

## **ACCS Curriculum Assessment Standards from August 2009 onwards**

### **Clinical and Educational Supervision during your Acute Medicine attachment**

- Your Educational Supervisor during ACCS will usually be a consultant in the same discipline as your parent College (so that they can ensure that you are achieving all the relevant competencies which you will require to proceed to ST3+ training in your chosen specialty). They will normally complete the relevant report to the ARCP panel each year. However, this individual may not feel able to assess the detail of your competencies in Acute Medicine.
- You should also have a nominated consultant physician who will be Clinical Supervisor during each part of your Acute Medicine attachment – it is the responsibility of the host department (e.g. AMU or EMU) to provide this supervision, but it is your responsibility to find out who is the consultant responsible if you are not informed automatically. If you cannot get an answer to this question then please contact the Head of School of Medicine as soon as possible.
- The Clinical Supervisor should review the evidence of competencies which you provide and countersign the Level 1 GIM (Acute) Record of Competence during and at the end of the block.
- The Clinical Supervisor should also complete an ACAT form labelled “Clinical Supervisor Report for dd/mm/yyyy to dd/mm/yyyy” at the end of each part of the attachment (usually at the end of each 3 month block) to feed back to your educational supervisor on your clinical progress in that attachment
- Particularly on the Acute Medical Units in the programme (variously named AMU, EMU, CDU) a wide variety of consultant physicians will supervise your day to day clinical activity depending on the various on-call rotas. You should ask these individuals to undertake workplace assessments on a regular basis (e.g. there is no reason why you shouldn't get an ACAT completed to cover each week or weekend on take – you just need to discuss and agree in advance that you are going to request this at the end of the spell on AMU) – your clinical and educational supervisors will then use these workplace assessments to judge your achievement of competencies.

### **Acute Medicine Level 1 Curriculum Competencies Required for All ACCS Trainees**

The Acute Medicine section of the ACCS Curriculum is essentially the same as the Level 1 Acute Medicine Curriculum which Core Medical Trainees need to complete in 2 years.

Whilst ACCS Trainees from the Specialty School of Medicine obviously need to complete all these competencies during their 2 years of ACCS, it is clearly unrealistic to suggest that Anaesthetic and Emergency Medicine Trainees will be able to do the same.

Furthermore, while School of Medicine Trainees need to record all these competencies, and the relevant assessments, in the e-Portfolio – it is unclear whether it would really be helpful for other trainees to do the same since their main Portfolio is currently paper based.

### **Competencies required of all ACCS trainees at the end of 6 months in Acute medicine ...**

We have adapted from the Core Medical Training ARCP Decision Aid using a combination of Month 8 and Month 16 standards

Minimum standards for satisfactory progress at ARCP are ...

#### **Emergency Presentations**

- Level 1 competent in all by end of Acute Medicine attachment (mini-CEX / CbD / ACAT evidence)

#### **Top 20 Presentations**

- Level 1 competent in 1/2 (mini-CEX / CbD / ACAT / Reflective log evidence) + Some experience of all by end of Acute Medicine attachment
- Level 1 competent in all by end of 2 year ACCS rotation

#### **Other presentations**

- Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT / Reflective log evidence) [ie we don't expect that non-Medicine trainees will achieve all these competencies]

#### **Procedures**

- Competent in all procedures relevant to specialties experienced so far (DOPS evidence) at end of Acute Medicine attachment
- Competent in all procedures relevant to parent School by end of 2 year ACCS rotation

#### **ALS**

- Valid

#### **Minimum number of workplace assessments during Acute Medicine Attachment**

- ACAT - Minimum 2 (excluding the 'Clinical Supervisor report' form)
- Mini-CEX - minimum 2
- CbD - minimum 2
- DOPS - until demonstrated competent
- We recommend that you may wish to obtain **many** more workplace assessments than this – e.g. 1 ACAT, mini-CEX or CbD during each week or weekend block of days or nights on take would be an optimal target
- At least 50% of the workplace assessments should be undertaken by a consultant

MSF (Multi Source Feedback – 360 degree) - 1/year (from parent School system)

#### **Recording Assessments ...**

The only 'different' assessment method in Acute Medicine compared to other specialities is the ACAT (Acute Care Assessment Tool) - designed to assess the totality of acute care on take or on a ward round.

I have therefore copied this from the e-Portfolio into a Word Document so that non-Medicine trainees have easy access to this

The ACAT tool should be used for 2 purposes:

- 1) As an assessment of the totality of clinical competence throughout an acute medical episode (e.g. a day or a night or a week on AMU or a medicine ward round) – in the same way as one might use mini-CEX or CbD for individual cases. To be completed by any relevant clinical supervisor from that episode.
- 2) As the documentation of the Clinical Supervisor's report back to the Educational Supervisor at the end of the Medicine attachments (given the way we have set things up, most sensibly one for each 3 month block)

I would strongly suggest that this is completed electronically in the Word form, saved and then printed out – rather than printing out and completing by hand (all this needs is a networked home directory or a memory stick and any PC)

Trainees should also perform mini-CEX, CbD and DOPS during their Acute Medicine attachment – and I would suggest the best thing here would be to use the paper or electronic assessment forms required by the parent School where these exist (just in case they don't exist in one of the 2 Schools then I have also copied Medicine versions to Word)

#### **Recording overall level of competence for the Acute Medicine Curriculum**

Medicine trainees do this in the ePortfolio (self-assessed and then countersigned electronically for each competency online by the educational supervisor) – but non-medicine trainees will not normally be granted access to the ePortfolio in future

I have copied relevant sections into a Word document – and then set this up as a Word Form. Completion of this document will be an essential part of the evidence reviewed at ARCP to ensure that you have indeed achieved the Acute Medicine competencies.

- This form must be completed electronically by trainee and clinical supervisor(s) – with supervisors' initials and the date are recorded by each competency.
- The form can then be printed and signed at the end of the Acute Medicine attachment (or possibly at the end of each half of it)
- Since trainees will continue to gain competencies in other parts of the ACCS rotation – the form should then be updated by other supervisors later on (all of whose names, GMC numbers and initials would be recorded at the top of the single form) – who could initial and date changes.
- For each ARCP, reprint and sign the modified form with countersignature by educational supervisor.
- The preferred evidence which the clinical and educational supervisors will use in signing and countersigning this document will include relevant workplace assessments (ACAT, miniCEX, Cbd, DOPS).
- Optionally, trainees may use the Reflective Case Log to maintain a list of relevant conditions and diagnoses which they have encountered – and this may be used as evidence for a proportion of the competencies where not covered by a relevant workplace assessment
- In each case the type of evidence used to justify competence (and its date) should be noted on the document (e.g. "Mini-CEX – 24/6/2009" or "Reflective log – 1/6/2009")

**Please note that on some combinations of PC, Network and Office setups, you may need to 'enable macros' or 'exit design mode' when opening these Word documents in order for the pull-down lists and radio buttons to work**

### **ARCP Essential Evidence**

At ARCP in order to confirm satisfactory progress with regard to the Acute Medicine components of the ACCS curriculum, we will expect to review as essential documents:

- Your educational supervisor's report to the ARCP panel
- Your clinical supervisors' reports from the Acute medicine attachments (using ACAT form)
- Your "Level 1 GIM (Acute) Record of Competence"
- Access to original workplace assessments and reflective log in cases of doubt