Guidance for **SPIN** Educational Supervision in Paediatric Respiratory Medicine

Contents

Introduction

This guide is for an Educational Supervisor (ES) for a practitioner undertaking a SPIN in Paediatric Respiratory Medicine. 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.

This document should be used in conjunction with the PRM SPIN guide (which includes the SPIN curriculum and assessment strategy) available on the RCPCH website. You may also find it useful to refer to the PRM SPIN trainee guide which includes further information on training days and resources available for PRM SPIN trainees.

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 the General Paediatric 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 do not impact on ARCP outcomes but will be noted by ARCP Panels

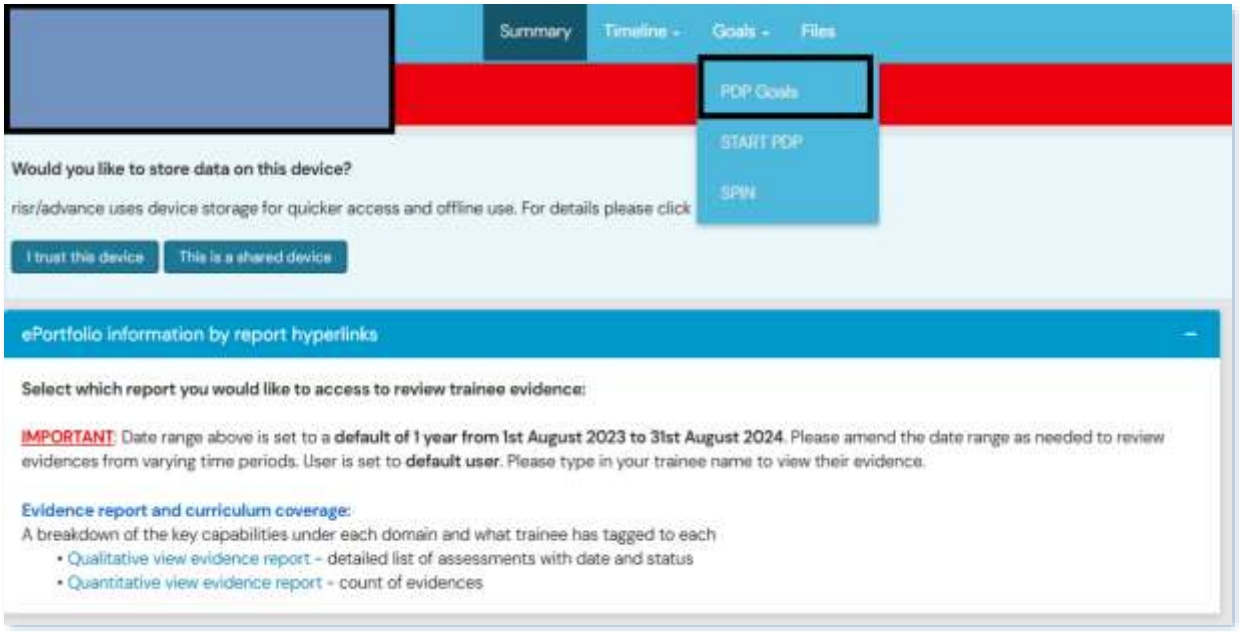
Expectation of educational supervisors

- Where a SPIN practitioner is post CCT, 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.
- PRM SPIN supervisors will typically be respiratory subspecialists or, in secondary care, respiratory network leads in a DGH.
- 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. The 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 can be awarded a certificate of SPIN completion.
- Midpoint reviews will usually be undertaken by CSAC members, although CSACs can use agreed nominees (ES/mentors).
- CSACs have written their SPIN modules such that they can be supervised by a non-subspecialist ES/mentor who has appropriate expertise i.e. a respiratory lead in secondary care.
- Ideally, midpoint review 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 to target future learning. The 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.
  - Events should be tagged to a (KC) and not just a domain or learning outcome. This allows you to have an in-depth review.
  - How many learning events are listed for each key capability (KC)?
  - 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.
- Highlight tangible examples to target future learning e.g. access to outpatients, complex cases, network level activities e.g. outreach clinics.

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

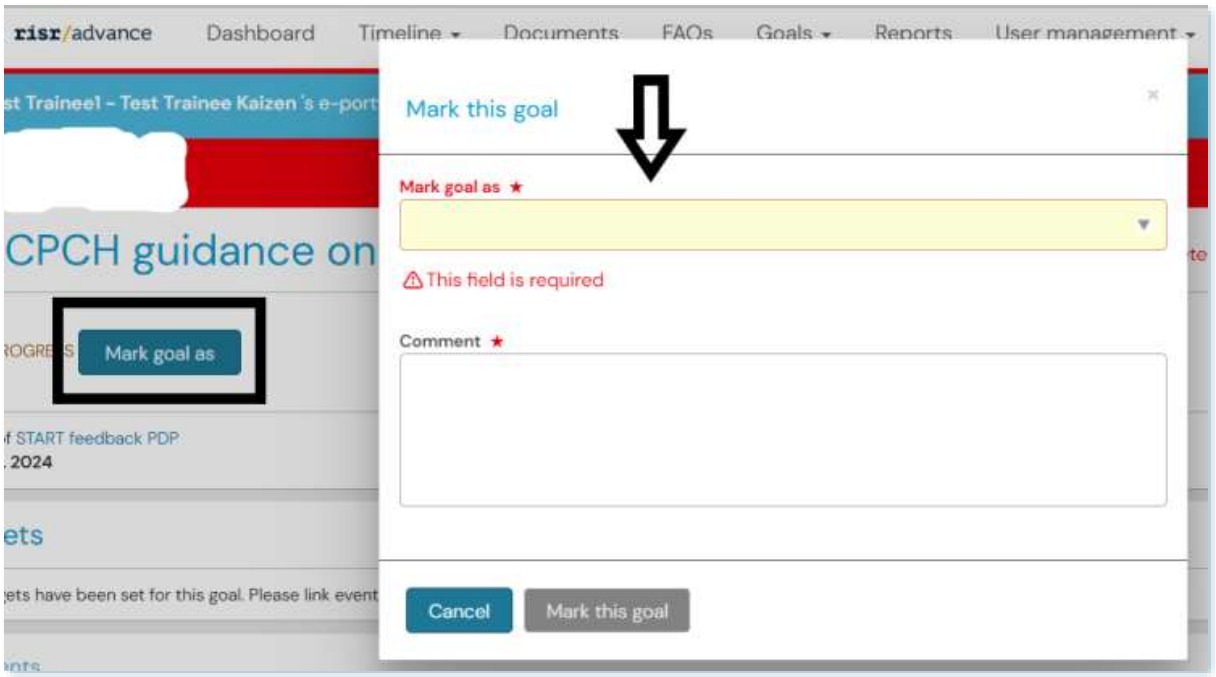
- Review breadth of curriculum coverage.
  - Use the Goals section in ePortfolio to get an overview of this. You should see this on the right-hand side of trainee dashboard when reviewing their profile from your supervisor account. (See screenshot above under Midpoint review.)
- Review depth of curriculum 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.

  SPIN completion report

  Cardiology SPIN completion report

- 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: The SPIN Lead is a member of the Paediatric Respiratory Medicine CSAC. See the RCPCH website for the contact details of the current SPIN Lead: www.rcpch.ac.uk/membership/committees/paediatric-respiratory-medicine-csac