

Guidance on voluntary recording of COVID-19 related experience in the ISCP (17 April 2020)

The wellbeing of you, your family, your colleagues and your patients take priority. Your training can take a back seat for the moment. However, it is worth using the unique opportunities you come across, to capture some valuable evidence if you can find the energy to do so.

Some trainees have requested guidance about how they could record experiences gained through re-deployment, or training disruption, caused by the COVID-19 pandemic. Please note that the recording of COVID-19 experiences by trainees is **entirely voluntary** and **there will be no disadvantage for any trainee not doing so**.

The guidance below provides information on the following topics:

1. Recording a separate placement (COVID-19 re-deployment)
2. Completion of the current Learning Agreement
3. Use of workplace-based assessments (WBA)
4. Recording COVID-19 workplace experience on ISCP and in an ASiT COVID logbook

This document does not include any information on ARCPs which will be coming soon.

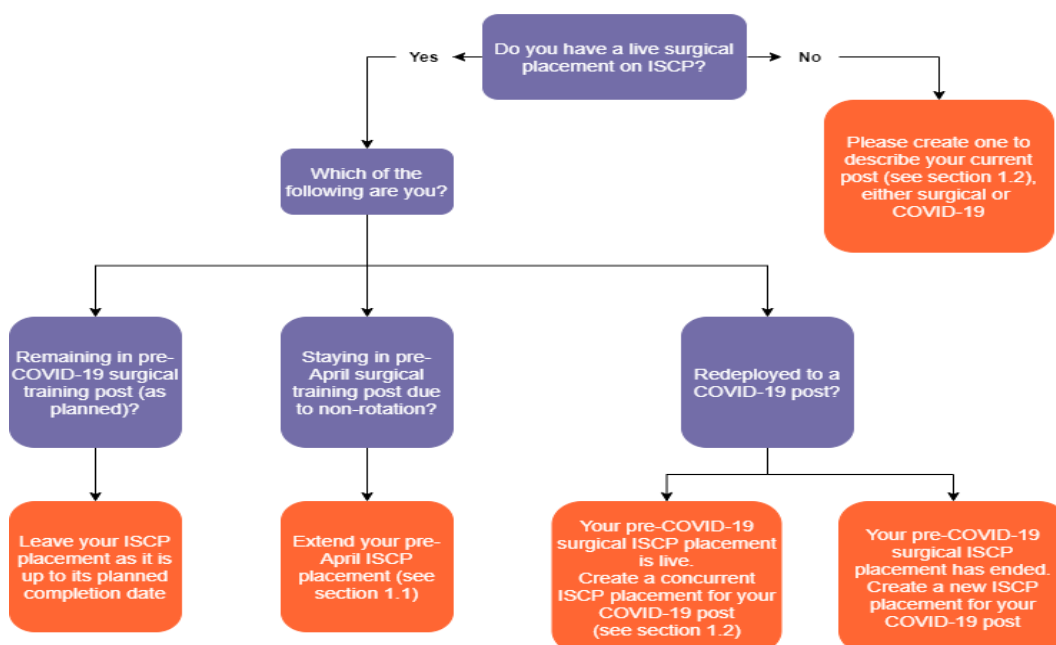
1. Placements

Most trainees who were due to rotate to a new placement in April have not done so and some trainees have been re-deployed to support the COVID-19 response.

If you do not have a live placement, please create one (follow the steps in 1.2 below). If you do have a live placement, you may do any of the following in discussion with your Training Programme Director (TPD) and/or Assigned Educational Supervisor (AES):

- a) Leave your current placement as it is up to its planned completion date (e.g. if you are remaining in your pre COVID-19 training post)
- b) Extend your current placement (e.g. if you were due to rotate to a new surgical placement but are now staying in your old surgical placement) – see 1.1 below
- c) Leave your current placement as it is up to its planned completion date and start a concurrent new placement (e.g. to cover COVID-19 related re-deployment). This permits you to have two placements running at the same time and is recommended to cover COVID-19 re-deployment – see 1.2 below

See flowchart below describing the various options:



1.1 To extend your current placement

If you wish to extend the end date of your current placement in order to complete the Learning Agreement etc. at a later date, follow the steps below:

1. Go to the main menu / *Dashboard* / *Training History*
2. Click to open the placement / Click the *Retract* button at the end of the form.
3. This permits you to re-enter placement information (you can leave some areas unchanged).
4. Submit the placement

Important: your TPD will need to re-validate the placement. This will not affect your ability to record your activity.

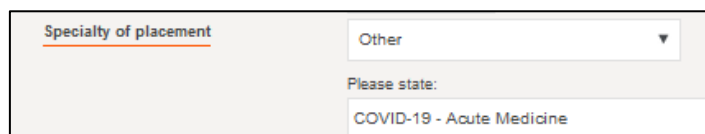
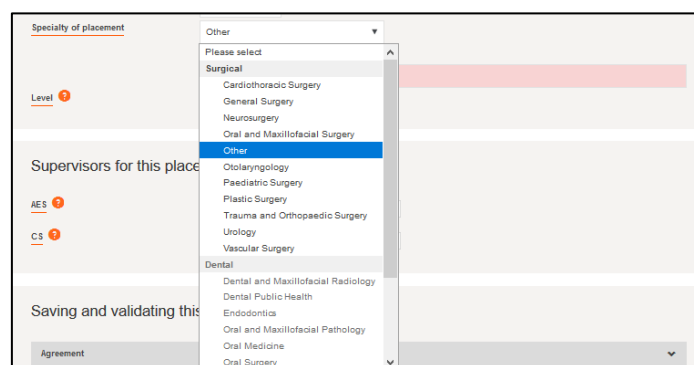
1.2. To create a placement including a concurrent placement to cover COVID-19 related re-deployment

A new placement can be set up to record any activity that occurs specifically within the COVID-19 hiatus. The COVID-19 re-deployment placement can run alongside the surgical placement you are in now. To set up a specific COVID-19 placement use the same steps as you usually do to set up a placement:

1. Go to the main menu / *Add* / *Placement*
2. In *Your key training details*: Add your normal training information into each field (Appointment type, Parent specialty, Academic trainee, Military trainee, Deanery/LETB and TPD) then confirm.

Important: please use your current Deanery / LETB and your current TPD so this placement can be validated.

3. In *Placement details* add details specific to your COVID-19 activity – the *hospital* you are in, the *start date* and confirmed or estimated *end date* (the end date can be modified later if necessary), and whether you are *full time*.
4. For specialty select *Other* from the drop down list and then in the free text box write 'COVID-19' – and the specialty you are in, see the example below.



5. In *Supervisors for this placement* please choose your current AES and CS.

If you wish to include the views of the supervisors working with you during your COVID-19 re-deployment, in place of a CS Report you

can ask them to give you a brief written report which you can upload under *Other Evidence / Miscellaneous* in your portfolio.

6. Submit the placement

2. Learning Agreement

If you have an existing surgical placement with a Learning Agreement linked to it and you are not subject to disruption, you should aim to complete all components of it where possible (see above regarding extending your placement end date if necessary).

Your scope of work will almost certainly have been affected by COVID-19. If you have not been re-deployed, you may well be performing emergency work, and you should focus the Learning Agreement and WBAs on this aspect of work. Also, there may be good opportunities to concentrate on knowledge and record some CBDs during the disruption of normal training.

We advise you not to create a new Learning Agreement specific to the period in which you are re-deployed due to COVID-19, even if you create a COVID-19 related placement.

3. Workplace-based Assessment (WBA)

Important: recording of experience during COVID-19 re-deployment is optional, and not doing so will not disadvantage you at ARCP. Please also remember that trainers/supervisors will be, like everyone else, very pressured during the pandemic response. Obviously this will be a consideration when asking trainers/supervisors, especially those not usually registered with ISCP, to record formal assessments.

If you and your trainers are not subject to disruption and it is possible to carry out WBAs, you could continue to do so. If you are subject to re-deployment relating to COVID-19 and you wish, you may want to use the existing WBAs (see examples below) to record new learning experiences.

If your supervisors are not surgical trainers they can either register on the ISCP (www.iscp.ac.uk) or you can download the WBA form, complete it with them in paper-based form and upload it to your ISCP portfolio in the *Other Evidence / Miscellaneous* section – we would suggest that you give the uploaded form a COVID-19 related title.

WBAs will relate to any placement which is live at the time of the WBA.

The following WBAs may be particularly useful:

[Case Based Discussion \(CBD\)](#) (this links to a PDF of a CBD)

The CBD involves an in-depth discussion about a patient case that you have managed, talking through what occurred with the trainer, including considerations and reasons for actions. It is most relevant to cases that you find challenging. It assesses: medical record keeping; clinical assessment; diagnostic and underlying knowledge base; management and follow-up planning; clinical judgement and decision-making; communication and team working skills; leadership skills; reflective practice/writing; professionalism.

COVID-19 re-deployment: You do not necessarily have to discuss the case with the trainer/supervisor who was involved in that case, particularly at this time. It may be that some trainers who are well but self-isolating might be able and willing to discuss the case with you by telephone/video-conference and validate the CBD.

[Clinical Evaluation Exercise \(CEX\)](#) (this links to a PDF of a CEX)

The CEX can be used for any encounter you have with a patient in any setting. It assesses: history taking skills; physical examination skills; diagnostic and underlying knowledge base; management and follow-up planning; clinical judgement and decision-making; communication and listening skills; organisation and time management and professionalism.

COVID-19 re-deployment: CEX can be done with any suitably experienced person, but if they are not yet registered with ISCP they would need to do so to validate the CEX on ISCP. Alternatively,

use a paper copy and upload later. As above, we know that you will use your discretion when asking colleagues to formally assess you.

[Clinical Evaluation Exercise for Consent \(CEXC\)](#) (this links to a PDF of a CEXC)

The CEXC can be used for any encounter with a patient when you are taking consent. It assesses: knowledge of indications and contraindications specific to the procedure (including alternatives to surgery); awareness of sequelae of operative or non-operative management; knowledge of complications of surgery; ability to explain the procedure, likely outcome and time to recovery to the patient / relatives / carers and checking their understanding and professionalism.

COVID-19: Taking consent in the time of COVID-19 presents extra challenges and may be a very good opportunity to assess your consent skills and receive feedback.

[Direct Observation of Procedural Skills \(DOPS\)](#) (this links to a PDF of a DOPS)

The DOPS can be used to demonstrate your technical, operative and professional skills in non-theatre environments. It assesses indications, anatomy, procedure and complications; consent; preparation for the procedure; administration of effective analgesia or safe sedation; good asepsis and safe use of instruments; technical steps; unexpected events; seeking help appropriately; completion of documentation; communication and professionalism.

COVID-19 re-deployment: You might be already competent at all these kinds of tasks, but if you want to record feedback on non-theatre interventions then your re-deployment might provide many opportunities.

[Procedure Based Assessment \(PBA\)](#) (you will need to login to download a PBA from the specialty list)

The PBA can be used to demonstrate your technical, operative and professional skills in theatre. It assesses pre-operative planning; pre-operative preparation; exposure and closure; intraoperative technique (including team-working and leadership) and post-operative management.

COVID-19: Some emergency operations will still be happening and if you are involved you might like to get formal feedback as you usually do.

4. Other COVID-19 related workplace experience (OPTIONAL)

You may, if you wish, record any experience using the *Miscellaneous* form in the *Other Evidence* section of your ISCP portfolio. If you wish to do this, we suggest keeping the full record on one form for all experiences rather than using one form for each experience (use the “Save as a draft” option to keep the form available for editing and adding to but remember to “Commit to portfolio” in good time for your ARCP).

You can also use the following:

- [ASiT COVID logbook](#)
- Journal entries
- A piece of reflective writing
- Updating your CV

You will not be disadvantaged if you do not record your experiences.

4.1 How to use the Miscellaneous form (optional)

1. Login into the ISCP and from the main menu select *Add / Other Evidence / Miscellaneous*.
2. Use a single form to record the entirety of your experience rather than using one form for each experience. However, if your entry exceeds the character limit please create a new *Miscellaneous* form [Note that you can enter a maximum of 8000 characters in the large free-text fields (e.g. Brief summary) and a maximum of 1000 characters in other fields.]
3. You can be brief e.g. using bullet points rather than narrative
4. Complete the fields in the online form as shown below

5. You can keep the form open by clicking “Save as draft” every time you add to it. Remember to “Commit to portfolio” in good time before your ARCP

The Form

About this activity

Start date

(Add the start date of your COVID-19 period)

End date

(Add the end date of your COVID-19 period)

Title

(Add “**COVID-19 Experience**” to differentiate this record from others)

Brief summary of experience

(include area, specialty or site and clinical experience – see examples below)

Examples of clinical experience

- Preparing for assessment / using PPE
- Clinical assessment and treatment
- Using criteria for selecting inpatients and those remaining in the community
- Diagnostic skills and knowledge
- Management and follow-up planning
- Pre-operative care / Intra-operative care / Post-operative care
- Intensive care
- Placement in respiratory isolation
- Management of the dying patient
- Assembling and integrating data relevant to the management of the severely ill
- Prioritising the patient’s wishes / Being an effective and sympathetic communicator
- Prioritising patient safety
- Following infection and control guidelines / Promoting infection control in the workplace
- Promoting quality and safety in the workplace

Reflecting on this activity

(insert anonymised reflection here, discussing general themes rather than specifics)

What did I learn from this experience?

(e.g. list any new competencies gained)

What did I do well?

(include any professional skills gained from the experience)

Professional and leadership skills:

- Leadership
- Good clinical care
- Communication
 - Communication with patients
 - Breaking bad news
 - Communication with colleagues
- Teaching and training
- Keeping up to date
 - Keeping up to date and understanding how to analyse information
- Manager
 - Self-awareness and self-management
 - Team-working
 - Leadership
 - Principles of quality and safety improvement
 - Management and NHS culture
- Promoting good health

- [Probity and ethics](#)

What do I need to improve or change?

[\(optional\)](#)

Action plan

[\(optional\)](#)

Topics

[\(It is not necessary to pick any topics from the syllabus\)](#)

Attachments

[\(You can opt to upload relevant attachments e.g. ASiT COVID logbook\)](#)

Commit this evidence to your portfolio

[\(Save as draft every time you add an entry / Commit in good time for your ARCP\)](#)

See the example below.

Example

About this activity

Start date

17 Mar 2020

End date

08 Apr 2020

Title

COVID19 Experience

Brief Summary of evidence

Re-deployed to ITU to monitor ventilated patients with COVID 19

Specialty: Acute Medicine

- Preparing for assessment / using PPE
- Placement in respiratory isolation
- Prioritising the patient's wishes / Being an effective and sympathetic communicator
- Prioritising patient safety
- Following infection and control guidelines / Promoting infection control in the workplace
- Promoting quality and safety in the workplace

Reflecting on this activity

What did I learn from this experience?

New competencies gained:

- understanding of pathophysiology of respiratory distress
- understanding of pathophysiology of SIRS
- understanding of mechanical ventilation (including underlying physiology and mechanics of ventilation)
- Interpretation of intensive care monitoring
- Indications for ventilation
- Setting ventilator patterns

What did I do well?

Professional skills:

Communication / Communication with patients

- treating patients as individuals, respecting their dignity and ensuring patient confidentiality

Manager / Self-awareness and self-management

- demonstrating awareness of own limitations
- understanding when and who to refer on to or seek professional advice from

Keeping up to date:

- able to make clear, accurate and contemporaneous records of their observations or findings

Communication / Communication with colleagues:

- multi-disciplinary team working

What do I need to improve or change?

Action plan

Attachments ?

Attach File

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Commit this evidence to your portfolio

Commit to Portfolio

No - Save as draft ▼

Save As Draft

Delete