

WORKPLACE BASED ASSESSMENTS FOR ACCS – 2018-19

CORE MAJOR PRESENTATIONS – must be consultant sign off

CMP	Presentation	Specialty	Assessor/grade	Assessment
1	Anaphylaxis			
2	Cardio-respiratory arrest			
3	Major Trauma			
4	Septic patient			
5	Shocked patient			
6	Unconscious patient			

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

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

PRACTICAL PROCEDURES (DOPS)

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

NOTES ON PRACTICAL PROCEDURES

5 MANDATORY EM PROCEDURES (4 specified*, 1 optional) **MINIMUM**

5 REQUIRED IN ACUTE MEDICINE - **MINIMUM**

13 REQUIRED IN ICM (11 listed, plus ANY 2 others)

Completing IAC completes required PP for Anaesthesia

There are 12 "Blank" PPs not allocated to any specialty. 1 must be done in EM as the "other". 5 must be done in Acute Medicine. 2 can be done in ICM as the "others". The other 4 must be covered by the end of the 2 years at any point.

Basic/Advanced life support can be covered by ALS

Knee aspiration, Open chest drain and temporary pacing can be done via SIM/models/courses.

5 DOPS is ONLY a minimum in EM/AM – you will need to do others as they occur to complete ALL by end of year 2.