

## **'How to' guide to higher EM training**

Engage with your portfolio regularly from the outset of training. Aim for one piece of evidence per week. Send tickets early or complete WPBAs in real time to minimise failure of completion.

Link carefully to the curriculum – ensure the evidence you are linking demonstrates the competence you are linking to.

The ARCP panel have a lot of portfolios to go through and a lot of evidence to review. Try and ensure your evidence is easy to find and signpost to where things are stored

**FEG** – the FEG will be created by your speciality tutor or ES and will summarise the training faculty's feeling around your performance in each clinical SLO. There is a final form for the end of each training year. By the end of ST6 you should be at level 4 for all SLOs.

**ESR** – the ES report summarises the findings of the FEG plus all the evidence in your portfolio. Ensure the ESR is completed and not the end of placement form. Your ES will provide an overall entrustment level. You need to be at level 4 for all SLOs by the end of ST6. This should be like a pre – ARCP and should identify any potential issues which may affect progression

Sit down with your ES when they write the report and ensure they take all the evidence you present into account

Ensure any mitigating circumstances are included in the ESR

**ESLEs** – 3 or more per training year – first within 3 months and with your ES. Spread them out to show progression. Aiming to get to all 'C' ratings by end of training. Vary the focus. Include an EPIC and a resus each year then another – paed, majors, minors. ST3 must include a paed ELSE and then at least one other during HST

**MSF** – one per year within first 6 months. Minimum of 12 respondents. At least 3 consultants and ensure a good spread – nurses, allied professionals, admin

**Clinical SLOs 1-8** – open the curriculum and read the descriptors and read the individual KCs. Ensure there is observed evidence each year for each SLO ie WPBAs with entrustment scales that demonstrates your competence. Don't worry if a single entrustment scale is not at the required level – your ES will review all evidence you provide and then award an overall entrustment level for the SLO. Supplement the WPBAs with reflections on cases/reading/podcasts, elearning, teaching, courses. Just make sure they are relevant to the SLO/KC to which you attach.

Avoid overlinking and keep things relevant

If your life support courses are out of date you need to have a mini CEX demonstrating that aspect of training instead eg running an arrest and resus of a critically unwell patient if your ALS is out of date

Include your level 3 safeguarding for SLO5

SLO8 - LAT form available for leadership recording and feedback. Can link your EMLeaders modules aswell.

**SLO6** – during higher training you need to have performed each skill at least once and should have evidence for this. Ideally this will be in the form of a DOPs with an entrustment scale but if this is not possible, alternative evidence eg certificates from courses attended with reflections of what you did can be attached.

Each year you need to have evidence that you have at least thought about the skill – when to do it/when not to do it/how you would do it/have taught someone else to do it. Examples would be elearning, case reflections (can be other people's cases you have discussed/thought about), reflections on podcasts/instructional videos, small group teaching, writing a guideline/SOP, involvement in SUI based around the skill.

Ultrasound – as part of SLO6 you will need a DOPs in each aspect of US. You will already have vascular access and FICB from ACCS and need to

add a DOPs in AAA, eFAST/FAFF, shock assessment, and ECHO alongside a logbook of scanning that summarises your scans. The logbook summary should be uploaded before ARCP. There is no formal sign off and is by your ES.

Please consider completing the procedures summary form as it can be particularly difficult to find the evidence for each procedure.

Logbook of procedures – most people keep a separate log of all procedures they perform as it is difficult to get a summary from kaizen. A summary of this should be uploaded prior to ARCP.

An example of a template can be found on the AWSEM website:

[SPA, Ultrasound & Procedures Logbook – Numbers edition](#)

[SPA, Ultrasound & Procedures Logbook – Excel edition](#)

**Generic SLOs** – all need to be signed off as at least satisfactory by ES

**SLO9** – ensure you get some observed teaching each year to provide you with feedback. Use the STAT or TOT forms for this. Also evidence of engagement in departmental teaching. Include any courses/teaching days around the theory of teaching and supervision. The HEIW trainers webpages have resources on educational supervision, appraising and mentoring and PSU run workshops.

**SLO10** – 2 aspects to this...

Critical appraisal – include evidence of you doing appraisal each year eg presenting at journal club, the ACAF form for a topic review, reviewing an article yourself and using CASP checklist. Supplement with teaching days, e-learning, podcasts, attending journal club etc

Research – Ideally involve yourself in research if the opportunity arises. Otherwise demonstrate you understand what your role would be and are ready to get involved eg AWSEM research day, GCP certification, conferences, NIHR associate PI scheme

**SLO11** – You need to engage in QI every year and complete a QIAT form. You must lead/co-lead a project at least once during training and so this needs to demonstrate you understand the QI methodology. We suggest attending the fundamentals of QI days run by HEIW. Either write the QI project up formally or attach your driver diagrams, PDSA cycles, run charts etc to your QIAT form. The same project can run over 2 training years as long as it is progressing during this time. Demonstrating the methodology is more important than the choice of project and success! Once you have done your project you can supervise/ assist others to demonstrate ongoing engagement.

**SLO12-** You must have 4 completed projects by CCT and aim to do at least one a year. The mandatory ones are investigation of a critical incident (a full report and not just a timeline); interdepartmental meeting and either rota, recruitment or induction. You must then have 1 other.

It is really good idea to either download the form before you start or to review the form as a pdf on the curriculum website. This way you can gauge what the project actually involves and so what your focus will need to be.

A complete project is the relevant management WPBA signed of as satisfactory as a minimum, evidence of reflection on the process (this can be on the WPBA form or a separate document attached and also evidence of what you did that has been anonymised eg the complaint response, the coroner's report, a programme from a teaching day with a summary of the feedback.

NB: the clinical governance meeting project is not just attending a meeting so read the form carefully for requirements. The writing a report is not a coroner's referral form.

In addition you should complete all EM leaders modules on the eLFH platform and/or show evidence of personal leadership development.

You also need to evidence an understanding of how leadership can impact on wellbeing and and functioning. This may come from activities you have completed above and be evidenced as reflection.

**Exam success** – this should be evident in your portfolio in the exam section but ensure that this is the case

**Engagement in regional training** – you should have evidence of regional teaching sessions attended. This can be easily displayed as a summary log with associated reflections

**EDT diary** – a summary of the EDT time you have been provided with and a brief description of what you used that time for.

**Form R** – this is the revalidation part of your ARCP. Make a note of any time out of training eg OOP, parental leave, sickness. You need to declare any complaints or incidents and ensure there are appropriate reflections in your portfolio. You also need to list any locum shifts and any work undertaken outside of training eg voluntary work, sporting even cover. Any additional work or locum shifts outside of your department require evidence from your supervisor/manager that there have been no issues or concerns.

**Note about life support courses** - While there is no ARCP requirement for life support courses to be in date anymore, they are a good way to evidence many competencies and procedures. Aiming for instructor status is ideal as this will allow you maintain the skills and also provide evidence of teaching and feedback. Being up to date with courses is also a requirement for many Consultant jobs and so you may need to ensure they are up to date in preparation for applications anyway.

## **The Unofficial CCT checklist**

### **Clinical SLOs 1-8**

**Observed evidence in each SLO during ST6** ☐

**Overall entrustment level 4 on ESR** ☐

### **SLO6**

**DOPs/ evidence of performing each procedure during  
higher training** ☐

**Evidence for each procedure for ST6 year** ☐

### **SLO9**

**Evidence of observed teaching** ☐

### **SLO10**

**Evidence of engagement with Critical Appraisal** ☐

**Evidence of being ready for research** ☐

### **SLO 11**

**QIAT for ST6** ☐

**Evidence of having lead project during higher training with  
project or methodology uploaded** ☐

### **SLO12**

**Completed complaint response** ☐

**Completed critical incident investigation** ☐

**2 other different completed projects** ☐

### **Additional**

**Final FEG** ☐

**3x ESLEs** ☐

**MSF for ST6** ☐

**Educational Supervisor Report (ESR)** ☐

**Evidence of exam success** ☐

**Summary of regional teaching attendance** ☐

**Summary of USS logbook** ☐

**Summary of procedures logbook** ☐

**Summary of EDT logbook** ☐

**Form R** ☐

**Any evidence needed relating to locum work/wider scope of practice** ☐