IBTPHEM
Intercollegiate Board for Training in Pre-Hospital Emergency Medicine

Training Committee

Guidance Note 1 - WPBAs

June 2014

1. Trainees, TPDs and those involved in training in PHEM programmes are asked to read this guidance in conjunction with the IBTPHEM Guide to Training – available at www.ibtphem.org.uk

Minimum recommended number of assessment tools used over 12 month PHEM training	Assessment tools						
	CEX	CbD	SIM	DOPS	MSF	ACAT	TO
	15	30	10	30	2	25	5

Table 4.2 Count of formative assessments.

2. The table above reflects the total number of WPBAs reasonably expected to be completed by a PHEM trainee over their entire training (12 months WTE). Whilst this may seem a lot, trainees have successfully completed this – it requires planning and management of your trainers and training.

3. When considering these WPBAs -

   (a) The 15 Mini- Clinical Evaluation Exercises (CEX) must relate to a clinical encounter with a patient. The CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

   (b) The 30 Case- Based Discussions (CbD) over the 12 months WTE relate to the management of individual patients OR clinical situations. The CbD can take the form of a structured conversation and/or review of written or audio-visual records. The assessor does not need to have been physically present at the incident scene in all cases. Mission review cases can be CbD cases for example.

   (c) Full case simulation (SIM) is pretty self explanatory - but obviously requires access to some equipment. It does not necessarily require complex technology though; high fidelity situations can be achieved with low or intermediate fidelity technology. Many of the 10 simulations would also be expected to be covered in Phase 1.

(d) The 30 Direct Observation of Procedural Skills (DOPS) should relate to practical procedures and, in many cases, it may be entirely appropriate for this procedure to be observed in a training or simulation role.

(e) The 2 Multi-Source Feedback (MSF) exercises (i.e. one every 6 to 12 months) should be planned in advance (and supported by the programme).

(f) The 25 Acute Care Assessment Tool (ACAT) sessions should be over 25 pre-hospital emergency medicine duty periods in the training period (i.e. covering 25 shifts). Trainees need to plan for these and manage the process/their trainer. Any doctor who has been responsible for the supervision of a duty period can be the assessor for an ACAT.

(g) The 5 teaching observations over the 12 months WTE can be in a range of environments.

4. While Medical Trainers (i.e. Clinical and Educational Supervisors) are required to provide formal supervision and the mandatory element of direct supervision, Local Trainers (experienced members of the pre-hospital team who provide training and educational support for trainees on a day-to-day basis) may, provided that they have undertaken the appropriate training, conduct WPBAs. They do not need to be medically qualified and are not required to meet the GMC or Deanery eligibility requirements for a Medical Trainer. They can be paramedics or nurses, for example, who the trainee is working closely with. It should be expected that the majority of WPBAs can be provided by Consultants involved in the direct supervision component of PHEM training.

   Training for Clinical Supervisors and Local Trainers is being developed and rolled out across programmes over this year to aid this process.

5. It is expected that trainees should cover all elements of the curriculum during their training programme. The curriculum gives details of when an element might be assessed, and also how a trainee might demonstrate that element through a type of WPBA. A single WPBA may fulfill multiple elements in the curriculum. It is not expected that a WPBA is undertaken for every element in the curriculum. The trainee should be prepared and able to demonstrate in one way or another that they have addressed and been taught on each element.

For further information, please contact your Training Programme Directors.

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