOPS	CbD	ACAT
Anaesthesia (3-6 months)	5	6	8	-
Anaesthesia (6-9 months)	6	7	9	-
Acute Medicine	3	5	3	3
Emergency Medicine	4	5	3	1
ICM	3	6	4	

NOTES ON PRACTICAL PROCEDURES:

There are 46 PPs: Demonstrate CPR and failed intubation on a manikin are required for the IAC
A minimum of **10** must be completed in year 1 (EM/AM), some may be completed on a simulator by attending a recognised training course.
They **must all** be **completed** by the end of **year 2**

*Note: The ACCS curriculum has 45 PP listed (and refers to 44 PP in its guidance)!
5 of the **46** PPs must be completed in **EM** using DOPS

- Airway
- Primary Survey
- Wound care
- Fracture/Joint Manipulation
- Plus one other not covered by another specialty

5 of the **46** PPs must be completed in Acute Medicine using DOPs
13 of the 46 completed in ICM using appropriate tool

NB. 5 DOPS is ONLY a minimum in EM and AM

Completing IAC completes all 16 required PPs for Anaesthesia

*further information can be found in the ACCS Curriculum

ARCP Sign Off

No. MPs	
No. APs	
No. PPs	

Date:

Chair:

Signature: