Annual Review of Competence Progression Checklist for Work Place Based Assessments in ACCS Anaesthetic/Intensive Care in Iceland

Trainee Name:_____ ID number/Kennitala:_____

Icelandic medical registration number:

Initial Anaesthetic Competences – if in 3 month post

Formative assessment of 5 Anaesthetic-CEX:	Date of assessment	Assessor's name
IAC A01 Preoperative assessment	Date	Name
IAC A02 Management of the spontaneously breathing patient	Date	Name
IAC A03 Anaesthesia for laparotomy	Date	Name
IAC A04 Rapid Sequence Induction	Date	Name
IAC A05 Recovery	Date	Name
Formative assessment of 8 Specific Anaesthetic CbDs:		
IAC C01 Patient identification	Date	Name
IAC C02 Post op nausea & vomiting	Date	Name
IAC C03 Airway assessment	Date	Name
IAC C04 Choice of muscle relaxants & induction agents	Date	Name
IAC C05 Post op analgesia	Date	Name
IAC C06 Post op oxygen therapy	Date	Name
IAC C07 Emergency surgery	Date	Name
IAC C08 Failed Intubation	Date	Name
Formative assessment of 6 further anaesthetic DOPS:		
IAC Basic and advanced life support	Date	Name
IAC D01 Demonstrate function of anaesthetic machine	Date	Name
IAC D02 Transfer and positioning of patient on operating table	Date	Name
IAC D03 Demonstrate CPR on a manikin	Date	Name
IAC D04 Technique of scrubbing up, gown & gloves	Date	Name
IAC D05 Competences for pain management including PCA	Date	Name
IAC D06 Failed Intubation practical drill on manikin	Date	Name

PLUS - the Basis of Anaesthetic Practice - if in 6 month post		
Pre-operative assessment	Date	Name
Pre-medication	Date	Name
Induction of GA	Date	Name
Intra-operative care	Date	Name
Post-operative recovery	Date	Name
Anaesthesia for emergency surgery	Date	Name
Management of cardio-respiratory arrest (adult and children)	Date	Name
Infection Control	Date	Name
Optional modules if in 9 month block		
Sedation	Date	Name
Regional block	Date	Name
Emergency surgery	Date	Name
Safe Transfers	Date	Name

Intensive Care Medicine

Formative assessme	ents in 2 missing Maj	or Presentations:		
CMP1 Anaphylaxis			Date	Name
CMP2 Cardio-respiratory arrest			Date	Name
CMP3 Major Trauma		Date	Name	
CMP4 Septic patient (ideally assessed in ICM)		Date	Name	
CMP5 Shocked patient		Date	Name	
CMP6 Unconscious patient		Date	Name	
Formative assessme	ent of any Acute Pres	sentations not yet cove	ered	
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
Formative assessme indicated), including:		ocedures as DOPS (m	ay be assessed as M	lini CEX or CbD if
• ICM 1 Periphera	l venous cannulation		Date	Name
ICM 2 Arterial cannulation		Date	Name	
ICM 3 ABG sampling & interpretation		Date	Name	
ICM 4 Central venous cannulation		Date	Name	
ICM 5 Connection	on to ventilator		Date	Name
ICM 6 Safe use				

ICM 7 Monitoring respiratory function	Date	Name
ICM 8 Managing the patient fighting the ventilator	Date	Name
ICM 9 Safe use of vasoactive drugs and electrolytes	Date	Name
ICM 10 Fluid challenge in an acutely unwell patient (CbD)	Date	Name
ICM 11 Accidental displacement ETT / tracheostomy	Date	Name
Any other	Date	Name
Any other	Date	Name

To be completed by trainee and countersigned by Educational Supervisor

Trainee signature:	Date:	
Education Supervisor signature:	Date:	
Education Supervisor name PLEASE PRINT		