Australasian College for Emergency Medicine

Special Skills Placement - Toxicology

AC83 V6.2

December 2023

acem.org.au

Document Review

Timeframe for review:	Every two years, or earlier if required
Document authorisation:	Council of Education
Document implementation:	Executive Director, Training
Document maintenance:	Manager Accreditation

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
05	July 2015	Section 7 Changed Learning Portfolio and include LNA information, Logbook requirements and addition of ITA requirement. Addition of Section 8.
05-1	Apr 2016	Section 6 Learning Objectives updated against the new Curriculum Framework
06-0	Jan 2020	Review
06-1	Jul 2020	Learning Needs Analysis (LNA) has been replaced with Learning and Development Plan (LDP)
06-2	Dec 2023	Routine review Standardising formatting and layout All SSP terms are standardized to 6 months at 1 FTE LDPs are no longer required but strongly recommended. A logbook is required.

Copyright

1. Purpose and Scope

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

2. Abbreviations

FTE Full-time equivalent

ITA In-Training Assessment

LDP Learning and Development Plan

SSP Special Skills Placement

3. Supervisor

The principal supervisor must be three (3) years post Fellowship and have a current hospital appointment as a consultant toxicologist with a minimum of three (3) years experience in toxicology.

4. Placement Structure

The placement may be undertaken up to the maximum training time equivalent to six (6) months at 1.0 FTE. (Please note the minimum term length is three (3) months at 1.0 FTE or equivalent, as per Regulation G.)

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.

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. (A minimum number of 100 cases per three (3) months is required.)

6. Learning Objectives

Learning objectives should be established to ensure that 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 FACEM Training Program curriculum 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 stabilisation
    - 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
- Toxicology.

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 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:

- Completed tasks e.g. research, audit, teaching
- Individual assessments e.g. learning module, toxicology course, ITA.

8.2 Education/Learning Portfolio

The trainee is highly recommended to maintain an Education/Learning Portfolio in which all learning outcomes are documented in the ACEM Learning and Development Plan.

The trainee should describe the activities they will perform to achieve the learning outcomes during their placement. In addition, the following should be included in the LDP:

- 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.

The Portfolio has the following functions:

- It provides trainees with a personal record of the education and training experiences that contribute to the requirements for satisfactory completion of the placement.
- Supervisors will use it to monitor the trainee's experience to ensure it is appropriate for their level of training, and to aid them in providing an informed completion of the trainee's ITA.
- The accreditation inspection team may use the information to determine if the SSP meets accreditation guidelines for ongoing accreditations.
- The learning portfolio can be completed using the Learning Development Plan available in the training portal. Alternatively, a trainee can upload their own document when the ITA is submitted.

At the end of the placement, the primary supervisor must sign off that the trainee's LDP has been reviewed and displayed sufficient evidence that all learning objectives have been attained, as evidence for successful completion of the placement. The supervisor must also sign off on the trainee's logbook completion.

8.3 Logbook

The trainee is required to keep a logbook of the cases they've been involved in (mandatory 100 cases over a three (3) month placement) for their own benefit and reflection and also to facilitate the LDP and ITA discussions. The supervisor must also sign off on the trainee's logbook completion.

8.4 In-Training Assessment

An in-training assessment must be completed every three months.

Australasian College for Emergency Medicine
34 Jeffcott Street
West Melbourne VIC 3003
Australia
+61 3 9320 0444
admin@acem.org.au

acem.org.au