

2010 Stroke Medicine ARCP Decision Aid

This is an overview of the expected minimum number of assessments that any trainee will complete **during the year of advanced stroke training**. It is expected that at least 75% of assessments will be completed by **Specialty Year Assessment (SYA)**.

Advanced Stroke Medicine Training	
mini-CEX	<p>Minimum of 4 mini-CEX.</p> <p>To include a representative range of stroke presentations, e.g., 1 hyper-acute assessment, 1 assessment of an acute presentation assessment, 1 secondary prevention assessment and 1 rehabilitation setting assessment</p>
CbD	<p>Minimum of 4 CbD</p> <p>To include a representative range of patient presentations e.g. 1 hyper-acute assessment, 1 assessment of an acute presentation, 1 secondary prevention assessment and 1 rehabilitation setting assessment</p> <p>NB: One CbD or mini-CEX must be about administration of thrombolysis therapy</p>
MSF	One (minimum of 12 replies)
ACAT	N/A
PS	One
Clinical & Educational Supervisor Reports	<p>Specific comment is required on the following:</p> <ul style="list-style-type: none"> trainees are autonomously competent to assess and manage patients presenting with all common neurovascular conditions trainees are autonomously competent in managing neurovascular patients presenting from all clinical areas including, GP referrals, A&E, high dependency units and rehabilitation units trainees have an assessment and referral strategy for patients presenting with unusual conditions which may present like common neurovascular conditions
Audit or Research Project Supervisor Reports	<p>AUDIT: Evidence that an audit has been completed – including significant involvement with design, data collection and analysis, presentation of results and future recommendations, e.g. a change of practise using Audit Assessment Tool</p> <p>RESEARCH: Evidence of ability to critically appraise current neurovascular clinical trials and how these may be interpreted to improve current clinical practice. Knowledge of ongoing clinical trials relevant to Stroke Medicine, hosting by the Stroke Research Network and basics of research governance. If appropriate for the individual, evidence of ability to design and conduct a research project (i.e. substantive research secondment undertaken)</p> <p>Evidence of ICH-GCP training</p>
Assessed Teaching Presentation	Evidence of lecture or seminar teaching with evaluation by feedback from students
Formal Course Report or Certificate	<p>Stroke Thrombolysis learning day</p> <p>Evidence of NIHSS Certification</p>

Glossary: mini-CEX = Mini-Clinical examination assessment, CbD = Case-based Discussion, MSF = Multi-source Feedback, ACAT = Acute Care Assessment Tool, PS = Patient and Carer Survey Questionnaire, DOPS =

Directly Observed Procedural Skills, ICH-GCP = International Conference on Harmonisation – Good Medical Practice.

This is a guide to what assessments or certificates should be completed by each end of year ARCP. It will be up to individual programme directors to interpret this guide bearing in mind the flexible nature of individual training programmes. However it is expected that 75% of assessments should be completed by PYA.

	OUTCOME 1	OUTCOME 2	OUTCOME 3
Main Specialty	<p>GERIATRIC MED: Satisfactory Audit Satisfactory Teaching. Presentation. Teaching Course 6 CbD (2 Special Interest). 6 mini-CEX (1 Rehab, 1 Continuing Care, 2 Sub-specialty). 2 stroke sub-specialty work-based assessments.</p> <p>NEUROLOGY: Satisfactory progress when completing the year preceding Advanced Stroke Training (i.e. outcome 1). 2 stroke subspecialty work-based assessments.</p> <p>ACUTE MEDICINE: Satisfactory progress when completing the year preceding Advanced Stroke Training (i.e. outcome 1). 2 stroke subspecialty work-based assessments.</p>	<p>GERIATRIC MED: SCE not passed. Poor supervisors' report. No up-to-date ALS. Few or Poor ACAT, CbD, mini-CEX. No stroke subspecialty work based assessments</p> <p>NEUROLOGY: Unsatisfactory progress when completing the year preceding Advanced Stroke Training (i.e. outcome 2 of main ARCP)</p> <p>ACUTE MEDICINE: Unsatisfactory progress when completing the year preceding Advanced Stroke Training (i.e. outcome 2 of main ARCP)</p>	<p>GERIATRIC MED: Very Poor supervisors' report. ALS uncompleted for 2 years. No or unsatisfactory Audit. No or very poor CbD, mini-CEX</p> <p>NEUROLOGY: Very unsatisfactory progress when completing the year preceding Advanced Stroke Training (i.e. outcome 3 of main ARCP)</p> <p>ACUTE MEDICINE: Very unsatisfactory progress when completing the year preceding Advanced Stroke Training (i.e. outcome 3 of main ARCP)</p>
Stroke Specialty	<p>4 satisfactory mini-CEX plus 4 CbDs (incl. 1 hyper-acute, 1 acute, 1 secondary prevention and 1 rehabilitation)</p> <p>1 satisfactory MSF</p> <p>1 completed Audit</p> <p>1 PS during stroke attachment</p> <p>Thrombolysis training attendance</p>	<p>Significant issues arising from Supervisors report.</p> <p>Unsatisfactory work based assessments. Evidence of insufficient experience in specific competencies, e.g. acute thrombolysis, management of rehabilitation</p>	<p>Very poor Supervisors' report with serious concerns about patient safety. Systematically very poor MSF. Evidence that trainee is not autonomously competent as future Stroke Consultant.</p> <p>These may trigger a review of trainees' progress and possibility of remedial training.</p>
FINAL EXIT ARCP	<p>GERIATRIC MED: Passed MRCP & SCE</p> <p>Current ALS</p> <p>4 satisfactory ACATs</p> <p>26 satisfactory CbDs</p> <p>25 satisfactory mini-CEXs</p> <p>2 satisfactory MSFs, PSs, DOPS</p> <p>1 satisfactory academic and 1 clinical governance portfolio.</p> <p>If identified in Outcome 2 of the Stroke Specialty year, any outstanding competencies should be completed.</p> <p>NEUROLOGY OR ACUTE MEDICINE: Satisfactory progress at completing final year of main specialty.</p> <p>If identified in Outcome 2 of the Stroke Specialty year, any outstanding competencies should be completed.</p>		<p>Any remaining areas with unsatisfactory final workplace-based assessments or absence of essential certificate or unsatisfactory academic or Clinical Governance Portfolio</p> <p>Evidence that the trainee is not autonomously competent as a future Stroke Consultant</p>