ESLEs and ACATs

ESLEs

The Extended Supervised Learning Event (ESLE) is a document that allows the supervisor to record observed practise in the emergency department across a number of cases. It focuses mainly on non-technical skills although, naturally, the clinical context is important, and decision making, for example, will be dependent on the clinical case.

It is designed to take up to 2.5 hours in total – with 90-120 minutes of observation and up to 30 minutes of feedback and discussion. The ACP should be working as they would normally. Ideally, this would include them taking on some shop-floor leadership role or responsibility to enable the supervisor to observe all of the skills described in the ESLE. It may therefore be useful for the ACP to be supervising an area, e.g. ambulance handover area, ambulatory area, some majors cubicles, the minors area, etc., rather than simply seeing only their own patients. It is important that there will be opportunities for the ACP to interact with other clinical staff including junior ACPs and doctors.

ESLEs are designed to be completed by a medical consultant who may be the ACP's Educational Supervisor or another consultant in the department. A minimum of three ESLEs are required for credentialing; at least one must be completed by the ACP Educational Supervisor (ACP ES), with the remaining ESLEs allowing for two other consultants to observe these non-technical skills at first hand and give feedback in a structured way.

The ESLEs are particularly needed as evidence for SLOs 2, 7, 8 and 12 (leadership and complex situations) and for SLO9 (support, supervise and educate). This is different to the previous curriculum where the ESLEs were for common competences 4 and 8. One ESLE should focus on SLOs 2, 7 and 8, and one on SLO 9. The third can focus on any of the SLOs listed.

The SLOs can be considered to link to the ESLE domains in the following ways, although there is clearly overlap between the SLOs and the ESLE domains/sections.

SLO	ESLE domain
SLO 2: Support the clinical team by answering clinical questions and making safe decisions	Gathering information Outcome review Selecting and communicating options
SLO 7: Deal with complex and challenging situations in the workplace	Option generation Workload management
SLO 8: Provide clinical leadership to the department in the context of the multi-professional team	Authority and assertiveness Quality of communication Team building
SLO 9: Support, supervise and educate	Supervision and feedback
SLO 11: Participate in and promote activity to improve the quality and safety of patient care	Maintenance of standards Anticipating
SLO 12: Manage, administer and lead	Updating the team

The ESLE form gives some examples of the behaviours that are appropriate for credentialed ACPs and also some behaviours that are less appropriate. There will be many other examples.

Before the ESLE, the ACP should indicate to the assessor which SLOs and domains they want to focus on – looking for examples of behaviours in all domains can lessen the impact of the assessment time.

During the ESLE, most assessors find it useful to have a paper document to write down events – and case descriptions – to be able to give feedback. A template for this has been included as appendix 1, or you can create your own as an assessor.

After the ESLE, the form should be completed. There are two versions of the ESLE form available on the ePortfolio platform: one that can be started by the ACP, and a second that can be started by a consultant who has been added to the ACP's account as either an RCEM ES or ACP ES. If the assessor has a document that has recorded events, it is often helpful for the assessor to start the form. Where the consultant assessor is not the ACP ES or RCEM ES on the ACP's account, the ACP will need to start the form. The timeline should be high level with a description of the type of activity, not necessarily patient level details, e.g. checking the board, reviewing a patient, giving advice, etc. The purpose is to indicate how busy, and the range of activity to be expected, for the Panel to interpret the ESLE.

The list of patients should be brief and to the point, e.g. 85-year-old with #NOF, 24-year-old female with abdo pain uncertain origin, 45-year-old male with headache and neurology, etc. The final diagnosis is useful and, of course, this means the ACP can also link the form to elements of the syllabus.

Most useful during the discussion is to give real examples of actions that meet that behaviour, e.g. you met with the nurse in charge to review patient flow and plan escalation actions, you discussed a patient with the FY2 and agreed together a plan for management with a plan B if that failed, you checked that the resuscitation team had suitable time for debrief and that everyone had a break, etc. These specific behaviours are helpful for the Panel to review and see why the assessor gives an entrustment level to the ACP

Actions agreed/learning objectives – these should be SMART and limited, and should reflect ongoing development opportunities for excellence. If the ACP has been given an entrustment level of 2b throughout, but then has multiple learning objectives of "develop better time management" or "go on an assertiveness course", it will undermine the form. These might be better written as "you have achieved the level of entrustment but, to make further progression, you might look at other seniors and watch how they delegate and prioritise" or "whilst you are clearly capable of leading the team when the consultants are around, to progress further you might want to access some coaching or developmental opportunities around your ability to command the room and make your presence felt".

ACATS

There can be confusion between the purpose of an ESLE and an ACAT. The ACAT is also a tool for evaluating performance over a period of time and, specifically, should focus on clinical assessment and management, decision making, team working, time management, record keeping and handover. Therefore, it is very much a tool that helps look at behaviour across a function – managing a clinical area, managing a round in CDU, looking at working to support the streaming function - rather than the non-technical skills that are reviewed in the ESLE.

In general, during an ACAT, the ACP will be seeing patients in their own right – allowing them to cover some of the clinical SLOs whilst working within a clinical area. For an ESLE it is expected that the ACP will not be the primary provider of care to patients, although they will be giving advice and guidance, and be engaged with a number of clinical cases. It is less likely, therefore, that an ESLE will provide evidence of KCs in SLOs 1, 3 or 4, but will meet KCs in SLO 2, 7, 8 and 9.

There is of course some overlap, hence the recommendation for both ESLEs and ACATS during training, but the ACAT is usually something that is helpful in the early years of ACP development to focus on clinical management and the ESLE for the more leadership type capability.

Appendix 1: possible template for shopfloor completion (ESLE)

Code:

GI	Gathering information	OR	Outcome review	SCO	Selecting and communicating options
OG	Option generation	WM	Workload management	AA	Authority and assertiveness
TB	Team building	SF	Supervision and feedback	MS	Maintenance of standards
A	Anticipating	UT	Updating the team		

Time	Activity	Skills displayed