SPECIAL SKILLS PLACEMENT - TOXICOLOGY

1. PURPOSE AND SCOPE

The purpose of these guidelines is to outline the minimum criteria for accreditation of a special skills placement Category “A” for Toxicology.

2. ABBREVIATIONS

SSP  Special Skills Placement  
FTE  Full-time equivalent  
LNA  Learning needs analysis  
ITA  In-Training Assessment  

3. SUPERVISOR

The principal supervisor should be a clinician with recognised expertise and experience in clinical toxicology and have a current hospital appointment as a consultant toxicologist.

4. PLACEMENT STRUCTURE

The placement may be undertaken at 0.5 FTE to 1.0 FTE; however, full-time (i.e. 1.0 FTE) appointments for three months or six months duration are desirable. It should be recognised that differing placement lengths may determine differing learning objectives and duties.

5. DEMOGRAPHICS

Hospitals seeking to provide special skills training in toxicology should have an established clinical toxicology service in operation.

The toxicology service should provide specialist care and advice for a broad range of toxicological conditions with a wide range of acuity, from simple cases to complex toxicological emergencies requiring critical care and specialized therapies.

There should be exposure to toxicological emergency cases, either directly through involvement in an inpatient service or indirectly through involvement in a consultation service.

6. LEARNING OBJECTIVES

Learning objectives should be established to ensure the trainee gains a broad and competent knowledge of common and major toxicological emergencies, as well as less common but clinically significant emergencies.

Learning objectives should be aligned with the ACEM curriculum framework domains of medical expertise, prioritization & decision-making, communication, and teamwork & collaboration.

Strategies to achieve the learning objectives should be clearly defined. These might include coursework, mandatory reading lists, tutorials etc.
General learning objectives will include, but are not limited to, developing knowledge and skills in the following:

- Approach to the poisoned patient
  - Resuscitation and stabilization
  - Risk assessment
  - Decontamination and enhanced elimination
  - Antidotes
  - Reassessment and observation
- Effective communication and collaboration with colleagues in toxicology, emergency medicine and other specialities

Specific toxicology learning objectives will include, but are not limited to, developing knowledge and skills in the following:

- Toxidromes
- Analgesics and anti-inflammatories
- Central nervous system drugs
- Cardiovascular drugs (including anti-coagulants)
- Hypoglycaemics
- Drugs of abuse
- Toxic alcohols
- Chemicals and metals
- Toxinology

7. **ACTIVITIES / DUTIES**

Activities and duties must reconcile with the set learning objectives for the placement.

The trainee should not be considered part of the usual ED workforce when undertaking a toxicology placement.

Activities and duties should encompass the following components:

- **CLINICAL:** The trainee should be involved in the direct clinical management of toxicology cases through the activities of a hospital-based clinical toxicology service.
- **CONSULTATIVE:** The trainee should also be involved in an on-call consultative service. This might be through a hospital or service based roster or through an established Poisons Information network or service.
- **GOVERNANCE/EDUCATION/ADMINISTRATION/RESEARCH:** The trainee will be involved in clinical review meetings, morbidity/mortality reviews, education programs, clinical audit, research or other relevant clinical support activities conducted by the service.

8. **SUPERVISION AND PLACEMENT ASSESSMENT**

8.1 **In general**

Regular formal contact with the placement supervisor (or toxicologist delegate) is required throughout the placement (e.g. weekly meetings) and direct access to a clinician suitably experienced in toxicology should be available at all times.

Direct supervision of the trainee as they undertake clinical assessment and management or bedside consultation is highly desirable during usual working hours. Mechanisms should be in place for the supervisor(s) to review and discuss cases managed or consulted on by the trainee in the absence of direct supervision.
Achievement of each learning objective should be evident through
- Learning portfolio/logbook entries
- Completed tasks e.g. research, audit, teaching
- Individual assessments e.g. learning module, toxicology course, ITA

8.2 Learning Portfolio

The trainee is required to maintain a Learning Portfolio in which all learning outcomes are documented in the ACEM Learning Needs Analysis (LNA). The trainee describes the activities they will perform to achieve the learning outcomes during their placement. These activities must include a logbook of patients encountered (see below). In addition, the following should be included in the LNA:

- a list of educational sessions delivered and/or attended
- a list of supervisor meetings
- any other related activities
- a copy of any research or project(s) performed

At the end of the placement, the supervisor will sign off that the trainee’s LNA has been reviewed and displays sufficient evidence that all learning objectives have been attained, as evidence for successful completion of the placement.

8.3 Logbook

The trainee will maintain a logbook of all cases encountered. The logbook should specify case details, the nature of the trainee’s involvement (e.g. direct clinical management, bedside consultation, or telephone consultation) and the nature of the supervision provided (direct or indirect). Relevant meetings, education sessions attended or provided by the trainee, reading lists and or tutorial programs should also be noted.

The completed logbook should provide evidentiary support that the trainee has met the placement learning objectives. It should therefore reflect exposure to a broad range of toxicological emergencies. Where clear deficiencies in cases of major, or uncommon but clinically important, toxicological emergencies exist, an outline of the strategies used to address the trainee’s learning in the relevant topics should be provided.

Reflections on learning from particular cases should also be recorded in the logbook.

8.4 In Training Assessment (ITA)

An in training assessment must be completed every three months.

9. REVIEW

Timeframe for review: every two (2) years, or earlier if required.

9.1 Responsibilities

Document authorisation: Council of Education
Document implementation: Director of Training and Accreditation
Document maintenance: Manager Accreditation
9.2 Revision History

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<th>Version</th>
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<th>Pages revised / Brief Explanation of Revision</th>
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<tr>
<td>05</td>
<td>July 2015</td>
<td>Section 7 Changed Learning Portfolio and include LNA information, Logbook requirements and addition of ITA requirement. Addition of Section 8.</td>
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<tr>
<td>05-1</td>
<td>Apr 2016</td>
<td>Section 6 Learning Objectives updated against the new Curriculum Framework</td>
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