Guidance for **SPIN** Educational Supervision in Epilepsy

Contents

Introduction

This guide is for an Educational Supervisor (ES) for a practitioner undertaking a SPIN in Epilepsy. The aim of this document is to clarify the expectations from the overarching CSAC and the smooth completion of the SPIN capabilities. This guide is also applicable to trainers mentoring post-CCT paediatricians/non-training paediatricians e.g. SAS doctors undertaking a SPIN.

You may find it useful to share this with your supervisee/mentee.

SPIN aims to support the practice of a general paediatrician in a district general hospital in a subspeciality. Special Interest (SPIN) modules are the *additional* training/experience a practitioner undertakes; it should NOT be seen as a substitute to GRID training. It enables the practitioner to be the local lead in a DGH and actively participate in a clinical network. They can be completed before and after CCT, but they must be undertaken prospectively.

Structure of general paediatric training integrated with SPIN training.

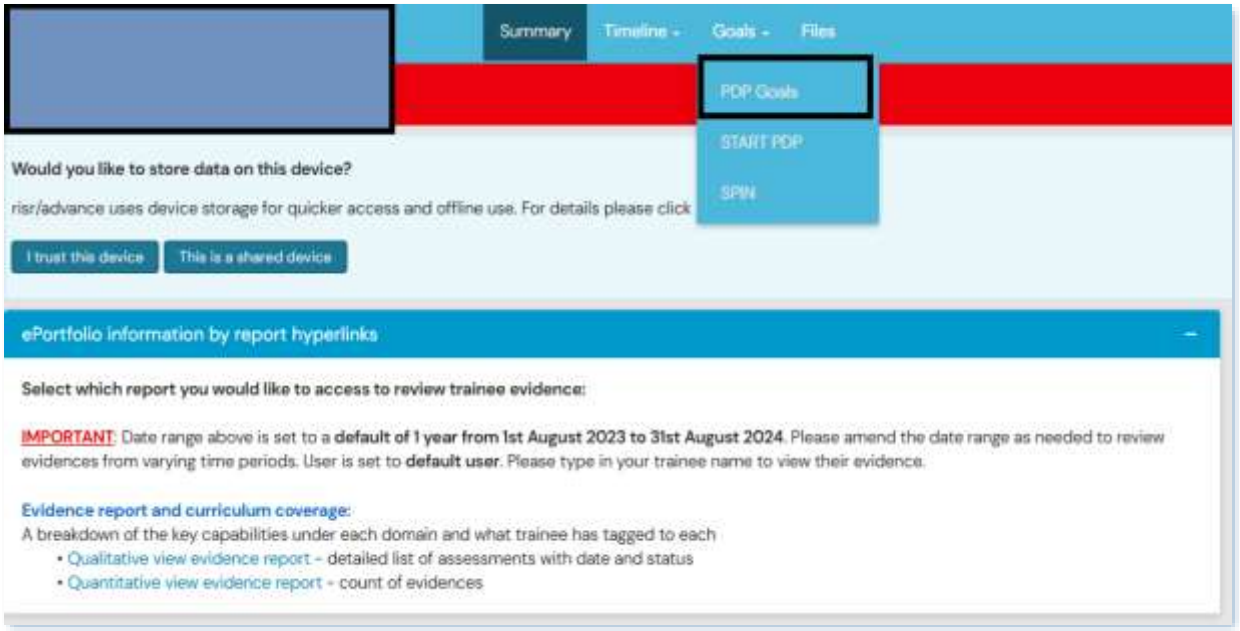
- Practitioners have 5 years to complete their SPIN.
- SPIN capabilities can be gained over more than one period of training.
- SPIN modules are:
  - Additional to Gen Paeds curriculum
  - NOT a route to GMC subspecialty accreditation
  - NOT required for GMC accreditation in general/subspecialty Paediatrics
  - NOT equivalent/substitute to GRID training
  - NOT assessed for CCT and does not impact ARCP outcomes but will be noted by ARCP Panels

Expectation of educational supervisors

- Where a SPIN practitioner is post CCST, ESs are termed SPIN mentors.
- CSACs rely on ESs and mentors to monitor progression through the SPIN curriculum and to provide evidence for the CSAC to review at completion.
- CSAC may determine that SPIN supervisors are subspecialists, but this is not a mandatory requirement. It is strongly recommended that for Epilepsy SPIN, the ES or SPIN mentor should be a consultant paediatric neurologist.
- As a minimum, ESs should conduct *at least* 3 meetings over the SPIN programme: **induction, midpoint, and end-of-SPIN. This is particularly important for LTFT trainees when the SPIN will take more than 12 calendar months and may encompass multiple placements.**
- Please track progress on e-portfolio (kaizen/RISR).
- Please complete the ES section on the SPIN completion reports after reviewing all evidence for each capability. Trainee needs to initiate this form, fill in their section and send it to you as supervisor/mentor.
- CSAC will notify you as ES/mentor and the trainee if they cannot sign off a portfolio where it has not adequately demonstrated the capabilities.

Induction

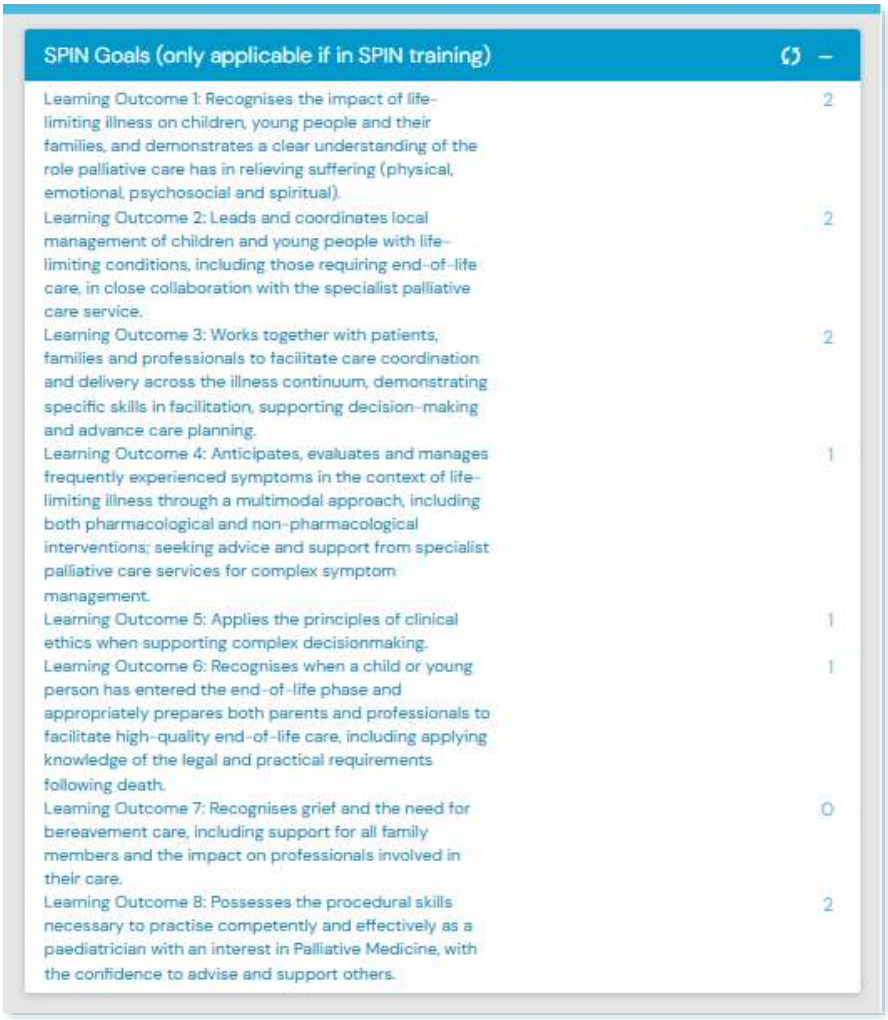
- In addition to usual meeting requirements (Review of training, MSF, identifying PDP goals) please confirm with the practitioner that they have access to the SPIN curriculum and portfolio **AND** if a trainee, the standard RCPCH progress + general paediatric curriculum. If not, the trainee practitioner can request this from RCPCH for their RCPCH portfolio account.
- Set PDP to ensure appropriate coverage of the SPIN curriculum. A SPIN practitioner will be able to see a SPIN PDP form under the list of forms and assessments available to them. This will be viewable to you as supervisor/mentor under the GOALS tab, see screenshot below:



Midpoint (CSACs will need this for their midpoint review)

- CSACs are the content experts for SPIN modules and are responsible for deciding if the practitioner has demonstrated all the SPIN capabilities and be awarded a certificate of SPIN completion.
- CSACs can undertake the reviews through members of the CSAC or agreed nominees (ES/mentors).
- CSACs have written their SPIN modules such that they can be supervised by a non-subspecialist ES/mentor. For epilepsy SPIN, the practitioner may have a consultant paediatrician with epilepsy expertise as a clinical supervisor in a DGH. They could carry out clinical supervision meetings with the practitioner to feed into the midpoint assessment which should be done by the overall ES. This ES should ideally be a consultant paediatric neurologist.
- Ideally this should happen halfway through the SPIN or between the DGH and tertiary SPIN placements. The purpose of this meeting is to ensure the practitioner is on track and target future learning. Trainee needs to initiate the midpoint review form and send to you as supervisor.

- Consider what is left to be demonstrated?
  - Review this in the Goals section of the portfolio.



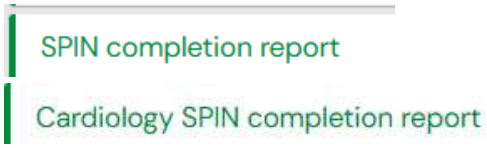
SPIN Goals (only applicable if in SPIN training)	
Learning Outcome 1: Recognises the impact of life-limiting illness on children, young people and their families, and demonstrates a clear understanding of the role palliative care has in relieving suffering (physical, emotional, psychosocial and spiritual).	2
Learning Outcome 2: Leads and coordinates local management of children and young people with life-limiting conditions, including those requiring end-of-life care, in close collaboration with the specialist palliative care service.	2
Learning Outcome 3: Works together with patients, families and professionals to facilitate care coordination and delivery across the illness continuum, demonstrating specific skills in facilitation, supporting decision-making and advance care planning.	2
Learning Outcome 4: Anticipates, evaluates and manages frequently experienced symptoms in the context of life-limiting illness through a multimodal approach, including both pharmacological and non-pharmacological interventions; seeking advice and support from specialist palliative care services for complex symptom management.	1
Learning Outcome 5: Applies the principles of clinical ethics when supporting complex decisionmaking.	1
Learning Outcome 6: Recognises when a child or young person has entered the end-of-life phase and appropriately prepares both parents and professionals to facilitate high-quality end-of-life care, including applying knowledge of the legal and practical requirements following death.	1
Learning Outcome 7: Recognises grief and the need for bereavement care, including support for all family members and the impact on professionals involved in their care.	0
Learning Outcome 8: Possesses the procedural skills necessary to practise competently and effectively as a paediatrician with an interest in Palliative Medicine, with the confidence to advise and support others.	2

  - How many learning events are listed for each key capability (KC)
  - Events should be tagged to a (KC) and not just a domain or learning outcome; This allows you to have an in-depth review.
  - Each KC should have the minimum of 1 event tagged.
  - Events should be tagged to a maximum of 2KCs; a single event should not be tagged to more than 2 KC or domains or learning outcomes.
  - An event CAN be tagged to SPIN and general paediatric curricula.

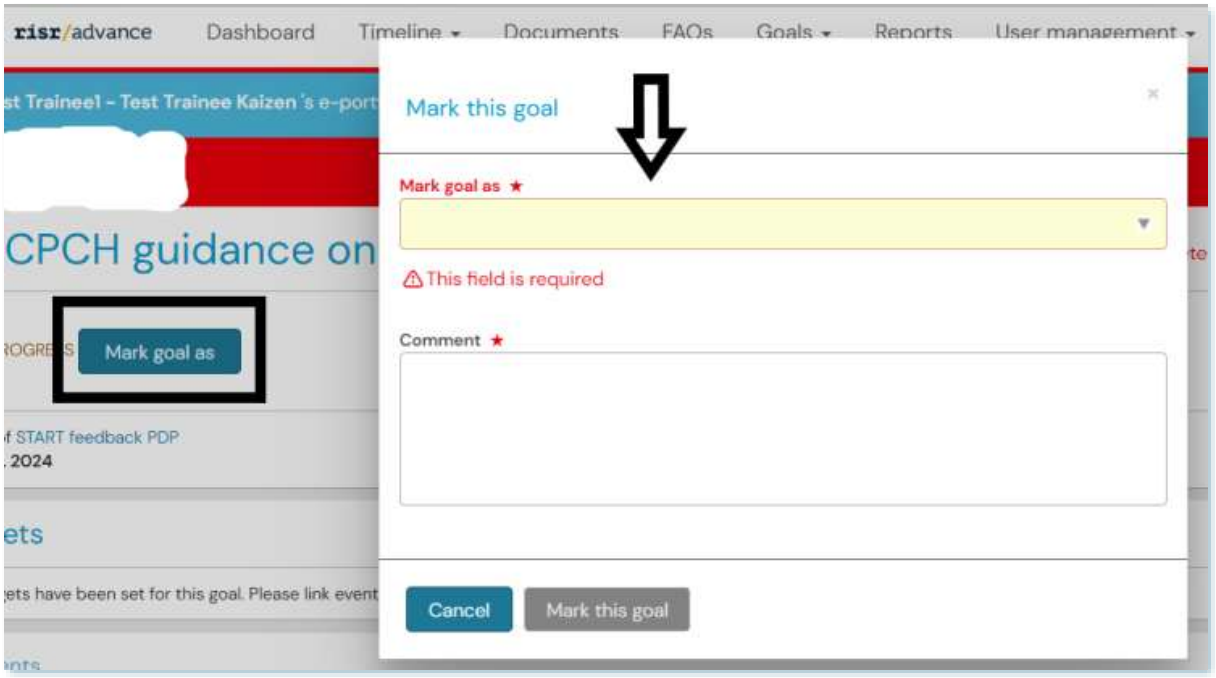
- Check events are being linked to goals in the PDP.
- A portfolio is not just a log of capabilities but a demonstration of development and progress. Please discuss if there is adequate exposure to learning so that the module can be completed. At the midpoint review, it would be helpful to review the case logs of new and follow-up epilepsy patients seen by the practitioner. The ES/mentor should use the SPIN curriculum as a guide to ensure the practitioner is roughly halfway through the targets outlined.
- Highlight tangible examples to target future learning e.g. access to outpatients, end-of-life care, complex cases, network level activities e.g. outreach clinics.

End of SPIN placement: preparation for SPIN completion sign-off

- Review breadth of curriculum coverage.
    - Use the Goals section in ePortfolio to get an overview of this. You should see this on the right-hand side of trainee dashboard when reviewing their profile from your supervisor account. (see screenshot above under Midpoint review)
- Review depth of curriculum coverage.
    - Check evidence (events and tagging) is of good quality.
    - All KCs have at least 1 event
    - All events are tagged to max of 2 KCs.
    - Ensure all mandatory SLEs are completed to a satisfactory level.
    - All events must be within the 5 years permitted for the SPIN.
    - Review MSF
- Trainee initiates the SPIN completion form and sends to you as supervisor.



- Mark the Goals section of the portfolio as completed, before completing the ES section of the SPIN completion report.



- The supervisor then sends the form to RCPCH Training services, who then assign and send the form to relevant spin lead for final review. The reason for the form to have RCPCH team as the go between is so that they can direct the form to certain CSAC members or add a note if needed.

Trainees must also complete the general paediatric specialty training curriculum.

Commonly trainees will provide a range of high-quality portfolio entries; we have found that a proactive review of portfolios encourages training and avoids the subsequent submission of a suboptimal portfolio.

Expectations of CSAC SPIN lead

- The lead is a CSAC member.
- The CSAC SPIN lead is expected to sign off the SPIN completion form submitted to them within *eight weeks* of receipt.
- On receipt of the SPIN completion form from the SPIN supervisor, RCPCH will email the trainee and SPIN Lead with the expected review date (eight weeks from date of sending form to SPIN Lead. Failure to meet this deadline will result in escalation to TQB/SPIN Clinical Lead.

- It is therefore vital that the SPIN lead anticipates any difficulties in sign-off (e.g. conflict of interest) and delegates the review to an agreed nominee.
- All completion times will be monitored by the TS team.

Contacts

RCPCH portfolio issues

- check locally first (with peers, ESs, CTs etc)
- If still unable to resolve, please contact training.services@rcpch.ac.uk

SPIN content, learning or completion issues.

CSAC SPIN lead - Dr Manali Chitre - mchitre@doctors.org.uk