



# Acute Care Common Stem (ACCS) Educational Supervisor Handbook 2018–2019



**September 2018  
(Icelandic version 1.0)**

## Introduction

This handbook is intended as a supporting reference guide for trainers who have an Educational Supervisor role for ACCS trainees. It covers all the main aspects of training and supervision and should be the first port of call for any queries you may have along the way.

***This handbook is adopted from the handbook from Intercollegiate Committee for ACCS Training (ICACCST) in the United Kingdom, but that committee has kindly allowed us to adopt their curriculum and supporting documents in order to provide an ACCS training programme in Iceland.***

We apologise for that this handbook is written in English. There are two reasons for using that language; the handbook is adopted from ICACCST and ICACCST updates the handbook yearly and because we are collaborating with the Royal Colleges of each discipline and seeking accreditation from them.

Whilst there is a lot to digest here it is advisable to ensure familiarity with the contents at the start of the training year as this often saves a lot of time later on. For trainers who are relatively new to educational supervision this handbook covers all you need to know to get started. For more experienced supervisors, some of the content may already be familiar, however there are changes and updates every year so you are advised to check through this latest edition at the beginning of the training year.

If you require further information not contained within this handbook, or if you have any particular queries, issues, problems etc. that you cannot resolve then please contact your Training Programme Director.

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## ACCS: Definition and Structure

ACCS is a three year core training programme that normally follows Foundation training (kandídatsár). It is the main core training programme for trainees wishing to enter higher specialty training in Emergency Medicine or Anaesthesia and Critical Care. It is an alternative core training programme for trainees wishing to enter higher specialty training in General Internal Medicine (GIM) or Acute Internal Medicine (AIM). It delivers all elements of the specialty specific core training curricula, with additional augmented outcomes, i.e. competences beyond those areas covered by Core Medical Training and Anaesthetics. The first two years are spent rotating through Emergency Medicine (EM), Acute Internal Medicine, Anaesthetics and Intensive Care Medicine (ICM). The third year is spent providing training that ensures trainees meet the minimum requirements for entry into higher specialty training in their parent specialty.

### Specialty Specific Objectives for ACCS training

#### Emergency Medicine:

ACCS constitutes the first three years of the CCT in EM in a pre-planned and structured manner. The first two years of ACCS training (EM, AIM, Anaesthetics and ICM) are followed by a further year gaining additional competences in adult EM (including musculoskeletal emergencies) and Paediatric Emergency Medicine; thus fulfilling the requirements to progress to higher training in EM.

#### Acute Internal Medicine:

ACCS is one of the training options available for delivering the core competencies required for a CCT in GIM, AIM or one of the JRCPTB specialties in a pre-planned and structured manner. The first two years of ACCS training (AIM, EM, Anaesthetics and ICM) are followed by a further year in acute medical specialties. This three year training programme fulfils the requirements for progression to higher training in GIM, AIM or any of the JRCPTB specialties.

#### Anaesthetics:

Anaesthetics offers career opportunities in a wide range of subspecialty areas, all of which can be achieved by direct entry to an Anaesthetic CCT programme. For those Anaesthetic trainees with an interest in the 'acute' end of the spectrum, ACCS provides a more widely-based experience than is available via the Core Anaesthesia programme. The first two years of ACCS training (AIM, EM, Anaesthetics and ICM) are followed by a year of Anaesthetic experience at CT2 level thus fulfilling the requirements for progression to higher training at ST3.

#### Intensive Care Medicine:

ACCS allows trainees who wish to obtain the single CCT in ICM or a dual CCT in Acute Internal Medicine & ICM, Anaesthetics & ICM or Emergency Medicine & ICM, to obtain the competences of the complementary specialties in a pre-planned and structured manner.

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Landspítali University Hospital and Akureyri Hospital have adopted the ACCS curriculum and offered ACCS training in Iceland. The first trainees started in September 2017. Only minor changes have been made to the ICACCST curriculum in the UK, mainly to reflect Icelandic law and regulation and the structure of the Icelandic health care system.

Appointments to ACCS posts are made jointly by the Icelandic ACCS Organisational Committee using the human resources within the hospitals.

Landspítali University Hospital and Akureyri Hospital jointly administer the ACCS programme in Iceland. Further description of medical postgraduate training in Iceland can be seen in the Icelandic [Gold Guide](#) . The Icelandic ACCS organisation committee consists of the Programme Directors of Anaesthesia and Intensive Care Medicine, Core Medical Training and Emergency Medicine, a representative from Akureyri Hospital and Chair of the ACCS programme

Each specialty will seek accreditation from their representative UK Royal college and seek advice from the ICACCST.

For further information the home page for the ACCS programme in the UK may be useful: <https://www.rcoa.ac.uk/accs/>. In addition there is a home page for the Icelandic ACCS programme see: <https://www.landspitali.is/fagfolk/menntun/framhaldsnam-laekna/> and there is an Workplace by Facebook page for ACCS educational and clinical supervisors, see: “SKBL – námslæknar og handleiðarar”.

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## Induction

Trainees are required to attend induction at the first hospital they work at. They will also receive the necessary departmental/specialty induction in the first days of each post.

At the induction meeting there will be an overview of the training programme. That includes:

- Structure of the hospital
- The Icelandic Gold Guide
- The role of the trainee
- The training programme home page on the internet
- Educational and Clinical Supervisors
- Educational Agreement
- Overview of the teaching schedule
- Personal development plan
- Curriculum
- Annual Review of Competence Progression
- Simulation
- Portfolio and Work Based Assessments
- Annual Review of Competency Progression
- Exams
- Good medical practice

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## Supervision

There are two main supervisor roles for trainees which may be carried out by different trainers, though in some instances the same trainer may undertake both roles for part of a trainee's time in ACCS.

### Named Clinical Supervisor

Assigned from their current clinical post and oversees their time in that post.

- Provides induction
- Carries out some of the WBAs
- Handles immediate clinical issues, rota issues etc
- Provides feedback and completes Clinical Supervisor's Report form at the end of the post
- Liaises with Educational Supervisor and informs the decision about whether the trainee should progress to the next stage of their training at the end of that placement.

### Named Educational Supervisor

Assigned from their parent specialty and responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during ACCS.

- Sets up Learning Agreement
- Helps plan their training and agreed learning outcomes
- Reviews their Portfolio, Clinical Supervisor's Reports and WBAs
- Prepares them for ARCP
- Brings together all relevant evidence to form a summative judgement at the end of the placement
- Provides the end of year Structured Training Report (STR) for the ARCP panel
- Offers career guidance and support
- Assists with issues and problems
- Liaises with the TPD.

As an Educational Supervisor you should ensure that you remain up to date in your role. This includes being aware of how to support trainees, how to give feedback and having knowledge of their curriculum, WBAs, e-portfolio and requirements for ARCP. Educational Supervisors should work closely with the TPDs and should sit on ARCP panels regularly.

As an educational supervisor you must ensure that the trainee:

- is aware of their responsibility to initiate workplace based assessments and achieve the minimum number and type as specified in the ARCP checklists
- is supported in preparing for those assessments
- is aware of the requirement to maintain an up to date educational portfolio
- is aware of the requirements to undertake and succeed in all assessments of knowledge (usually examinations) and performance in a timely fashion based on the recommended timescale set out in the specialty curriculum
- is aware of the need to engage in processes to support revalidation

More information on these roles can be found in the Icelandic [Gold Guide](#).

Please note that Educational and Clinical Supervisors require special training for their role. In addition they will be required to attend special courses for recertification.

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## Curriculum and Assessments

You can find the Icelandic ACCS Curriculum [here](#) .

The document is self-explanatory and sets out the full list of required competencies for the component specialties within ACCS. **It is vital that you familiarise yourself with this document and in particular the competences and assessment framework in order to support your trainees.**

ACCS training is described under the headings of:

1. Common Competencies
2. Major Presentations
3. Acute Presentations
4. Anaesthesia in ACCS
5. Practical Procedures

Some of this training must be obtained and evidenced during a particular placement, but other competencies can be achieved in any of the placements, provided that all are achieved by the end of year 2. This is all detailed in the curriculum. In addition, to assist trainees and trainers in navigating the requirements, the ARCP checklists (*Appendix A*) set out clearly the evidence required from each placement and at the end of each year.

**Overall, the requirements are relatively demanding and will require planning and organisation on the part of the trainee in order to achieve the required number/type.** Failure to achieve this will make it difficult for you as an Educational Supervisor to ascertain whether they have satisfactorily completed their placements, which may affect the outcome of their ARCP. It is therefore vital that you work closely with your supervisee and their Clinical Supervisor to support the trainee in achieving the minimum requirements.

The Major and Acute presentations and most of the Common Competencies are assessed using the ACCS Workplace-based assessments (WBAs):

- Mini-Clinical Evaluation Exercise (M-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Multi-Source Feedback (MSF)
- Case-Based Discussions (CBD)
- Acute Care Assessment Tool (ACAT and ACAT-EM)
- Patient Survey
- Audit Assessment
- Teaching Observation

### Documentation

Trainees should use the e-portfolio of their parent specialty; WBAs for non-parent modules may be completed on e-portfolio or paper, but ACCS-EM trainees are encouraged to use the e-portfolio for all modules. The Anaesthesia e-portfolio only contains Anaesthesia-specific forms, so Anaesthetists must use paper forms for other modules. Each time the trainee completes a module within the ACCS programme a Clinical Supervisor Report (CSR) should be completed by their Clinical Supervisor. All 'paperwork', whether on e-portfolio or paper, should be summarised on ARCP checklists (see *Appendix A*).

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WBAs including MSFs differ slightly between specialties, and should be completed using the paperwork specific to the specialty being assessed, not the parent specialty. Specialty-specific MSF and other WBA forms, as well as all the specialty-specific paperwork, can be found within the e-portfolios and on the [ACCS website](#).

### **Common Competencies** (ACCS Curriculum pages 23-61)

These are competencies that should be acquired by all doctors during their training period starting within the undergraduate career and developed throughout postgraduate training. For ACCS trainees, competence to at least **level 2** descriptors will be expected prior to progression into further specialty training.

Many of these competencies are an integral part of clinical practice and as such will be assessed concurrently with the clinical presentations and procedures assessments. Trainees should use these assessments to provide evidence that they have achieved the appropriate level. Descriptors of the required performance at each level can be found in the curriculum.

At least 50% of the common competencies must be signed off at level 2 or above by the end of the CT2 ACCS year. For a few common competencies alternative evidence should be used e.g. assessments of audit and teaching, completion of courses, management portfolio, which can be used to record management and leadership competencies.

### **Major Presentations** (ACCS Curriculum pages 62-69)

These are seen as the cornerstone of the clinical skills of ACCS trainees and they should all be signed off by the end of the second year.

Two must be completed in the Emergency Medicine placement and must be summatively assessed using the Mini-CEX descriptor tool or a pass/fail CbD (see Curriculum pages 222-228). Summative tools are available for Major trauma, Shock, Altered level of consciousness and Sepsis.

Two should be assessed in the Acute Medicine placement and the other two can be done in any of the modules but it is recommended that Septic Patient should be signed off in the Intensive Care Medicine placement. The knowledge, skills and behaviours to be achieved for each presentation are listed in the curriculum.

### **Acute Presentations** (ACCS Curriculum pages 70-118)

There are 38 Acute Presentations (APs) which need to be signed off by the end of the second year of ACCS. These are generally most applicable to AM and EM and whilst a minimum of 10 in AM and 10 in EM should be signed off, trainees should be strongly encouraged to complete them all during those placements. There are 5 APs that require the trainee to complete specific summative WBAs in the EM attachment. Up to 5 APs can be covered by a single ACAT in either EM or AM. The knowledge, skills and behaviours to be achieved for each presentation are listed in the curriculum.

### **Anaesthesia in ACCS** (ACCS Curriculum pages 119-152)

#### **Introduction**

The Anaesthesia training in ACCS is identical to the first six months of training core Anaesthesia trainees receive. During the Anaesthesia component of ACCS, trainees complete the 'Introduction to Anaesthesia' and achieve the Initial Assessment of Competency (IAC). All trainees must pass the IAC in their Anaesthesia placement.

All trainees should use the RCOA guide for novices found [here](#).

#### **Initial assessment of Competency (IAC)**

Paper certificate and further information can be found [here](#). The IAC is the first milestone in Anaesthetic training and will normally be achieved within the first 3 to 6 months of 1:1 supervised

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Anaesthetic training. Once trainees have achieved the IAC they may work without direct supervision and join the on call rota but they will at all times remain under the supervision of a named Consultant Anaesthetist. Anaesthetic-streamed ACCS trainees may complete the IAC directly on the RCoA e-portfolio whilst for EM and AM trainees the IAC is completed on paper and both pages of the certificate should then be uploaded to their e-portfolio. To obtain the IAC, trainees must complete a total of 19 WBAs.

### Logbook

All trainees should maintain a logbook of their Anaesthetic cases, from the start of their ACCS Anaesthesia training, which needs to include a summary report by age, specialty, ASA grade and level of supervision. There is an [electronic logbook](#) available from the Royal College of Anaesthetists that is free to download regardless of speciality and trainees are strongly advised to use this for their records, as it will generate the required reports.

### Intensive Care Medicine

During Basic training in ICM, the trainee works under direct supervision for the majority of the time, being introduced to the knowledge and skills required for ICM. A broad-based outline knowledge of the wide range of problems which are seen in ICM is necessary at Basic level. Greater understanding and expertise can then be built upon this during higher stages of training should trainees wish to pursue ICM as a career.

The ICM assessment schedule includes 11 ICM-specific DOPs as well as covering a further 2 practical procedures and 2 of the Major Presentations - ideally Septic Patient plus one other.

### Practical Procedures

There is a list of 44 Practical Procedures in the ACCS Curriculum. 39 out of 44 (ideally all) are expected to be completed by the end of the second year, and all by the end of the third year. 17 are associated with the Anaesthetic Initial Assessment of Competence, and 11 are associated with ICM training.

### Multi-source Feedback (MSF)

This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collection and feedback of performance data on a trainee, derived from a number of colleagues. "Raters" are individuals with whom the trainee works, and includes doctors, administration staff, and other allied professionals.

Instructions:

- The trainee should trigger an MSF from their e-portfolio and choose a range of raters from healthcare professionals and clerical staff.
- The majority of raters should be Consultants, senior trainees and experienced nursing and allied health professional colleagues.
- A minimum of twelve assessments must be received, including at least three Consultants and both Clinical and Educational Supervisors can view the individual and collated responses within the e-portfolio.
- These results of the MSF should be discussed between the Educational Supervisor and the trainee during an appraisal meeting and the supervisor should then release the anonymised collated results to the trainee.

## Teaching and Training

Attending teaching and training sessions is an important aspect of curriculum delivery for trainees and they should ensure they maximise their attendance at teaching.

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It is intended that trainees should be totally immersed in each specialty module during their attachment to it. It is not intended that trainees should be taken away for centralised generic training, with the exception of mandatory training. The Common Competences in ACCS (5.0) must be delivered within the specialty modules. However, three times each semester there will be a joint teaching session for the ACCS trainees.

<b>ACCS Parent Specialty:</b>	<b>ACCS Teaching quarterly</b>	<b>Departmental teaching (local, usually weekly)</b>	<b>Novice Anaesthetic Programme (8 week block x 2 per year)</b>	<b>Basic Level Anaesthetic Teaching (monthly)</b>	<b>CMT Teaching (weekly)</b>
<b>Anaesthetics and Intensive Care</b>	YES	YES – only for current post	YES - only for first Anaesthetics post	YES	NO
<b>Emergency Medicine</b>	YES	YES – only for current post	YES - only for first Anaesthetics post	NO	NO
<b>Acute Medicine</b>	YES	YES – only for current post	YES - only for first Anaesthetics post	NO	YES - only during Acute Medicine post, otherwise in own time/study leave

### Portfolio

Trainees should ensure they are registered with their parent specialty College and that they have access to the relevant e-portfolio which they should use throughout their training in ACCS. They should ensure they provide your details as Educational Supervisor to allow you the necessary access to their e-portfolio.

Details on enrolling for e-portfolio can be found via the relevant College websites:

**Anaesthesia:** <http://www.rcoa.ac.uk/trainee-e-portfolio/e-portfolio-contacts>

**Emergency Medicine:**

[http://www.rcem.ac.uk/RCEM/Exams\\_Training/UK\\_Trainees/ePortfolio/RCEM/Exams\\_Training/UK\\_Trainees/ePortfolio.aspx?hkey=3b2594d1-23cb-47ad-bc8e-449438ec41ac](http://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/ePortfolio/RCEM/Exams_Training/UK_Trainees/ePortfolio.aspx?hkey=3b2594d1-23cb-47ad-bc8e-449438ec41ac)

**Acute Medicine:** <http://www.jrcptb.org.uk/ePortfolio/Pages/Introduction.aspx>

When trainees rotate through other specialties than their parent one, they may need to use a paper based assessment and then scan that paper into their ePortfolio.

Any queries/problems that your trainee may have with this should be directed to their specialty.

In addition all ACCS trainees, regardless of parent specialty, should register for the e-Learning For Health website at: <http://portal.e-lfh.org.uk/> (Note, we are currently seeking access to this website).

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## Exams

The trainee's parent specialty determines their exam requirements for satisfactory progression through training. The current requirement is:

**ACCS Acute Medicine trainees:** should have passed MRCP (UK) Part 1 by end of year 2 and must achieve the full MRCP (UK) Diploma in order to successfully complete ACCS training.

**ACCS Anaesthesia trainees:** aim to sit the Primary FRCA MCQ Examination by the end of the second year and must achieve the full Primary FRCA in order to successfully complete ACCS training.

**ACCS Emergency Medicine trainees:** should have passed the FRC EM Primary by the end of year 2 and must achieve the FRC EM Intermediate Certificate in order to successfully complete ACCS training.

It is vital that your trainees familiarise themselves with the exam regulations for the relevant exam, in particular when they can first sit the various parts, when to apply etc.

## Annual Review of Competency Progression (ARCP)

The ARCP is the annual review of trainees' progress.

*Detailed information relating to the Annual Review of Competency Progression, (ARCP) is documented in the Icelandic [Gold Guide](#). All supervisors and trainees should make themselves familiar with this document.*

Checklists detailing the overall requirements for ARCP are found at the end of this Handbook in Appendix A.

### The ARCP has two broad functions:

#### 1) Fitness to Progress

The ACCS ARCP is the mechanism for reviewing and recording evidence and a means whereby the evidence of the outcome of assessments is recorded to provide a record of a trainee's progress within their training post including Out Of Programme Training (OOPT). It makes judgements about the competencies acquired by a trainee and their suitability to progress to the next stage of training and provides a final statement of the trainee's attainment of the curricular competencies and thereby the completion of the stages of the training programme.

#### 2) Fitness to Practise

Any concerns which emerge about a trainee's Fitness to Practise must be reported to the Training Programme Director, for further advice and guidance.

### ARCP Panel

The ARCP panel reviews the evidence submitted by each trainee on a set, pre-agreed date. The panel should consist of a minimum of 3 members and include representatives from each of the four ACCS posts (Anaesthetics, ICM, EM and AIM). The Chair of the panel should be trained for their role, and is usually a TPD or Postgraduate Deans representative. The panel should include Educational Supervisors, and others who are involved in medical education. A proportion of the panels will involve either a lay representative and/or an external representative from the appropriate Royal College(s). All panel members should have Equality and Diversity training.

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## The Evidence

It is each trainee's responsibility to submit the required evidence by a set date before the ARCP panel convenes. This should include:

- The Structured Training Report (STR) from the Educational Supervisor
- Clinical Supervisor Reports (CSRs) for the posts covered during the year
- Evidence of the competencies covered by WBAs including ARCP Checklists
- Enhanced Form R (a form giving demographic details, a description of their scope of practice and a self-declaration statement for revalidation purposes; not required in Scotland).

The panel reviews the evidence provided and awards an ARCP outcome, which is then communicated to the trainee. *Only the pre-agreed documentary evidence can be considered* so it is vital that the Educational Supervisor provides a full and detailed STR including details of any concerns raised by trainers, incidents etc.

## Structured Training Report

As an Educational Supervisor you will write a structured report for your trainees for the ARCP panel. The STR must:

- reflect the learning agreement and objectives developed between the trainee and their Educational Supervisor
- be supported by evidence from the WBAs planned in the learning agreements
- take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason
- provide a summary comment regarding overall progress during the period of training under review, including where possible an indication of the recommended outcome supported by the views of the training faculty.

The report and any discussion which takes place following its compilation must be evidence based, timely, open and honest. The discussion and actions arising from it should be documented. The Educational Supervisor and trainee should each retain a copy of the documented discussion. If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these prior to ARCP. Trainees are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action.

The Educational Supervisors should also support the trainees to **develop an action plan** to tackle any concerns and deficiencies and objectives should always be written using **SMART** objectives or another validated educational method.

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## ARCP Outcomes (From the Gold Guide)

The following outcomes can occur after an ARCP panel:

- **Outcome 1: Satisfactory Progress** - Achieving progress and the development of competencies at the expected rate
- **Outcome 2: Development of specific competencies required** - Additional training time not required. The trainee's progress has been acceptable overall but there are some competencies which have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.
- **Outcome 3: Inadequate progress** - Additional training time required. The panel has identified that a formal additional period of training is required which will extend the duration of the training programme (e.g. the anticipated CCT/CESR (CP) date). Where such an outcome is anticipated, the trainee must be informed in advance. The trainee, Educational Supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision).
- **Outcome 4: Released from training programme** - With or without specified competencies. The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The trainee will be required to give up their National Training Number, but may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training but service-focused career pathway. An outcome 4 may also be recommended in some circumstances where there has not been additional training, for example for disciplinary reasons or where the trainee has exhausted all attempts at passing an exam without having received additional training time.
- **Outcome 5: Incomplete evidence presented** - Additional training time may be required. The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel.
- **Outcome 6: Gained all required competencies**

For outcomes 2 - 6 the trainee is required to meet with the panel after the panel has reached their decision.

Trainees on Outcomes 2, 3 and 4 should meet with their Educational Supervisor and TPD afterwards, and a written educational plan should be agreed. The educational plan should be written using SMART objectives, and should be agreed by all parties.

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## Leave and courses

As Educational Supervisor you should support your trainee(s) in making decisions about best use of study leave time and funding to ensure they complete all mandatory courses as well as have the opportunity to explore areas of particular individual interest.

Trainees at the Icelandic hospitals have rights to seven days of paid educational leave per year. ACCS trainees should seek conferences that are fit to their core level of training. In general subspecialty courses are not suitable, unless for those trainees that are in good standing and are presenting at the conference. Half day courses abroad are unacceptable. A week long course should be offering at minimum 45 CME credits. The trainee needs to apply for a study leave well in advance and upon arrival back to work should provide at least one page documents of what learning objectives were accomplished.

The following courses have shown to be useful for core level trainees:

### **Acute Medicine track: Examples of suitable conferences are:**

- Courses in the UK to prepare for the MRCP exams. Most CMT trainees apply for courses to prepare for the MRCP1 exam in the first year and PACES course to prepare for the clinical exam in the third year.
- Harvard Medical School Continuing Medical Education Courses, like update in Internal Medicine
- Annual Meeting of the American College of Physicians
- Summer and Winter School of the European Federation of Internal Medicine

### **Anaesthesia and Critical Care ACCS track**

- Primary FRCA Masterclass UK, 4 days
- RCoA Board in Scotland - Primary FRCA Course, 5 days
- The International Meeting of the RCoA, 2 days
- Euroanaesthesia, Annual Congress of the European Society of Anaesthesia 4 days (anaesthesia and intensive care)
- ESA: The Basic Sciences Anaesthetic Course (BSAC) 3 days. EDAIC I prep course. Often arranged in conjunction with Euroanaesthesia Congress.
- SSAI Congress, Scandinavian Society of Anaesthesia and Intensive Care Medicine biennial Congress (anaesthesia and intensive care medicine)
- European Society of Intensive Care Medicine (ESICM) Annual Meeting 4 days
- EDIC I Refresher Courses (ESICM) 2 days. Often followed by ESICM annual meeting.
- International Symposium on Intensive Care and Emergency Medicine Brussels, 4 days

### **Emergency Medicine ACCS track**

- American College of Emergency Medicine Scientific Assembly
- European Society for Emergency Medicine – The European Emergency Medicine Congress
- Courses in the UK to prepare for the FRCCEM exams

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## ACCS events

Information on ACCS events and the annual Trainer and Trainee Day in the UK will be posted on the ACCS website [here](#).

## Social Media

The Icelandic Medical Society had a symposium on the doctor and social media few years ago. There it was f. ex. discussed that it is inappropriate that doctors are friends with their patients on facebook. No written guidelines have been made but guidance from the UK might be helpful, please see the GMC's guidance on the use of Social Media [here](#) and that of the BMA [here](#).

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## Out of programme time (OOP)

Trainees may, subject to the approval of the Deanery, spend some time out of the specialty training programme to which they were appointed. This can be for a career break or educational/training opportunities elsewhere. Whilst occasions where OOP is granted to core trainees are likely to be exceptional given the short length and the nature of their training, these opportunities are explained in detail in the Icelandic [Gold Guide](#) .

The Core Medical Training curricula requires trainees to understand the important value and purpose of medical research and to develop the skills and attributes required to critically assess research evidence. In addition, some trainees will wish to consider or develop a career in academic medicine and may wish to explore this by undertaking a period of academic training (in either research or education) during their clinical training.

Such opportunities are available and it is the responsibility of the trainee to seek the prospective agreement of the Training Programme Director to take time out of programme to undertake research or an appropriate higher degree. A trainee can also seek prospective agreement to be in a combined clinical and research post with dedicated time for both. In this case an agreement must be reached with the Training Program Director regarding the timing of each so that it is compatible with the overall training rotation.

Trainees undertaking research with no clinical care component should also note the importance of maintaining clinical skills. During such a period it may be desirable to continue to have some clinical duties such as an outpatient clinic and contribution to the on call rota.

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## Changing specialty

During the selection process trainees will have to declare which one of the three specialties (Emergency Medicine, GIM(Acute) or Anaesthetics and Intensive Care Medicine) they intend to follow during the third ACCS year. Allocation into Anaesthetics CT2, Emergency Medicine CT3 or a CT3 year in GIM(Acute) will be dependent on this declaration.

Flexibility over exit Specialty e.g. switching from Anaesthetics to Emergency Medicine might be possible if the programmes can accommodate the change and there is agreement of the Training Programme Directors.

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## Part time working (Less Than Full Time Training)

### Who is Eligible for LTFT Training?

Those wishing to apply for less than full-time training must show that training on a full-time basis would not be practical for them for well-founded individual reasons:

#### Category 1: Doctors in training with:

- disability
- ill health (*those who have health reasons will be required to attend an appointment with the Occupational Health before being eligible for the scheme*)
- responsibility for caring for children (men and women)
- responsibility for caring for ill/disabled partner, relative or other dependant.

#### Category 2: Doctors in training with:

- unique opportunities for their own personal/professional development, e.g. training for national/international sporting events, courses that contribute to the wider curriculum delivered by Health Education East Midlands
- religious commitment - involving training for a particular role which requires a specific time commitment
- non-medical professional development such as management courses, law courses, fine arts courses, etc.

LTFT training will only be offered if there are trainers and training experience available and the employing hospitals agrees. Question regarding LTFT should be deferred to the Icelandic ACCS Organisational Committee.

# Acute Care Common Stem (ACCS) Educational Supervisor Handbook 2018–2019

## Trainees in difficulty

Medicine is a stressful profession, and core training can be particularly difficult because of frequent changes of post, a steep learning curve, and exam pressures. The GMC makes clear that a good doctor looks after their own health and well-being as well as that of their patients.

Supporting trainees in difficulty can be a very challenging and a very rewarding part of the role of a named Clinical or Educational Supervisor. The difficulties a trainee experiences may be many and varied, and may impact on their work, and patient safety. One of the roles of an Educational Supervisor or teacher is to provide 'pastoral' care for students and trainees. This sometimes extends outside the normal educational or clinical role and impinges on an individual's personal life.

Sometimes trainees will find themselves in a situation where their performance falls below required standards. In most cases the individual recognises the problem and is able to solve it. However, a small number of trainees will get into difficulty which they either fail to recognise or acknowledge, or which they are unable or unwilling to seek help for.

Any issues that have the potential to impact on training progression or which may require additional evaluation/support should be alerted to the Training Programme Director at the earliest opportunity.

Notes should be kept from all relevant trainee/trainer meetings and necessary information handed over as a trainee rotates through their ACCS placements.

***Please see Appendix D for detailed guidance on how to deal with the doctor in difficulty***

Landspítali University Hospital and Akureyri hospital have human resource managers that often can be of great support. In addition the central human resource department of the hospitals have additional resources including psychology specialist support. The pastoral service at the hospital can also be offered to the trainees.

# Acute Care Common Stem (ACCS) Educational Supervisor Handbook 2018–2019

## Contacts and Who's Who?

### *Landspítali*

- Ragnhildur Nielsen, ACCS Programme Coordinator, tel 543 8116  
[ragnhn@landspitali.is](mailto:ragnhn@landspitali.is) GSM: 824-0359
- Gísli H. Sigurðsson, Chief of the ACCS Training Programme ([gislihs@landspitali.is](mailto:gislihs@landspitali.is))
- Friðbjörn Sigurðsson, Programme Director Internal Medicine ([fridbjor@landspitali.is](mailto:fridbjor@landspitali.is))
- Hjalti Már Björnsson, Programme Director Emergency Medicine  
([hjaltimb@landspitali.is](mailto:hjaltimb@landspitali.is))
- Kári Hreinsson, Programme Director Anaesthesia and Critical Care  
([karih@landspitali.is](mailto:karih@landspitali.is))

### *Akureyri Hospital*

- Guðjón Kristjánsson, Chief of Internal Medicine ([guðjon@sak.is](mailto:guðjon@sak.is))
- Oddur Ólafsson, Chief of Anaesthesia and Critical Care ([odduro@sak.is](mailto:odduro@sak.is))

# Acute Care Common Stem (ACCS) Educational Supervisor Handbook 2018–2019

## Key links

ACCS Iceland web page: [here](#)

Workplace by facebook: *SKBL – námslæknar og handleiðarar*

### National ACCS website:

<https://www.rcoa.ac.uk/accs>

### Royal College/Faculty websites:

<http://www.rcoa.ac.uk/>

<http://www.rcem.ac.uk/>

<http://www.rcplondon.ac.uk/Pages/index.aspx>

### Society for Acute Medicine:

<http://www.acutemedicine.org.uk/>

### Faculty of Intensive Care Medicine:

<http://www.ficm.ac.uk/>

### Gold Guide 2016:

<http://specialtytraining.hee.nhs.uk/files/2013/10/Gold-Guide-6th-Edition-February-2016.pdf>

### ACCS Curriculum:

<https://www.rcoa.ac.uk/accs/2012-curriculum>

### Assessment Forms:

<https://www.rcoa.ac.uk/accs/assessments-and-appraisals/assessment-forms>

### Health Education England Specialty Training website:

[Specialtytraining.hee.nhs.uk/](http://Specialtytraining.hee.nhs.uk/)

### GMC website:

[http://www.gmc-uk.org/education/postgraduate/specialty\\_including\\_gp\\_training.asp](http://www.gmc-uk.org/education/postgraduate/specialty_including_gp_training.asp)

### RCEM Learning website:

<http://www.rcemlearning.co.uk/landing/>

### e-Learning For Health:

<http://e-lfh.org.uk/projects/ela/index.html>

### e-Portfolios:

#### Anaesthesia

Anaesthesia: <http://www.rcoa.ac.uk/trainee-e-portfolio/e-portfolio-contacts>

### Emergency Medicine ePortfolio:

<https://www.nhseportfolios.org>

#### Acute Medicine:

<http://www.jrcptb.org.uk/ePortfolio/Pages/Introduction.aspx>

### RCoA guide for novices:

<http://www.rcoa.ac.uk/careers-and-training/the-rcoa-guide-novice-trainees>

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## Timeline

The goal is that all new ACCS trainees (along with other postgraduate medical trainees) in Iceland start at the same time in end of August. However it is possible that in the beginning some trainees will start their programme in different part of the year.

<b>August changeover</b>	First day, local (Trust/Corporate) Induction.
<b>1<sup>st</sup> few days</b>	Meeting with Clinical Supervisor, departmental/clinical Induction.
<b>1<sup>st</sup> 2 weeks</b>	Initial meeting with Educational Supervisor (trainee to arrange).
<b>Late October</b>	Midpoint meeting with Educational Supervisor (trainee to arrange); WBA review/planning.
<b>January</b>	MSF takes place (via e-Portfolio).
<b>January</b>	End of placement meetings with Clinical and Educational Supervisors (trainee to arrange); Clinical Supervisor completes CSR form and liaises with Educational Supervisor.
<b>February changeover</b>	First day, local (Trust/Corporate) Induction (as necessary).
<b>1<sup>st</sup> few days</b>	Meeting with Clinical Supervisor, departmental/clinical induction.
<b>1<sup>st</sup> 2 weeks</b>	Meeting with Educational Supervisor (trainee to arrange); MSF review.
<b>Late March</b>	Midpoint meeting with Educational Supervisor (trainee to arrange); WBA review/planning.
<b>Early May</b>	End of placement meetings with Clinical and Educational Supervisors (trainee to arrange); Clinical Supervisor completes CSR form and liaises with Educational Supervisor.
<b>Early May</b>	Pre-ARCP meeting with Educational Supervisor; review of CSRs, WBAs and checklists, MSF and likely ARCP outcome. Educational Supervisor does STR form.
<b>Late May</b>	Trainee submits CSR x 2, STR, ARCP checklists x 2 (posts and overview) to Assessments Team prior to ARCP
<b>Early June</b>	ARCP panel meetings

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## Appendix A: ARCP Checklists

The checklists found in this appendix list the WBA requirements for each of the 4 posts in ACCS. They are derived directly from the Curriculum and set out the number and type of assessment required. These checklists may be used by trainers and trainees to plan ahead for each placement as well as to document curricular coverage prior to Educational Supervision meetings and ARCP.

**Acute Care Common Stem (ACCS)  
Educational Supervisor Handbook 2018–2019**

**Annual Review of Competence Progression  
Checklist for Work Place Based Assessments in ACCS  
CT/ST1 in Iceland**

**Trainee Name:** \_\_\_\_\_

**Overview by end of CT/ST1**

Structured Training Report x2 (one for each placement)	YES / NO (please circle)
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	Date
<b>ACCS AM trainees only</b> - Multi Consultant Review x 4	YES / NO (please circle)
Evidence of Audit or Quality Improvement Project (one every 12 months) <sup>1</sup>	YES / NO (please circle)
Progress in relevant post graduate examinations:	Exams achieved
ALS or equivalent (upload certificate to ePortfolio)	Date
Safeguarding Children Level 2 (upload certificate to ePortfolio)	Date
Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
Number of core training days attended (upload certificates to ePortfolio) <sup>2</sup>	Number
	YES / NO (please circle)

**To be completed by trainee and countersigned by Educational Supervisor**

<b>Trainee signature:</b>		<b>Date:</b>	
<b>Education Supervisor signature:</b>		<b>Date:</b>	
<b>Education Supervisor name PLEASE PRINT</b>			

1. Progress of clinical research projects can be considered equivalent of an Audit or QIP if deemed appropriate by the ARCP panel
2. Core training days includes attendance at weekly educational activities.

**Acute Care Common Stem (ACCS)  
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**Checklist for Work Place Based Assessments in  
ACCS CT/ST2 in Iceland**

**Trainee Name:** \_\_\_\_\_

**Overview by end of CT/ST2**

All 6 Major Presentations completed	Date
All 38 Acute Presentations completed	Date
All 45 Practical procedures completed	Date
Structured Training Report x2 (one for each placement)	YES / NO (please circle)
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	YES / NO (please circle)
ACCS AM trainees only - Multi Consultant Review x 4	YES / NO (please circle)
Evidence of Audit or Quality Improvement Project (one every 12 months)	YES / NO (please circle)
Progress in relevant post graduate examinations:	Exams achieved
Resuscitation courses relevant to specialty (ALS, ATLS, APLS or equiv.)	Date
Safeguarding Children Level 2 (upload certificate to ePortfolio)	Date
Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
Number of core training days attended (upload certificates to ePortfolio)	Number
Survey monkey feedback completed for each placement ( <u>if a requirement in region</u> )	YES / NO (please circle)

**To be completed by trainee and countersigned by Educational Supervisor**

<b>Trainee signature:</b>		<b>Date:</b>	
<b>Education Supervisor signature:</b>		<b>Date:</b>	
<b>Education Supervisor name PLEASE PRINT</b>			

1. Progress of clinical research projects can be considered equivalent of an Audit or QIP if deemed appropriate by the ARCP panel
2. Training days include attendance at weekly educational activities.

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**Annual Review of Competence Progression  
Checklist for Work Place Based Assessments in ACCS  
Emergency Medicine/Acute Medicine in Iceland**

**Trainee Name:** \_\_\_\_\_

**Emergency Medicine**

Summative assessments by a consultant in at least 2 Major Presentations		Date of assessment	Assessor's name	
• CMP1 Anaphylaxis		Date	Name	
• CMP2 Cardio-respiratory arrest (or current ALS certification)		Date	Name	
• CMP3 Major Trauma		Date	Name	
• CMP4 Septic patient		Date	Name	
• CMP5 Shocked patient		Date	Name	
• CMP6 Unconscious patient		Date	Name	
Summative assessments by a consultant in each of the following 5 Acute Presentations:				
• CAP1 Abdominal Pain		Date	Name	
• CAP6 Breathlessness		Date	Name	
• CAP7 Chest Pain		Date	Name	
• CAP18 Head Injury		Date	Name	
• CAP30 Mental Health		Date	Name	
Formative assessments in at least 5 further Acute Presentations using a variety of assessment tools including ACAT(EM) which can cover up to 5 acute presentations				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
10 other Acute Presentations covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs				
1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	
10. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)		Date	Name	

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Practical procedures as DOPS in each of the following 5 domains:		
• Airway Maintenance	Date	Name
• Primary Survey	Date	Name
• Wound Care	Date	Name
• Fracture/Joint manipulation	Date	Name
• Any 1 other procedure	Date	Name

# Acute Care Common Stem (ACCS) Educational Supervisor Handbook 2018–2019

## Acute Medicine

<b>Formative assessments in 2 Major Presentations</b> not yet covered:						
• CMP1 Anaphylaxis					Date	Name
• CMP2 Cardio-respiratory arrest					Date	Name
• CMP3 Major Trauma					Date	Name
• CMP4 Septic patient					Date	Name
• CMP5 Shocked patient					Date	Name
• CMP6 Unconscious patient					Date	Name
<b>Formative assessments in at least 10 Further Acute presentations using a variety of assessment tools including ACAT(GIM)</b>						
1. Date	2. Date	3. Date	4. Date	5. Date		
Name	Name	Name	Name	Name		
6. Date	7. Date	8. Date	9. Date	10. Date		
Name	Name	Name	Name	Name		
<b>10 other Acute Presentations</b> covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs						
1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
10. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Date	Name
<b>Practical procedures as 5 DOPS</b>						
11. Date	12. Date	13. Date	14. Date	15. Date		
Name	Name	Name	Name	Name		

To be completed by trainee and countersigned by Educational Supervisor

<b>Trainee signature:</b>		<b>Date:</b>	
<b>Education Supervisor signature:</b>		<b>Date:</b>	

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<b>Education Supervisor name PLEASE PRINT</b>	
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1. Active involvement in Audit, Quality Improvement Projects or Academic Research is required
2. Training days include attendance at weekly educational activities, conference and course attendance and other educational activities considered appropriate by the ARCP Panel

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**Checklist for Work Place Based Assessments in  
ACCS Anaesthetic/Intensive Care in Iceland**

**Trainee Name:** \_\_\_\_\_

**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 <b>6 month post</b>		
• Pre-operative assessment	Date	Name
• Pre-medication	Date	Name
• Induction of GA	Date	Name
• Intra-operative care	Date	Name

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• 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

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## Intensive Care Medicine

Formative assessments in 2 missing Major 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 assessment of any Acute Presentations not yet covered				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
Formative assessment of 13 practical procedures as DOPS (may be assessed as Mini CEX or CbD if indicated), including:				
• ICM 1 Peripheral 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 to ventilator			Date	Name
• ICM 6 Safe use of drugs to facilitate mechanical ventilation			Date	Name
• 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

<b>Trainee signature:</b>		<b>Date:</b>	
<b>Education Supervisor signature:</b>		<b>Date:</b>	
<b>Education Supervisor name PLEASE PRINT</b>			

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**Multi-source feedback (MSF) should be conducted towards the end of your ICM post (and not during your Anaesthetics post).**

ES name and signature

Trainee name and signature

Date:

Date:

**In some instances a competence required for ICU may be evidenced during your Anaesthesia post or vice versa. This is acceptable provided all are evidenced after completing the two posts.**

**Note: Incomplete information will be regarded as the relevant outcome having not been achieved.**

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## Appendix B: Learning Agreement

### ACCS TRAINING

Please scan the completed original form into your e-Portfolio and give a photocopy to your Educational Supervisor.

### Training Agreement for ACCS Trainees

This is a training agreement between an ACCS CT1/2 trainee and their educational supervisor

#### **Training agreement declaration:**

##### **As a trainee**

I understand and agree that during my ACCS training I shall:

- Arrange the necessary regular meetings and sign-offs with my clinical/educational supervisors
- Develop a personal educational plan with my educational supervisor at the start of each placement.
- Familiarise myself with the ACCS Curriculum and the assessment requirements.
- Complete the required Workplace based assessments for each post and minimum of 1 x MSF each year.
- Engage in e-learning to complement and support my training.
- Participate fully in the relevant regional and departmental teaching programmes and be prepared to spend some of my own time on educational activities.
- Complete promptly all training and assessment documentation
- Maintain an up-to-date training College e-Portfolio of evidence and log book (as applicable).
- Participate as required in assessment meetings, i.e. ARCP feedback.
- Ensure the Deanery have up to date contact details for me at all times and respond promptly to communications from my trainers and Deanery personnel.
- Ensure that I request study leave in good time and complete the relevant trust leave form/online requests so that suitable arrangements can be made for cover.

##### **As a trainer**

I understand and agree that:

- I will do my best to see that the trainee receives all the necessary support which will enable them to train successfully
- I will help my trainee to develop a personal educational plan at the start of each placement. This plan will take into account their current training needs and the time and resources available.
- I will be available to meet with the trainee on at least 3 separate occasions during each placement: at the beginning, mid point and end for appraisal.
- I will liaise as required in a timely manner with the Training Programme Director and any other relevant trainers to support my trainee as and when necessary
- I will complete a structured training report prior to the trainee's ARCP.

Trainee name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Educational Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date : \_\_\_\_\_

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**Appendix C: Reflective Learning Template**

**REFLECTIVE LEARNING FOR MEDICINE**

1 Identify an event in the recent past that made you feel uncomfortable/ <i>made you aware of something you did not know/understand.</i>	
2 Describe the circumstances.	
3 What happened?	
4 What did you do?	
5 What did others do?	
6 If you could replay that event, what would you have done differently?	
7 Why?	

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<p>8 What would be different if you were able to replay this event?</p>	
<p>9 How would you feel?</p>	
<p>10 How would others feel?</p>	
<p>11 Focussing on what you would have done differently, what do you need to make sure that you are able to be different in the future?</p>	<p>Reminder: have you identified with question 11 something that can be done differently? This is the learning need.</p>

Trainer Comments:

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Trainer name	
Trainer Signature	
Date	

Trainee name	
Trainee Signature	
Date	

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## Appendix D: Doctors in Difficulty

Please note: the processes involved for dealing with a Doctor in difficulty may be Chief Medical Officer or Director of Health specific. Please undertake early discussion with senior educators to ensure you gain sufficient guidance and support.

Further guidance can be found in the Icelandic [Gold Guide](#), chapter 8.

Dealing with the doctor in difficulty can be broken down into the following stages:

1. Identifying the problem
2. Managing the problem in the workplace
3. Identifying the cause of the problem
4. Supporting the trainee in finding a solution

### 1. Identifying the problem

Trainees may struggle with the transition from undergraduate training to becoming more self-directed postgraduates, or the transitions from Foundation doctor to core trainee to higher trainee. Trainees often have to move geographical areas for work, and this may result in a disruption to their social support, relationships, friendships etc.

Signs of a trainee in difficulty may fall into the three following areas:

#### **Behaviour**

- Anger and verbal or physical aggression
- Rigidity/obsessionalism
- Bullying, arrogance, rudeness
- Emotional or volatile behaviour
- Failure to answer bleeps
- Lack of team working
- Avoiding feedback and/or defensive reactions to feedback
- Not engaging in the learning process via meetings or e-portfolio

#### **Health**

- Absenteeism
- High sickness record

#### **Competence**

- Poor time keeping, personal organisation and record-keeping
- Failure to prioritise
- Lack of insight and poor judgement
- Clinical mistakes
- Failing exams and work-based assessments
- Communication problems with patients, relatives, colleagues or staff
- Staff and/or patient complaints (360 degree assessments)

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## Addressing the problem:

### **Trainee has insight**

- If the trainee has insight into their problem then a discussion can take place about how best to fix the problem and support them (see later).

### **Trainee has little or no insight**

- If there is no apparent insight then it is necessary to document the behaviour that is causing the problem.
- The trainee can then be given feedback on the basis of well documented observations of problematic behaviour (see later).

### **Documentation**

It is important to start documenting as early as possible if you suspect a trainee is in difficulty. If other staff have reported concerns, they should be encouraged to write it down. However, what is required are objective descriptions of problematic behaviour *without* personal opinions. Feedback is much easier to give to a trainee when it is a description of behaviour and when it has caused concern for other staff or patients.

## **2. Managing the problem in the workplace**

The first priority after identifying a problem trainee is to *ensure patient safety*. This will require an assessment of the trainee's ability to continue working safely in their particular role.

- How closely do they need to be supervised?
- Are they safe to continue prescribing?
- Are other members of the team 'carrying' the trainee?

When you have identified early signs that a trainee is in difficulty you should:

- Meet and discuss these openly with the trainee
- Talk to and give feedback to the trainee
  - This can be a difficult experience for both trainer and trainee, but the sooner it is done the better
  - Most trainees who have insight into their problems will welcome the opportunity to bring them out into the open and to be given help and support in resolving them
  - Some trainees with insight might deny there is a problem because of a defensive nature or because they fear the consequences
  - Some trainees might completely lack insight
  - Use of a *reflective template* (see Appendix C) may help a trainee identify the key issues and options for improvement

In the latter two situations the supervisor should use the documented evidence acquired to make the trainee aware that problems have been identified but should try to reassure the trainee that help and support can be provided.

- Agree an educational plan – and document this. The plan should include some SMART objectives (Specific, Measurable, Achievable, Relevant, Timed)
- Make sure the feedback meeting and plan is documented and shared with appropriate people, including the trainee. These individuals might include:

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- Clinical Supervisor
  - Training Programme Director (TPD)
  - Chief Medical Officer
  - Clinical Managers/Directors
  - Directors of Medical Education
- If there are any patient safety concerns, or for any significant events, the hospital policy on Significant Untoward Events needs to be initiated and followed. The TPD and Chief Medical Officer should be notified.
  - The educational plan should be shared with the TPD and a copy should be sent to the specialty school administrator so it can be held on the trainees file.
  - Finally set a review date/venue to meet to review the trainees progress against the objectives made

### Significant concerns

#### *Case Conference*

These can be called for any trainees causing significant concern, and are a useful way for trainers to meet and support one another and the trainee.

- Chance for all involved to meet including Human Resources, Clinical and Educational supervisors, Clinical Managers, Training Programme Director etc.)
- Chance to share information and review what has been tried/offered
- Action plan of where to go next to support the trainee and trainers and to ensure that patients are safe
- Trainee may not be present for all of the meeting. The trainee should meet some or all of the panel to discuss the concerns openly, and agree a further action plan

### 3. Identifying the cause of the problem

In supporting a trainee with problems you should attempt to determine the underlying cause so that the situation can be managed in the most appropriate way. Some common situations that may lead to trainee problems are:

- Ill health – physical or mental
- Drug/alcohol abuse
- Family issues – e.g. the birth of a child
- Language barrier
- Attitudinal/personality problem
- Financial difficulties
- Relationship problems
- Poor interpersonal skills
- Lack of knowledge
- Lack of confidence
- Poor role models
- Cultural background
- Bullying/harassment
- Dysfunctional team working

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## 4. Supporting the trainee in finding a solution

Assuming that problems have been acknowledged and the causes identified the trainee can work with the supervisor to create an action plan for remediation.

- Trainees can be reassured that their careers can be put on the right track and that solutions can be found.
- As much as possible the trainee should be given the responsibility for working out solutions and for providing an action plan.
- Sometimes solutions can be found via the supervisory relationship and within the working team but sometimes other agencies and professional advisors might need to be consulted.
- The supervisor should then have regular meetings with the trainee to ensure that problems and behaviour have been rectified.

### Suggestions for Support – Competency issues

- Increase the number of WBAs above the minimum number – this should not be seen as punitive. The WBAs can be used as learning events, where trainees can be given feedback, and can be used to document improvement in specific skills or competencies.
  - State exactly how many of each type of WBAs
  - With whom (variety of senior people – specify them)
  - Covering what topics
- Consider fitness for specific types of work. For example the decision may be made that the individual is safe to work during the day in specific locations where support is available, but it may not be safe for the individual to be on call. The Clinical Managers and Director of Medical Education make these decisions to amend a trainee's work, with input from the Clinical and Educational Supervisors, TPD etc. The reasons for this need to be documented, as well as what the trainee needs to demonstrate to return to work fully. This might include a period of shadowing, or discussing emergency situations as WBAs etc. Trainees may also require a period of working in a supernumerary capacity in some situations.
- Arrange for the individual to meet regularly with both their named Clinical and named Educational Supervisor. These individuals should also remain in close contact.
- Ensure the trainee uses reflection and a suitable template (*Appendix C*) to support their improvement efforts.
- An extra 360 appraisal may be helpful in certain situations. The supervisors should be clear who the trainee should ask if you want particular individuals to give feedback.

### Suggestions for Support – Health issues

- All doctors should be registered with a GP and supervisors can encourage attendance.
- We must be mindful that we are supervisors of trainees, and not be drawn into acting as a trainee's doctor. Whilst this might sound obvious it is something that as doctors we sometimes find difficult to avoid.

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- Referral to Occupational Health (starfsmannahjúkrunarfræðingur og trúnaðarlæknir)– with specific questions:
  - Is Dr X medically fit for his/her current role?
  - If Dr X is not medically fit, can you give an indication of likely duration of absence?
  - Is Dr X medically fit to be assessed in training?
  - If Dr X is not medically fit to be assessed, can you indicate whether a period of training is likely to have been affected?
  - Could Dr X's medical problems be contributing to problems with behaviour and/or performance at work?
  - Can you make any recommendations regarding adjustments or modifications to his/her workplace/role?
  - Can you recommend any help or support that the Department can offer Dr X?
  - Are there any workplace factors contributing to Dr X's ill health?

### Suggestions for Support – Behaviour issues

For inappropriate behavioural issues:

- Provide feedback, and use any appropriate trust policies
- Put concerns into writing to the trainee
- Agree clear SMART objectives with the trainee, and be clear what is expected of the trainee
- Involve Human Resources whenever appropriate
- Supervisors never act as a formal Trust investigator as there may be a conflict of interests. You may need to give evidence to an investigation, but you may also have a role in supporting the trainee.

### Training Support Services

At Landspítali there is a **Support- and Counseling Team**

#### These services can:

- Assess need, provide support services and case management for trainees in difficulty
- Signpost to specialist interventions where appropriate
- Aim to work together with training programmes to address performance and progress problems

#### Broadly speaking these services will:

- Gather feedback
- Meet with trainees
- Access profiling tools if necessary
- Agree an action plan
- Identify clear objectives and ways of monitoring progress
- Make referrals to external providers for further assessment or support
- Monitor progress
- Provide regular updates to training programme
- Provide reports for ARCP panels on request

#### Examples of support options include:

- Counselling
- Coaching
- Communication skills development
- Specialist Occupational Health
- Career guidance
- Occupational and/or Educational Psychology assessments
- Clinical Psychology
- Leadership Judgement assessment and coaching

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### **Support for Supervisors/trainers**

Supporting a trainee in difficulty can be extremely time consuming and can be very difficult for trainers. It is important that as trainers there is a mechanism where you can also get help and support. For Clinical and Educational Supervisors, the Training Programme Directors are there to support you. Organise to meet and share your concerns. Doctors in difficulty can cause a lot of distress to people with whom they work, and it is important that you are mindful of this. Some supervisors worry that they will be accused of bullying and harassment with trainees in difficulty, and again we would encourage you to share these concerns with colleagues.