**Association for Acute CardioVascular Care**

*Logbook Educational Training Record (ETR) for ACVC Certification*

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

**ICCU Director Hospital:**

This document provides an educational training record (ETR) to document at which centres the candidates trained and confirm the level of competency achieved for each domain of the ACVC curriculum as assessed by their nationally approved trainer(s). Each section should be completed as indicated, and the declaration at the foot of the ETR signed on submission to the ESC.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Topics for procedures** | **Nationally approved centre** | **Dates at centre** | **Nationally approved trainer** | **Level of competency achieved** | **Signature** | **Date** |
| Cardiopulmonary Resuscitation |  |  |  | Competent in all aspects:  Level III |  |  |
| Post-resuscitation Care |  |  |  | Competent in all aspects:  Level III |  |  |
| Pericardiocentesis |  |  |  | Competent in all aspects:  Level III |  |  |
| Temporary Pacemaker Insertion |  |  |  | Competent in all aspects:  LevelIII |  |  |
| Pacemaker Optimisation |  |  |  | Competent in all aspects:  Level III |  |  |
| Central Venous Access |  |  |  | Competent in all aspects:  Level III |  |  |
| Arterial Line Insertion |  |  |  | Competent in all aspects:  Level III |  |  |
| Vascath Insertion |  |  |  | Competent in all aspects:  Level III |  |  |
| Right Heart Catheterisation |  |  |  | Competent in all aspects:  Level III |  |  |
| Cardiac Output Monitoring+ |  |  |  | Competent in all aspects:  Level III |  |  |
| Intra-Aortic Balloon Pump |  |  |  | Competent in all aspects:  Level III |  |  |
| Haemofiltration |  |  |  | Competent in all aspects:  Level III |  |  |
| Non-invasive Ventilation |  |  |  | Competent in all aspects:  Level III |  |  |
| Ultrasound For vascular access |  |  |  | Competent in all aspects:  Level III |  |  |
| Trans-thoracic Echocardiography# |  |  |  | Competent in all aspects:  Level III |  |  |
| Trans-oesophageal Echocardiography# |  |  |  | Competent in all aspects:  Level III |  |  |
| Endotracheal Intubation |  |  |  | Able to perform independently in routine cases: Level II |  |  |
| Mechanical Ventilation |  |  |  | Able to perform independently in routine cases: Level II |  |  |
| Primary Angioplasty |  |  |  | Some practical experience: Level II |  |  |
| Advanced Extracorporeal Support\* |  |  |  | Some practical experience: Level II |  |  |
| Thoracic ultrasound\* |  |  |  | Some practical experience: Level II |  |  |
| Chest tube Insertion\* |  |  |  | Some practical experience: Level II |  |  |

+ Invasive and non-invasive cardiac output monitoring

# Numbers as for EACVI accreditation

\* These are recommended but not mandatory

**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 recognize 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

Date: ………………………………………………………………………………………………………………………………………………..

Signature of candidate: ……………………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………………………………………………..

Signature of ICCU director: ……………………………………………………………………………………………………………...