

Neonatal Grid trainee supervision and pre-ARCP process

A guide for supervisors and trainees

Nationally, supervision models vary with some deaneries separating the roles of clinical and educational supervisor. For the purposes of this guide, the two are used interchangeably and local adjustments to practice are recommended.

All GRID trainees are assessed on two concurrent lines of accomplishment, each of which is assessed at ARCP and documented by two separate ARCP outcomes, one for the subspecialty and one for the parent specialty. Neonatal GRID trainees are therefore assessed in their acquisition of both Neonatal and Generic Paediatric competencies. The latter is limited in scope as the trainee will have accomplished most generic skills in their core posts. Generic competencies do still need to be achieved (and maintained) and will be assessed by ARCP panels.

Supervisors are expected to meet regularly with trainees in their local centre of training. When transferring to a separate centre as part of the rotation, the clinical supervisor will switch to the new centre but the educational supervisor can be maintained at the base unit if preferred.

As per other training years, trainees will collate their evidence for progression using the following tools:

- Supervisor yearly training reports.

- Work based assessments.

- ePortfolio entries documenting courses, reflections and achievements.

- Aligned Neonatal Curriculum

Work based assessments follow the RCPCH guidance. Additional specific neonatal skills include Cranial USS, intubation of preterm infant below 28 weeks, chest drain insertion, USS of heart to exclude pericardial effusion, interpretation of oximetry. Further details are on the [RCPCH Neonatal NTN webpage](#).

ARCP preparation

For each year, an ARCP will be conducted by the trainee's host deanery. For neonatal grid trainees the following is **recommended** in advance (for summer ARCPs):

April:

Trainer's report

This is completed in a standard way as for all trainees ensuring the generic curriculum is reviewed to assist the ARCP panel to assess generic paediatric competencies.

Curriculum review and CSAC progression form

The supervisor will also assess the trainees' completion of the Aligned Curriculum. This document was created as the presentation of the neonatal curriculum in the e-Portfolio was considered suboptimal. The Aligned curriculum has been used for some years and will be incorporated into RCPCH (Kaizen) ePortfolio in September 2018. Until this time, we would recommend the word document is maintained by the trainee in an electronic form, recording a sensible breadth and depth of achievements in each category, and signposting where the evidence lays within Eportfolio. This should be reviewed regularly to ensure the trainee is making progress in their training.

A recent example of an entry is:

Specific competence	Learning approach	Assessment/Evidence provided
Be able to recognise the symptoms and signs of PDA	Teaching sessions Echo skills Reflections	Patent Ductus Arteriosus - (Teaching 15-2-13) Neonatal Echocardiography - (Courses 21-5-13) Skills Log – Echocardiogram x5 DOPS - (11-9-15) CBD - (24-4-14 and 14-8-16) Multiple courses of ibuprofen in PDA – (Clinical Question 21-9-16)

Many entries will be evidence based e.g. SLE's, courses attended with certificates.

Others will be reflections of activity and description of abilities. Clinical supervisors are usually best placed to confirm these abilities. We recommend the trainee saves an updated copy in their RCPCH (Kaizen) ePortfolio documents folder each year and prints this off for review with their educational supervisor. This should be available in the folder for potential review by CSAC.

The CSAC progression form is completed in draft by the supervisor at the time of review of the Aligned Curriculum in April. This is located on RCPCH (Kaizen) ePortfolio with the supervisor acting as CSAC representative. For each clinical area (cardiology, epidemiology etc.) the supervisor records whether the trainee is making suitable progress and can offer targeted suggestions. These should be brief and focussed. This is saved in draft form for the CSAC panel to review.

May:

CSAC review panel.

This will be arranged with representatives from CSAC as well as regional neonatal trainers. Panels will review progress, discuss training needs and challenges- utilising the CSAC progression form, trainers report and ePortfolio. These will be most likely be conducted remotely with concurrent teleconference with the trainee to provide and obtain feedback.

A recommendation for ARCP outcome will be provided for the ARCP panel to consider.

June/July:

ARCP review with outcomes determined for both Neonatal grid and Generic paediatric competencies.

For those trainees with February ARCPs, this timeframe will be altered accordingly.

CSAC hope this guidance is useful but recognise that advice may change with time as experience is gained with this process. In following years, the implementation of an RCPCH (Kaizen) ePortfolio based neonatal curriculum will mean new trainees will use that tool instead of the word document Aligned curriculum. All current trainees should use the tools provided.

Porus Bustani

CSAC Assessments Advisor