

Appendix 4

RCEM Curriculum

Further guidance on Generic SLO

Supporting material detailing Specialty Learning Outcomes SLO9-SLO12

A practical guide for Trainees,
Supervisors and ARCP panel

Trainees and supervisors should also refer to the RCEM curriculum and Clinical Syllabus.

Evidencing the curriculum

In the revised RCEM curriculum there are 12 Specialty Learning Outcomes which map to the GMC's Generic Professional Capabilities (GPCs). The curriculum is outcome-based, which means that it describes the behaviours and performance required at the completion of the three stages of training (Core training, Intermediate and Higher training, on achieving CCT). Trainees will need to ensure they have provided evidence demonstrating how they have met the Specialty Learning Outcomes.

Supervisors and ARCP panels will make a professional judgement as to the sufficiency of this evidence.

The RCEM Specialty Learning Outcomes contain Key Capabilities (the mandatory aspects that must be explicitly evidenced to satisfy the requirements of the Learning Outcome), and a range of examples ('descriptors') of skills, behaviours and attitudes that relate to them.

Trainees will **not** be expected to provide evidence addressing each of the descriptors; the evidence should be aimed at demonstrating each **Key Capability** and, therefore, each Specialty Learning Outcome.

Trainees need to demonstrate evidence in their ePortfolio for each Specialty Learning Outcome at their level of training. This will consist of a mixture of documentation of learning from formal training courses, skills log of activities carried out in training, work place based assessments including Multi-Source Feedback, the other RCEM exams and assessments, as well as reflective notes and educational supervisor reports. The ePortfolio has been configured to enable easy display of the data tagged to each domain. This will support the Educational Supervisor and ARCP panel in the way they can evaluate the evidence submitted against the SLOs

How to use this document

This document aims to describe the standard of evidence and level of performance required for a trainee to show they have satisfactorily demonstrated achievement of the Generic Specialty Learning Outcomes, which is a requirement before they may progress to the next level of training (or CCT). This will ensure that trainees are assessed consistently throughout the UK. This guidance should be used by ARCP panels to support their decision making process, and by Educational Supervisors and trainees to help them consider the type, depth and breadth of evidence required.

This is generic guidance and does not replace any specific targeted learning objectives that may have been agreed between the trainee, Supervisor and Deanery/LETB following a previous unsatisfactory ARCP outcome. Supervisors and ARCP panels should also ensure trainees have met the RCEM examination requirements.

Generic SLOs

Assessment of the Generic Specialty Learning Outcomes is by the professional judgement of the Educational Supervisor/ ARCP panel. To ensure consistency of judgements at each of the three levels of training, a grid has been provided, offering guidance (explicit where possible/appropriate) as to the standard of evidence and level of performance required. Each of the Generic SLOs outline the standard required at key waypoints at the end of training:

- By the end of ST2 (core/ACCS)
- By the end of ST3 (intermediate)
- By the end of ST6, prior to CCT (higher)

Trainees who are not at the end of each level, where the guidance criteria are set, need to show satisfactory progress towards meeting the requirements by the end of their current level.

In addition to describing minimum standards, guidance and pointers as to what might be deemed excellent are also included. The guidance is set out in table form as below:

- Below expectations: Details for expected outcomes for this grade
- Satisfactory /Good: Details for expected outcomes for this grade
- Excellent: Details for expected outcomes for this grade

Guidance is provided below for the Generic SLOs learning outcomes at each level

- Education and training
- Quality improvement
- Research
- Lead, manage, administrate (Intermediate and Higher)

The RCEM curriculum and all syllabus documents, as well as other supporting guidance, are available at www.rcemcurriculum.co.uk.

SLO9: Support, supervise and educate

Contents:

- Summary
- Programme of Learning
- Programme of Assessment

Summary

A key element of being a specialist in medical practice is the ability to teach and support both in a formal setting and in the workplace. It is a GMC requirement that all those training to UK Royal College curricula develop such skills. This will include being able to set learning objectives and deliver a teaching session, deliver effective feedback, undertake training and supervision of members of the ED team in the clinical environment and understand the principles to mentor and appraise junior doctors.

Programme of Learning

RCEM learning is a key resource for providing material to access for trainees and trainers in developing skills in teaching and supervision. The current resources are outlined below.

In addition to the specific modules mentioned below there are available monthly podcasts that include updates on best practice in teaching, education and supervision that lend themselves to the engaged learner listening, reading and reflecting upon their own learning.

RCEM Learning Modules

Teaching the Basics: Blood Gases

Virtual Education Tips

Reflections from Online Education

Passing the ARCP, or how to keep your TPD happy

Feedback with Simon Carley – Learning from the EMEC

Simulation Overview

Managing Educational Supervision

Learning from RCEMLearning

Look in the Mirror, What Do You See

Good Educational Supervision – A Trainee's Perspective

ED Education in Theory

In-situ simulation: A beginner's guide

Programme of Assessment

Background

The Assessment Schedule for the RCEM curriculum has been developed to best meet its aims and objectives. Two of the educational principles that have been considered in developing EM capabilities have been 'spacing' and 'Interleaving'. These terms mean that there is likely to be better retention of knowledge and integration if curriculum elements are introduced early, returned to for reinforcement and if the layering of greater complexity is interspersed with other curricular content.

The GMC require all curricula to include the ability to teach and educate in all stages of training, it being one of their nine Generic Professional Capabilities. The development and application of teaching skills starts in ACCS and builds throughout training to completion with development of supervision and feedback skills being the focus of intermediate and higher training.

Teaching and supervision is within the Programme of Learning at all stages of training, and the requirements of the curriculum reflect growing expertise and responsibility in this subject over time.

What is expected at each stage of training?

The following tables summarise activity that is expected and how excellence might be pursued.

SLO: Teach, Supervise, educate

Key capability

1.able to set learning objectives for and deliver a teaching session
2. ...able to deliver effective feedback to a junior colleague or allied health professional with an action plan.

Below expectations	<ul style="list-style-type: none">• Minimal evidence of participation in teaching and reflection on performance.• Evidence of teaching skills needing further development or unwillingness to teach (MSF, mini-CEX, trainers report).
Satisfactory /Good	<ul style="list-style-type: none">• Evidence of participation in local departmental teaching, for example through development log entries.• Evidence of feedback on teaching and learning events delivered by the trainee with reflection and goal setting for development of teaching skills.
Excellent	<ul style="list-style-type: none">• Evidence of participation in regional or national education or training delivery.• Participation in formal teacher training programme.• Quality improvement activity in the area of education.

Intermediate Training

SLO9: Support, supervise and educate

Key capabilities

1. ...able to set learning objectives for and deliver a teaching session
2. ...able to deliver effective feedback to a junior colleague or allied health professional

Below expectations	<ul style="list-style-type: none">• Minimal evidence of participation in teaching and reflection on performance.• Evidence of teaching skills needing further development or unwillingness to teach (MSF, mini-CEX, trainers report).
Satisfactory /Good	<ul style="list-style-type: none">• Evidence of participation in local departmental teaching, for example through development log entries.• Evidence of feedback on teaching and learning events delivered by the trainee with reflection and goal setting for development of teaching skills.
Excellent	<ul style="list-style-type: none">• Evidence of participation in regional or national education or training delivery.• Participation in formal teacher training programme.• Quality improvement activity in the area of education.• Evidence of reflection providing pastoral support to a junior colleague or allied health professional

Higher Training

SLO9: Support, supervise and educate

Key capabilities

1. ...able to undertake training and supervision of members of the ED team in the clinical environment
2. ...able to prepare and deliver teaching sessions outside of the clinical environment; including simulation, small-group work and didactic teaching
3. ...able to provide effective constructive feedback to colleagues, including debrief
4. ...understand the principles necessary to mentor and appraise junior doctors

Below expectations	<ul style="list-style-type: none">• Minimal evidence of participation in the modalities of teaching required.• Evidence of teaching skills needing further development or unwillingness to teach (MSF, mini-CEX, trainers report).• Minimal evidence of preparation for role as a mentor/ supervisor
Satisfactory /Good	<ul style="list-style-type: none">• Evidence of participation in local departmental teaching, for example through development log entries.• Evidence of feedback on teaching and learning events delivered by the trainee with reflection and goal setting for development of teaching skills.
Excellent	<ul style="list-style-type: none">• Evidence of participation in regional or national education or training delivery.• Participation in formal teacher training programme.• Quality improvement activity in the area of education.• Evidence of reflection of providing pastoral support to junior colleague or allied health professional

How will this SLO be assessed?

1. Assessment in the workplace

All trainees need the opportunity to provide evidence of their activity in this SLO in each year of training. All activity relating to teaching is relevant and the list of evidence that might be used is not reductive in any way. Some trainees may be inspired by the topic and seek to stretch further in this area. The following tools and opportunities, though, are available to all to ensure that they can gain feedback in the Key Capabilities of this SLO.

A. The Structured Teaching Assessment Tool (STAT)

The assessment schedule has an expectation that trainees develop their teaching throughout their training and teaching showed be viewed as a core part of the requirements of the emergency physician. The STAT is available on the ePortfolio to guide trainees through such an exercise and for this to be reviewed by their clinical or educational supervisor. The tool can be used for both face-to-face and online teaching and is adaptable to all types of teaching episode.

The STAT form is appendix 1 to this section.

B. Extended Supervised Learning Episode (ESLE)

There is likely to be observation of workplace supervision and feedback as part of the ESLE. This evidence can be reviewed by the clinical or educational supervisor.

C. Multi-Source Feedback (MSF)

Teaching and supervision is an important domain as part of the MSF and provides useful feedback to the trainee and can be reviewed by their clinical or educational supervisor.

D. Structured feedback from external teaching opportunities

During training there may be many opportunities to teach out with the emergency department. This includes courses (e.g. ALS, ATLS), conference workshops, university teaching, teaching of other specialties. Structured feedback from these is highly valued.

2. Assessment in RCEM formal examinations

The content of this SLO is also assessed in the formal examination schedule.

MRCEM OSCE

There are stations in the MRCEM OSCE which assess both the skill/knowledge and also the ability to teach.

FRCEM OSCE

In addition to assessing teaching of skills/knowledge the FRCEM OSCE will also assess the supervision of the team in the emergency department and the skills required to give appropriate feedback when asked for advice.

More detail on this is available on the RCEM examinations web-page [FRCEM Final Information and regulations 2021](#).

RCEM SLO9 (2021) Structured Teaching Assessment Tool (STAT)

Trainee's Name	Click here to enter text.
Trainee's GMC	Click here to enter text.
Trainee's Post	Click here to enter text.
Date of Completion	Click here to enter a date.

Assessor Details

Assessor:	
Assessor GMC Number:	
Grade of Assessor:	
<input type="radio"/> Consultant <input type="radio"/> SASG <input type="radio"/> ST4-6 <input type="radio"/> Other	
Assessor Email:	
Date:	
Learner Group:	
Setting:	
<input type="radio"/> Local <input type="radio"/> Regional <input type="radio"/> National <input type="radio"/> Other	
Delivery:	
<input type="radio"/> Face to Face <input type="radio"/> Digital <input type="radio"/> Other	
Number of Learners:	
<input type="radio"/> Less than 5 <input type="radio"/> 5-15 <input type="radio"/> 16-30 <input type="radio"/> More than 30	
Length of Session:	
Title of Teaching Session:	

1. Observation

Content of Session

Please consider when observing:

Knowledge of subject; logical sequence; resources supported topic; quality of resources; appropriate teaching methods

Please comment:

Trainee Performance

Please consider when observing:

Introduction of self; gaining attention of group; stated objectives; well paced; good use of voice/tone; clear concise delivery; effective use of questioning; encouragement and handling of questions from the group; summarised key points; objectives met; kept to time limit

Please comment:

2. Feedback

1 – What was done particularly well?
Free text
2 – Learning points – What could have been done differently?
Free text
3 – Recommendation for further learning or development
Free text
4 – Overall
Please indicate the level of the trainee's performance in this episode
Please select <ul style="list-style-type: none"> - <u>Below expectations</u> - <u>Satisfactory/Good</u> - <u>Excellent</u>

Signoff and actions

Please ensure this form is **signed off** by both the Assessor and Trainee via the "Link" button next to the form once saved.

<u>Assessor Name</u>	<u>Assessor Designation / Job Title</u>	<u>Date</u>
		Click here to enter a date.
<u>Assessor Registration Number</u> (e.g. GMC, NMC, GDC)	<u>Assessor email address</u>	

SLO 10: Participate in research and managing data appropriately

Contents:

- Summary
- Programme of Learning
- Programme of Assessment

Summary

A key element of being a specialist in medical practice is the ability to use research evidence to drive improvement in patient care. It is a GMC requirement that all those training to UK Royal College curricula develop such skills. It is no less important for those in Emergency Medicine, often a pragmatic and practical pursuit, but one in which it is fundamentally important that its clinical leaders can negotiate and utilise evidence to advocate for their unique patient group.

Programme of Learning

eLearning is a key resource for providing material to access for trainees and trainers in developing capabilities in critical literature appraisal (CLA). Examples of these can be accessed at RCEMLearning [Critical Appraisal - RCEMLearning](#).

In addition there are available monthly podcasts that include the CLA focussed '[New in EM](#)' that lend themselves to the engaged learner listening, reading and reflecting upon their own learning, alongside the EMJ podcast which is also hosted through RCEMLearning.

'New in EM' learning module

This will be a short module based on a specific piece of research where the paper is discussed by the 'New in EM' team with links to the original paper, short answer or SBA questions are posed that the learner is expected to answer, followed by a question designed to stimulate reflective practice and answering. The learner's answer to this question would then appear as part of the certificate output. This feature would require the user to be an RCEM member and would be an additional member benefit.

Example questions

Examples based on Stroke thrombectomy paper (draft podcast segment)

1) What is the non-inferiority margin?

- These trials are suitable when you are testing something that you assume will be at best non inferior. For example, face to face versus telephone consultation – no one expects telephone to be better but it might be non-inferior. So instead of assuming the null hypothesis (that there is no difference between treatments – this is what we normally assume in superiority trials) and trying to disprove it; in a non-inferiority trial the null hypothesis is that the new intervention is not as good and you are trying to prove that is non inferior.

- You must specify a non-inferiority margin – for it to be a positive trial the primary outcome has to be within a certain margin of the existing treatment. Selection of this margin is unavoidably subjective and is open to all kinds of fudging. When assessing the non-inferiority margin ask, "does this seem clinically reasonably to me?"

Read more: <https://www.bmj.com/content/347/bmj.f6853>

2) Review your own hospital's stroke protocol. Is it consistent with national guidance e.g. NICE. Would this paper encourage you to make a change to your current procedures?

Output would be to a certificate that contained the member's name, the title of paper, a score for the questions 1+2 and their reflective practice answer.

This style of module is producible by RCEMLearning team and allows demonstration across the breadth of the curriculum SLO levels ACCS-higher.

The starting aim would be for this type of module to be produced four times a year (every 3 podcast episodes) and will encourage 'up to date' knowledge translation from the literature and also ensure the questions being posed are relevant to the trainees.

The landing page for RCEMLearning will be updated in line with the curricular structural changes. This will include a new landing site for SLO 10/CLA that could aggregate material, for example, by study type.

Programme of Assessment

Background

The Assessment Schedule for the RCEM curriculum has been developed to best meet its aims and objectives. Two of the educational principles that have been considered in developing EM capabilities have been 'spacing' and 'Interleaving'. These terms mean that there is likely to be better retention of knowledge and integration if curricular elements are introduced early, returned to for reinforcement, and if the layering of greater complexity is interspersed with other curricular content.

The 2015 CLA assessment schedule had CLA assessment as a stand-alone short answer question paper. This was an effective test of knowledge but was taken in HST (potentially right at the end of training) and was taken in isolation with no requirement to develop CLA skills over time. The GMC require all curricula to include the ability to appraise and apply evidence in all stages of training, it being one of its nine Generic Professional Capabilities. The development and application of CLA knowledge is, therefore, now to start in ACCS and develop throughout training to completion.

In this new SLO there is a requirement to demonstrate not only the ability to appraise the relevant medical literature, but to be able to synthesise evidence and to communicate key findings and their clinical impact. These, after all, are the reasons why a day one EM consultant needs such skills- to contribute effectively to patient care improvement in the ED.

What is expected at each stage of training?

The following tables summarise activity that is expected and how excellence might be pursued.

SLO: Research

Key capability

1. ...able to search the medical literature effectively and know how to critically appraise studies

Below expectations	<ul style="list-style-type: none">• Minimal evidence of regular involvement in research-related activity (e.g. literature review, audit, critical appraisal).• Poor use of clinical questions in ePortfolio with no critical review of the relevant literature.
Satisfactory /Good	<ul style="list-style-type: none">• Evidence of regular involvement in research related activities, e.g. literature review, audit, critical appraisal; evidence may include, for example, reflection on audit projects or journal club presentations.• Good use of clinical questions in ePortfolio, incorporating critical review of the relevant literature.
Excellent	<ul style="list-style-type: none">• Evidence of skills in interpretation and communication of research findings to patients, plus to the multidisciplinary team; evidence may include, for example, mini-CEX and MSF feedback.

SLO10: Participate in research and managing data appropriately

Key capability

1. ... able to appraise, synthesise, communicate and use research evidence

Below expectations	<ul style="list-style-type: none">• Little or no evidence of participation in research or evidence appraisal/ synthesis
Satisfactory /Good	<ul style="list-style-type: none">• Presentation at journal club with feedback• Evidence of critical appraisal and evidence synthesis in ePortfolio
Excellent	<ul style="list-style-type: none">• EPortfolio populated with high quality evidence of development as a critical appraiser, including communication of findings to patients/ colleagues.• Presentation of research findings at regional/national/international meetings. Peer reviewed papers. Working towards higher degree.

Higher Training

SLO10: Participate in research and managing data appropriately

Key capabilities

1. ...able to appraise, synthesise, communicate and use research evidence to develop EM care
2. ...able to participate in research

Below expectations	<ul style="list-style-type: none">• Little or no evidence of participation in research or evidence appraisal/ synthesis
Satisfactory /Good	Evidence of reasonable engagement with CLA e.g. <ul style="list-style-type: none">• Presentation at journal club with feedback in each year of training• Evidence of critical appraisal and evidence synthesis in ePortfolio in each year of training• Good Clinical Practice Training up to date by end of training• Evidence of training or learning on consent/ recruiting patients/ conduct of research within the ED by end of training
Excellent	<ul style="list-style-type: none">• EPortfolio populated with high quality evidence of development as a critical appraiser, including communication of findings to patients/ colleagues.• Presentation of research findings at regional/national/international meetings Peer reviewed papers Higher degree

How will this SLO be assessed?

1. CLA assessment in the workplace

RCEM have reviewed the expectations of trainees in CLA across Royal Colleges in the UK and in EM internationally. It was clear that trainees needed the opportunity to provide evidence of their activity in this SLO in each year of training. All activity relating to research is relevant and the list of evidence that might be used is not reductive in any way. Some trainees may be inspired by the topic and seek to stretch further in this area. This is entirely to be encouraged. The following tools and opportunities, though, are available to all to ensure that they can gain feedback in the Key Capabilities of this SLO.

E. The Applied Critical Appraisal Form (ACAF)

The assessment schedule has an expectation that trainees develop the ability to consider their clinical work and identify questions that they would like to seek further evidence from the medical literature to help answer. These may come from clinical encounters in the workplace, or from workplace-based assessment discussions. The ACAF is available on the ePortfolio to guide trainees through such an exercise and for this to be reviewed by their clinical or educational supervisor.

This is a self-directed exercise. The ACAF form is appendix 2 to this section.

F. Journal Club

To recap, a Key Capability for this SLO within intermediate and higher training in this SLO is:

- able to appraise, synthesise, **communicate** research evidence

This means there needs to be evidence in Intermediate and Higher Training of presentation and communication of key themes and ideas. There are a number of ways in which it might be possible to evidence this. Presentation of posters and papers at local regional or national conference would be examples. Presenting research findings in departmental meetings would also include evidence of this.

A key opportunity to receive feedback and to evidence communication of evidence is in a journal setting. Opportunities to present will be available locally or regionally for this.

A recommendation for an on-line journal club is appendix 3 to this section. There will be many thriving and successful journal clubs within UK EM training, but if capacity is needed this offers a tried and tested format that is highly valued by those that use it.

Feedback at journal club can be captured within the ePortfolio using the bespoke Journal club presentation form. This form is appendix 4 to this section.

2. CLA in RCEM formal examinations

The content of this SLO is also assessed in the formal examination schedule.

Single Best Answer (SBA) papers

There are questions in both the MRCEM and FRCEM SBA examples, sampling CLA content.

These questions are designed to sample knowledge and understanding of the key principles of literature searching, appraisal of quantitative and qualitative medical literature, research methods, data interpretation and application to clinical care.

FRCEM OSCE

Critical literature appraisal may also be sampled within the FRCEM OSCE. The purpose of such a station is to evaluate the candidate's ability to appraise the medical literature, to offer a defensible opinion on the application and of research findings for clinical care, or to communicate research findings to patients or colleagues. Such content may include review of research material prior to the exam, in an open book style. More detail on this is available on the RCEM examinations web-page [FRCEM Final Information and regulations 2021](#).

RCEM ACAF (2021) Applied Critical Appraisal Form (ACAF)

Trainee's Name	Click here to enter text.
Trainee's GMC	Click here to enter text.
Trainee's Post	Click here to enter text.
Date of Completion	Click here to enter a date.

A. For trainee to complete

1. Situation	
Write a focused description of the WBPA/clinical/non-clinical situation which formed the basis for this ACAF	
<i>Free text</i>	
2. Question	
Develop a question from this situation	
<i>The PICO method helps dissect your situation into sections to aid your evidence search. This is not mandatory, please use the "other" section if you want to use an alternative question formation approach.</i>	
Population or Problem	<i>Free text</i>
Intervention	<i>Free text</i>
Comparison	<i>Free text</i>
Outcome	<i>Free text</i>
Other:	
<i>Free text</i>	
3. Search	
Search for evidence to answer your question and summarise your search methodology	
<i>Include search terms, academic databases, search engines and alternative methods used to find supporting evidence to answer your question</i>	
<i>Free text</i>	
4. Evidence	
Evaluate current evidence	
<i>Consider the evidences strengths and limitations</i>	
<i>Free text</i>	
5. Application to Practice	
Apply the evidence to answer your question. Explain the impact on your practice and wider EM care.	
<i>Free text</i>	
Communicate these findings to a patient	

Summarise your findings to inform a non-health care individual

Free text

Recommend future research ideas

Identify ways the current evidence could be progressed to develop EM care

Free text

6. Reflection

Free text

Curriculum Links

Which Specialty Learning Outcome does this ACAF link to?

-Drop down SLO-

Which Key Capabilities does this ACAF link to?

-Select KC-

B. For trainer to complete

1. Overall

Please indicate the level of the trainee's performance in this episode

Please select

- Below expectations
- Satisfactory/ Good
- Excellent

2. Feedback

Free text

3. Recommendation for further learning or development

Free text

Signoff and actions

Please ensure this form is **signed off** by both the Assessor and Trainee via the "**Link**" button next to the form once saved.

<u>Assessor Name</u>	<u>Assessor Designation / Job Title</u>	<u>Date</u>
		Click here to enter a date.
<u>Assessor Registration Number (e.g. GMC, NMC, GDC)</u>	<u>Assessor email address</u>	

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DRAFT GUIDANCE FOR TRAINEES

Journal Club

Critical Appraisal for Higher Specialty Training

Introduction

These sessions are designed to integrate the critical appraisal of contemporaneous and relevant papers into our continuing professional development and practice across the region. They are also designed to cover pertinent aspects of the RCEM curriculum, with respect to critical appraisal as well as wider topics.

This document is written to enable you to make an effective presentation of an appropriate paper.

Paper selection

The selected paper should be recent and relevant to UK clinical practice of emergency medicine. It is suggested that you select a paper from a high impact relevant journal i.e. Annals of EM, EMJ, Resuscitation, NEJM etc. It is recommended that only published and peer reviewed papers be used, as pre-release non-peer reviewed papers do not conform to best practice.

If you do not have a paper in mind, please discuss with your local department or with the PEMDEF team who can provide you with some options.

Abstract construction

Once you have selected an appropriate paper, we ask that you submit to PEMDEF an abstract that you have written yourself. A number of frameworks are available to help you structure this in the appendices below. It is recommended that you adhere to a word count of 250. This is then used as a summary for the paper on the digital hub, along with your presentation.

The purpose of a self-generated abstract is that it encourages you to think critically about the paper you are reading (do not read their abstract!). It will allow you to better contextualise what research question the paper seeks to answer, how it seeks to do this (i.e. type of study), and the potential impact to our current UK practice.

Therefore:

1. Choose your paper.
2. Do not read the abstract.
3. Read the paper.
4. Write your own abstract summarising the paper. Use your own words. Think about defining the research question, what kind of study it is. Summarise the results and a take home message.

Presentation

All attendees will have the opportunity to have read the paper before your presentation. In no more than **15 minutes** you should concisely summarise and critically appraise the paper with respect to UK practice of emergency medicine. Frameworks to structure your presentations are available below.

You are asked specifically to comment on the impact to current knowledge and practice of the paper - its overall quality, including strengths and weaknesses.

You are then asked in **5 minutes** to highlight and explain two aspects/definitions/concepts to critical appraisal (relative risk, blinding, bias, sensitivity, chi squared test, etc....) aimed at your peers. Again, there are links to useful materials in the appendices below.

This leaves **10 minutes** for discussion.

30 minutes total.

Resources

PEMDEF Digital Education Hub

Please check the Journal Club section on the MS Teams Hub for links to resources and guides to critical appraisal. You will also find previous papers and their presentations.

Critical Appraisal concepts and definitions

<https://www.rcemlearning.co.uk/critical-appraisal/>

Critical Appraisal checklists and frameworks

<https://bestpractice.bmj.com/info/toolkit/>

<https://www.cebm.net/2014/06/critical-appraisal/>

<https://www.nuhs.edu/media/25485/studyguide-criticalappraisalforresearchpapers.pdf>

<https://www.stemlynsblog.org/tag/critical-appraisal/>

RCEM SLO10 JCF (2021) Presentation at a Journal Club (JCF)

Trainee's Name	Click here to enter text.
Trainee's GMC	Click here to enter text.
Trainee's Post	Click here to enter text.
Date of Completion	Click here to enter a date.

Assessor Details

Assessor:	
Assessor GMC Number:	
Grade of Assessor:	
<input type="radio"/> Consultant <input type="radio"/> SASG <input type="radio"/> ST4-6 <input type="radio"/> Other	
Assessor Email:	
Date:	
Learner Group:	
Setting:	
<input type="radio"/> Local <input type="radio"/> Regional <input type="radio"/> National <input type="radio"/> Other	
Number of Learners:	
<input type="radio"/> Less than 5 <input type="radio"/> 5-15 <input type="radio"/> 16-30 <input type="radio"/> More than 30	
Length of Session:	
Title of Paper:	

1. Observation

Content of Session

Please consider when observing:

A clear summary of the paper; understanding of the population; explanation of intervention and control; explanation of outcomes; critique of methodology; review of results; review of conclusions; application to clinical practice; demonstration of comparison to existing literature/evidence

Please comment:

Trainee Performance

Please consider when observing:

Introduction of self: gaining attention of group: presentation style: clear concise delivery: effective use of questioning: encouragement and handling of questions from the group

Please comment:

2. Feedback

1 – What was done particularly well?

Free text

2 – Learning points – What could have been done differently?

Free text

2 – Recommendation for further learning or development

Free text

4 – Overall

Please indicate the level of the trainee's performance in this episode

Please select

- Below expectations
- Satisfactory/ Good
- Excellent

Signoff and actions

Please ensure this form is **signed off** by both the Assessor and Trainee via the "Link" button next to the form once saved.

<u>Assessor Name</u>	<u>Assessor Designation / Job Title</u>	<u>Date</u>
		<u>Click here to enter a date.</u>
<u>Assessor Registration Number (e.g. GMC, NMC, GDC)</u>	<u>Assessor email address</u>	

SLO11: Participate in and promote activity to improve the quality and safety of patient care

Contents:

- Summary
- Programme of Learning
- Programme of Assessment

Summary

This SLO describes the EM clinician as someone who understands and can effectively advocate patient safety as a consultant in the ED.

In developing the Key Capabilities there is a requirement to be able to identify things that need changing in the ED, and to be able to do so. This requires knowledge of techniques, theoretical underpinnings and their practical application. It also requires the ability to work effectively with others, to be tenacious, imaginative and at times bold.

The development against these requirements requires feedback and reflection. Built into the Programme of Learning and Assessment throughout are the key leadership, interpersonal and human elements of being effective in this SLO. As with all SLOs, there is a need to engage with the material outlined in the Programme of Learning and to summarise activity with thought and perspicacity in the assessment tool designed to support the Programme of Assessment.

Programme of learning

Quality Improvement Resources Years ST1-2

Key Capability

At completion of **ACCS** a trainee will:

- be able to contribute effectively to a departmental quality improvement project.

Capability	Type of Evidence	Assessment	Resource
Use data to identify areas for improvement	Evidence of data collection and presentation in a departmental QIP	Reflection of challenges and learning of data collection process and presentation in portfolio	<p>This capability is about understanding data. What we measure, how we measure and why. It also focuses on how we analyse and present our findings to make them meaningful to those we are trying to influence.</p> <p>Understanding different scales of measurement: https://www.statisticshowto.com/probability-and-statistics/descriptive-statistics/scales-of-measurement/</p>
	Attendance at local QI/Audit meeting	Reflection in portfolio.	<p>https://www.youtube.com/watch?v=KIBZUk39ncl</p> <p>Understanding measurement for research, judgement, and improvement: https://www.youtube.com/watch?v=O_GDv0_jmWs</p>
	E-learning on use of data in QI	Certificate	<p>Understanding measures in quality improvement (process, outcome, and balancing): http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasure.s.aspx</p>
	Attendance at regional or local training on QI	Certificate of attendance and portfolio reflection	<p>Understand variation: http://www.ihl.org/resources/Pages/ImprovementStories/UnderstandVariationinData.aspx</p> <p>https://www.youtube.com/watch?v=BQ1Z87Wit2g</p> <p>https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/A-guide-to-creating-and-interpreting-run-and-control-charts.pdf</p> <p>Good overview of basic statistics, types of data and how to present findings: https://www.hqip.org.uk/wp-content/uploads/2018/10/final-an-introduction-to-data-analysis-october-2018.pdf</p>

			<p>Understanding how to present data: https://learn.nes.nhs.scot/14065/quality-improvement-zone/improvement-journey/measurement/understanding-variation</p> <p>https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/nhs-digital-style-guidelines/how-we-look/charts</p> <p>Book on understanding and interpreting data. (A really useful and interesting perspective on data: what we measure, how we measure and how that effects our interpretation of the world):</p> <p><i>The Tiger that isn't. Seeing through a world of numbers. Michael Blastland and Andrew Dilnot. Profile Books. 2008.</i></p> <p>SPC charts: https://www.rcem.ac.uk/docs/QI%20Resources/Understanding_SPC_charts_(Dec_2018).pdf</p> <p>e-learning for health Research, Audit and Quality Improvement - Module 2 Perioperative Improvement Science and Management (PRISM-ed) section 5 – Measurement for QI</p>
<p>Critically appraise information from audit, inquiries, critical incidents, or complaints, and implementing appropriate changes</p>	<p>Attendance at local quality and safety or morbidity and mortality meetings.</p> <p>Evidence of</p>	<p>Certificate of attendance with reflection of learning points.</p> <p>Portfolio reflection, CBD,</p>	<p>This capability is about understanding the systems we work in and the ‘symptoms’ in the system that tell us that there is a need for improvement or innovation. Once the symptoms have been identified, we then need to understand what is causing them before we can consider the possible solutions.</p> <p>This video defines quality in healthcare: https://www.youtube.com/watch?v=5vOxunpnlSg</p> <p>Why focus on quality improvement in healthcare? https://www.youtube.com/watch?v=iq52ZjMzqyl</p>

<p>completion of a patient safety incident form</p> <p>e-learning on complaints handling, duty of candour, freedom to speak up.</p> <p>Attendance at local or regional training on patient safety or quality improvement.</p> <p>Evidence of involvement in QIP, development of patient pathway, guideline, or patient</p>	<p>Mini-CEX</p> <p>Certificate</p> <p>Certificate of attendance</p> <p>QIAT</p>	<p>Understanding symptoms in the system:</p> <p>e-learning for Health: Introduction to Complaints Handling https://portal.e-lfh.org.uk/MyElearning/Catalogue/Index</p> <p>e-learning for health 'Freedom to speak Up in Healthcare in England' module. https://portal.e-lfh.org.uk/MyElearning/Catalogue/Index</p> <p>Care quality commission https://www.cqc.org.uk/</p> <p>NHS Serious Incident Framework https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf</p> <p>NHS Patient Safety incident investigation (PSII). This links to lots of different resources. It's probably most useful to look at the duty of Candour/being open sections and the tools such as incident mapping. https://www.england.nhs.uk/patient-safety/patient-safety-investigation/</p> <p>Definition of Care Pathways https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/CPA-Effectiveness_of_care_pathways.pdf?dtrk=true</p> <p>The Care Pathway: concepts and theories: an introduction https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3602959/</p> <p>The NHS Patient Safety Strategy: https://www.england.nhs.uk/wp-</p>
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	<p>information leaflet.</p> <p>e-LfH module on 'Leading Systems'</p>	<p>Certificate</p>	<p>content/uploads/2020/08/190708 Patient Safety Strategy for website v4.pdf</p> <p>Understanding innovation in the NHS.</p> <p>IHI introduction to the difference between innovation and improvement: http://www.ihl.org/communities/blogs/layouts/15/ihl/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=375#:~:text=Both%20innovation%20and%20improvement%20are,is%20iterative%20and%20typically%20incremental.&text=Innovation%20requires%20a%20different%20mental,what%20we've%20experienced%20before.</p> <p>The NHS Accelerator gives good examples of innovative ideas in the NHS and how they are assessed: https://nhsaccelerator.com/wp-content/uploads/2020/04/NHS Innovation Accelerator DIGITAL FA 2.pdf</p> <p>Understanding problems in the system to develop solutions:</p> <p>Systems thinking: https://www.apm.org.uk/blog/using-systems-thinking-to-identify-the-right-problem/</p> <p>The Cynefin Framework: How to consider problem within their context and how to think about fixing them. https://www.youtube.com/watch?v=N7oz366X0-8</p> <p>An introduction to tools that help solve problems, including Fishbone diagrams: https://www.mindtools.com/pages/main/newMN_TMC.htm</p> <p>NHS e-Learning for Healthcare module on 'Leading Systems'. https://www.e-lfh.org.uk/programmes/emergency-medicine/</p>
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<p>Deploy quality improvement methods (e.g. plan, do, study, act or action research) and repeat quality improvement cycles to refine practice</p>	<p>Involvement in a QI project.</p> <p>E-learning on QI methodology</p>	<p>QIAT</p> <p>Reflection in portfolio</p> <p>Certificate</p>	<p>TIPSQI have a guide aimed at FY1-CT2 doctors and based on the Model for Improvement: https://tipsqi.co.uk/guide/</p> <p>Institute for Healthcare Improvement: How to improve: http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx</p> <p>NHS Improvement resources on PDSA cycles: https://improvement.nhs.uk/documents/2142/plan-do-study-act.pdf</p> <p>An introduction to Six sigma: https://www.youtube.com/watch?v=4EDYfSI-fmc</p>
<p>Involve patients and public in decision making at group or community level</p>	<p>Evidence of engaging with Friends and Family test.</p> <p>Evidence of involving patient feedback in patient information leaflet, guideline, or pathway design or other Quality Improvement</p>	<p>QIAT</p> <p>QIAT</p>	<p>This capability is about ensuring that patients are involved in decisions made about their care, whether this is individual care on the shop floor or how our systems of care are designed with patients at their heart.</p> <p>The Healthcare Quality Improvement Partnership outlines how this can be achieved: https://www.hqip.org.uk/involving-patients/#.X_5fO-i7TBU</p> <p>The Friends and Family test aims to gather real-time feedback on the Quality of NHS services: https://www.england.nhs.uk/fft/</p> <p>NHS Institute for innovation and improvement has published a handbook on the importance of patient experience: https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Patient-Experience-Guidance-and-Support.pdf</p> <p>Local patient experience services and charities can also provide useful resources.</p> <p>How patients can feed back their views to the NHS: https://www.england.nhs.uk/participation/get-involved/how/feedback/</p>

	Project.		
Engage with stakeholders, including doctors, nurses, allied health professionals and managers, to plan and implement service change	<p>Demonstrate evidence of awareness of the wider team: allied health-care professionals, managers, patients.</p> <p>Evidence awareness and use of influencing and collaboration skills</p> <p>E-learning – Leading teams module</p>	<p>QIAT</p> <p>Portfolio reflection</p> <p>Mini-CEX, CBD, Personal reflection in portfolio</p> <p>Certificate</p>	<p>This capability is about understanding that the success of quality improvement depends largely on personal relationships.</p> <p>How to increase your influence at work. https://hbr.org/2018/02/how-to-increase-your-influence-at-work</p> <p>An introduction to collaboration https://www.mindtools.com/pages/article/collaborate-successfully.htm</p> <p>10 Principles of good interdisciplinary team-work https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662612/</p> <p>The 14 Allied Health Professions https://www.england.nhs.uk/ahp/role/</p> <p>Stakeholder engagement https://www2.deloitte.com/content/dam/Deloitte/za/Documents/governance-risk-compliance/ZA_StakeholderEngagement_04042014.pdf https://www.youtube.com/watch?v=VHGTsEwbOJY</p>
Effectively evaluate the impact of quality improvement interventions	<p>Provide reflection and critical evaluation of trainee’s contribution to</p>	<p>QIAT</p> <p>Portfolio Reflection</p>	<p>Article from the BMJ Quality and Safety Journal on the benefits of evaluating small scale quality improvement projects: https://qualitysafety.bmj.com/content/12/3/210</p> <p>What, so what, now what tool for reflection: https://www.bda.uk.com/uploads/assets/071c9b28-7e02-4559-</p>

	completed project		b14130f4745006df/cpdreflecttool.pdf
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Quality Improvement Resources Years ST3-4

Key Capabilities

At completion of **Intermediate training** a trainee will:

- be able to describe their involvement and show an understanding of QI methods and reflect on a Quality Improvement Project they have been involved in.

Capability	Type of Evidence	Assessment	Resource
Use data to identify areas for improvement	Undertake a QI project with evidence of understanding of different types of measures.	QIAT	Making data count - https://improvement.nhs.uk/documents/2748/NHS_MAKING_DATA_COUNT_FINAL.pdf This is a fantastic introduction to SPC charts and how to use them in practice. Try to work through the “Nuts and Bolts” section. You might want to save the Analyst / Decision Maker sections for later.
	Present QIP at local/regional/national meeting or develop poster or paper.	Certificate of attendance	How To Guide for Measurement for Improvement - https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/How-to-Guide-for-Measurement-for-Improvement.pdf
		Reflection in portfolio	A clear, concise overview of why we measure and how to apply the Model for Improvement. Read all of this if you haven’t before.
	E-learning on use	Certificate	NHS QI Learning platform Improvement Fundamentals Course 301: An Introduction to Measurement for Improvement https://www.england.nhs.uk/sustainableimprovement/improvement-fundamentals/ This is one of the Four Fundamentals courses. A great time to do this if not already done something similar. <i>Or you might be doing the RCoA-linked e-learning for health course which has a useful section 5...</i>

	<p>of data in QI</p> <p>Attendance at regional training on QI</p> <p>Teaching session given about use of data in quality improvement</p>	<p>Certificate and reflection</p>	<p>Research, Audit and Quality Improvement - Module 2 Perioperative Improvement Science and Management (PRISM-ed) section 5 – Measurement for QI https://www.e-lfh.org.uk/programmes/research-audit-and-quality-improvement/</p> <p>...and IHI have their course QI 104: Interpreting Data: Run Charts, Control Charts, and Other Measurement Tools https://education.ihl.org/topclass/retrieveHome.do</p> <p>...and Trainees ImProving Safety through Quality Improvement (TIPSQI) have covered SPC briefly in Step 6: https://tipsqi.co.uk/guide-6/</p>
<p>Critically appraise information from audit, inquiries, critical incidents, or complaints, and implementing appropriate changes</p>	<p>Evidence that there is a genuine clinical need for the chosen QIP based on local, regional, or national drivers.</p> <p>Present at quality and safety or mortality-morbidity meetings</p>	<p>QIAT</p> <p>Certificate of attendance</p> <p>Reflection</p> <p>QIAT</p>	<p>RCEM Quality Improvement Projects https://www.rcem.ac.uk/RCEM/Quality_Policy/Quality_Improvement_Clinical_Audit/Clinical_Audits/RCEM/Quality-Policy/Quality_Improvement_Clinical_Audit/Clinical_Audits.aspx?hkey=efc76acc-cda3-4660-a58b-8427f48b827c</p> <p>ST3-4 is a good time to look at the background to the RCEM QIPs and get a sense of the longitudinal measurement of these standards on a national basis over time.</p> <p>You will benefit from finding out more about what these organisations do in relation to NHS Healthcare Quality, but probably won't spend too much time just yet getting into the detail of their work:</p> <ul style="list-style-type: none"> • Healthcare Safety Investigation Branch https://www.hsib.org.uk/ • NICE https://www.nice.org.uk/ • Getting it Right First Time (GIRFT) programme https://gettingitrightfirsttime.co.uk/ <p>The Clinical Human Factors Group includes some tools to think about how to understand problems:</p>

	<p>Help investigate a complaint or incident</p>		<p>https://chfg.org/</p> <p>The IHI has some good resources on Quality Improvement tools: http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx</p> <p>http://www.ihl.org/resources/Pages/Changes/UsingChangeConceptsforImprovement.aspx</p> <p>Driver diagrams: http://www.ihl.org/resources/Pages/Tools/Driver-Diagram.aspx</p> <p>Life QI is a QI resource that will build a driver diagram for you. A subscription is required, but some trusts can provide this for you: https://www.lifeqisystem.com/</p>
<p>Deploy quality improvement methods (e.g. plan, do, study, act or action research) and repeat quality improvement cycles to refine practice</p>	<p>QIP Demonstrates involvement with QI methods to implement iterative change</p> <p>E-learning on QI methodology</p>	<p>QIAT</p>	<p>The Health Foundation's QI Made Simple https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf Although it's 50 pages long, the writing is very big! This is a great place to start for an overview of QI if you haven't already got one.</p> <p>Healthcare QI Partnership Guide to QI Methods https://www.hqip.org.uk/wp-content/uploads/2018/02/guide-to-quality-improvement-methods.pdf SPC charts and use of data Contains a useful directory of QI methodology with a bit more depth than the Health Foundation's guide.</p> <p>Institute for Healthcare Improvement Quality Improvement Essentials toolkit http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx Here you'll find ten useful but non-interactive templates for a project plan, PDSA cycle, driver and fishbone diagrams and various charts.</p>

	Certificate in Portfolio	<p>Kings Improvement Science – basic QI guides http://www.kingsimprovementscience.org/QI-guides</p> <p>LifeQI explains the PDSA cycle in detail and links to lots of other resources https://blog.lifeqisystem.com/pdsa</p> <p>Institute for Healthcare Improvement QI 102 module How to Improve with the Model for Improvement http://app.ihl.org/lmsspa/?utm_source=ihl&utm_medium=internal&utm_campaign=qi-102-web-promo#/1431fa43-38e4-4e40-ab3b-7887d3254f72/41b3d74d-f418-4193-86a4-ac29c9565ff1</p> <p>Ready to develop things further? Want a more comprehensive taught course? Try the University of Bath on FutureLearn platform: https://www.futurelearn.com/courses/quality-improvement</p> <p>Here are some country-specific resource sites which are relevant through all years:</p> <p>England</p> <p>Academic Health Science Networks are a fantastic resource for everything QI. Is your project lead engaged with their regional network? :</p> <p>AHSN North East & North Cumbria – Improvement toolkit http://www.ahsn-nenc.org.uk/wp-content/uploads/2019/08/Improvement-Toolkit.pdf</p> <p>Wessex AHSN Quality Improvement hub https://wessexahsn.org.uk/projects/127/quality-improvement-hub-qihub</p> <p>England NHS England Improvement Fundamentals https://www.england.nhs.uk/sustainableimprovement/improvement-fundamentals/</p>
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			<p>Scotland</p> <p>Quality Improvement Zone https://learn.nes.nhs.scot/741/quality-improvement-zone</p> <p>Need TURAS account to access some content e.g. e-learning</p> <p>Healthcare Improvement Scotland - http://www.healthcareimprovementscotland.org/improvement.aspx</p> <p>Ireland</p> <p>Royal College of Physicians Ireland – Quality Improvement https://www.rcpi.ie/quality-improvement-programmes/</p> <p>Improvement Guide - https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2019/09/RCPI-Improvers-Guide-Final.pdf</p> <p>Wales</p> <p>1000 lives The Quality Improvement Guide http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Quality%20Improvement%20Guide%20-%203rd%20edition%20%28IQT%29%20WEB.pdf</p> <p>Quality Improvement Skills training - Improvement academy https://iqt.wales.nhs.uk/</p>
Involve patients and public in decision making at group or	Evidence of patient or carer involvement in	QIAT	Talk to your clinical lead, clinical matron and departmental manager about how they get feedback from patients and the public. Can they share the regular feedback surveys with you? How are these shared across the department and what links do they have to QI work?

community level	QIP, either as a driver for the QIP or in co-design or patient feedback.		<p>Care Opinion (https://www.careopinion.org.uk/)</p> <p>Healthcare Transformers is a useful resource to help consider the needs of patients rather than the needs of the service as a priority: https://healthcaretransformers.com/patient-experience/</p> <p>Southwest AHSN has set up Quality Improvement Partner Panels (QuIPPs) which train lay-person panels in improvement methodology and facilitate project teams to present to them, gaining feedback from a patient / public perspective. https://www.swahsn.com/quipps/</p> <p>Kings Improvement Science – Advice about Patient and Public Involvement http://www.kingsimprovementscience.org/kis-PPI-advice</p> <p>HQIP https://www.hqip.org.uk/involving-patients/</p> <p>https://www.hqip.org.uk/resource/developing-a-patient-and-public-involvement-panel-for-quality-improvement/</p> <p>England – Urgent and Emergency Care patient survey https://www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey-2018</p> <p>Wales – A&E Patient Experience review 2018 http://www.wales.nhs.uk/sitesplus/documents/899/Final%20SUMMARY%20REPORT%20-%20A%26E%20%20patient%20experience%20review%20June%202018%20ENGLISH.pdf</p> <p>Ireland – National Inpatient Experience survey (includes ED) https://www.hse.ie/eng/services/publications/national-inpatient-experience-survey-2019.pdf</p>
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Engage with stakeholders, including patients, doctors, nurses, allied health professionals and managers, to plan and implement service change	Undertaking a QIP incorporating a multi-professional team. Attend a public Trust Board meeting, reflecting on engagement and decision-making.	QIAT Portfolio reflection	Talk to your Clinical Lead and Departmental Manager about what meetings are held and how these enable wider stakeholders to engage with emergency department issues. NHSI Stakeholder involvement an overview https://improvement.nhs.uk/documents/2170/stakeholder-involvement-- overview.pdf NHSI Stakeholder analysis https://improvement.nhs.uk/documents/2169/stakeholder-analysis.pdf See EM Leadership Framework with QI resources, especially: NICE - How to change practice https://www.nice.org.uk/media/default/about/what-we-do/into-practice/support-for-service-improvement-and-audit/how-to-change-practice-barriers-to-change.pdf NHSI Communications matrix https://improvement.nhs.uk/documents/2097/communications-matrix.pdf NHSI Leading Improvement https://improvement.nhs.uk/documents/2124/leading-improvement-overview.pdf Kings Improvement Science – Communication: A Practical Resource http://www.kingsimprovementscience.org/communication-practical-resource
Effectively evaluate the impact of quality improvement interventions	Provide reflection and critical evaluation for a QIP cycle.	QIAT Portfolio reflection	LifeQI’s blog discusses “Adopt, Adapt or Abandon - how do I choose?” and “Measuring the success of your PDSA cycle”: https://blog.lifeqisystem.com/pdsa You’ll need to think about evaluation when you are planning the Measurement of your changes (See Using Data above). Evaluation – What to consider – The Health Foundation -

		<p>https://www.health.org.uk/publications/evaluation-what-to-consider</p> <p>This booklet sets the stage for Evaluation in a wide sense. You'll want to skim it now and come back to it when you run your own QIPs.</p> <p>And here is a King's Fund resource with links to everything you'll ever want to know on Evaluation (way too much for ST3-4 but a useful reference if you ever have a question about Evaluation):</p> <p>http://www.kingsimprovementscience.org/KIS-evaluation-guide</p>
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Quality Improvement Resources Years ST5-6

Key Capabilities

At completion of **Higher training** a trainee will:

- be able to provide clinical leadership on effective Quality Improvement work
- be able to support and develop a culture of departmental safety and good clinical governance

Capability	Type of Evidence	Assessment	Resource
Use data to identify areas for improvement	<p>Lead on a QIP</p> <p>E-learning on use of data in QI</p> <p>Attendance at regional training on QI</p> <p>Teaching session given about use of data in quality improvement</p>	<p>Included in QI project completed and approved by QI panel</p> <p>Certificate</p> <p>Certificate and reflection</p> <p>Assessed teaching session</p>	<p>Making data count - https://improvement.nhs.uk/documents/2748/NHS_MAKING_DATA_COUNT_FINAL.pdf</p> <p>Seven steps to measurement for improvement https://improvement.nhs.uk/documents/2164/seven-steps-measurement-improvement.pdf</p> <p>Trainees may want to consider the use of qualitative data resources in contrast to quantitative data resources:</p> <p>These papers provide a useful overview of how qualitative methods can be used in QI:</p> <p>https://qualitysafety.bmj.com/content/qhc/11/2/148.full.pdf</p> <p>https://www.bmj.com/content/364/bmj.l189</p> <p>e-learning for health Research, Audit and Quality Improvement - Module 2 Perioperative Improvement Science and Management (PRISM-ed) section 5 – Measurement for QI</p>

<p>Critically appraise information from audit, inquiries, critical incidents, or complaints, and implementing appropriate changes</p>	<p>Lead on a QIP</p> <p>Lead/Chair a quality and safety meeting or a morbidity and mortality meeting</p> <p>E-learning on QI tools in portfolio</p> <p>Investigate complaint or incident</p>	<p>QIAT</p> <p>Meeting minutes</p> <p>Certificate</p> <p>Portfolio reflection</p> <p>Management assessment</p>	<p>Trainees should begin to develop an understanding of root cause analysis. Whilst this has traditionally looked at patient safety events, the principles can often be applied to understanding quality problems.</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5031337/</p> <p>https://qualitysafety.bmj.com/content/qhc/early/2016/06/23/bmjqs-2016-005511.full.pdf</p> <p>Healthcare Quality Improvement Partnership https://www.hqip.org.uk/</p> <p>RCEM Quality Improvement Projects https://www.rcem.ac.uk/RCEM/Quality_Policy/Quality_Improvement_Clinical_Audit/Clinical_Audits/RCEM/Quality-Policy/Quality_Improvement_Clinical_Audit/Clinical_Audits.aspx?hkey=efc76acc-cda3-4660-a58b-8427f48b827c</p> <p>Healthcare Safety Investigation Branch https://www.hsib.org.uk/</p> <p>NICE https://www.nice.org.uk/</p> <p>Getting it Right First Time (GIRFT) programme https://gettingitrightfirsttime.co.uk/</p> <p>England - Academic Health Science Networks:</p> <p>AHSN North East & North Cumbria – Improvement toolkit https://www.ahsn-nenc.org.uk/what-we-do/transforming-patient-safety-and-quality-improvement/q-initiative/improvement-toolkit/</p> <p>Wessex AHSN Quality Improvement hub https://wessexahsn.org.uk/projects/127/quality-improvement-hub-qihub</p> <p>Trainees Improving safety through Quality Improvement https://tipsqi.co.uk/</p>
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		<p>England NHS England Improvement Fundamentals https://www.england.nhs.uk/sustainableimprovement/improvement-fundamentals/</p> <p>Scotland - Quality Improvement Zone https://learn.nes.nhs.scot/741/quality-improvement-zone Need TURAS account to access some content e.g. e-learning</p> <p>Healthcare Improvement Scotland - http://www.healthcareimprovementscotland.org/improvement.aspx</p> <p>Royal College of Physicians Ireland – Quality Improvement https://www.rcpi.ie/quality-improvement-programmes/</p> <p>Ireland - Improvement Guide - https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2019/09/RCPI-Improvers-Guide-Final.pdf</p> <p>Wales – 1000 lives The Quality Improvement Guide http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Quality%20Improvement%20Guide%20-%203rd%20edition%20%28IQT%29%20WEB.pdf</p> <p>Wales – Quality Improvement Skills training http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Quality%20Improvement%20Guide%20-%203rd%20edition%20%28IQT%29%20WEB.pdf</p> <p>Wales – Improvement academy https://iqt.wales.nhs.uk/</p> <p>Institute for Health Care Improvement QI 102 module How to Improve with the Model for Improvement http://app.ihc.org/lmsspa/?utm_source=ihc&utm_medium=internal&utm_campaign=qi-102-web-promo#/1431fa43-38e4-4e40-ab3b-7887d3254f72/41b3d74d-f418-4193-86a4-ac29c9565ff1</p>
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			<p>Institute for Healthcare Improvement http://www.ihl.org/</p> <p>HQIP e-learning package on transforming clinical audit data into improvements - https://www.hqip.org.uk/resource/transforming-clinical-audit-data-into-quality-improvements/#.X_5fm-j7TBU</p>
<p>Deploy quality improvement methods (e.g. plan, do, study, act or action research) and repeat quality improvement cycles to refine practice</p>	<p>Demonstrate ability to use QI methods to implement iterative change</p> <p>E-learning on QI methodology</p>	<p>QIAT</p>	<p>8 Healthcare Quality Improvement Tips: This is a nice summary of how to plan and execute your project: https://www.hsph.harvard.edu/ecpe/8-healthcare-quality-improvement-tips/</p> <p>Institute for Healthcare Improvement Quality Improvement Essentials toolkit http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx</p> <p>Institute for Health Care Improvement QI 102 module How to Improve with the Model for Improvement http://app.ihl.org/lmsspa/?utm_source=ihl&utm_medium=internal&utm_campaign=qi-102-web-promo#/1431fa43-38e4-4e40-ab3b-7887d3254f72/41b3d74d-f418-4193-86a4-ac29c9565ff1</p> <p>If trainees are taking an innovative approach to their QIP they may want to consider using tools such as usability testing and how to write clinical guidelines and pathways.</p> <p>An overview to usability testing can be found on Wikipedia: https://en.wikipedia.org/wiki/Usability_testing</p> <p>This is how NICE writes guidelines: https://www.nice.org.uk/process/pmg6/chapter/writing-the-clinical-guideline-and-the-role-of-the-nice-editors</p> <p>You could become familiar with your own trust’s policy for guidelines and standard operating procedures. Your clinical governance lead could explain the local process for development and approval of new guidelines and pathways.</p>

Involve patients and public in decision making at group or community level	Evidence of patient involvement or engagement in the trainee's QIP.	QIAT Reflection in portfolio	<p>The Point of Care Foundation have a resource to guide clinicians through the process of 'experience-based co-design': https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/step-by-step-guide/1-experience-based-co-design/</p> <p>The King's Fund also has a useful resource on this: https://www.kingsfund.org.uk/projects/ebcd</p> <p>HQIP - https://www.hqip.org.uk/involving-patients/#.X_5fO-i7TBU</p> <p>https://www.hqip.org.uk/resource/developing-a-patient-and-public-involvement-panel-for-quality-improvement/#.X_5gkej7TBU</p> <p>England – Urgent and Emergency Care patient survey https://www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey-2018</p> <p>Wales – A&E Patient Experience review 2018 http://www.wales.nhs.uk/sitesplus/documents/899/Final%20SUMMARY%20REPORT%20-%20A%26E%20%20patient%20experience%20review%20June%202018%20ENGLISH.pdf</p> <p>Ireland – National Inpatient Experience survey (includes ED) https://www.hse.ie/eng/services/publications/national-inpatient-experience-survey-2019.pdf</p>
Engage with stakeholders, including patients, doctors, nurses, allied health professionals	Evidence of multi-professional and multi-specialty engagement in QIP.	QIAT Portfolio Reflection	<p>Mindtools is a brilliant site with lots of resources around leadership, team management, communication and project management. Highly recommended: https://www.mindtools.com/</p> <p>Stakeholder involvement an overview - https://improvement.nhs.uk/documents/2170/stakeholder-involvement--overview.pdf</p>

and managers, to plan and implement service change			<p>Stakeholder analysis https://improvement.nhs.uk/documents/2169/stakeholder-analysis.pdf</p> <p>Leading Improvement - https://improvement.nhs.uk/documents/2124/leading-improvement-overview.pdf</p> <p>See EM leadership framework with QI resources</p> <p>Communications matrix https://improvement.nhs.uk/documents/2097/communications-matrix.pdf</p> <p>E-learning for health – RCEM module on Leading teams (log in required)</p>
Effectively evaluate the impact of quality improvement interventions	Provide reflection and critical evaluation of completed project	QIAT Portfolio reflection	<p>The NHS Institute for Innovation and Improvement provides a comprehensive guide to evaluating a project: https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/ILG-1.5-Evaluating-Improvement.pdf</p> <p>Evaluation – What to consider – The Health Foundation - https://www.health.org.uk/publications/evaluation-what-to-consider</p> <p>Context for Quality Improvement - https://www.health.org.uk/publications/context-for-successful-quality-improvement</p>

Programme of assessment

Background

Quality Improvement is one of 12 Specialty Learning Outcomes in RCEM curriculum 2021, and is included as a Learning Outcome in ACCS. This means that QI is within the Programme of Learning at all stages of training, and the requirements of the curriculum reflect growing expertise and responsibility in this subject over time.

RCEM 2021 curriculum's Programme of Assessment is changed from 2015, in that the QIP element of FRCER, a submitted essay for national marking, has been removed. It has been replaced by the need to assess trainees in each year of training in QI. The key motivations for moving to a portfolio-based approach have been:

1. The GMC mandates QI is present in all curricular and that capabilities are transferrable. This means that QI must be assessed in each stage of training. QI cannot, therefore, be isolated to HST as a single assessment. It was deemed inadvisable to ask EM trainees to be assessed in QI as other specialty trainees are, and also expect the QIP exam to be completed.
2. There is evidence of educational advantage of 'interleaving' and 'spacing' content. Such approaches are supported by 'spiralling' QI through training.
3. A breadth of experience can be recorded and reflected upon. This will support the trainee in considering their own strengths and weaknesses in relation to QI activity they have experienced in a number of settings.
4. Trainees can include any QI activity they have found valuable, both inside and outside the ED

What is expected at each stage of training?

The Specialty Learning Outcomes all have Key Capabilities that frame what is required at each stage. These are shown below at each stage of training, alongside some indicators of performance.

SLO: Patient Safety & Quality Improvement

Key capability

1. ...able to contribute effectively to a departmental quality improvement project

Below expectations	<ul style="list-style-type: none">• Minimal evidence of activity in quality improvement activity.
Satisfactory /Good	<ul style="list-style-type: none">• Evidence of engagement in quality improvement processes within the NHS Trust.• For each year of training, evidence of involvement in an audit or other process related to quality improvement (service evaluation, audit, re-audit, quality improvement, guideline development, etc.).• Presentation at local QI meeting.
Excellent	<ul style="list-style-type: none">• Presentation of the findings and actions from more than one project or in more than one setting.• Demonstrates translation of findings and learning from one audit into another area of practice or another hospital.

Intermediate training

SLO11: Participate in and promote activity to improve the quality and safety of patient care

Key capability

1. ...able to describe their involvement and show an understanding of QI methods and reflect on a Quality Improvement Project they have been involved in

Below expectations	<ul style="list-style-type: none">• Minimal evidence of quality improvement work.• Little perseverance or insight into challenges to change management
Satisfactory /Good	<ul style="list-style-type: none">• Evidence of a QI project that the trainee has participated in.• Evidence that the team has been multi-disciplinary and there is satisfactory account of the QI methods and reflection on the conduct of the project.
Excellent	<ul style="list-style-type: none">• High quality QI project leading to significant improvement in clinical care• Presentation of QI project at regional or national meeting• Evidence of innovation/ QI team leadership/ perseverance in making change

Higher Training

SLO11: Participate in and promote activity to improve the quality and safety of patient care

Key capabilities

1. ...able to provide clinical leadership on effective Quality Improvement work
2. ...able to support and develop a culture of departmental safety and good clinical governance

Below expectations	<ul style="list-style-type: none">• Minimal evidence of quality improvement work.• Little perseverance or insight into challenges to change management
Satisfactory /Good	<ul style="list-style-type: none">• Evidence of a QI project that the trainee has led on.• Evidence that the team has been multi-disciplinary and there is satisfactory account of the QI methods and reflection on the conduct of the project.• Evidence of sharing of the results in a meeting with feedback on the effectiveness of communication
Excellent	<ul style="list-style-type: none">• High quality QI project leading to significant improvement in clinical care• Presentation of QI project at regional or national meeting• Evidence of innovation/ QI team leadership/ perseverance in making change

How will QI be assessed at each stage of training?

EM Quality Improvement Assessment Tool (EM QIAT)

RCEM has introduced an assessment tool for QI to support the development of trainees following the 2021 curriculum. It has been developed by a team of QI specialists within RCEM, following review of the relevant QI literature and the output of key sources (reference AOMRC, RCP QIPAT).

The EM QIAT is to be completed by trainees in each year of training. The form will be uploaded by the trainee in time for review by their educational supervisor in preparation for ARCP. The QI work it describes will be completed throughout the training year.

The EM QIAT is adapted to each stage of training and reflects the required elements that will enable the ARCP panel to be assured that a trainee is developing in this domain.

- ACCS- The EM-QIAT records participation in QI activity and includes the requirement for a demonstration of an understanding of key principles within QI, personal reflection and appreciation of the team-based nature of QI work
- Intermediate- The EM-QIAT at this level records a project and requires additional data analysis and an evaluation of change.
- Higher Training- The EM-QIAT records a project on which the trainee has provided leadership, with completion of the project by the end of training. Review of the QIAT will be accompanied by review of supporting material generated by the project that may include copies of reports, data and feedback from presentations. Departmental QI leads will support the review of projects. There will have been on-going review of QI work throughout training to ensure trainees are prepared for the final review. Oversight and sign off of EM-QIAT will happen prior to ARCP and should be completed by the local training faculty including the ES, with school support in the first year.

The EM-QIAT forms for each stage of training are shown below in Appendix 5.

Who fills in the QIAT and how is it reviewed?

Filling in the EM-QIAT

RCEM curriculum 2021 is trainee led by design. That means that, having become familiar with the material in the particular aspect of training in question, Trainees are responsible for evidencing the requirements as they progress. In QI, that means completing the EM-QIAT prior to review at the end of the academic year. The QI work completed will be entered into the EM-QIAT form relevant for the stage of training on the ePortfolio. This **must** be done prior to meeting with the Educational Supervisor wherein the Structured Training Report is completed.

Review of the EM-QIAT

The Educational Supervisor gives a rating following review of the EM-QIAT. This is reviewed along with all other SLOs at ARCP.

As the trainee nears completion of training, review of HST work by the Educational Supervisor can be supported by appropriately trained departmental QI leads, and a review of all QI work by the faculty, led by the QI lead may be appropriate.

Transitional arrangement

Trainees who are eligible to achieve CCT through completion of the 2015 RCEM Curriculum but have not passed the QI element of the FRCER Examination suite by August 2021 will be expected to complete the EM-QIAT for HST with supporting material. These will be reviewed regionally by a panel of QI leads/examiners to ensure an appropriate standard is maintained from one format to the next.

This arrangement will be for no longer than the first 12 months of transition.

This panel will make a recommendation to the ARCP panel about whether the trainee has met the standard to complete training in this Specialty Learning Outcome. The final decision is made by the ARCP panel. This decision is anchored to the Key Capabilities in Higher training:

- 1. able to provide clinical leadership on effective Quality Improvement work***
- 2. ...able to support and develop a culture of departmental safety and good clinical governance***

Examples of satisfactorily completed forms will be available and guidance and specific advice for supplementary material that should accompany the

EM-QIAT for panel review are also available on the RCEM QI web pages. This is being completed.

What happens if a trainee in ST6 is not considered to have met the standard?

The QI project presented for final review will be the culmination of 6 years of work in QI and will have been the subject of review in the previous year.

Trainees are encouraged to present their work in the ED and at regional meetings during training. Feedback from such meetings will inform the project and strengthen its robustness and impact. The educational supervisor and regional QI panel must review the work in advance of the ARCP. If ARCP panel are of the opinion that the standard is not met, then feedback about effective remediation will be made. The trainee will have the opportunity to present their revised EM-QIAT at a follow up ARCP meeting.

RCEM QIAT(2021)

Primary Quality Improvement Assessment Tool ST1-2

Trainee Name	Click here to enter text.
Trainee GMC	Click here to enter text.
Trainee Post	ST 1 / 2 (circle)
Date of Completion	Click here to enter a date.

Part A – For *trainee* to complete – Please use this tool to describe the Quality Improvement activity you have undertaken this year. This may include any activity or projects you have assisted with, or undertaken yourself. At ST6 you will be expected to attach a full report of the project you have undertaken for CCT.

1 - The project

1.1 – Analysis of problem

Please write a focused description of the problem that the QI/Patient safety project was designed to tackle, with why you think it was a problem in your department. What evidence do you have to back up your opinion? How might this improve care for patients?

Free text

1.2 – Use of QI methods

Please describe any QI methodology chosen and why this might help a project improve patient-care/a problem, and sustain any change. Please include any QI tools used and how they helped to complete the project. Include your role in completing these.

Free text

1.3 – What was the aim of the project?

Please describe.

Free text

1.4 – Measurement of outcomes

What measures were used and why? What did they show? How did they help to define/improve the problem?

Please document problems and/or unexpected data. Describe why continuous data is preferential to 'before and after' data.

Free text

1.5 – Evaluation of change

What changes were made during the project and what was your role in them. Please evaluate the changes and how they improved the problem, including analysis of any data.

Free text

2 - Working with others

2.1 – Team working

Please describe the team involved. How did the team work together, and what was your role in the team? How was your contribution encouraged? How was any conflict managed? How does a functioning team affect patients and staff? What 'team science' do you know?

Free text

2.2 – Stakeholder engagement

Were any stakeholders involved and how were they prioritised? How did they affect the changes in the project. What was your role in this. What is the difference between a team member and a stakeholder?

Free text

2.3 – Patient and carer involvement (if possible)

Please describe how this project might improve the quality of care for patients or carers. Describe the 6 aspects of Quality (IOM). Did the project actively seek to engage and involve the patient/carer voice in the change? If not how could it in the future?

Free text

3 – Reflection on leadership and learning

3.1 – Self awareness

Personal qualities - Please reflect on your own personal qualities and how these affected the project. Self-awareness and values; Seeking feedback; Workload under pressure; Managing conflict; Well-being.

Free text

3.2 – Learning

Longitudinal learning in Quality Improvement (from previous year) - Please outline what this year has contributed to your development and knowledge of QI

Free text

3.3 – Personal Development

Longitudinal learning in Quality Improvement (future years) – Please describe your plans for next year in QI. What do you hope to learn/achieve? How do you hope to contribute to improving patient care?

Free text

Part B – For *trainer* to complete – Please use this tool to assess the Quality Improvement activity your trainee has undertaken this year.

1 – Feedback – What has been done particularly well?

Free text

2 – Learning points – What could have been done differently?

Free text

2 – Recommendation for further learning or development

Free text

4 – Overall

Please indicate the level of the trainee's performance in this QIAT

Please select

- Below expectations
- Satisfactory/ Good
- Excellent

Signoff and actions

Please ensure this form is **signed off** by both the Assessor and Trainee via the "Link" button next to the form once saved.

Assessor Name	Assessor Designation / Job Title	Date
		Click here to enter a date.
Assessor GMC Number	Assessor email address	

RCEM QIAT(2021)

Intermediate Quality Improvement Assessment Tool ST3-4

Trainee Name	Click here to enter text.
Trainee GMC	Click here to enter text.
Trainee Post	ST 3 / 4 (circle)
Date of Completion	Click here to enter a date.

Part A – For trainee to complete – Please use this tool to describe the Quality Improvement activity you have undertaken this year. This may include any activity or projects you have assisted with, or undertaken yourself. At ST6 you will be expected to attach a full report of the project you have undertaken for CCT.

1 - The project

1.2 – Analysis of problem

Please write a focused description of the problem that the QIP was designed to tackle, with analysis of why it was a problem in your department.

Free text

1.2 – Use of QI methods

Please describe the QI methodology chosen and why, including any analysis or engagement tools used and how they helped to complete the project. Include your role in completing these.

Free text

1.3 – What was the aim of the project?

Please describe.

Free text

1.4 – Measurement of outcomes

What measures were used and why? What did they show? How did they help to improve the problem?

Please document progress, problems and unexpected data and include key results eg run charts/SPC (Please save to the QI section of your documents on the ePortfolio)

Free text

1.5 – Evaluation of change

What changes were made during the project and what was your role in them. Describe any PDSA cycles. Please evaluate the changes, including analysis of data and what was learnt.

Free text

2 - Working with others

2.1 – Team working

Please describe the team involved. How did the team work together, and what was your role in the team? How was your contribution encouraged? How was any conflict managed? Consider how team behaviour science might apply to your team.

Free text

2.2 – Stakeholder engagement

Were any stakeholders involved and how were they prioritised? How did they affect the changes in the project. What was your role in this.

Free text

2.3 – Patient and carer involvement (if possible)

Please describe how this project has improved the quality of care for patients or carers. Did the project actively seek to engage and involve the patient/carer voice in the change?

Free text

3 – Reflection on leadership and learning

3.1 – Self awareness

Personal qualities - Please reflect on your own personal qualities and how these affected the project. Self-awareness and values; Seeking feedback; Workload under pressure; Managing conflict; Well-being.

Free text

3.2 – Learning

Longitudinal learning in Quality Improvement (from previous year) - Please outline what this year has contributed to your development and knowledge of QI

Free text

3.3 – Personal Development

Longitudinal learning in Quality Improvement (future years) – Please describe your plans for next year in QI. What do you hope to learn/achieve? How do you hope to contribute to improving patient care?

Free text

Part B – For *trainer* to complete – Please use this tool to assess the Quality Improvement activity your trainee has undertaken this year.

1 – Feedback – What has been done particularly well?
Free text
2 – Learning points – What could have been done differently?
Free text
2 – Recommendation for further learning or development
Free text
4 – Overall
Please indicate the level of the trainee's performance in this QIAT
Please select <ul style="list-style-type: none"> - Below expectations - Satisfactory/ Good - Excellent

Signoff and actions

Please ensure this form is **signed off** by both the Assessor and Trainee via the "**Link**" button next to the form once saved.

Assessor Name	Assessor Designation / Job Title	Date
		Click here to enter a date.
Assessor GMC Number	Assessor email address	

RCEM QIAT(2021)
Higher Quality Improvement Assessment Tool ST5-6
Transition Year only

<u>Trainee Name</u>	<u>Click here to enter text.</u>
<u>Trainee GMC</u>	<u>Click here to enter text.</u>
<u>Trainee Post</u>	<u>ST 5 / 6 (circle)</u>
<u>Date of Completion</u>	<u>Click here to enter a date.</u>

Part A – For trainee to complete

Please use this tool to describe the Quality Improvement activity you have undertaken this year. At ST6 you will be expected to attach a full report of the project you have undertaken for CCT.

1 - The project

1.3 – Analysis of problem

Please write a description of the problem that you found and why you chose this Quality Improvement Project. Please include your analysis of why it was a problem in your department.

Free text

1.2 – Use of QI methods

Please describe the QI methodology you chose and why, including any analysis or engagement tools you used and how they helped to complete the project.

Free text

1.3 – What was the aim of the project

Please describe the aim of your project.

Free text

1.4 – Measurement of outcomes

What measures did you choose and why? What did they show? How did they help to improve the problem?

Please document your progress, any problems and/or unexpected data and include key results eg run charts/SPC (please save in the QI section of your documents on the ePortfolio)

Free text

1.5 – Evaluation of change

What changes did you decide to make during the project and how did you implement them. Describe your PDSA cycles. Please evaluate the changes, including analysis of data and what was learnt. (For projects that are incomplete at ST5, please describe your planned changes).

Free text

2 - Working with others

2.1 – Team working

Please describe your team. How did you choose them? How did the team work together? How did you encourage others contributions? How did you manage any conflict? Consider how team behaviour science might apply to your team.

Free text

2.2 – Stakeholder engagement

Please describe your stakeholders. How did you prioritise them? How did they affect the changes in the project? How did you manage any conflict or problems?

Free text

2.3 – Patient and carer involvement (if possible)

Please describe how this project has improved the quality of care for patients or carers. How did you engage and/or involve the patient/carer voice in the change?

Free text

3 – Reflection on leadership and learning

3.1 – Self awareness

Personal qualities -

“What is it about you that enabled this project to improve patient care, or why did you struggle?”

Please reflect on your own personal qualities and how these affected the project. Self-awareness, values and beliefs; Your personality and how this might drive your behaviour; Seeking feedback; Your strength and weaknesses; Working under pressure; Managing conflict; Your well-being.

Free text

3.2 – Learning

Longitudinal learning in Quality Improvement (from previous year) - Please outline what this year has contributed to your development and knowledge of QI

Free text

3.3 – Personal Development

Longitudinal learning in Quality Improvement (future years) – Please describe your plans for the next stage of your career in QI. What do you hope to learn/achieve? How do you hope to contribute to improving patient care?

Free text

Part B – For trainer to complete

Please use this tool to assess the Quality Improvement activity your trainee has undertaken this year.

1 – Feedback – What has been done particularly well?

Free text

2 – Learning points – What could have been done differently?

Free text

2 – Recommendation for further learning or development

Free text

4 – Overall

Please indicate the level of the trainee's performance in this QIAT

Please select

- Below expectations
- Satisfactory/ Good
- Excellent

Signoff and actions

Please ensure this form is **signed off** by both the Assessor and Trainee via the **"Link"** button next to the form once saved.

<u>Assessor Name</u>	<u>Assessor Designation / Job Title</u>	<u>Date</u>
		<u>Click here to enter a date.</u>
<u>Assessor GMC Number</u>	<u>Assessor email address</u>	

Part C – interim arrangement (Aug 2021-Aug 2022 only) For regional QI Panel to complete

Please use this tool and supporting information presented to assess the Quality Improvement activity the trainee has undertaken this year.

Regional QIP panel should comprise of a minimum of 2 Consultants and utilise RCEM supplementary material to aid with benchmarking decision making . This Panel should include the Educational supervisor who has signed off in panel B and another who has FRCER QIP examiner experience or is/ has been an RCEM clinical leaders QIP lead. Other members such as Training Programme Director/ Head of School may be included. *Please refer to SLO 11 guidance under transitional arrangements.*

Panel final Signoff and actions

1 – Overall

Please indicate the level of the trainee's performance in this QIAT

Please select

- Below expectations
- Satisfactory/ Good
- Excellent

2 – Additional Feedback – What has been done particularly well?

Free text

3 – Learning points – What could have been done differently?

Free text

4 – Recommendation for further learning or development

Free text

Please ensure this form is signed off by both the Assessor and Trainee via the "Link" button next to the form once saved.

<u>Panel Assessor Name</u>	<u>Assessor Designation / Job Title</u>	<u>Date</u>
		<u>Click here to enter a date.</u>
<u>Assessor GMC Number</u>	<u>Assessor email address</u>	

<u>Panel Assessor Name</u>	<u>Assessor Designation / Job Title</u>	<u>Date</u>
		<u>Click here to enter a date.</u>
<u>Assessor GMC Number</u>	<u>Assessor email address</u>	

RCEM QIAT(2021)
Higher Quality Improvement Assessment Tool
ST5-6 Aug 2022 onwards

<u>Trainee Name</u>	<u>Click here to enter text.</u>
<u>Trainee GMC</u>	<u>Click here to enter text.</u>
<u>Trainee Post</u>	<u>ST 5 / 6 (circle)</u>
<u>Date of Completion</u>	<u>Click here to enter a date.</u>

Part A – For trainee to complete

Please use this tool to describe the Quality Improvement activity you have undertaken this year. At ST6 you will be expected to attach a full report of the project you have undertaken for CCT.

1 - The project

1.4– Analysis of problem

Please write a description of the problem that you found and why you chose this Quality Improvement Project. Please include your analysis of why it was a problem in your department.

Free text

1.2 – Use of QI methods

Please describe the QI methodology you chose and why, including any analysis or engagement tools you used and how they helped to complete the project.

Free text

1.3 – What was the aim of the project

Please describe the aim of your project.

Free text

1.4 – Measurement of outcomes

What measures did you choose and why? What did they show? How did they help to improve the problem?

Please document your progress, any problems and/or unexpected data and include key results eg run charts/SPC (please save in the QI section of your documents on the ePortfolio)

Free text

1.5 – Evaluation of change

What changes did you decide to make during the project and how did you implement them. Describe your PDSA cycles. Please evaluate the changes, including analysis of data and what was learnt. (For projects that are incomplete at ST5, please describe your planned changes).

Free text

2 - Working with others

2.1 – Team working

Please describe your team. How did you choose them? How did the team work together? How did you encourage others contributions? How did you manage any conflict? Consider how team behaviour science might apply to your team.

Free text

2.2 – Stakeholder engagement

Please describe your stakeholders. How did you prioritise them? How did they affect the changes in the project? How did you manage any conflict or problems?

Free text

2.3 – Patient and carer involvement (if possible)

Please describe how this project has improved the quality of care for patients or carers. How did you engage and/or involve the patient/carers voice in the change?

Free text

3 – Reflection on leadership and learning

3.1 – Self awareness

Personal qualities -

“What is it about you that enabled this project to improve patient care, or why did you struggle?”

Please reflect on your own personal qualities and how these affected the project. Self-awareness, values and beliefs; Your personality and how this might drive your behaviour; Seeking feedback; Your strength and weaknesses; Working under pressure; Managing conflict; Your well-being.

Free text

3.2 – Learning

Longitudinal learning in Quality Improvement (from previous year) - Please outline what this year has contributed to your development and knowledge of QI

Free text

3.3 – Personal Development

Longitudinal learning in Quality Improvement (future years) – Please describe your plans for the next stage of your career in QI. What do you hope to learn/achieve? How do you hope to contribute to improving patient care?

Free text

Part B – For trainer to complete

Please use this tool to assess the Quality Improvement activity your trainee has undertaken this year.

1 – Feedback – What has been done particularly well?

Free text

2 – Learning points – What could have been done differently?

Free text

2 – Recommendation for further learning or development

Free text

4 – Overall

Please indicate the level of the trainee's performance in this QIAT

Please select

- Below expectations
- Satisfactory/ Good
- Excellent

Signoff and actions

Please ensure this form is **signed off** by both the Assessor and Trainee via the "**Link**" button next to the form once saved.

<u>Assessor Name</u>	<u>Assessor Designation / Job Title</u>	<u>Date</u>
		<u>Click here to enter a date.</u>
<u>Assessor GMC Number</u>	<u>Assessor email address</u>	

SLO 12: Manage, Administer and Lead

Contents:

- Summary
- Programme of Learning
- Programme of Assessment

Summary

A key element of being a specialist in medical practice is the ability to manage, administer and lead both within the emergency department and in partnership with other specialties and organisations. It is a GMC requirement that all those training to UK Royal College curricula develop such skills. This will include the core requirements of managing a complaint and a critical incident.

Programme of Learning

All activity and resources relating to the ability to lead, manage and administer is relevant. For material that is specific to the EM environment EM Leaders is a key resource for providing material to access for trainees and trainers in developing skills in management. EM Leaders modules can be found at eLearning for Health and the framework is hosted at the RCEM website [EMLeaders page](#).

Programme of Assessment

Background

The Assessment Schedule for the RCEM curriculum has been developed to best meet its aims and objectives. The GMC require all curricula to include the ability to lead, manage and administer during training, it being one of their nine Generic Professional Capabilities. The development and application of management skills starts in intermediate training and develops throughout higher training.

The ability to lead, manage and administer is within the Programme of Learning during intermediate and higher training, and the requirements of the curriculum reflect growing expertise and responsibility in this subject over time.

What is expected at each stage of training?

The following tables summarise activity that is expected and how excellence might be pursued.

Intermediate Training

SLO12: Manage, administer and lead

Key capability

1. ...have experience of handling a complaint or preparing a report, and be aware of the relevant medico-legal directives

Below expectations	<ul style="list-style-type: none">• Inadequate or unsatisfactory interaction with the management portfolio• No or little evidence of constructive use of EDT time
Satisfactory /Good	<ul style="list-style-type: none">• Satisfactory interaction with the management portfolio. At least one element in each year of training completed to standard and four complete by the end of training.
Excellent	<ul style="list-style-type: none">• Handling of complex episodes, e.g. serious incidents, complaints with maturity.• Evidence of effective proactivity in self-development as a leader.

SLO12: Manage, administer and lead

Key capabilities

1. ...able to manage a complaint, preparing a report, and be aware of the relevant medico-legal directives (elements not completed in intermediate)
2. ...able to investigate a critical incident, participate and contribute effectively to department clinical governance activities and risk reduction projects
3. ...able to manage the staff rota, being aware of relevant employment law and recruitment activities including interviews and involvement in induction
4. ...able to effectively represent the ED at inter specialty meetings

Below expectations	<ul style="list-style-type: none"> • Inadequate or unsatisfactory interaction with the management portfolio • No or little evidence of constructive use of EDT time
Satisfactory /Good	<ul style="list-style-type: none"> • Satisfactory interaction with the management portfolio. At least one element in each year of training completed to standard and four complete by the end of training. • Evidence of effective personal contribution to departmental meetings with feedback reflected upon.
Excellent	<ul style="list-style-type: none"> • Handling of complex episodes, e.g. serious incidents, complaints with maturity. • Evidence of effective proactivity in self-development as a leader.

How will this SLO be assessed?

1. Assessment in the workplace

All trainees need the opportunity to provide evidence of their activity in this SLO in the intermediate and higher stages of training. All activity relating to the ability to lead, manage and administer is relevant and the list of evidence that might be used is not reductive in any way. The following tools and opportunities are available to all to ensure that they can gain feedback in the Key Capabilities of this SLO.

G. Multi-Source Feedback (MSF)

The ability to lead and manage is an important domain as part of the MSF and provides useful feedback to the trainee and can be reviewed by their clinical or educational supervisor.

2. Management Portfolio

The assessment schedule has an expectation that trainees develop their management skills throughout their training and should be viewed as a core part of the requirements of the emergency physician. The management portfolio is part of the workplace-based assessment (WPBA) schedule for intermediate and higher training and should be completed within ST3-ST6. Trainees are required to complete a minimum of four assignments in total which must include the two mandatory assignments which are:

- Managing a complaint
- Managing a critical incident

The non-mandatory assignments of which a minimum of two should be completed are:

- Appraisal of Others
- Clinical Governance Meetings
- Induction
- Introduction of Guideline
- Introducing Equipment or Service
- Organising a Training Event
- Recruitment
- Risk Register

- Rota Management
- Writing a report

At least one of the four assignments must include working with other specialties as part of the assignment. Trainees and trainers are encouraged to use benchmarking to ensure that the four assignments are at the standard expected of a newly appointed consultant.

RCEM has produced guidance for the completion of the management portfolio component of the Emergency Medicine curriculum. Guidance examples of benchmarking criteria for all assignments are also available at [Management Portfolio \(rcem.ac.uk\)](https://www.rcem.ac.uk/management-portfolio).

3. Assessment in RCEM formal examinations

The content of this SLO is also assessed in the formal examination schedule.

FRCEM SBA

There are questions in the FRCEM SBA which assesses the underpinning knowledge in the ability to lead, manage and administer.

FRCEM OSCE

The FRCEM OSCE is blueprinted to the complex or challenging situations an EM clinician will face, including the requirements of leadership and support within the ED.

More detail on this is available on the RCEM examinations web-page [FRCEM Final Information and regulations 2021](https://www.rcem.ac.uk/examinations).