

**AIM/GIM ARCPs – what you need
to know
(and what you need to DO)**



The e-portfolio



It does not matter how good you are as a doctor – you have to provide **evidence** of satisfactory progress.

The only evidence that can be accepted by an ARCP panel is evidence on the **e-portfolio**.

**It's really helpful if you upload your
photograph on your e-portfolio**



Dr Nicola Cooper (Physician Programme Director)

To make any changes to your e-portfolio, or if you have problems with access, please e-mail this generic e-portfolio address:

assessments.em@hee.nhs.uk



What we need to see at ARCP

- A completed (by you and Ed Sup) **ARCP checklist** uploaded to a folder in personal library > [create new folder] 'ARCP checklists' > 'ARCP[year]'
- **Self then Ed Sup signs offs** for the 4 emergency presentations by end of ST3
- Self then Ed Sup signs offs for rest of 'curriculum' over the 5-year programme (see ARCP decision aid)
- Required minimum number of **work-based assessments**

The E Midlands ARCP checklist

- Contains important prompts to ensure everything is on track:
 - CCT date (?correct)
 - Specialist skill
 - SCE and required courses (comms, M&L, teaching)
 - Evidence of a logbook
 - Attendance at training days/conferences
 - **It lists all the evidence required for your e-portfolio**
- Ensures both you and your Ed Sup are clear about what is required for satisfactory progression over 5 years – whether you are on track

1. Year of training: ST _____
2. CCT dates according to the latest correspondence from the JRCPTB:
 AIM _____ GIM _____
3. Specialty Certificate Exam: Attempted / Passed
4. Advanced comms skills course: Enrolled / Completed
5. Approved M&L course: Enrolled / Completed
6. Teaching course Enrolled / Completed
7. Evidence of a logbook (for GIM, and specialist skill if applicable) Yes / No
8. Curriculum-required clinical experience completed so far (please tick):

AMU first yr		Respiratory Medicine 4/12	
Acute Geriatric Medicine 4/12		Intensive Care Medicine 4/12	
Cardiology incl. CCU 4/12		GIM (in addition to mandatory specialties)	
At least 6/12 AMU in final yr			

9. AIM specialist skill: _____



**Please create a folder in your
personal library > 'Specialist skill'**



Item	Completed? (Trainee please tick)	Validated? (Ed sup please tick)
Educational Supervisor's report		
Multiple Consultant report (4-6 people)		
Required number of work-based assessments		
MSF		
Self- and Educational Supervisor curriculum sign-offs (please see 2009 AIM ARCP decision aid)		
70% - or 7 - AIM/GIM training days attended and/or 35 hrs external AIM/GIM courses or conferences (pro-rata)		
Valid ALS certificate		
Form R		
GMC National Trainee Survey		

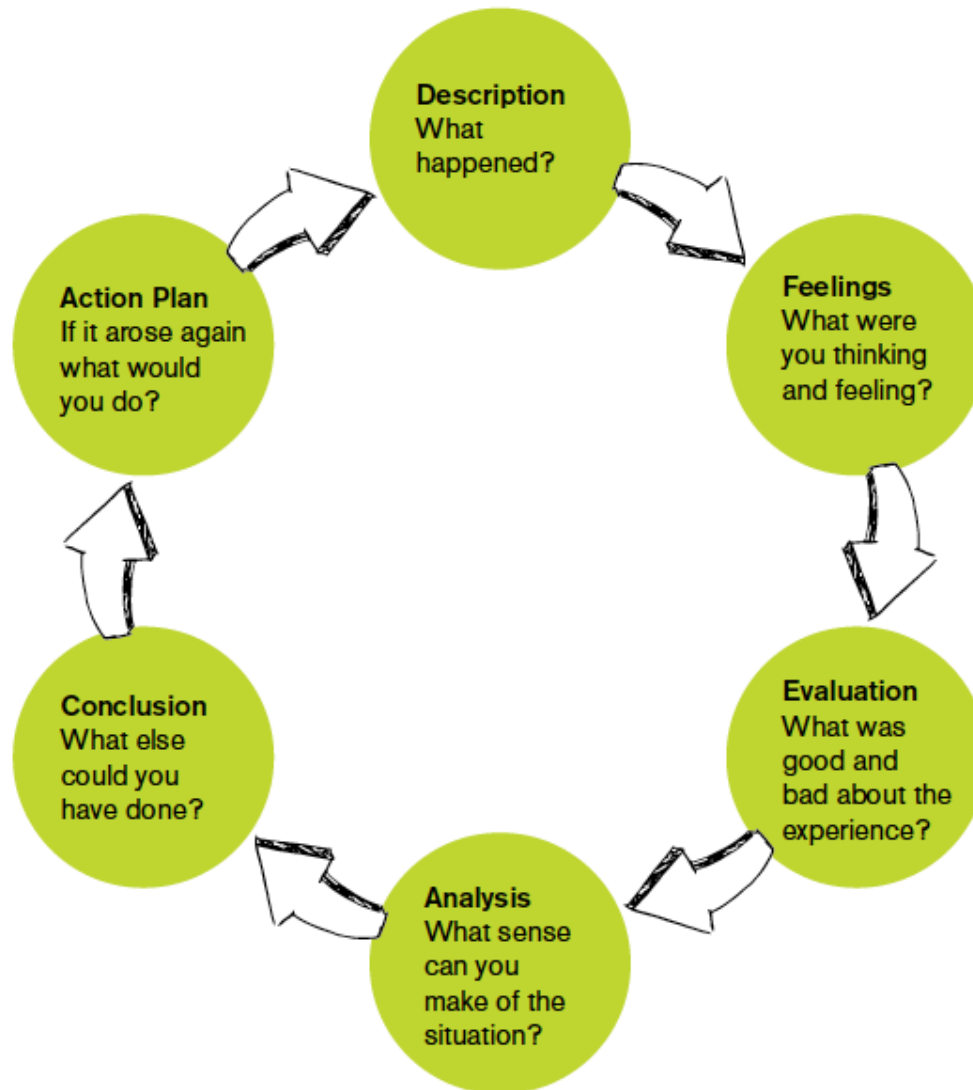
Trainee signature _____ **Ed Sup signature** _____



E-portfolio curriculum (actually it's a syllabus) tips

- Complete the Acute Internal Medicine 2009 (2012 amendments) 'curriculum' ONLY
- Your Educational Supervisor can block sign off some competencies* at certain stages of your training (see JRCPTB AIM ARCP decision aid)
- If there are things you don't get to see (e.g. GUM presentations) then register via the e-portfolio for access to e-learning and click on the e-learning icon for that topic to access it)

Reflection: Gibbs' reflective cycle



Work-based assessments

- Minimum of 10 per year (pro-rata*), 6 of which must be ACATs
- MSF **must include a self-MSF and 3 consultants** as well as a range of colleagues
- An audit **that you are leading** – at least one in 5 years must ‘close the loop’ or be a quality improvement project
- One ‘audit assessment’ required by CCT
- One teaching observation before CCT
- Practical procedures – see later


**We expect to see work-based
assessments linked to the
'curriculum' on the e-portfolio
(see JRCPTB limits next)**



Practical procedures

- **Two independent summative sign-offs** are required for the life-threatening procedures:
 - CVC
 - Abdominal paracentesis
 - Chest drain for pneumothorax
 - Chest drain for pleural effusion under USS guidance
- The assessors should be **consultants** – not other registrars (ALS instructor/specialist nurse acceptable for DC cardioversion)

This does NOT mean
Level 1 accreditation



ARCP checklist P2

(Not expected until done relevant posts)

<p>DOPs</p> <ul style="list-style-type: none"> • Central venous cannulation** • DC cardioversion • Knee aspiration • Abdominal paracentesis** • Chest drain for pneumothorax** • Chest drain for pneumothorax** (Seldinger technique)** • Chest drain for pleural effusion using USS guidance** • Arterial line 	<p>Independent Independent Independent Independent Independent</p> <p><i>**two different summative sign-offs required</i></p>	<p>SUMMATIVE x 2 = 'Independent and able to deal with complications'</p>	<p>Independent by CCT Independent by CCT Independent by CCT</p>
<p>DOPs (desirable but not essential)</p> <ul style="list-style-type: none"> • Temporary cardiac pacing via transvenous route** • Sengstaken-Blackmore tube insertion** 	<p><i>Likely to be removed from curriculum soon</i></p>		<p>Independent by CCT Independent by CCT</p>

One SUMMATIVE sign off required for other procedures. Unlimited formative sign offs.



Why work-based assessments?

- Quality assurance
- Identifying progress
- Feedback / educational impact
- Identifying difficulties ... remediation
- Purpose can be formative or summative
- Mapped to the 'curriculum'



Mini-CEX

- CEX = clinical evaluation exercise
- Research shows that supervisors rarely observe their trainees
- A mini-CEX is **observing a trainee during a consultation**
- ‘Mini’ = one of history, examination, or explanation and counselling (not all three!)
- Median time required 15 min
- Can link to max 2 ‘curriculum’ competencies

DOPS

- DOPS = direct observation of procedural skills
- Whole or part of a technical procedure carried out during daily work
- For StRs **the assessor should be a Consultant** with the skills themselves to do the procedure
- Median time required 15 min
- Link to relevant procedure on 'curriculum'

ACAT

- ACAT = acute care assessment tool
- Focus on the acute take
- e.g. discussing patients a trainee has seen during a post-take ward round **and going to see one or two of them together**
- Minimum 5 patients required
- 3-4 domains assessed (e.g. history, investigations, management)
- Can link to max 8 'curriculum' competencies

CBD

- CBD = case based discussion
- **Based on discussion of a trainee's entry in the notes**
- Attempts to assess clinical reasoning
- 2-3 domains
- **Pre-arranged office setting**
- Median time required = 20 min
- Can link to max 2 'curriculum' competencies

It is NOT an assessment if not everyone knew it at the time



- Here are two people talking about the weather
- After the conversation, one of them asks the other to assess them on their knowledge of cloud formations
- ... ??

MSF

- Assesses domains in 'Good Medical Practice'
- From a range of co-workers (minimum 12 people, plus self, and at least 3 consultants which can include your Educational Supervisor)
- Average scores, anonymised
- Useful **qualitative** data
- Focuses on 'non-technical skills'
- Median time required per assessor = 7 min
- **Feedback should be given in person by the Educational Supervisor**

MCR

- MCR = multiple consultant report
- 4-6 Consultants the trainee **has worked with** that year (which cannot include the Educational Supervisor)
- JRCPTB says the Consultants you ask should be agreed with your Ed Sup beforehand
- Focuses on clinical performance
- Is basically a clinical supervisor's report – not validated but there is good evidence for expert 'global judgement' ... if they have observed you

Patient survey

A patient survey is not a requirement in the AIM or GIM ARCP decision aids.

However, it IS a requirement of the GMC for revalidation purposes - **therefore one is required during your 5-year training programme**

(and on a regular basis as a Consultant).

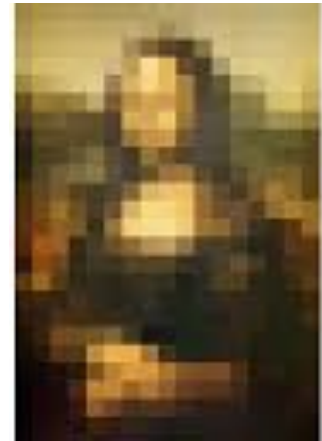
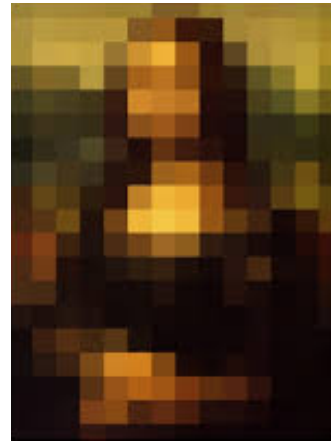


Feedback: the point of WBAs!

- Feedback can positively change clinical performance when it is systematically delivered from credible sources
- Effective feedback has certain characteristics, for example:
 - Interactive
 - Non-judgemental (e.g. advocacy with enquiry)
 - Encourages self-assessment
 - Has an explicit action plan



Work-based assessments are like pixels



www.jrcptb.org.uk/assessment/workplace-based-assessment



Summary - we need to see:

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