

# **Prince of Wales Hospital Emergency Department 2017**

## **Orientation to training**



2017 - Trainee Information page

NAME

YEAR STARTED in PRINCE OF WALES EMERGENCY DEPARTMENT

DATE STARTED AS ACEM TRAINEE

POST-GRADUATE YEAR IN 2017

NAME OF MENTOR

TRAINING OBJECTIVES FOR 2017

PREFERRED CONTACT METHOD for training related activities (please list in preference and provide details):

EMAIL:

PHONE:

SMS:

## ACEM TRAINING PROGRAM

### **Background:**

You need to refer to the ACEM website and read the training program overview.

<https://www.acem.org.au/Education-Training/Specialist-Training/Training-Program-Overview.aspx>

The following is a worksheet to keep your record up to date as you go. This is important because at particular milestones where you are time-ready to progress onto the next phase of training, your training record will automatically be collected electronically and sent to the Regional Work Based Assessment Regional Panel for review. You will not be able to add assessments for consideration after the due date. The due date is time based. **Please note the date that you are confirmed as an ACEM trainee as this is the date that all your training milestones are calculated from.**

### **Regional WBA Panel review points in your training:**

These are the milestones where your training record will be reviewed:

1. Completion of Provisional training time
2. Completion of Early Phase in Advanced training
3. Completion of Late Phase in Advanced training
4. Completion of Critical Care training time
5. Completion of Non-ED training time
6. Completion of Discretionary training time
7. End of the 6 month FTE ( full time equivalent) of training in the Maintenance Pathway
8. End of any Remediation period
9. End of any Conditional Progression period

Please note the last 3 are only relevant to particular groups of trainees. You will be informed by ACEM or your DEMENT if you fall into one of Category 7-9.

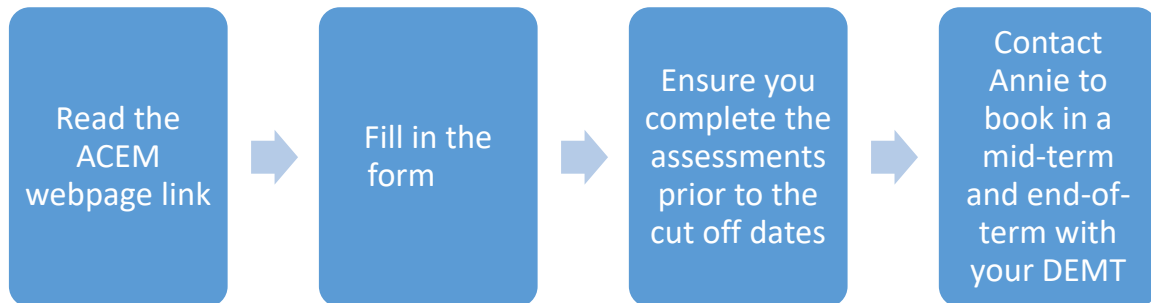
### **The outcomes of the Regional WBA Panel assessments are:**

1. Progression to the next phase of training – you have satisfied all the assessment requirements for that phase
2. Remediation period - these are additional months in training where you stay in the training phase that you are in. You will not be able to progress until you have completed the requirements required by the Regional WBA panel. The additional months are mandatory extra time in training. You will be sent a letter outlining the Domains of Practice that you are to focus on. There will be specific requirements identified. You will need to construct a plan to address these requirements and place it in the Learning Needs Analysis part of your e-portfolio. This needs to be followed up by a meeting with your DEMENT to review your plan

Hence it is in your interest to use the following worksheet to ensure you are up-to-date.

You will need to bring this worksheet to your meeting with your DEMENT at mid-term and at the end of term.

**Process in this ED:**



**WORKSHEET EXPLANATIONS:**

ACEM training start date (anniversary date)
<b>Provisional training</b>
Time requirements
12 months full time from anniversary date
- 6/12 in one ACEM approved ED within the 12 month
- 6/12 in ACEM approved ED or non-ED rotation

Assessments	Due (when)
ITA – in-training assessments	At the end of each clinical term . Done by your DEMENT with feedback to you.
Structured References – x3. These are from 3 FACEMs, one of which must be your DEMENT. It is best to notify your selected FACEM early in your term.	At the end of your first 6/12 in a single ACEM approved ED. You have up to 1 week after the end of the 6/12 term to submit it. These are only current for a total of 12 months.
Primary Examination	Held 2x per year

**PROVISIONAL TRAINING RECORD: an example**

Terms and dates	ITA	Structured references	Primary examination
<b><u>Eg</u></b> ED, 6/2/17 – 7/5/17	<i>Done, 1/5/17</i>		
<b><u>ED</u></b> ; 8/5/17 – 6/8/17	<i>Done, 4/8/17</i>	Requested on e-portal on 31 July, all references submitted by referees on the 3/8/17	
<b><u>ED</u></b> ; 7/8/17-5/11/17	<i>Done, 1/11/17</i>		Written exam completed: 11/8/17 Viva exam completed: 14/9/17
<b><u>ICU</u></b> ; 6/11/17 – 4/2/18	<i>Done 31/1/18</i>		

**YOUR RECORD:**

Terms and dates	ITA	Structured references	Primary examination

**NB:**

**You have a total of 5 years to complete Provisional Training from your Anniversary date.**

**You have a total of 12 years to complete the whole training program.** Hence if you take 5 years to finish Provisional training, you will only have 7 years left to complete your Advanced Training – ie completion of all assessment requirements and be elected to Fellowship – FACEM.

What if you don't complete within this period of time?

*You will be referred to the Specialist Training and Assessment Committee for review. You will be dismissed from the training program unless you are able to show a reason. Please note there are Interruption of Training that you are able to apply for. These are up to 24 months and not counted within the 12 years. For exceptional circumstances, you may be allowed a longer period.*

## **ADVANCED TRAINING**

You need to refer to the ACEM website and read the training program overview. The criteria for Advanced Training is more detailed than for Provisional Training. Please discuss any queries with your DEMTs.

<https://www.acem.org.au/Education-Training/Specialist-Training/Training-Program-Overview.aspx>

The information on the website is self-explanatory. Filling in the following table is useful for planning of your secondments over the 4 years. It will be useful when you are negotiating for secondments during the recruitment period (August-Sept) of each year. Regardless of which hospital you decide to train in, you will be interviewed by the DEMT of that ED. You will be asked for your secondment history in order to plan for your training.

### **Your Training Record**

Terms required	Type of ED	Date of terms	Assessment: ITA
30 months of ED. At least 6/12 Major Referral. At least 6/12 Urban or Rural/Regional.			An ITA is required every 3/12, regardless of the term you are doing.
	Major Referral	3/12 from:	Date submitted:
	Major Referral	3/12 from:	Date submitted:
	Urban or Rural/Regional.	3/12 from:	Date submitted:
	Urban or Rural/Regional.	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
Critical Care – 6/12 in Anaesthetic or ICU	Anaesthetic / ICU ( tick one)	3/12 from:	Date submitted:
	Anaesthetic / ICU ( tick one)	3/12 from:	Date submitted:
Non-ED – 6/12	Name of term	3/12 from:	Date submitted:
	Name of term	3/12 from:	Date submitted:

Discretionary time – 6/12 in ED or Non-ED. Please note that every ED has an accreditation limit. This means you cannot spend more than the accreditation time there. If you have exceeded your training time there, further time will not be accredited for your advanced training.	Name of term	3/12 from:	Date submitted:
	Name of term	3/12 from:	Date submitted:

### Workplace-Based Assessments (WBA):

The ITA is one of the WBAs. Please note the table on the website page referred to above. It outlines all the other assessments required in Advanced Training. The following worksheet is to enable you to keep track of your compliance with the WBA requirements. Here are a few ground rules. These are summaries of what is on the website. I encourage you to read the website as well!

1. WBAs are: ITAs ( every 3/12), other WBA instrument: Mini CEx ( mini clinical examination); CBD ( case-based discussions); DOPS ( direct observation of procedural skills) and Shift reports
2. In each WBA instrument, you are being observed using a structured assessment form. You will be assessed in at least 3 domains of practice in each assessment. The results of the assessment will be explained to you by your assessor. This is formative feedback and is designed to help you know how to do better. You are gauged according to your level of training. Your expected level of knowledge and competence is outlined in the Curriculum Framework. Hence you need to reflect on your assessment and discuss with your assessor or DEMENT, how you can attain your expected level of performance ( Curriculum Framework: <https://www.acem.org.au/Education-Training/Specialist-Training/Curriculum-Framework.aspx>)
3. The type, number, complexity and competence of each of the WBA tools outlined above is linked to your phase of training. Please ensure you understand and comply with all 4 factors. Additionally, you must complete them as you train and **cannot do them all in your last 3 month of training in each phase**. So, here is how it goes:
4. Phase of Advanced Training. There are 2 phases: Early phase and Late Phase. These phases have bearings for the WBA requirements you have to satisfy.  
If you are in your first 12 months of ED – you will need to comply with the Early Phase WBA requirements – see below. You must comply with the rate, complexity and number of each WBA instrument  
If you are in your next 18 months of ED – you will need to comply with the Late Phase WBA requirements – see below. You must comply with the rate, complexity and number of each WBA instrument

5. Stages of Training: these are the Stages of Training. They have bearing on the level of competence you need to attain. These are the 4 stages outlined in the Curriculum Framework.
  - Provisional Training
  - Advanced Training Stage 1: Junior Registrar in the first 12 months of **ED** ( this may take you 2 years to attain, depending on your other secondments)
  - Advanced Training Stage 2: Registrar starting the next 18 months of ED
  - Advanced Training Stage 3: Registrar, usually in the last 6 months of ED training where you are expected to integrate all the domains of practice and refining them to be a Junior Emergency Physician. This is the stage where most trainees do their Fellowship examination. The standard required is that of a 1<sup>st</sup> year Emergency Physician. The competence required are outlined in the last column in the Curriculum Framework
6. This last guideline is to emphasize that if you do not meet the WBA requirements during your training including the rate of completion, you will not be elected to Fellowship regardless of the result of your written and viva Fellowship examination. Hence the examination at the end is not the only or the most important criteria in attaining the FACEM

**Case Complexity Assessment:**

[https://www.acem.org.au/getmedia/e40dfbf9-876f-4c4e-8aec-18bde788b3a2/ACEM-tool\\_Case-complexity-descriptors\\_Oct2016.pdf.aspx](https://www.acem.org.au/getmedia/e40dfbf9-876f-4c4e-8aec-18bde788b3a2/ACEM-tool_Case-complexity-descriptors_Oct2016.pdf.aspx)

It is often difficult to determine what complexity your CBD or MIniCex is. So the above link will take you to a table that will show you how the Regional WBA Panel reviews the complexity selected by you and your assessor. You might like to print it out for reference.

**WBA requirements:**

**Early phase trainees**

Instrument	Rate	Complexity	Number for 12 months of ED
Mini CEx	1 every 3/12	2 medium	4
CBD	1 every 3/12	2 medium	4
DOPS	1 every 3/12		4
			12 in total

Please note:

The DOPS must be 50% from the Core List.

There is no conversion for the complexity – ie 2 low complexity cases do not make a medium and 2 high complexity do not make a medium.

These are the minimum requirements.

The competence is at the level of training you are in.

If you are fractional time ie 0.5 FTE, the WBA requirements do not change.



**Late phase trainees**

Instrument	Rate	Complexity	Number for 12 months of ED
Mini CEx	1 every 6/12	2 High	3
CBD	1 every 3/12	3 High	6
DOPS	1 every 3/12	50% from Core	6
Shift Report	1 every 6/12		3

**Your Early Phase WBA worksheet**

Instrument	1 <sup>st</sup> ED term	2 <sup>nd</sup> ED term	3 <sup>rd</sup> ED term	4 <sup>th</sup> ED term
<b>Mini CEx</b>				
<i>Date completed</i>				
<i>Complexity</i>				
<i>Competence: appropriate or not for Stage of training</i>				
<b>CBD</b>				
<i>Date completed</i>				
<i>Complexity</i>				
<i>Competence: appropriate or not for Stage of training</i>				
<b>DOPS</b>				
<i>Date completed</i>				
<i>Complexity</i>				
<i>Competence: appropriate or not for Stage of training</i>				

**Your Late Phase WBA worksheet**

Instrument	1 <sup>st</sup> ED term	2 <sup>nd</sup> ED term	3 <sup>rd</sup> ED term	4 <sup>th</sup> ED term
<b>Mini CEx</b>				
<i>Date completed</i>				
<i>complexity</i>				
<i>Competence: appropriate or not for Stage of training</i>				
<b>CBD</b>				
<i>Date completed</i>				

<i>Complexity</i>				
<i>Competence: appropriate or not for Stage of training</i>				
<b>DOPS</b>				
<i>Date completed</i>				
<i>Complexity</i>				
<i>Competence: appropriate or not for Stage of training</i>				
<b>Shift Report</b>				
<i>Date completed</i>				
<i>Complexity</i>				
<i>Competence: appropriate or not for Stage of training</i>				

Instrument	5th ED term	6th ED term
<b>Mini CEx</b>		
<i>Date completed</i>		
<i>complexity</i>		
<i>Competence: appropriate or not for Stage of training</i>		
<b>CBD</b>		
<i>Date completed</i>		
<i>Complexity</i>		
<i>Competence: appropriate or not for Stage of training</i>		
<b>DOPS</b>		
<i>Date completed</i>		
<i>Complexity</i>		
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<b>Shift Report</b>		
<i>Date completed</i>		
<i>Complexity</i>		
<i>Competence: appropriate or not for Stage of training</i>		

## Examinations

There are 2 examination. The application dates, examination dates and fees are all outlined in the ACEM website. There are 2 sittings for the Primary Written and Viva. There are 2 sittings for the Fellowship written and 3 sittings for the Viva in each calendar year. **From 2018, you will have a limit of 3 attempts at each of the exams. The number of attempts prior to 2018 will not be counted towards this limit.**

Please note the following:

- To be eligible to sit the Fellowship written, you must have entered your Late phase Advanced Training. That is, you have been progressed by the Regional WBA Panel to Late Phase
- The Fellowship written is marked at the level of competence of a graduating Emergency Physician. Hence the knowledge required is as outlined in the last stage in the Curriculum Framework
- The Fellowship viva can be sat when you have passed the written exam, be in your last 6 months of training and completed your research component of your training. The viva assesses your level of practice as a Junior Consultant

### Preparation for the Primary examination

The written Primary exam is supported by subject specific Consultants. The 2017 written is an integrated paper hence you will need to study accordingly.

Please indicate your intention to sit and when as soon as possible, to your DEMENTs. This will have bearing on the support in the roster that your DEMENTs will initiate. That is, the DEMENTs will work with the roster managers to ensure you have leave prior to your examinations. It will also allow your DEMENTs to plan practice examinations and to identify the Consultants who will facilitate your knowledge in the subjects.

Viva practice starts in general, one week after your written examination. The results of the Primary examination are usually known within the week.

### Preparation for the Fellowship examination

There are more preparation requirements for the Fellowship written examination. Over the last 2 years, your DEMENTs have defined and refined a graduated program to take you to the level required. There is a timetable for practice written exam questions starting 18 weeks prior to the week of the written examination. Within this schedule, there is a 2 week break where you can determine whether you are at the level expected. These 2 weeks come before the last date of application for the written examination.

The basic structure of the program is 10 sets of 10 questions, distributed weekly by our Education Support Officer. These will be sent to you on Wednesdays. You will do them (with or without a book or study buddy) prior to the Tuesday of the following week. You will review the questions in a group setting with your DEMENT(s) in that week. These are practice questions aimed to ensure you are exposed to the range and type of questions in the real exam. Please note that

they are written as knowledge review questions. During the sessions, you will be taken through an approach and study and review skills.

Prior to your written examination, you will be given 4 trial papers to do. These are Fellowship exam level papers. There will be 30 questions that you will sit in real-time. These will be administered by our Education Support Officer – ie you will need to contact her, book a time and a location. The papers are not to be done at home. Your paper will then be collected and marked. The Education Support Officer will book you in to go through the paper, one-on-one with one of the Emergency Physicians – not necessarily your DEMENT(s).

Preparation for the OSCE are also on a weekly basis. The program starts with OSCE that are based on a set of themes. Later in the program, the OSCEs are trial rather than teaching ones where you need to demonstrate integrated learning. These will be done at times, in the Simulation Centre. Please note that training will start approximately 2-3 weeks after your written examination – ie before finding out if you have passed. Usually, you will know about 6 weeks beforehand, whether you have been invited to the Viva. During these 6 weeks, your OSCE practice will escalate – ie we will expect you to practice the exam rather than learning how to do OSCEs. You will be provided with individualised feedback and the OSCE practice will be time – based as in the real exam. You are encouraged to form networks with trainees in other hospitals so you can attend their practice sessions. We have included trainees from other hospitals in the past. We, as DEMENTs have liaised with other DEMENTs to ensure all our trainees have exposure to other FACEMs.

### Support for your training

In total, your engagement with the training program is crucial to your success. The ACEM website has a great amount of information. You are strongly encouraged to familiarise yourself with its content. Additionally, you will be well-served to read the Trainee Bulletin on a regular basis as new training requirements are made known to you through this communicate. Please note that the ACEM e-portfolio is your record of training. The training program promotes and supports adult –learning.

To support your training, you have 2 DEMENTs in this department. The role of the DEMENT is to facilitate your training, provide feedback through your ITA and prepare you for your eventual practice as an Emergency Physician.

To support the administrative component of your training – ie recording your exam dates, organising reviews with DEMENTs etc, we have an Education Support Officer.

It is strongly advisable to have a Mentor during your training. The difference between a Mentor and a DEMENT is that the former is not involved in any form of assessment of you. Hence they do not do ITAs. They may do WBAs but ideally, the Mentor is someone who provides guidance in your career. In the department, you are encouraged to select your own Mentor. At present it is not mandatory to have a Mentor but both ACEM and the Emergency Physicians in this ED would advise that you have one in your training. If you need to understand the Mentor/Mentee arrangement, the information is on the ACEM site and there are plenty of literature elsewhere that you can access.

Finally, for the 2017 clinical year, here are your first points of contact for training matters:

Directors of Emergency Medicine Training:

- Marian Lee
- Kate Sellors

Education support officer

- Annie Yuen

Finally

On behalf of the Prince of Wales Emergency Physicians, we hope you will enjoy your training with us. As a group of Emergency Physicians, we have a diversity of skills and expertise and we are all dedicated and committed to training. You will get to know all of us well as we work alongside you clinically. We are keen to record your success on our department's Examination Honour Board. So, we look forward to working with you in the coming year.

Best wishes for your training,

Marian Lee

<b>YOUR TRAINING RECORD</b>			
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	Urban or Rural/Regional.	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
	ED	3/12 from:	Date submitted:
Critical Care – 6/12 in Anaesthetic or ICU	Anaesthetic / ICU ( tick one)	3/12 from:	Date submitted:
	Anaesthetic / ICU ( tick one)	3/12 from:	Date submitted:
Non-ED – 6/12	Name of term	3/12 from:	Date submitted:
	Name of term	3/12 from:	Date submitted:
Discretionary time – 6/12 in ED or Non-ED. Please note that every ED has an accreditation limit. This means you cannot spend more than the accreditation time there. If you have exceeded your training time there, further time will not be accredited for your advanced training.	Name of term	3/12 from:	Date submitted:
	Name of term	3/12 from:	Date submitted:

**WBA requirements:**

**Early phase trainees**

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<i>Competence: appropriate or not for Stage of training</i>				
<b>DOPS</b>				
<i>Date completed</i>				
<i>Complexity</i>				
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**Late phase trainees**

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<b>Shift Report</b>				
<i>Date completed</i>				
<i>Complexity</i>				
<i>Competence: appropriate or not for Stage of training</i>				

Instrument	5th ED term	6th ED term
<b>Mini CEx</b>		
<i>Date completed</i>		
<i>complexity</i>		
<i>Competence: appropriate or not for Stage of training</i>		
<b>CBD</b>		



<i>Date completed</i>		
<i>Complexity</i>		
<i>Competence: appropriate or not for Stage of training</i>		
<b>DOPS</b>		
<i>Date completed</i>		
<i>Complexity</i>		
<i>Competence: appropriate or not for Stage of training</i>		
<b>Shift Report</b>		
<i>Date completed</i>		
<i>Complexity</i>		
<i>Competence: appropriate or not for Stage of training</i>		

## PROCEDURES

AIRWAY	Direct supervision Date and MRN	Independent	Able to teach
Simple airway manoeuvres			
Insertion of oropharyngeal airway			
Insertion of laryngeal mask			
Direct laryngoscopy – insert of oral ETT, RSI			
Video laryngoscopy			
Difficult airway algorithm ( can be done in simulation)			
Surgical airway ( can be done in simulation)			
BREATHING			
Bag valve mask ventilation			
Adult non- invasive ventilation device			
Paediatric non- invasive ventilation device			
Setting up a transport ventilator			
Decompression of a tension pneumothorax			
Pleurocentesis			
Tube Thoracotomy			
CARDIAC			
Adult External cardiac compression			
Paediatric and neonatal external cardiac compression			
Defibrillation			
DC cardioversion			
External pacing			
Intraosseous access			
Arterial line insertion			
Insertion of Central venous line			
Preparation of intravenous line			

<b>OTHERS</b>			
Insertion of nasogastric tube			
Insertion of adult male urinary catheter			
Insertion of adult female urinary catheter			
Suprapubic catheter in paediatric patient			
Insertion of a suprapubic catheter in an adult			
Adult abdominal paracentesis and insertion of drain			
<b>BASIC TRAUMA</b>			
Inline cervical immobilisation			
Full spinal immobilisation, log and transfer			
<b>MINOR TRAUMA</b>			
Digit reduction			
Shoulder reduction			
Ankle reduction			
Hip reduction			
Backslab application			
Application of pelvic binding device			
Application of traction splinting device			
Arthrocentesis - knee			
Procedural sedation			
Administration of chemical restraint			
<b>NERVE BLOCKS</b>			
Digital nerve block			
Fascia iliaca block			
Femoral nerve block			

<b>SOFT TISSUES</b>			
Basic skin suturing techniques			
Incision and drainage of simple superficial abscesses			
Removal of products of conception in cervical shock			
Lumbar puncture			
Anterior and posterior nasal packing for epistaxis			
Ear wick insertion			
<b>OPHTHALMOLOGY</b>			
Slit lamp eye examination			
Removal of corneal foreign bodies			
Tonometry			
Eye irrigation			
<b>DENTAL</b>			
TMJ reduction			
Enlocation and temporary stabilisation of avulsed tooth			
<b>ENVIRONMENTAL</b>			
Basic warming techniques for hypothermic patients			
Basic cooling techniques for hyperthermic patients			