



ACCS End of Placement Report's Preview

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Section 1

ACCS End of Placement Report

One of these forms is required for each placement of a trainee's ACCS programme.

*This form should be completed by the trainee's **Clinical Supervisor** for their ACCS placement having met with the trainee and reviewed the relevant evidence.*

Supervisor Name: ★

Supervisor Position: ★

Supervisor Specialty: ★

Supervisor GMC number: ★

Placement covered by this report: ★

Depending on the selection only the relevant LOs of the placement will appear within this form.

Date range of review period (DD/MM/YYYY format): ★

For example: 01/01/2021 - 02/02/2022

Please use this form to record your judgement on the trainee's progress.

Your decisions should be based on your direct observation and experience of the trainee, the assessments they have undertaken during the placement and their FECS/MCR/MTR report.

Faculty Educational Governance statement (FEGS)/Multiple Consultant Reports (MCR)/Multiple Trainer Report (MTR)

FEGS & MCR/MTR Report

Has a FEGS/MCR/MTR been provided for this placement?

Comment on any concerns raised or areas of excellence:

Workplace-based Assessments (WPBAs)

Supervisor should review the trainee's WPBAs for this placement and comment on range and performance:

Logbooks

Comment on range of experience across scope of practice, engagement and highlight areas that need further development (logbooks must not contain patient identifiable data).

Patient log:

Procedure log:

Ultrasound log:

Multi-source Feedback (MSF)

Has an MSF been completed with twelve or more responses with at least three consultant responses in this period?

Comments including any concerns raised or areas of excellence:

Personal Development Plan (PDP)

Has the trainee agreed appropriate objectives in their personal development plan for this placement and met these objectives satisfactorily (with reference to end of placement reports)?

Comments:

Reflection

Has the trainee reflected adequately/appropriately?

Comments including evidence of reflection in e-portfolio:

Courses, Conferences, Examinations, Additional Study and other Personal Activity
Comments:

Clinical Incidents or Complaints

Has this trainee been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint? ★

ACCS Clinical Learning Outcomes

Taking into account all the relevant evidence presented in the e-portfolio, your experience of working with the trainee and the ratings from the FEGs/MCR/MTR, the trainee should be given a suggested entrustment rating for each of the Clinical ACCS Outcomes using the ACCS entrustment level rating scale below (final level will be assigned by Educational Supervisor at end of year).

Entrustment Rating

- 1 Direct supervisor observation/involvement, able to provide immediate direction or assistance
- 2a Supervisor on the 'shop-floor' (eg ED, theatres, AMU, ICU), monitoring at regular intervals
- 2b Supervisor within hospital for queries, able to provide prompt direction or assistance and trainee knows reliably when to ask for help
- 3 Supervisor 'on call' from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision
- 4 Would be able to manage with no supervisor involvement (all trainees practice with a consultant taking overall clinical responsibility)

Supervisor to provide comment to justify ratings and highlight areas of concern or excellence. Detailed comments must be given to support any suggested entrustment level that is at a lower level than that expected for a trainee at this stage of training.

3. Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop (expected level 2b)

Key Capabilities:

- Recognise and manage the initial phases of any acute life-threatening presentation including cardiac arrest and peri-arrest situations
- Able to provide definitive airway, respiratory and circulatory support to critically ill patients
- Able to establish the most appropriate level of care for critically unwell patients - including end-of life decisions - and support their needs as well as those of their loved ones

Suggested entrustment rating: ★

Comments:

5. Deliver key ACCS procedural skills

Key Capabilities:

- Apply clinical knowledge to identify when key ACCS practical emergency skills are indicated
- Possess the knowledge and psychomotor skills to perform the ACCS procedural skills safely and in a timely fashion

Supervisor should review relevant evidence including logbooks, DOPs, e-learning, courses, simulation etc. and comment on procedures relevant to the placement.

Comments: ★

6. Deal with complex and challenging situations in the workplace (expected level 2a)

Key Capabilities:

- Know how to reduce the risk of harm to themselves whilst working in acute care
- Understand the personal and professional attributes of an effective acute care clinician
- Able to effectively manage their own clinical workload

Suggested entrustment rating: ★

Comments:

ACCS Generic Learning Outcomes Supervisor to comment on activities relating to the ACCS Generic LOs and review any relevant evidence e.g. teaching/quality improvement assessment tools, e-learning, reflective evidence, courses etc.

9. Support, supervise and educate

Key Capabilities:

- Able to set learning objectives for and deliver a teaching session
- Able to deliver effective feedback to a junior colleague or allied health professional with an action plan

Comments:

10. Participate in research and manage data appropriately

Key Capabilities:

- Able to search the medical literature effectively and know how to critically appraise studies

Comments:

11. Participate in and promote activity to improve the quality and safety of patient care

Key Capabilities:

- Able to contribute effectively to a departmental quality improvement project

Comments:

Honesty and Probity

Do you have any concerns about the trainee's honesty or probity?

Sickness absences and time out of training (TOOT)

Please comment on any concerns regarding health or time out of training (TOOT):

Do you have any other concerns about the trainee?

Overall Summary

Overall summary of performance:

Comment on what has gone well and any areas of excellence:

Comment on areas for development:

Suggestions for personal development plan in next placement: