

## 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 EM / AM**

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

#### **Emergency Medicine (EM)**

Assessment in at least 2 Major Presentations		
• CMP1 Anaphylaxis	Date	Assessor's Name
• CMP2 Cardio-respiratory arrest (or current ALS certification)	Date	Assessor's Name
• CMP3 Major Trauma	Date	Assessor's Name
• CMP4 Septic patient	Date	Assessor's Name
• CMP5 Shocked patient	Date	Assessor's Name
• CMP6 Unconscious patient	Date	Assessor's Name
Assessment in each of the following 5 Acute Presentations:		
• CAP1 Abdominal Pain	Date	Assessor's Name
• CAP6 Breathlessness	Date	Assessor's Name
• CAP7 Chest Pain	Date	Assessor's Name
• CAP18 Head Injury	Date	Assessor's Name
• CAP30 Mental Health	Date	Assessor's Name

Practical procedures as EM DOPS in each of the following:		
• Airway Maintenance	Date	Assessor's Name
• Primary Survey	Date	Assessor's Name
• Wound Care	Date	Assessor's Name
• Fracture/Joint manipulation	Date	Assessor's Name

## Acute Medicine (AM)

Assessment in at least 1 Major Presentation		
• CMP1 Anaphylaxis	Date	Assessor's Name
• CMP2 Cardio-respiratory arrest (or current ALS certification)	Date	Assessor's Name
• CMP3 Major Trauma	Date	Assessor's Name
• CMP4 Septic patient	Date	Assessor's Name
• CMP5 Shocked patient	Date	Assessor's Name
• CMP6 Unconscious patient	Date	Assessor's Name
Formative assessment in 6 other Acute Presentations during AM using a variety of assessment tools including CBD / CEX / ACAT (GIM)		
1. Topic	Date	Assessor's Name
2. Topic	Date	Assessor's Name
3. Topic	Date	Assessor's Name
4. Topic	Date	Assessor's Name
5. Topic	Date	Assessor's Name
6. Topic	Date	Assessor's Name

## Overview by end of training year

Structured Training Report (one for each placement in EM and AM)	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)
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 / minimum 13 by end CT 2) or statement in STR confirming coverage	YES / NO (please circle)
Form R	YES / NO (please circle)

Evidence of minimum curricular elements for the end of two years of ACCS training	
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**

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

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)	