**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:** Click or tap here to enter text.

**Supervisor Position:** Click or tap here to enter text.

**Supervisor Specialty:** Click or tap here to enter text.

**Supervisor GMC number:** Click or tap here to enter text.

**Trainee name:** Click or tap here to enter text.

**Trainee GMC number:** Click or tap here to enter text.

**Placement covered by this report:** Please choose a specialty from this list

**From:** Click or tap to enter a date. **To:** Click or tap to enter a date.

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 FEGS/MCR/MTR report.

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

Has a FEGS/MCR/MTR been provided for this placement? **yes/no**

Comment on any concerns raised or areas of excellence:

|  |
| --- |
| Click or tap here to enter text. |

# Supervised Learning Events (SLEs) / Workplace-based Assessments (WPBAs)

Supervisor should review the trainee’s SLEs/WPBAs for this placement and comment on the learning outcomes and progress

Comments:

|  |
| --- |
| Click or tap here to enter text. |

# 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:

|  |
| --- |
| Click or tap here to enter text. |

Procedure log:

|  |
| --- |
| Click or tap here to enter text. |

Ultrasound log:

|  |
| --- |
| Click or tap here to enter text. |

# Multi-source Feedback (MSF)

Has an MSF been completed? **yes/no**

Comments, including any concerns raised or areas of excellence:

|  |
| --- |
| Click or tap here to enter text. |

# 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)? **yes/no**

Comments:

|  |
| --- |
| Click or tap here to enter text. |

# Reflection

Has the trainee reflected adequately/appropriately? **yes/no**

Comments including evidence of reflection in e-portfolio:

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| --- |
| Click or tap here to enter text. |

# Courses, Conferences, Examinations, Additional Study, and other Personal Activity

Comments:

|  |
| --- |
| Click or tap here to enter text. |

# 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? **yes/no**

If yes, please provide details:

|  |
| --- |
| Click or tap here to enter text. |

If yes, did they engage appropriately with processes of investigation/response? **yes/no**

If no, please provide details:

|  |
| --- |
| Click or tap here to enter text. |

Are there any ongoing concerns regarding the trainee? **yes/no**

If yes, please provide details:

|  |
| --- |
| Click or tap here to enter text. |

Was the appropriate document completed? **yes/no**

If no, please explain why the incident was not recorded:

|  |
| --- |
| Click or tap here to enter text. |

# 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).*

|  |  |
| --- | --- |
| 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.*

## ACCS LO 1. Care for physiologically stable adult patients presenting to acute care across the full range of complexity (expected level 2b) (IM/EM)

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.

Indicate a suggested entrustment rating as appropriate 1, 2a, 2b, 3, or 4:

|  |
| --- |
| Comments: Click or tap here to enter text. |

## ACCS LO 2. Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support (expected level 2a) (IM/EM)

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.

Indicate a suggested entrustment rating as appropriate: 1, 2a, 2b, 3, or 4

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| --- |
| Comments: Click or tap here to enter text. |

## ACCS LO 3. Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop (expected level 2a) (IM/EM/Anaes/ICM)

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.

Indicate a suggested entrustment rating as appropriate: 1, 2a, 2b, 3, or 4

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| --- |
| Comments: Click or tap here to enter text. |

## ACCS LO 4. Care for acutely injured patients across the full range of complexity (expected level 2b) (EM)

Key Capabilities:

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

Indicate a suggested entrustment rating as appropriate: 1, 2a, 2b, 3, or 4

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| --- |
| Comments: Click or tap here to enter text. |

## ACCS LO 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.

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| Comments: Click or tap here to enter text. |

## ACCS LO 6. Deal with complex and challenging situations in the workplace (expected level 2a) (IM/EM/Anaes/ICM)

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.

Indicate a suggested entrustment rating as appropriate: 1, 2a, 2b, 3, or 4

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| --- |
| Comments: Click or tap here to enter text. |

## ACCS LO 7. Provide safe basic anaesthetic care including sedation (expected: Completion of Initial Assessment of Competence [EPAs 1 and 2], completion of HALO for Procedural Sedation) (Anaes)

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 1-3 patients requiring uncomplicated surgery including stabilisation and transfer.
* Provide safe procedural sedation for ASA 1-3 patients.

Indicate as appropriate: EPA 1 & 2 (IAC): achieved: **yes/no**

HALO (Procedural Sedation): achieved **yes/no**

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| --- |
| Comments: Click or tap here to enter text. |

## ACCS LO 8. Manage patients with organ dysfunction and failure (expected: completion of HALO for Intensive Care Medicine) (ICM)

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.

Indicate as appropriate: HALO (ICM) achieved: **yes/no**

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| Comments: Click or tap here to enter text. |

# 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.

## ACCS LO 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.

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| --- |
| Comments: Click or tap here to enter text. |

## ACCS LO 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: Click or tap here to enter text. |

## ACCS LO 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.

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| --- |
| Comments: Click or tap here to enter text. |

# Honesty and Probity

Do you have any concerns about the trainee's honesty or probity? **yes/no**

If yes, please provide details:

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| --- |
| Click or tap here to enter text. |

# Health

Sickness absences and time out of training (TOOT)

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

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| --- |
| Click or tap here to enter text. |

# Other

Do you have any other concerns about the trainee? **yes/no**

If yes, please provide details:

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| --- |
| Click or tap here to enter text. |

# Overall

Overall summary of performance

|  |
| --- |
| Click or tap here to enter text. |

Comment on what has gone well and any areas of excellence

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| --- |
| Click or tap here to enter text. |

Comment on areas for development

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| --- |
| Click or tap here to enter text. |

Suggestions for personal development plan in next placement

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| --- |
| Click or tap here to enter text. |

## The ACCS placement clinical supervisor must sign this certificate.

Signed: 

Date: Click or tap to enter a date.

Name: Click or tap here to enter text.

## The *ACCS trainee* must sign this certificate.

Signed: 

Date: Click or tap to enter a date.

Name: Click or tap here to enter text.