



Educational Supervisor Report (ACCS)'s Preview

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Section 1

ACCS Education Supervisor Report Form (ESR)

Trainee grade

Whole or LTFT percentage %

ACCS Parent Specialty

Please use this form to record your judgement on the trainee's progress. Your decisions should be based on the ePortfolio evidence reviewed including the trainee's self-ratings, feedback from supervisors (including FEGs/MCRs/MTRs and End of Placement Reports) and, where relevant, your direct observation and experience of the trainee.

The curriculum provides guidance on the types of evidence which might be used to help inform your judgement but please note that not every category of evidence needs to be provided for every judgement, nor does every descriptor need to be met; these are suggestions to guide your overall assessment. Please refer to the ACCS ARCP Decision Aid for guidance on what is expected in each placement and in the overall training year for a satisfactory outcome.

The purpose of this report is to

1. Promote patient safety
2. Provide appropriate feedback for the trainee
3. Assist the ARCP panel to make their final summative judgement

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

FEGS & MCR/MTR Report

Was a FEG/MCR/MTR provided for each placement in the training year with ratings for each LO?

Comment on any concerns or areas of excellence raised:

ACCS Learning Outcomes

Supervisor to comment on quantity, quality and breadth of evidence with reference to all the Key Capabilities for each clinical LO. Evidence should come from a range of learning opportunities: WPBAs, e-learning, reflective evidence, shop floor feedback, courses etc.

1. Care for physiologically stable adult patients presenting to acute care across the full range of complexity

Key ACCS Capabilities:

- Able to gather appropriate information, perform a relevant clinical examination and be able to formulate and communicate a management plan that prioritises patient's choices and is in their best interests, knowing when to seek help
- Able to assess and formulate a management plan for patients who present with complex medical and social needs

Entrustment scale (ACCS SLO1)

EM placement: FEG – overall entrustment rating:

Internal Medicine placement: MCR – overall entrustment rating:

Comments:

2. Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support

Key Capabilities:

- Understand how to apply clinical guidelines
- Understand how to use diagnostic tests in ruling out key pathology, and be able to describe a safe management plan, including discharge where appropriate, knowing when help is required
- Be aware of the human factors at play in clinical decision making and their impact on patient safety

Entrustment scale (ACCS SLO2)

EM placement: FEG – overall entrustment rating:

Internal Medicine placement: MCR – overall entrustment rating:

Anaesthetic placement: MTR – overall entrustment rating:

Intensive Care placement: MCR – overall entrustment rating:

Comments:

3. Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop

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

Entrustment scale (ACCS SLO3)

EM placement: FEG – overall entrustment rating:

Internal Medicine placement: MCR – overall entrustment rating:

Anaesthetic placement: MTR – overall entrustment rating:

Intensive Care placement: MCR – overall entrustment rating:

Comments:

4. Care for acutely injured patients across the full range of complexity

Key Capabilities:

- Be an effective member of the multidisciplinary trauma team
- Able to assess, investigate and manage low energy injuries in stable patients

Entrustment scale (ACCS SLO4)**EM placement: FEG – overall entrustment rating:****Comments:****5. Deliver key ACCS procedural skills****Key Capabilities:**

- Have the clinical knowledge to identify when key practical emergency skills are indicated
- Have the knowledge and psychomotor skills to perform the skill safely and in a timely fashion

Entrustment scale (ACCS SLO5)**Overall comments on procedural skills:****6. Deal with complex and challenging situations in the workplace****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

Entrustment scale (ACCS SLO6)**EM placement: FEG – overall entrustment rating:****Internal Medicine placement: MCR – overall entrustment rating:****Anaesthetic placement: MTR – overall entrustment rating:****Intensive Care placement: MCR – overall entrustment rating:**

Comments:**7. Provide safe basic anaesthetic care including sedation****Key Capabilities:**

- Pre-operatively assess, optimise and prepare patients for anaesthesia
- Safely induce, maintain and support recovery from anaesthesia including recognition and management of complications
- Provide urgent or emergency anaesthesia to ASA 1E and 2E patients requiring uncomplicated surgery including stabilisation and transfer
- Provide safe procedural sedation for ASA 1E and 2E patients

Entrustment scale (ACCS SLO7)**EPA 1 & 2 (IAC):****HALO (sedation):****Anaesthetic placement: MTR – overall entrustment rating:****Comments:****8. Manage patients with organ dysfunction and failure****Key Capabilities:**

- Able to provide safe and effective care for critically ill patients across the spectrum of single or multiple organ failure
- Able to plan and communicate effectively with patients, relatives and the wider multi-professional team when attending to the clinical and holistic needs of patients

Entrustment scale (ACCS SLO8)**HALO****Intensive Care placement: MCR – overall entrustment rating:****Comments:**

ACCS Generic LOs

Progress rating (pulled through from e-portfolio) ES to comment on each

ACCS Generic Learning Outcome (ACCS LO9 - LO11)

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:

Multisource Feedback

minimum 12 responses (annual and performed in first 6 months) minimum 3 consultants and spread of participants as agreed with Ed Sup. ES summary

Comment on any concerns or areas of excellence identified:

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****Personal Development Plan (PDP)**

If the trainee has been involved in any events in this revalidation year please document here, stating whether they are resolved or ongoing and where on e-portfolio is the trainee's reflection

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

Comments:**Reflection**

Has the trainee reflected adequately?

Courses, Conferences, Examination progress and Other Study**Comments:****Clinical Incidents or Complaints**

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

Was the appropriate document completed?

Trainee Health

Sickness absences and time out of training (TOOT):

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

Comments:**Concerns****Do you have any other concerns about the trainee?****Overall ratings by Educational Supervisor****ACCS Clinical Learning Outcomes:**

Taking into account all the evidence presented in the e-portfolio and the ratings from the FEGs/MCRs/MTRs, the trainee should be rated on each of the Clinical ACCS Outcomes using the ACCS

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)

Detailed comments must be given to support any entrustment decision that is at a lower level than that expected for a trainee at this stage of training – please refer to the grid of expected levels in the ARCP decision aid.

Comments are encouraged (but not mandated) for all ratings (e.g. to highlight excellence in those performing 'above expectation'.)

ACCS LO1**1. Care for physiologically stable adult patients presenting to acute care across the full range of complexity:****Please provide comments to justify your rating and identify any areas of concern or excellence:****ACCS LO2****2. Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support:**

Please provide comments to justify your rating and identify any areas of concern or excellence:

ACCS LO3

3. Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop:

Please provide comments to justify your rating and identify any areas of concern or excellence:

ACCS LO4

4. Care for acutely injured patients across the full range of complexity:

Please provide comments to justify your rating and identify any areas of concern or excellence:

ACCS LO5

5. Deliver key ACCS procedural skills:

Pleural aspiration of air:

Chest drain: Seldinger technique:

Chest drain: open technique:

Establish invasive monitoring (central venous pressure and arterial line):

Vascular access in emergency (intraosseous infusion and femoral vein):

Fracture/dislocation manipulation:

External pacing:

Direct current cardioversion:**Point of care ultrasound-guided vascular access and fascia iliaca nerve block:****Lumbar puncture:****Please provide comments to justify your rating and identify any areas of concern or excellence:****ACCS L06****6. Deal with complex and challenging situations in the workplace:****Please provide comments to justify your rating and identify any areas of concern or excellence:****ACCS L07****7. Provide safe basic anaesthetic care including sedation:****Please provide comments to justify your rating and identify any areas of concern or excellence:****ACCS L08****8. Manage patients with organ dysfunction and failure:****Please provide comments to justify your rating and identify any areas of concern or excellence:****ACCS Generic Learning Outcomes**

Taking into account all the evidence presented in the e-portfolio and the ratings from the FEG/MCR/MTRs, the trainee should be rated on each of the Generic ACCS Outcomes using scale below

- Below expectations
- Satisfactory/good

- Excellent

Detailed comments MUST be given to support any rating of 'below expectation'. Comments are encouraged (but not mandated) for all ratings (e.g. to highlight excellence or areas to work on)

ACCS LO9

9. Support, supervise and educate:

Please provide comments to justify your rating and identify any areas of concern or excellence:

ACCS LO10

10. Participate in research and manage data appropriately

Please provide comments to justify your rating and identify any areas of concern or excellence:

ACCS LO11

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

Please provide comments to justify your rating and identify any areas of concern or excellence:

Overall summary of performance

How would you rate this doctor's overall performance? You should use feedback from supervisors (including End of Placement Reports) and assessors to inform your comments. Please record other feedback received if relevant to training or performance

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 training year:

