

## Assessment system for the individual elements of Acute Care Common Stem, by specialty

### Background

1. Successful completion of the Acute Care Common Stem (ACCS) and progression to the next stage of training requires satisfactory progress in all parts of the ACCS elements, regardless of the intended future career pathway i.e. level one competence in Acute Medicine (AM), passing the initial assessment of competency in anaesthesia and performing satisfactorily in those key areas identified by Emergency Medicine (EM) and Intensive Care Medicine (ICM).
2. Each element requires a large number of assessments (typically 1-4 each month) and trainees should be strongly encouraged to complete assessments regularly throughout the programme. It is unlikely that it will be possible to complete all assessments if trainees leave this task until the end of their attachments.
3. The assessment system is trainee driven and they should liaise closely with their trainers/educational supervisors regarding progress through the assessments.
4. Assessments should ideally be supervised by trainers, but may on occasion be delegated to senior trainees (currently SpR4/5 and in future ST5/6).
5. The responsibility for maintaining the currency of this document rests with the Intercollegiate Committee for Acute Care Common Stem Training (ICACCST).

Below is a table of topics/skills and the method of assessment within each element, identified by the specialty primarily responsible for those assessments. However, these assessments can be undertaken by members of other specialties whilst working in those other elements. .

Trainees should note that assessments during one element may focus on a different aspect of the same topic/condition and repetition of the assessment of that topic/condition may be educationally advantageous.

Trainees should refer to the PMETB approved curriculum for ACCS to guide their learning.

Records should be kept of formal teaching and courses attended, patients and their conditions cared for and audits undertaken. All other activities of educational merit should also be recorded. They may include publications, presentations, whether local, national or international, as well as abstracts and posters presented at learned meetings etc.

**Intensive Care Medicine assessments:** these are based on existing assessment documents (for preliminary and core components) available from the IBTICM website <http://www.rcoa.ac.uk/docs/ACCS-Manual.pdf>. Such assessments are broad and overlap with other areas. Within such assessments the mini-Cex/DOPS and CBD can also be used (for a typical 6 month period MSF X 1,

DOPS X 4, Mini-Cex X 3 and CBD X 2 are recommended). As with other specialties, more assessments may be required to decide when or whether a trainee is able to have successful completion of a module signed off.

**Acute Medicine assessments:** all ACCS trainees will need to be competent at level 1, as defined by the Acute Medicine curriculum, by the end of the ACCS programme

[http://www.jrcptb.org.uk/Specialty/Documents/CMT%20+%20ACCS%20\(M\)%20Acute%20Medicine%20Level%201%20Curriculum%20May%202007.pdf](http://www.jrcptb.org.uk/Specialty/Documents/CMT%20+%20ACCS%20(M)%20Acute%20Medicine%20Level%201%20Curriculum%20May%202007.pdf).

The steady accumulation of evidence relevant to Acute Medicine throughout the ACCS programme is advised as all competencies are unlikely to be gained solely in the 6 month AM module. Similarities between the EM and AM assessments should be noted and recognition that relevant competence achieved in any part of an ACCS programme will be cross recognised for AM. Such competence can be demonstrated using a minimum of 12 ACATS, 8 mini-Cex, 8 CBD and 8 DOPS for Acute Medicine topics over a two year period.

**Anaesthesia assessments:** over a six month period the trainee will be expected to have successfully completed the initial assessment of competency, typically at 3 months, and have undertaken the assessments listed under anaesthesia

<http://www.rcoa.ac.uk/docs/ACCS-Manual.pdf>.

**Emergency Medicine assessments:** these are as listed, and the supporting documentation is available from the College of Emergency Medicine website <http://www.emergencymed.org.uk/CEM/Work%20place%20based%20assessment/ACCS%20-%20EM.asp> .

<b>Topic</b>	<b>Acute Medicine<sup>1</sup></b>	<b>Emergency Medicine<sup>2</sup></b>	<b>Anaesthesia<sup>3</sup></b>	<b>Intensive Care Medicine<sup>4</sup></b>
Cardiorespiratory arrest		DOPS Observed defibrillation  CBD Cardiac arrest management including rhythm recognition/ pharmacology/ and arrest in special situations	DOPS CPR on a manikin	DOPS Manikin based practical assessment of CPR skills  CBD Arrhythmia recognition skills using simulator and oral assessment of knowledge of resuscitation  See CCT Part VI
Shock		CBD The shocked patient		
Syncope/ coma		Mini-Cex Examination of the unconscious patient	DOPS Assessment and management of the patient with a reduced level of consciousness	
Breathlessness		Mini-Cex Examination of the breathless patient  CBD To include differential diagnosis, investigation and management plan		
Chest pain		Mini-Cex Examination of patient with chest pain including		

		differential diagnosis and investigation		
Confusion	Mini-Cex/ CBD/ ACAT			
Fever	Mini-Cex/ CBD/ ACAT			
Falls	Mini-Cex/ CBD/ ACAT			
Allergy /anaphylaxis		Mini-Cex/ CBD Anaphylaxis		
Acute coronary syndrome		DOPS ECG with posterior and right ventricular leads  CBD To include differential diagnosis, investigations and management plan		
Arrhythmias	CBD/ ACAT			
Heart failure	Mini-Cex/ CBD/ ACAT			
Cough & haemoptysis	Mini-Cex/ CBD/ ACAT			
Pleuritic chest pain	Mini-Cex/ CBD/ ACAT			
Abdominal pain		Mini-Cex Patient with acute abdominal pain  DOPS Pelvic examination and use of speculum		

Gastro-intestinal bleed	Mini-Cex/ CBD/ ACATT			
Dysphagia/ weight loss/ diarrhoea	Mini-Cex/ CBD/ ACAT			
Jaundice/ liver disease	Mini-Cex/ CBD/ ACAT			
Weakness/ paralysis	Mini-Cex/ CBD/ ACAT	Mini-Cex Examination of the patient with neurological deficit including indications for imaging and admission  CBD The presentation and management of stroke		
Seizures		Mini-Cex The fitting patient, differential diagnosis and management		
Renal failure	Mini-Cex/ CBD/ ACAT			
OD /Psychiatry		CBD		
Alcohol	Mini-Cex/ CBD/ ACAT			
Rashes/ ulcers joint swelling	Mini-Cex/ CBD/ ACAT	Mini-Cex Large joint examination		
Medical complications of	Mini-Cex/ CBD/ ACAT			

surgery and pregnancy				
Trauma		Mini-Cox Primary survey  CBD Life threatening conditions in trauma		
Care of the critically ill				Initial assessment of the acutely ill patient  See CCT Part III 3.iii.c and CCT Part IV 4.b
Basic airway management		DOPS Basic management including adjuncts and oxygen delivery  CBD Indications for intubation		Airway management skills  See CCT Part III 3.iii.b
Advanced airway management/ Anaesthesia			DOPS Rapid sequence induction  Mini-Cex (X 4) General anaesthesia with controlled ventilation; Anaesthesia with full stomach; ICU case; Elderly patient; Paediatric case.	

			CBD (X 2) Difficult intubation; Major haemorrhage.	
Wound management		DOPS To include anatomy , local anaesthetic technique and closure		
Chest drain insertion		DOPS		
Pleural tap and drain	DOPS			
Ascitic tap	DOPS			
External pacing		DOPS		
Conscious sedation		DOPS		
Lumbar puncture	DOPS			
Central line insertion	DOPS		DOPS	DOPS
Arterial line insertion			DOPS	
Pain relief		DOPS	DOPS Management of post operative pain	DOPS
Simple peripheral nerve block			DOPS	
Blood products administration	DOPS			
Organ support and practical				See CCT Part III 3.iii.e and CCT Part IV 4.a

procedures				
Outreach and transport care				See CCT Part III 3.iii.d
Communication skills/teamwork				See CCT Part III 3.iii.e and CCT Part IV 4.d

<sup>1</sup> For definitions and forms in AM go to <http://www.jrcptb.org.uk/forms/Pages/default.aspx>

<sup>2</sup> For EM forms and definitions go to <http://www.emergencymed.org.uk/CEM/Work%20place%20based%20assessment/ACCS%20-%20EM.asp>

<sup>3</sup> For Anaesthetic forms and definitions go to <http://www.rcoa.ac.uk/docs/ACCS-Manual.pdf>

<sup>4</sup> For ICM forms and definitions go to <http://www.rcoa.ac.uk/docs/ACCS-Manual.pdf>

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