

Mapping evidence to the adult curriculum and clinical syllabus

The RCEM ACP-EM curriculum (2022) describes a three-dimensional matrix that links Specialty Learning Outcomes (SLOs) / Key Capabilities (KCs) with opportunities to demonstrate experience of clinical presentations and conditions. This requires specific mandatory assessments of types of condition within particular areas of the department.

This 3D matrix allows the ACP to use opportunities in day-to-day practice, depending on the cases that present, to illustrate by assessment, specific behaviours or key capabilities and fulfil the requirements of consultant observation and feedback on practice.

The table below is an illustration of the *possible* combinations of WBAs and clinical syllabus items (adult curriculum) that can provide evidence of the level of entrustment for a key capability. It is only an illustration and, clearly, any of the mandatory WBAs in a particular condition (cardiac, respiratory, etc.) could be linked to any of the KCs depending on what the patient interaction required. ACPs and supervisors should not take this to be a blueprint for what the Panel are looking for – that is an individual challenge for the ACP to ensure the clinical syllabus is covered, as well as the mandatory assessments, and how they can evidence the KCs.

The table does not include all the clinical syllabus items and there are many other types of evidence that could be included. However, RCEM hopes this can support the ACP and supervisors to understand the inter-relationships of the SLOs/KCs, WBAs and syllabus items.

It does however demonstrate two key principles:

1. 1 WBA should link to no more than 1 KC
2. 1 WBA can cover multiple clinical syllabus items including from different sections of the syllabus.

Please note: the specific examples given are for the adult curriculum, although the same principles will also apply to the children's curriculum.

SLO	Key Capability (KC)	Example WBA	Example clinical syllabus elements	Other possible evidence
SLO 1: Care for physiologically stable adult patients presenting to acute care across the full range of complexity	KC1. Gather appropriate information, perform a relevant clinical examination and be able to formulate and communicate a management plan that prioritises the adult's and, where relevant, the family's choices that are in their best interests, knowing when to seek help	WBA GI abdominal	GP2 Abdominal swelling or mass GP3 Ascites GC2 Decompensated cirrhosis	
	KC2. Assess and formulate a management plan for adult patients over the age of 16 who present with complex medical and social needs	WBA GU	SeP3 Emergency contraception SeC2 Sexual assault	
	KC3. Assess and manage all adults attending the ED. These capabilities will apply to patients attending with both physical and psychological ill health at all ages	WBA O&G	ObP2 Vaginal bleeding ObP3 Pregnancy ObC2 Bleeding in early pregnancy ObC15 Rhesus D prophylaxis	
	KC4. Assess and formulate a management plan for adult patients who present with complex medical and social needs or who manifest as one of the frailty syndromes	WBA Eyes	OptP5 Sudden visual loss in elderly with EIP3 Falls	
SLO 2: Support the ED team by answering clinical questions and making safe decisions	KC1. Understand how to apply clinical guidelines	WBA Endocrinology	EnP2 Hyperglycaemia EnC2 Diabetic ketoacidosis	
	KC2. Understand how to use diagnostic tests in ruling out key pathology, and be able to describe a safe management plan, including discharge where appropriate, knowing when help is required	WBA Neurology	NeuP2 Headache NeuC11 Subarachnoid haemorrhage	
	KC3. Be aware of the human factors at play in clinical decision making and their impact on patient safety	WBA Respiratory	Resp1 Chest pain ResC10 Pulmonary embolus	
	KC4. Support the medical, nursing and administrative team in answering clinical questions	WBA ENT	EP6 Sore throat EC2 Epiglottitis at triage EC3 Glandular Fever	

SLO	Key Capability (KC)	Example WBA	Example clinical syllabus elements	Other possible evidence
SLO2 (cont.)	KC5. Make safe decisions for discharge, with appropriate advice for management beyond the ED, including when taking over other clinicians' patients	WBA MSK non-traumatic	MuP1 Acute back pain MuC1 Cauda equina syndrome - handed over	
	KC6. Provide advice and support for colleagues working within the ACP's own scope of practice and delegated authority.	WBA Other	IP4 Needlestick injury/exposure to blood borne viruses IC8 HIV infection	
SLO3: Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop	KC1. Initiate management of all adult life-threatening conditions including peri-arrest and arrest situations in the ED	WBA Respiratory	RP5 Respiratory failure ResP2 Breathlessness ResC3 COPD	
	KC2. Care for adult ED patients and their relatives and loved ones at the end of the patient's life	WBA Cardiology	CC1 Acute coronary syndromes CC4 Cardiac failure RC3 Organ donation PaIC3 End stage organ failure PaIC6 Psychosocial concerns	
	KC3. Initiate or take over as resuscitation team leader	WBA Cardiac arrest	RP3 Cardiorespiratory arrest RP7 Shock	
SLO 4: Care for acutely injured adult patients across the full range of complexity	KC1. Be an effective member of the multidisciplinary trauma team		TP7 Limb and joint injury TC2 Limb and joint injury	Local trauma team course, plastering and suturing course
	KC2. Be able to assess, investigate and manage low energy injuries in stable adult patients	WBA Wounds	TP10 Wounds TC6 Animal bites including human	
	KC3. Be able to initiate assessment, investigations and management of adult patients attending with all injuries, regardless of complexity	WBA Trauma	TP1 Head injury	
	KC4. Be able to initiate or take over leadership of the Trauma Team	WBA Trauma team leader	RP4 Major trauma TP2 Spinal injury	

SLO	Key Capability (KC)	Example WBA	Example clinical syllabus elements	Other possible evidence
SLO 6: Deliver key procedural skills	Foundation procedures	Foundation skills sign-off form		DOPS forms for individual skills
	KC1. Have the clinical knowledge to identify when core EM procedural skills are indicated	10 DOPS		
	KC2. Have the knowledge and psychomotor skills to perform EM Core procedural skills safely and in a timely fashion			
	KC3. Have the knowledge and psychomotor skills to perform those EM Additional procedural skills which are regularly practiced in their department by ACPs, safely and in a timely fashion	11 DOPS or CBDs as defined by local practice		
	KC4. For those procedures not carried out by ACPs in their ED (as confirmed by the ES), the tACP will be able to explain the procedure, understand complications involved and diagnostic value for relevant procedures.			
SLO 7: Deal with complex and challenging situations in the workplace	KC1. Know how to reduce the risk of harm to themselves whilst working in emergency medicine and acute care	WBA Psychiatry	MHP1 Aggressive or disturbed behaviour MHC5 Acute psychosis	
	KC2. Understand the personal and professional attributes of an effective emergency medicine clinician	WBA Elderly	XC3 Safeguarding in adults EIP2 Deterioration in mobility EIP8 Increasing care needs	
	KC3. Be able to effectively manage their own clinical workload	WBA Dermatology		
	KC4. Be able to deal with common challenging interactions in the workplace			Case reflection
	KC5. Be able to work effectively with patients who appear angry or distressed			Compliment from staff

SLO	Key Capability (KC)	Example WBA	Example clinical syllabus elements	Other possible evidence
SLO 7: Deal with complex and challenging situations	KC6. Have expert communication skills to negotiate or manage complicated or troubling interactions	WBA Cardiology	CP4 Transient loss of consciousness CC10 Pacemaker function and failure	
	KC7. Be able to negotiate or manage complicated or troubling interactions	ESLE		
	KC8. Behave professionally in dealings with colleagues and team members within the ED			Teaching session, case reflection, MSF
	KC9. Work professionally and effectively with those outside the ED			SI investigation
SLO 8: Lead the ED shift	KC1. Have an awareness of others' workload and support other staff members	ACAT		
	KC2. Be able to function as part of the senior clinical team in the ED overnight	ESLE		
	KC3. Be able to provide support to ED staff of various levels and disciplines on the ED shift	ESLE		
	KC4. Be able to liaise with the rest of the acute / urgent care team and wider hospital as part of the senior ED team			MSF
	KC5. Be able to maintain situational awareness throughout the shift to ensure safety is optimised	ESLE		
	KC6. Be able to anticipate challenges, generate options, make decisions and communicate these effectively to the team as part of the senior ED team			

SLO	Key Capability (KC)	Example WBA	Example clinical syllabus elements	Other possible evidence
SLO 9: Support, supervise and educate	KC1. Set learning objectives for, and deliver, a teaching session that demonstrates growing expertise throughout their ACP training			Teaching session delivered with an assessment
	KC2. Deliver effective feedback to a junior colleague or allied health professional			Teaching session delivered with an assessment
	KC3. Undertake training and supervision of members of the ED team in the clinical environment	WBA on teaching a procedure		
	KC4. Prepare and deliver teaching sessions outside of the clinical environment, including simulation, small-group work and didactic teaching			Be observed on board round with feedback and reflection
	KC5. Provide effective constructive feedback to colleagues, including debrief			Carry out a WBA for a junior ACP or doctor and have feedback from clinician and supervisor
	KC6. Understand the principles necessary to mentor and appraise junior colleagues	Appraise another with assessment		
SLO 10: Participate in research and manage data appropriately	KC1. Search the medical literature effectively and know how to critically appraise studies			
	KC2. Appraise, synthesise and communicate research evidence to develop EM care			
	KC3. Actively participate in research			

SLO	Key Capability (KC)	Example WBA	Example clinical syllabus elements	Other possible evidence
SLO 11: Participate in and promote activity to improve the quality and safety of patient care	KC1. Contribute effectively to a departmental quality improvement project			QI report with recommendations and report on actions completed
	KC2. Provide clinical leadership on effective Quality Improvement work	QIAT		Each ESR should mention QI activity that year
	KC3. Describe their involvement and show an understanding of QI methods and reflect on a Quality Improvement Project they have been involved in			Reflective note with focus on learning from process
	KC4. Be able to support and develop a culture of departmental safety and good clinical governance			Evidence of participation in M&Ms, actions completed
SLO 12: Manage, administer and lead	KC1. Have experience of handling a complaint, preparing a report, and be aware of the relevant medico-legal directives	Complaint with assessment and reflection		
	KC2. Have an awareness of the investigative process for critical incidents, participate and contribute effectively to department clinical governance activities and risk reduction projects	Serious incident completed with reflection		
	KC3. Have an awareness of the staff rota process, being aware of relevant employment law and recruitment activities including interviews and involvement in induction	Management task of managing a rota or recruitment, and running induction with assessment and reflection		
	KC4. Be able to effectively represent the ED at inter specialty meetings			Minutes of external meetings where ACP has represented department, with reflection