**ACCS Educational Supervisors End of Year Report**

**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.

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

**Trainee parent specialty:** Click or tap here to enter text.

**Is the trainee LTFT**? **yes/no If yes, their WTE rate is:** Choose an item.

**Training period covered by this report:**

**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 the e-portfolio 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](https://www.rcoa.ac.uk/sites/default/files/documents/2022-03/ACCS%20ARCP%202021-2%20Decision%20Aid%20FINAL%20v1.2_0.pdf) 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 (MCR)/Multiple Trainer Report (MTR)

Was a FEGS/MCR/MTR provided for each placement in the training year with ratings for each LO? **yes/no**

Comment on any concerns raised or areas of excellence:

|  |
| --- |
| 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:

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

Procedure log:

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

Ultrasound log:

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| Click or tap here to enter text. |

# Multi-source Feedback (MSF)

Has an MSF been undertaken during the year with satisfactory number and range of respondents? **yes/no**

Comments, including any concerns raised or areas of excellence:

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

# Personal Development Plan (PDP)

Has the trainee agreed appropriate objectives in their personal development plan for this year and met these objectives satisfactorily (with reference to end of placement reports)? **yes/no**

Comments:

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| --- |
| 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:

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

Has the trainee had access to Educational Development Time (EDT)? **yes/no**

If yes, were the EDT objectives met? **yes/no**

# ACCS Clinical Learning Outcomes (LO1 to LO8)

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: WBPAs, e-learning, reflective evidence, shop floor feedback, courses etc.

*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) |

## Detailed comments must be given to support any entrustment decision that is at a lower level than the 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 excellent in those performing ‘above expectation’).

## 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.

EM placement: FEG – overall entrustment rating: 1, 2a, 2b, 3, or 4:

Internal Medicine placement: MCR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2b): 1, 2a, 2b, 3, or 4:

*Supervisor to comment on evidence presented, justify rating and identify any areas of concern or excellence*

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| --- |
| 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.

EM placement: FEG – overall entrustment rating: 1, 2a, 2b, 3, or 4:

Internal Medicine placement: MCR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2a): 1, 2a, 2b, 3, or 4:

*Supervisor to comment on evidence presented, justify rating and identify any areas of concern or excellence*

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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.

EM placement: FEG – overall entrustment rating: 1, 2a, 2b, 3, or 4:

Internal Medicine placement: MCR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

Anaesthetic placement: MTR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

Internal Care placement: MCR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2a): 1, 2a, 2b, 3, or 4:

*Supervisor to comment on evidence presented, justify rating and identify any areas of concern or excellence*

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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.

EM placement: FEG – overall entrustment rating: 1, 2a, 2b, 3, or 4:

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2b): 1, 2a, 2b, 3, or 4:

*Supervisor to comment on evidence presented, justify rating and identify any areas of concern or excellence*

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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.

**Pleural aspiration of air**

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2a): 1, 2a, 2b, 3, or 4:

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

**Chest drain: Seldinger technique**

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2a): 1, 2a, 2b, 3, or 4:

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

**Chest drain: open technique**

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 1): 1, 2a, 2b, 3, or 4:

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

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

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2a): 1, 2a, 2b, 3, or 4:

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

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

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 1): 1, 2a, 2b, 3, or 4:

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

**Fracture / dislocation manipulation**

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 1): 1, 2a, 2b, 3, or 4:

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

**External pacing**

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2a): 1, 2a, 2b, 3, or 4:

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

**Direct current cardioversion**

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2a): 1, 2a, 2b, 3, or 4:

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

**Point of care ultrasound-guided vascular access and fascia iliaca nerve block**

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2a): 1, 2a, 2b, 3, or 4:

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

**Lumbar puncture**

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2a): 1, 2a, 2b, 3, or 4:

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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.

EM placement: FEG – overall entrustment rating: 1, 2a, 2b, 3, or 4:

Internal Medicine placement: MCR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

Anaesthetic placement: MTR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

Internal Care placement: MCR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2b): 1, 2a, 2b, 3, or 4:

*Supervisor to comment on evidence presented, justify rating and identify any areas of concern or excellence*

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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**

Anaesthetic placement: MTR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2b): 1, 2a, 2b, 3, or 4:

*Supervisor to comment on evidence presented, justify rating and identify any areas of concern or excellence*

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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**

Intensive Care placement: MCR – overall entrustment rating: 1, 2a, 2b, 3, or 4:

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall entrustment rating (expected level 2b): 1, 2a, 2b, 3, or 4:

*Supervisor to comment on evidence presented, justify rating and identify any areas of concern or excellence*

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

# ACCS Generic Learning Outcomes (LO9 to LO11)

## 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 Genetic 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 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.

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall rating: choose an item:

|  |
| --- |
| 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.

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall rating: choose an item:

|  |
| --- |
| 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.

*Supervisor to assign final overall rating based on all evidence reviewed*

Overall rating: choose an item:

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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. |

# 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:

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| --- |
| 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. |

# Trainee 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

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

Comment on what has gone well and any areas of excellence

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

Comment on areas for development

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

Suggestions for personal development plan in next placement

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

## The ACCS Educational Supervisor must sign this certificate.

Signed: 

Date: Click or tap to enter a date.

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

Signed: Shape

Description automatically generated with low confidence

Date: Click or tap to enter a date.