Health Education East Midlands

Guide for Supervisors in the East Midlands Acute Internal Medicine (AIM) specialty training programme

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Introduction

This guide is designed to be a reference to help you understand the requirements of the AIM curriculum, the role of the clinical and educational supervisor, how to deal with a trainee who is struggling, and to highlight useful resources and key contacts.

Clinical supervision has been defined as: 'an exchange between practicing professionals to enable the development of professional skills' (White 2001). The Gold Guide defines it as: 'a trainer selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement.'

Educational supervision has been defined as: 'The provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee's experience of providing safe and appropriate patient care' (Kilminster 2007). The Gold Guide defines it as: 'a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's progress during a placement or series of placements.' This should be a Consultant in Acute Internal Medicine.

The GMC has stipulated a seven-domain competency framework for postgraduate medical supervisors which you can find here: http://www.gmc-uk.org/education/10264.asp . These are:

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator

Educational supervisors are to meet all criteria, and clinical supervisors all but 5 and 6.

HEEM runs a number of courses for supervisors, details of which can be found at www.eastmidlandsdeanery.nhs.uk/page.php?id=1770 . From Autumn 2017, the University of Nottingham's MMEdSci (medical education) course will provide stand-alone modules which are highly recommended. Details can be found here: www.nottingham.ac.uk/pgstudy/courses/medicine/medical-sciences/medical-education-mmedsci.aspx

The HEEM Acute Internal Medicine webpage describes the training programme and contains a number of downloadable resources (including the ARCP checklist and guidance) and can be found here:
www.eastmidlandsdeanery.nhs.uk/page.php?id=1104

General outline of AIM training in the East Midlands

The programme

All trainees in the East Midlands are working towards a dual CCT in AIM and GIM (5 years), and a small number are working towards a triple CCT (with Stroke or Intensive Care Medicine).

Trainees follow the AIM and GIM curricula (2009 with 2012 amendments). These curricula are virtually identical, but the requirements for AIM are higher, so trainees follow the AIM curriculum and only complete this one in their e-portfolio. The only difference is the GIM curriculum requirements for Outpatient activity and this is documented in the trainees' logbook.

The annual ARCPs and PYA are run jointly for both AIM and GIM by the same panel.

There are 14 posts in the N East Midlands and 14 posts in the S East Midlands. A typical rotation consists of the first year in AIM, followed by 4-6 months in each mandatory specialty post: Respiratory Medicine, Cardiology including CCU, Geriatric Medicine and Intensive Care Medicine. This is usually followed by a flexible GIM year, during which trainees can choose areas in which to work (e.g. ID, rheumatology) and a final year in AIM.

Trainees are also required to pass a specialty certificate exam in Acute Internal Medicine by the time of CCT.

AIM specialist skills

A CCT in AIM requires trainees to have a 'specialist skill'. These generally fall in to one of four categories:

- Procedural skill (e.g. FAMUS 'focussed acute medicine ultrasound')
- Additional qualification (e.g. diploma in medical education, toxicology etc.)
- Clinical specialty interest (e.g. syncope/tilt testing)
- Research

The JRCPTB has published a document listing all the approved specialist skills, and the requirements for achieving these. This document can be found on the HEEM AIM webpage.

Training posts within the AIM programme should provide a **minimum of one half day per week** for trainees to study/work towards their specialist skill.

Trainee logbook

All trainees are required to keep a logbook to prove they have satisfied the GIM CCT requirements for 1250 patients clerked/reviewed on the acute take, 3 years of consultant supervised in-patient ward rounds at least twice a week, and 186 clinics - or 450 new and 1500 FU patients (Ambulatory Care and ward referrals count for AIM trainees).

This logbook does not need to consist of individual anonymised patients, but can consist of clinic lists (e.g. 4 news, 8 follow-ups each week for 20 weeks). The JRCPTB 'Frith Calculator' is most commonly used for this.

However, trainees with a procedural specialist skill are required to keep a separate logbook with anonymised information about individual cases in order to satisfy the requirements of that skill. Some specialist skills (e.g. clinical specialty interests) also require separate work-based assessments. Both the trainee and the Educational Supervisor should be aware of the requirements for the chosen specialist skill.

ARCPs and PYA

ARCPs and PYA are generally held every July and February, depending on when the trainee started on the training programme.

Trainees have been provided with an ARCP checklist, also available on the HEEM Acute Internal Medicine webpage, to help them prepare for ARCPs and the Educational Supervisor should go through this checklist with the trainee in advance to ensure all the requirements for that year have been met.

Standards for trainee job plans

Throughout the programme, trainees are being prepared for, and judged against, the standard expected of a Consultant in AIM/GIM. Training posts should provide the necessary experience but also the required supervision and assessments.

The AIM curriculum requires attendance at a minimum of 70% - or 7 - AIM/GIM regional training days per year and/or 35 hrs external AIM/GIM courses or conferences (pro rata).

AIM posts

AIM posts should ensure both Acute Medical Unit and Ambulatory Care experience. Trainees should work at a 'senior' level i.e. post-take ward rounds, senior reviews, Ambulatory Care etc. with appropriate supervision and feedback. If trainees do part of a ward round unsupervised, the cases must be discussed or seen with the supervising Consultant afterwards, for the purposes of feedback and learning. The trainee should be released for a minimum of one half day per week for their specialist skill. Trainees are also required to engage in audit/quality improvement projects and appropriate time should be provided for this.

Ambulatory Care work is considered to be a clinic for the purposes of logbooks and Consultant supervision and HEEM guidance applies – i.e. first year specialty trainees 'should participate in clinics with the responsible consultant in attendance' and other trainees – if appropriate – 'should have a Consultant on site and able to attend clinic if required'.

Other specialty posts

When working in a non-AIM specialty post the curriculum requires that trainees participate in the following:

- At least one Outpatient clinic per week*
- At least two Consultant-supervised in-patient ward rounds per week
- A minimum of one half day per week for their specialist skill

*Not required during an ICU post.

HEEM has stipulated that, 'Any trainee has the appropriate level of supervision within a clinic to ensure both patient safety and satisfaction and an appropriate educational experience'. For AIM trainees, it is not appropriate to run a specialty Outpatient clinic without a Consultant present.

AIM trainees are required to be independent in certain procedures by CCT date:

- Chest drain for pneumothorax*
- Chest drain for pleural effusion under USS guidance (observed competence, not Level 1 accreditation)*
- CVC insertion*
- Arterial line
- DC cardioversion
- Knee joint aspiration
- Abdominal paracentesis*

Obviously, certain procedures are more likely to be achieved during certain posts. For the life threatening procedures (*), two summative Consultant sign-offs (DOPS) are required stating the trainee is 'independent and able to deal with complications'.

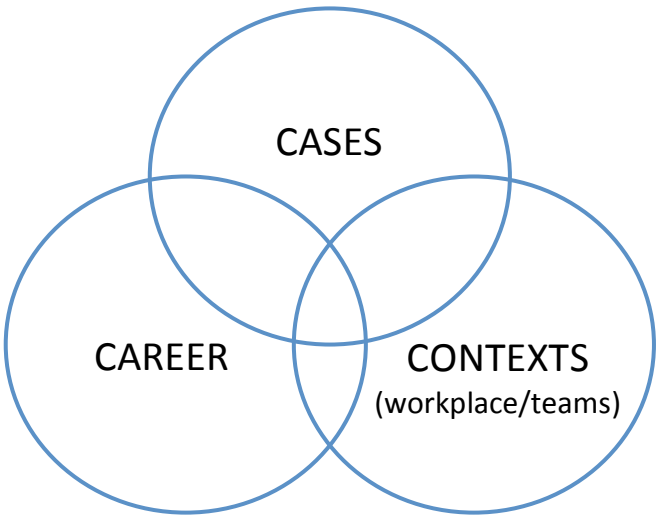
Just like any other ST3 in that specialty, AIM trainees should be encouraged to see referrals and participate in all the relevant educational opportunities provided by the department.

What does good supervision look like?

There is evidence that:

- Supervision has a positive effect on patient outcomes and lack of supervision is potentially harmful to patients
- Supervision helps trainees gain skills more rapidly
- Supervision has more effect when the trainee is less experienced
- Self-supervision is not effective; input from a supervisor is required
- The quality of the supervisory relationship is extremely important

Most supervision addresses 3 domains:



Good clinical supervision is the opportunity to discuss cases and get feedback on your performance. The idea of regular clinical conversations is a key component of effective clinical supervision. For feedback to be most effective, the supervisor has to observe the trainee in action. There is good evidence that simply accepting what a trainee says about a case is not enough to assess their performance.

An example of a clinical conversation is illustrated here:

A highly rated AIM trainee saw 8 patients on the post-take ward round on the Acute Medical Unit. At the end of the ward round, the Consultant sat down with the trainee to discuss the cases he had seen. Many of the cases were straightforward (e.g. paracetamol overdose, fall) and the Consultant gently probed the trainee's management plans with a few questions (e.g. had the trainee performed a basic mental health assessment, did he know what a basic falls assessment consisted of).

One of the cases was a 60-year-old man with a first episode of prolonged vertigo. The trainee explained he thought this was a case of 'viral labyrinthitis'. The Consultant clarified he meant 'vestibular neuritis' and then asked what evidence the trainee found in the history and physical examination that supported this diagnosis. It was apparent that the trainee had no idea what 'red flags' in the history to look for, nor what physical examination findings to expect.

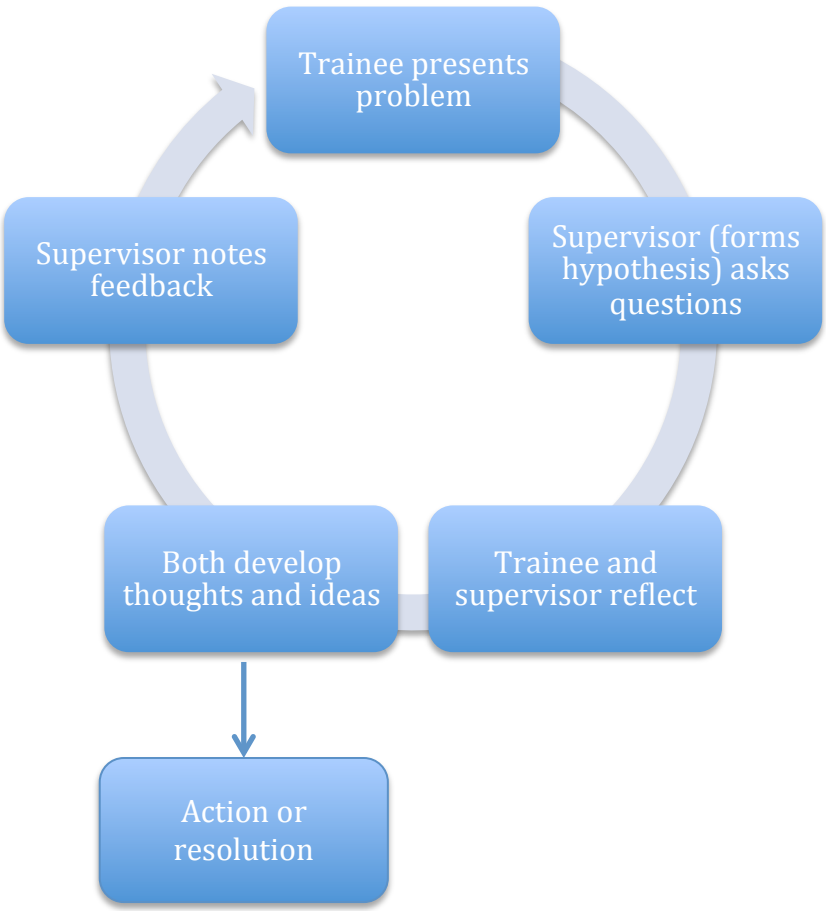
The Consultant and trainee went to see the patient together, and the Consultant demonstrated key questions in the history, and how to examine the patient. The patient had in fact had 10 minutes of not being able to speak properly at the start of his vertigo and had eye signs consistent with a central cause. An urgent MRI scan was requested. Recommended reading on the assessment of vertigo was provided to the trainee.

In some specialties, e.g. General Practice and Psychiatry, formal clinical supervision conversations take place each week, using case notes in an office setting. In the AIM training programme, formal weekly meetings may not always be possible, but what is possible and what should be happening is that these kind of clinical conversations occur regularly and frequently.

Good educational supervision is the opportunity for guidance and challenge within a safe space, and often includes personal and professional matters as well as educational ones. Like all of us, trainees may be juggling ill health, caring responsibilities, or workplace-related problems. It goes without saying that formal supervision meetings should be scheduled, allow enough time for unhurried conversation, and held in a confidential room without the risk of being interrupted. The e-portfolio should not be the focus of the meeting, apart from if the purpose of the meeting is to prepare it for the ARCP/PYA. Ideally the Educational Supervisor will have looked at the e-portfolio beforehand and made a note of any issues to be discussed, as well as asking the trainee what they would like to discuss.

The supervision cycle on the next page illustrates what a typical educational supervision conversation looks like.

The supervision cycle has been described by the London Deanery, 2011:



What to do when a trainee is struggling

All supervisors should follow the guidance in the National Association of College Tutors (NACT-UK) 'Managing trainees in difficulty: practical advice for educational and clinical supervisors, 2013' – attached.

The guide states, 'It is important that supervisors escalate and engage local and regional resources at their disposal in a proportionate manner. Effective and fair management of trainees in difficulty requires an objective assessment of the circumstances. It is important to involve an experienced colleague early to assist in identifying and exploring underlying factors and to help set clear goals for improvement. Remember: early and proportionate intervention may prevent problems becoming intractable'.

Please alert the TPDs about any performance issues, apart from minor ones that can be resolved easily within the same placement. Please do not hesitate to contact the TPDs for advice as they have experience in dealing with these issues and may need to alter the trainee's rotation to provide extra support or remediation. The TPDs also have a good understanding of what HEEM can provide to support trainees, and also what the correct procedures are to follow in certain situations. If necessary, they can be telephoned via their hospital switchboards.

How to write a supervisor's report

A supervisor's report (e.g. MCR, clinical supervisor, educational supervisor) is usually the only report in which a global assessment of a trainee's clinical performance is provided. The contents of the report should be discussed with the trainee in advance – there should be 'no surprises' in a written report. Good trainees value feedback that can help them improve their performance in certain areas.

Supervisor reports are particularly vital when dealing with struggling trainees, so it is important that if there **are** concerns around performance, these are documented clearly. Verbal or e-mail communication about trainees is not accepted as 'evidence' at an ARCP Panel, therefore it is vital that supervisor reports honestly document any concerns, supported by appropriate evidence.

What is required for the ARCP

Many supervisors, as well as trainees, are unclear about what exactly is required for ARCP. The TPDs have trawled through all the relevant AIM and GIM documents and put together **an ARCP checklist, plus some PowerPoint slides that spell out exactly what evidence is required on the e-portfolio**. These are enclosed with this document and can also be found on the HEEM Acute Internal Medicine webpage:
www.eastmidlandsdeanery.nhs.uk/page.php?id=1104

Complaints/serious incidents involving trainees

All doctors are involved in complaints/serious incidents during their careers and involvement of a trainee does not necessarily reflect poor performance. All trainees are required to complete 'Form R' before their ARCP in which they are asked to detail any period of sickness for more than 2 weeks, and any involvement in complaints or incidents. This is a routine probity declaration.

Trainees involved in complaints/incidents should be asked to write an anonymised reflection in their e-portfolio and discuss their reflection with their Educational Supervisor. In most cases, no further action is required.

If a trainee is involved in a serious untoward incident, Coroner's Inquest or Court case the Educational Supervisor should ensure the trainee understands the process and is **fully supported** throughout by the relevant Trust departments and/or medical defence organisation. Even when a trainee's performance is not in question, being involved in a serious incident can be extremely stressful, and many trainees have no idea what the process involves or what to expect.

Useful resources and contacts

TPDs

Lee Walker – TPD for recruitment/posts/assessment
(based in Leicester, S E Midlands)
lee.walker@uhl-tr.nhs.uk

Nicola Cooper – TPD for teaching & learning
(based in Derby, N E Midlands)
nicola.cooper18@nhs.net

HEEM

Professional Support Unit (support for trainees)
www.eastmidlandsdeanery.nhs.uk/page.php?id=899

AIM webpage
www.eastmidlandsdeanery.nhs.uk/page.php?id=1104

E Midlands Regional Training Days website
www.internalmedicineteaching.org

Structure of AIM training