

ACCS CT1

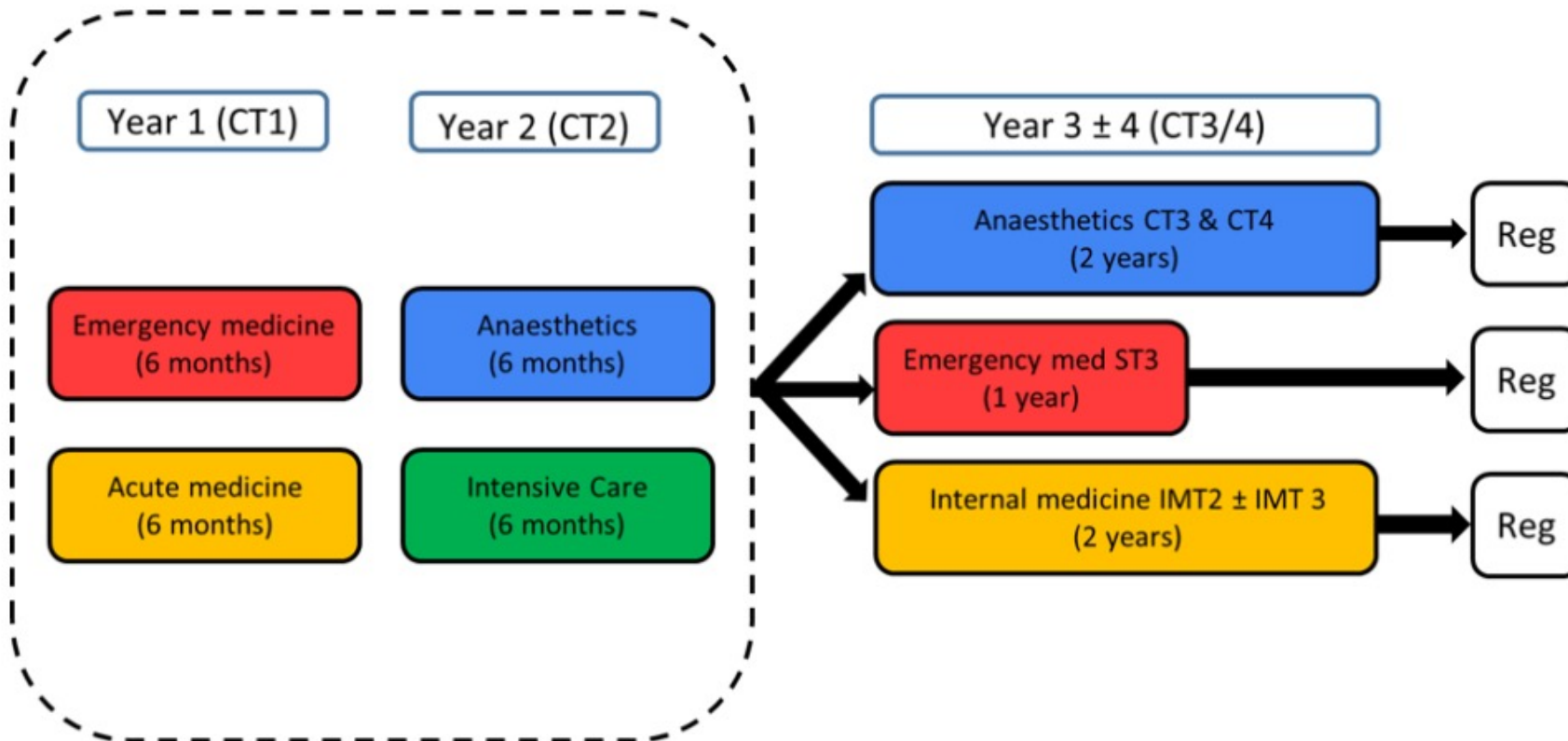
Dr Paige Baylis-Jones (ACCS CT3)

Dr Sue Walwyn (Consultant Anaesthetist)

First off



ACCS Structure



Important Contacts

- + Most of ACCS CT1 is run by Emergency medicine
ARCP/training admin organised by emsupport.yh@hee.nhs.uk
- + Clinical supervisors – one per rotation
- + Educational supervisor – from your parent specialty
- + TPD

Prolonged illness

Parental Leave

OOPT

Inter-deanery transfer

Placement requests

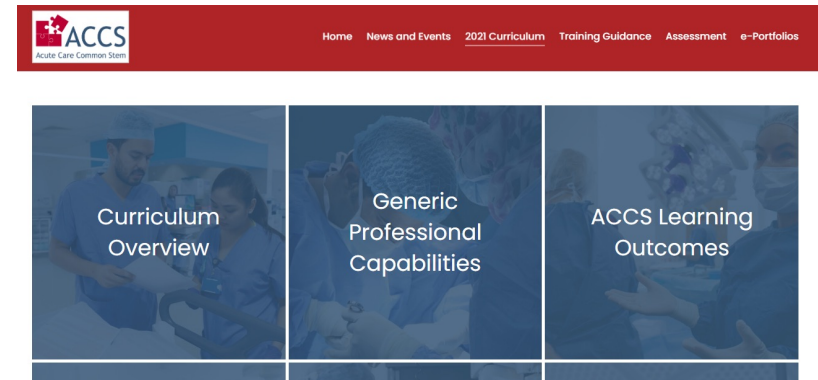
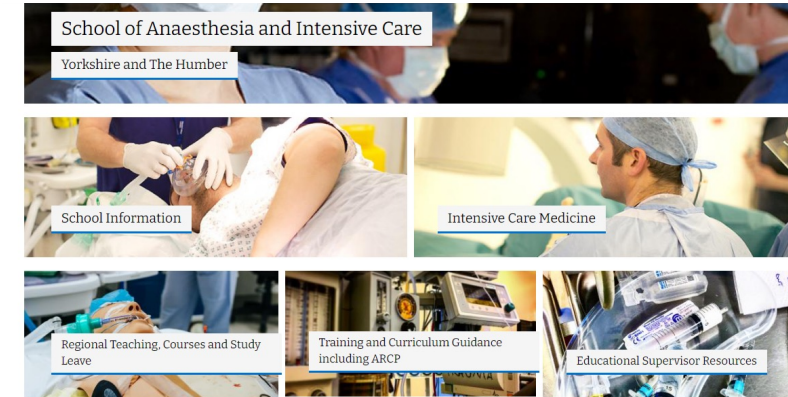
LFTF

Important Contacts - TPDs

- West
 - Dr Colhoun - alison.colhoun1@nhs.net
- North & East
 - Dr Dilley - Jonathan.dilley1@nhs.net
- South
 - Dr Robinson - Michael.robinson20@nhs.net

Useful Information

- Yorkshire & Humber Deanery page
 - <https://www.yorksandhumberdeanery.nhs.uk/anaesthesia>
- ACCS Curriculum
 - <https://www.accs.ac.uk/2021-curriculum>



Getting started

- + Lifelong Learning

 - Portfolio

 - Log book

 - Add you placement, your ES & your CS

- + ES & CS Meeting

 - May need to register your CS

- + Training days

 - Register early

 - Book SL

Portfolio

MCR/MTR

- + Acute medicine
- + Like an MSF but just consultants
- + Pick as many consultants as you can - need a minimum of 3

FEGS

- + Emergency medicine
- + Same as MTR /MCR

PDP

- + Aims for placement
- + Usually do it after a few weeks when I have a feel of what I can get out of the placement

Portfolio

Supervised Learning Event

Please choose the form you wish to complete.

Anaesthetics 2021

Type	Definition
A-CEX	Anaesthesia Clinical Evaluation Exercise
A-QIPAT	Anaesthesia Quality Improvement Project Assessment Tool
DOPS	Direct Observation for Procedural Skills
Triple C	Capability Cluster Completion
ALMAT	Anaesthesia List Management Assessment Tool
CBD	Case Based Discussion

- 11 ACCS LOs
- 7 generic Los
- Can mostly ignore LO7 & LO8
- Try and sign of Los 1-6 this year
- Contribute to the rest ready for sign off at the end of CT2
- Need all of ACCS LOs by end of CT2

Portfolio

4) Key Capabilities

AC_05_01 Pleural aspiration of air	▼
AC_05_02 Chest drain: Seldinger technique	▼
AC_05_03 Chest drain: open technique	▼
AC_05_04 Establish invasive monitoring (central venous pressure and arterial line)	▼
AC_05_05 Vascular access in emergency (intraosseous infusion and femoral vein)	▼
AC_05_06 Lumbar puncture	▼
AC_05_07 Fracture/dislocation manipulation	▼
AC_05_08 External pacing	▼
AC_05_09 Point of care ultrasound- Vascular access and fascia iliaca block	▼
AC_05_10 Direct current cardioversion	▼

AC_04_01 Able to perform primary/secondary trauma survey	▼
AC_04_02 Have examination skills required to identify/diagnose injury including vascular and neurological consequences	▼
AC_04_03 Appropriately use investigations including XR/CT/US/MRI to confirm presence/consequences of injury	▼
AC_04_04 Provide basic management of wounds, soft tissue injuries, fractures and dislocations including local anaesthetic techniques	▼
AC_04_05 Provide safe use of basic local anaesthetic techniques eg ring block, fascia iliaca block	▼
AC_04_06 Use a range of techniques for wound closure (simple dressing, suturing, skin adhesive, steri-strips).	▼
AC_04_07 Know the fundamentals of management of fractures and dislocations (slings, splints, basic plastering, manipulation as appropriate)	▼
AC_04_08 Able to remove foreign bodies from the eye and ear	▼

AC_04_09 Provide opportunistic advice on accident prevention	▼
AC_04_10 Understand the pathophysiology and management of injury (including specific populations eg elderly, paediatric and pregnancy)	▼
AC_04_11 Understand the social/economic consequences of injury upon individuals	▼
AC_04_12 Estimate a timeline of healing and give general and specific safety net advice on concerning features of potential complications	▼
AC_04_13 Understand the importance of considering safeguarding of vulnerable patients	▼
AC_04_14 Apply CT guidelines for suspected head and cervical spine injuries	▼
AC_04_15 Provide initial care for patients with fractured neck of femur	▼
AC_04_16 Understand the impact of injury on patients with markers of frailty	▼

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Entrustment Scales

- 1** Direct supervisor observation/involvement
- 2a** Supervisor nearby, monitoring at regular intervals
- 2b** Supervisor within hospital for help
- 3** Supervisor on call from home for queries/help via phone
- 4** Independent practice

Entrustment Scales

Learning Outcome	Entrustment
1 Care for physiologically stable adult presenting to acute care across the full range of complexity	2b
2 Support the team by answering questions and making safe decisions	2a
3 Identify sick patients, be able to resuscitate and stabilise and known when its appropriate to stop	2a
4 Care for acutely injured patients across the full range of complexity	2b
6 Deal with complex and challenging situations in the work place	2a

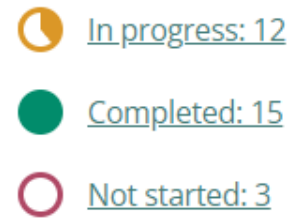
Entrustment Scales LO5

Procedure	Entrustment
Pleural aspiration of air	2a
Chest drain - Seldinger	2a
Chest drain - open	1
Establish invasive monitoring (CVC/Art)	2a
Vascular access in an emergency (IO/Femoral)	1
Fracture/dislocation manipulation	1
External Pacing	2a
DC Cardioversion	2a
US guided access & fascia-iliaca block	2a
LP	2a

HALO

- + Holistic Assessment of Learning
- + Need signing by ES/CS
- + CT1 - 1-6
- + Add to as many as possible for each piece of evidence
- + Don't forget about the core ones too

Progress Stage: ACCS Stage 1



[Review Curriculum](#)

ARCP

Acute Medicine	Emergency Medicine
MTR AM specific skills eg LP LO5	FEGS EM Specific skills ACCS LO4
Both	
CEX/CBDs/DOPs Reflections Training days Supervisor meetings - both CS & ES	
Once a year	
MSF - although try to do one per placement Educational supervisor summative report Form R HALOs	

Final Tips

- + Make sure you get your SDT
- + Get involved in audit/QIP early
- + Remember, CT2 is only a year away

Questions?

+ Feel free to email me:

Paige.roberts5@nhs.net