Trainee update - May 2013

New trainee representatives

We are delighted to introduce Ruth Johnson and Nerys Conway who have been elected as your new SAM trainee representatives. Kirk and Amy have completed their training but Kirk will continue in an advisory role until October when his official term concludes, to allow time for handover and to ensure continuity. If you want to get in touch or need any help or advice we can be contacted on our usual email address of: traineerep@acutemedicine.org.uk

SAM Coventry

It was great to see so many of you in Coventry – we hope you found the meeting both interesting and inspiring. Having focused on topics with a senior registrar flavour in recent trainee sessions including how to market yourself as an acute physician, preparation for consultant interviews and tip and ticks for life as a new consultant. At SAM Coventry we focused the trainee sessions for junior trainees covering specialist skills with a question and answer session with representatives from SAM Council and the acute medicine SAC.

Specialist Skills

There was an introduction explaining the necessity of the specialist skill along with some general advice. This included the importance of deciding on your specialist skill early and advice to focus on one specialist skill, as the curriculum requirements are quite onerous for all the skills and there is not a lot of time in training to start all over again. The skill must have a direct relevance to acute medicine, and it is worth considering which skill it is realistic to achieve in your deanery and to be able to maintain as a consultant in addition to increasing your employability!

At present the skills listed in the curriculum are:

1. Procedural (echocardiography, endoscopy, ultrasound, bronchoscopy),
2. Additional qualification (medical education, healthcare management, leadership, toxicology and infectious diseases)
3. Specialty interest (intensive care, stroke medicine, rural/remote medicine and inpatient diabetic care)
4. Significant involvement in research. The requirements for this to count as a specialist skill are listed in the curriculum.

There are others (for example obstetric medicine and palliative medicine), which have been approved by the SAC but are not in the curriculum yet. If there is something you would like to do that is not listed it may be possible to get this approved. Firstly, it must fulfil the criteria that it is directly relevant to the delivery of acute medicine and requires a sustained amount of work or accrual of skills similar to the level of a diploma from a UK university (rather than a single examination or assessment). If you are not sure what specialist skills are available in your deanery the first step is to get in touch with your training programme director, this is also the process if you wish to choose a new specialist skill not listed. Following discussion with your training programme director, if they agree the skill would be useful for acute medicine they will discuss it with the specialty advisory committee. However, the committee will not retrospectively approve skills, so this would need to be done very early in your training. It was confirmed that you must have completed your specialist skill but the completion of your training to be awarded your CCT.

Intensive care medicine

The process for intensive care medicine training is currently undergoing a change of structure. Until 31st July 2013 it is possible to apply for joint CCT with acute medicine. The joint CCT ICM training consists of basic, intermediate and higher training along with anaesthetic training but after July it will only be possible to do ICM as a single or dual CCT. The training structure is different and if you intend to do the dual CCT then you must be competitively appointed onto the second specialty within 18 months of starting the first. Further information can be found at http://www.ficm.ac.uk

Ultrasound

Examples of the huge clinical impact USS can have were shown which along with a theme running through the conference as a whole that ultrasound importance is increasing. It lead on to a discussion regarding trainees having difficulties achieving training in the skill, although this does vary between deaneries. The problem with ultrasound is that at present there are no definite established acute medicine standard and trainees are using the Royal College of Radiologists recommendations for

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medical and surgical specialities. These are quite difficult to achieve and some trainees have come up against problems finding people willing to train them but it was felt that once you have acquired this skill it is important to have an active role in the teaching of others, so that we can begin to build up a self-sustaining body of acute medics practising and teaching their skills. More information can be found at http://www.rcr.ac.uk/publications.aspx?PageID=310&PublicationID=385

Echocardiography

The BSE accreditation requirements were discussed, which are very difficult to achieve, especially as the logbook must be completed within a year either side of the written examination.There is also a requirement for certain numbers of scans and attendance at meetings for on goingBSE accreditation. It is hoped that, eventually, slightly more targeted standards may be written for acute medicine, but the problem is that patient safety must be ensured. It is difficult to do this without proof that all pathologies would be recognised and identified appropriately. Opportunity to continue regular scanning was felt to be essential in achieving this skill. More information can be found at http://www.bsecho.co.uk

Specialty Certificate Examination

On the Friday we had the SCE session, which was well attended and consisted of 25 practice questions run as a mock examination. Followed by some question discussions and tips regarding the exam itself. These ranged from practical aspects (such as ensure you have left enough time to get to the centre – you will definitely not be allowed to start late and would forfeit the entrance fee, and either take lunch or know where to get it –the time between the papers is very short), to more revision based tips.

The questions are likely to be based on

1. Clinical scenarios, for which it is important to know commonly used guidelines such as NICE, SIGN, National Societies.
2. Scoring systems. It is important to know the commonly used scoring systems such as Wells scores, CURB 65, Rockall, ABCD2, CHA2DS2-VASc etc.
3. Basic Clinical Sciences, such as the coagulation cascade, inheritance patterns, DNA replication.
4. Data interpretation. Chest X-rays, CTs, echos, ECG's can all be reproduced.
5. Procedures/practical considerations. Learn the recommended sizes and gauges of needles, NIV settings etc.

We hope this has given some ideas and information to those of you who couldn't be there.

SAM Glasgow

Don't forget to book your study leave for SAM Glasgow in October. There will be an SCE revision course but if you have any suggestions of things you would like us to cover in the trainee session please get in touch and we look forward to seeing you all there ☺

SAM

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SAM Trainee representatives