

## COVID-19 – 2020 (updated 22 May 2020)

If the previous version of the COVID 19 checklist was filled, this does not have to be redone. Please cross check against the 22 May 2020 version.

### **ARCP Checklist – ACCS Anaesthetics (AN) / Intensive Care Medicine (ICM)**

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

#### **AN Initial Anaesthetic Competences**

Formative assessment of 5 Anaesthetic-CEX:		
• IAC A01 Preoperative assessment	Date	Assessor's name
• IAC A02 Management of the spontaneously breathing patient	Date	Assessor's name
• IAC A03 Anaesthesia for laparotomy	Date	Assessor's name
• IAC A04 Rapid Sequence Induction	Date	Assessor's name
• IAC A05 Recovery	Date	Assessor's name
Formative assessment of 8 Specific Anaesthetic CbDs:		
• IAC C01 Patient identification	Date	Assessor's name
• IAC C02 Post op nausea & vomiting	Date	Assessor's name
• IAC C03 Airway assessment	Date	Assessor's name
• IAC C04 Choice of muscle relaxants & induction agents	Date	Assessor's name
• IAC C05 Post op analgesia	Date	Assessor's name
• IAC C06 Post op oxygen therapy	Date	Assessor's name
• IAC C07 Emergency surgery	Date	Assessor's name
• IAC C08 Failed Intubation	Date	Assessor's name
Formative assessment of 6 further anaesthetic DOPS:		
• IAC Basic and advanced life support	Date	Assessor's name
• IAC D01 Demonstrate function of anaesthetic machine	Date	Assessor's name
• IAC D02 Transfer and positioning of patient on operating table	Date	Assessor's name
• IAC D03 Demonstrate CPR on a manikin	Date	Assessor's name
• IAC D04 Technique of scrubbing up, gown & gloves	Date	Assessor's name
• IAC D05 Competences for pain management including PCA	Date	Assessor's name
• IAC D06 Failed Intubation practical drill on manikin	Date	Assessor's name

## **Intensive Care Medicine (ICM)**

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	Assessor's name
• ICM 2 Arterial cannulation	Date	Assessor's name
• ICM 3 ABG sampling & interpretation	Date	Assessor's name
• ICM 4 Central venous cannulation	Date	Assessor's name
• ICM 5 Connection to ventilator	Date	Assessor's name
• ICM 6 Safe use of drugs to facilitate mechanical ventilation	Date	Assessor's name
• ICM 7 Monitoring respiratory function	Date	Assessor's name
• ICM 8 Managing the patient fighting the ventilator	Date	Assessor's name
• ICM 9 Safe use of vasoactive drugs and electrolytes	Date	Assessor's name
• ICM 10 Fluid challenge in an acutely unwell patient (CbD)	Date	Assessor's name
• ICM 11 Accidental displacement ETT / tracheostomy	Date	Assessor's name

## **Overview by end of training year**

Structured Training Report (one for each placement AN / ICM)	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)
Anaesthetic log book	YES / NO
Safeguarding Level 2 (upload certificate to e-Portfolio)	Date
Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols, minimum 6 by end CT1 and 13 by end CT 2), or statement in STR confirming coverage	YES / NO (please circle)
Form R	YES / NO (please circle)
<u>Evidence of minimum curricular elements for the end of two years of ACCS training</u> Review of ACCS progress CT1 2019 AND CT2 2020: 5 out of 6 Major Presentations / 20 out of 38 Core Acute Presentations / 16 DOPS (includes 11 ICM practical procedures) / IAC + anaesthesia logbook (or statement in STR on equivalence of case mix and experience to attain IAC competency)	

**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>			

The following table should only be completed if the information has not already been entered on the FORM R

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