 

**Acute Cardiovascular Care**

**Association**

**ACCA CERTIFICATION PROCESS - LEVEL 2 – LOGBOOK OF PROCEDURES**

**Candidate name:**

**Candidate number:  
  
ICCU Director Name and Surname:**

**ICCU Director Hospital:**

**ICCU Director Signature:**

**NOTE:** To assess a logbook, ACCA graders can require candidates to send full reports and recordings on selected cases. Thus candidates are asked to keep this information of cases presented in the procedures list available for any such request.

**INSTRUCTIONS: List all the cases** for each procedure or investigation performed, following the topic list, submitting in chronological order. The ACCA curriculum contains details regarding these procedures and the levels of competency required. **The first five cases only are shown here – please add additional rows as necessary.**

As this constitutes part of a training record, two levels of competency are documented for each procedure/investigation. This will allow the trainer and trainee to map the progress of the candidate.

Full details regarding training and the curriculum may be found from the ACCA ESC website.

**CARDIOPULMONARY RESUSCITATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Outcome** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**POST-RESUSCITATION CARE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Outcome** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**PERICARDIOCENTESIS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Outcome** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**TEMPORARY PACEMAKER INSERTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication and comments** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**PACEMAKER OPTIMISATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Comments** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**CENTRAL VENOUS ACCESS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Site** | **Comments** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**ARTERIAL LINE INSERTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Site** | **Comments** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**VASCATH INSERTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Site** | **Comments** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**RIGHT HEART CATHETERISATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication and comments** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**CARDIAC OUTPUT MONITORING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Type of monitoring** | **Indication and comments** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**INTRA-AORTIC BALLOON PUMP**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication and comments** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**HAEMOFILTRATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**NON-INVASIVE VENTILATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication and outcome** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**VASCULAR ULTRASOUND FOR VENOUS ACCESS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Site** | **Comment** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**TRANS-THORACIC ECHOCARDIOGRAPHY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**TRANS-OESOPHAGEAL ECHOCARDIOGRAPHY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level II** |  |  |  |
| **Level III** |  |  |  |

**ENDOTRACHEAL INTUBATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Outcome** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level I** |  |  |  |
| **Level II** |  |  |  |

**MECHANICAL VENTILATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication and outcome** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level I** |  |  |  |
| **Level II** |  |  |  |

**PRIMARY ANGIOPLASTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Details and outcome** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level I** |  |  |  |
| **Level II** |  |  |  |

**ADVANCED EXTRACORPOREAL SUPPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level I** |  |  |  |
| **Level II** |  |  |  |

**THORACIC ULTRASOUND**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level I** |  |  |  |
| **Level II** |  |  |  |

**CHEST TUBE INSERTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case number** | **Date** | **Patient unique identifier** | **Indication & outcome** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency achieved** | **Date** | **Supervisor name** | **Supervisor signature** |
| **Level I** |  |  |  |
| **Level II** |  |  |  |

**Explanation of terms:**

**Level I:** experience of selecting the appropriate diagnostic or therapeutic modality and interpreting results or choosing and appropriate treatment. This level of competency does not include performing a technique, but participation in procedures during training may be valuable

**Level II** goes beyond Level I. In addition to Level I requirements, the trainee should acquire practical experience but not as an independent operator. They should have assisted I nor performed a particular technique or procedure under the guidance of a trainer. This level also applies to circumstances in which the trainee needs to acquire the skills to perform the technique independently, but only for routine indications in uncomplicated cases

**Level III** goes beyond the requirements for Level I and II. The trainee must be able independently to recognise the indication, perform the technique or procedure, interpret the data and manage the complications

**Confirmation of educational training record**

I confirm that the above educational training record is an accurate representation of training undertaken

Signature of candidate ………………………………………………………………………………………………….

Date ………………………………………………………………………………………………….