

ePortfolio developments for IMT



Internal Medicine Training (IM Stage 1) curriculum

Competencies

Collapse All

Generic CiPs i

1. Able to function successfully within NHS organisational and management systems i

Rate

(T) 09/06/2019 Meets expectations Dr Internal Medicine Trainee

2. Able to deal with ethical and legal issues related to clinical practice i

Rate

(T) 09/06/2019 Meets expectations Dr Internal Medicine Trainee

(ES) 07/06/2019 Meets expectations Dr Internal Medicine Supervisor

"The trainee has dealt with ethical and legal issues during their placement with the palliative team as evidenced by a CbD and reflection"

🔗 CBD_IMT 10 Jun 2019 (Internal Medicine Supervisor, ST4), (General Internal Medicine), (Meeting expectations for this year of training; expected to progress to next stage of training)

View

3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement i

Rate

(T) 09/06/2019 Meets expectations Dr Internal Medicine Trainee

(ES) 09/06/2019 Meets expectations Dr Internal Medicine Supervisor

"Good feedback showing focus of patient care and good communication in challenging circumstances"

🔗 CBD_IMT 07 Jun 2019 (Dr Internal Medicine Supervisor, Consultant), (Acute Internal Medicine), (Above expectations for this year of training; expected to progress to next stage of training)

View

4. Is focussed on patient safety and delivers effective quality improvement in patient care i

Rate

5. Carrying out research and managing data appropriately i

Rate

(T) 09/06/2019 Meets expectations Dr Internal Medicine Trainee

6. Acting as a clinical teacher and clinical supervisor i

Rate

The IMT curriculum has six generic capabilities in practice (CiPs)



Clicking on the information icon will display the anchor statements used to rate the generic CiPs

Curriculum Item Help



Generic CiPs

Generic CiPs

Please rate the trainee's progress against each of these using the anchor statements below. **Detailed comments MUST be given to support any rating of below expectation.** Comments are encouraged for all ratings especially to highlight excellence in those performing above expectation.

Anchor statements for generic CiPs

Below expectations for this year of training; may not meet the requirements for critical progression point

Meeting expectations for this year of training; expected to progress to next stage of training

Above expectations for this year of training; expected to progress to next stage of training



Clicking on the information icon will display the descriptors, relevant generic professional capabilities (GPCs) and the evidence required for each CiP

1. Able to function successfully within NHS organisational and management systems

| 1. Able to function successfully within NHS organisational and management systems | |
|---|---|
| Descriptors | <ul style="list-style-type: none"> • Aware of and adheres to the GMC professional requirements • Aware of public health issues including population health, social detriments of health and global health perspectives • Demonstrates effective clinical leadership • Demonstrates promotion of an open and transparent culture • Keeps practice up to date through learning and teaching • Demonstrates engagement in career planning • Demonstrates capabilities in dealing with complexity and uncertainty • Aware of the role of and processes for commissioning • Aware of the need to use resources wisely |
| GPCs | <p>Domain 1: Professional values and behaviours</p> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • Professional requirements • national legislative requirements • the national service and healthcare systems in the four countries <p>Domain 9: Capabilities in research and scholarship</p> |
| Evidence to inform decision | <p>MCR</p> <p>MSF</p> <p>Active role in governance structures</p> <p>Management course</p> <p>End of placement reports</p> |


Internal Medicine Training (IM Stage 1) curriculum


The curriculum also has eight clinical CiPs

Clinical CiPs

1. Managing an acute unselected take



 Rate

 (T) 11/06/2019 Level 2 Dr Internal Medicine Trainee



 (ES) 11/06/2019 Level 2 Dr Internal Medicine Supervisor
"3 MCRs have been completed by consultants who have supervised the trainee in the acute setting and 2 anticipate that she will be able to manage the acute take with indirect supervision by the end of IMY2"

2. Managing an acute specialty-related take

 Rate


 3. Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment 

 Rate

 4. Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions) 

 Rate

 (T) 11/06/2019 Level 2 Dr Internal Medicine Trainee

 (ES) 11/06/2019 Level 2 Dr Internal Medicine Supervisor
"Is able to demonstrate professional behaviour and delivering patient centred care when making decisions"

5. Managing medical problems in patients in other specialties and special cases


 Rate

6. Managing a multi-disciplinary team including effective discharge planning

 Rate


7. Delivering effective resuscitation and managing the acutely deteriorating patient

 Rate

 (ES) 11/06/2019 Level 2 Dr Internal Medicine Supervisor *"Needs to gain more experience"*

8. Managing end of life and applying palliative care skills

 Rate

 (ES) 07/06/2019 Level 3 Dr Internal Medicine Supervisor
"Trainee has had a two week placement with palliative team and had learnt a lot from this experience as well as in the care of the elderly wards. She needs to consolidate this experience but can be entrusted with minimum supervision"



Clicking on the information icon will display the level descriptors used for rating the clinical CiPs

Curriculum Item Help



Clinical CiPs

Clinical CiPs

Please record your entrustment decisions using the levels described below. **Detailed comments must be given to support any entrustment decision that is at a lower level than that expected for a trainee at this stage of training** – please refer to the grid of expected levels in the ARCP decision aid. Comments are encouraged (but not mandated) for all ratings especially to highlight excellence in those performing above expectation.

Level descriptors for clinical CiPs

Level 1: Entrusted to observe only – no provision of clinical care

Level 2: Entrusted to act with direct supervision: The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision

Level 3: Entrusted to act with indirect supervision: The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision

Level 4: Entrusted to act unsupervised

Internal Medicine Training (IM Stage 1) curriculum

Competencies

Collapse All

Generic CiPs ?

1. Able to function successfully within NHS organisational and management systems ?

Rate

(T) 09/06/2019 Meets expectations Dr Internal Medicine Trainee

2. Able to deal with ethical and legal issues related to clinical practice ?

Rate

(T) 09/06/2019 Meets expectations Dr Internal Medicine Trainee

(ES) 07/06/2019 Meets expectations Dr Internal Medicine Supervisor

"The trainee has dealt with ethical and legal issues during their placement with the palliative team as evidenced by a CbD and reflection"

? CBD_IMT 10 Jun 2019 (Internal Medicine Supervisor, ST4), (General Internal Medicine), (Meeting expectations for this year of training; expected to progress to next stage of training)

View

3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement ?

Rate

(T) 09/06/2019 Meets expectations Dr Internal Medicine Trainee

(ES) 09/06/2019 Meets expectations Dr Internal Medicine Supervisor

"Good feedback showing focus of patient care and good communication in challenging circumstances"

? CBD_IMT 07 Jun 2019 (Dr Internal Medicine Supervisor, Consultant), (Acute Internal Medicine), (Above expectations for this year of training; expected to progress to next stage of training)

View

4. Is focussed on patient safety and delivers effective quality improvement in patient care ?

Rate

5. Carrying out research and managing data appropriately ?

Rate

(T) 09/06/2019 Meets expectations Dr Internal Medicine Trainee

6. Acting as a clinical teacher and clinical supervisor ?

Rate


Trainees should link any relevant evidence (eg SLE) and complete a self-rating with comments to justify their rating for each CiP

Educational supervisors should review trainee self-rating and evidence and give their rating for each CiP with comments to justify their rating

Internal Medicine Training (IM Stage 1) curriculum


Practical procedural skills

Advanced cardiopulmonary resuscitation (CPR)


 Rate

 (T) 10/06/2019 Participation in CPR team Dr Internal Medicine Trainee

Direct current (DC) cardioversion

 Rate

Temporary cardiac pacing using an external device

 Rate


Central venous cannulation (internal jugular or subclavian)


 Rate

Access to circulation for resuscitation (femoral vein or intraosseous)


 Rate

Pleural aspiration for fluid (diagnostic)

 Rate

 (T) 09/06/2019 Satisfactory supervised practice Dr Internal Medicine Trainee


Intercostal drain for pneumothorax

 Rate


 DOPS: Formative (IMT) 09 Jun 2019 , Dr Internal Medicine Supervisor, Consultant


 View


Intercostal drain for effusion

 Rate


Nasogastric (NG) tube

 Rate


 DOPS: Summative (IMT) 09 Jun 2019 , Dr Internal Medicine Supervisor, Consultant, Pass

 View

Ascitic tap

 Rate

Abdominal paracentesis

 Rate

Lumbar puncture

 Rate

There are a number of procedural skills in which a trainee must become proficient to the level expected by the end of IM stage 1 – the minimum level of competency is set out in the ARCP decision aid

Supervised learning event (SLE) forms for IMT – ACAT, CbD & mini-CEX

Date of Assessment:

05/06/2019

Trainee's Name:

Dr Internal Medicine Trainee

Trainee's GMC:

N/A

Trainee's Training Programme:

London - Internal Medicine Training (LON) (01 Feb 2019 to 31 Jul 2020) - Core Training

Trainee's Post:

IMY1, Royal London Hospital, 01 Feb 2019 to 31 Aug 2019, Internal Medicine Training

Are you a consultant completing this assessment?*

Yes

No

1

Specialty being assessed:

Renal Medicine

State the setting for the learning event (e.g. acute admission, ward round, night shift)*:

Ward round in renal ward

Provide a brief summary of the cases observed*:

Elderly male was admitted to the renal ward due to profound AKI and generally unwell during his OP cystoscopy appointment. His background was a right nephroureterectomy secondary to TCC. His cystoscopy was for surveillance of the left urinary tract. The main management plan was to quickly ascertain what the cause was - obstructive, as the history ruled out any pre-renal and renal causes - and then investigate to confirm. Once his USS showed mild hydronephrosis, and together with a reduced UO, we referred to urology for ureteric stenting. The patient's renal function then appropriately recovered and we discharged him home with the usual urology OP

Based on this observation, please rate the overall competence the trainee has shown*:

Please select an option.

- Please Select -

- Please Select -

Below expectations for this year of training; may not meet the requirements for critical progression point

Meeting expectations for this year of training; expected to progress to next stage of training

Above expectations for this year of training; expected to progress to next stage of training

2

The SLEs form content remains the same as for CMT but with two new features:

- 1) An additional question to determine whether the assessor is consultant level. This is to provide a count of each type of SLE completed by consultants for the educational supervisor report (ESR)
- 2) Global assessment ratings for IMT: below, meeting or above expectations for this year of training

DOPS for IMT

DOPS: Summative (IMT)

Summative DOPS should be used to confirm that the trainee is competent to perform the procedure unsupervised. Please refer to the ARCP decision aid.

Date of Assessment:

10/06/2019

Type of assessment:

Summative

Type of procedure:

CPR

Trainee's Surname:

Trainee

Trainee's Forename:

Internal Medicine

Trainee's GMC Number:

Trainee's Grade:

IMY1

Are you a consultant completing this assessment?:

Yes

No

DOPS: Formative (IMT)

Formative DOPS should be undertaken before doing a summative DOPS and can be undertaken as many times as the trainee and their supervisor feel is necessary.

Date of Assessment:

05/06/2019

Type of assessment:

Formative

Type of procedure:

Chest Drain Insertion (Seldinger Technique)

IMT DOPS – one for formative use and one for summative use.

Form content remains the same as for CMT but there is no distinction between routine and potentially life threatening procedures. There is an additional question to confirm whether the form is completed by a consultant

Are you a consultant completing this assessment?:

Yes

No

Summary of Clinical Activity and Teaching Attendance

IMT Summary of Teaching Attendance and Clinical Activity

Trainee's Name:

Dr Internal Medicine Trainee

Trainee's GMC:

N/A

Trainee's Post:

IMY1, Royal London Hospital, 01 Feb 2019 to 31 Aug 2019, Internal Medicine Training

Trainee's Training Programme:

London - Internal Medicine Training (LON) (01 Feb 2019 to 31 Jul 2020) - Core Training

Date range Summarised From:

01/02/2019

Date Range Summarised To:

07/06/2019

Acute medical take experience

A calculator is available on the IMT page of the JRCPTB website which can be used to estimate number of patients seen

Number of patients seen*:

10

Cumulative number of patients seen for IMT training*:

100

Outpatient experience - clinics**Number of clinics performed*:**

6

Cumulative number of clinics for IMT training*:

8

Total number of patients seen in the last year of post?*

20

Comments:**Teaching attendance - summary****Internal hospital teaching (hours)*:**

3

External IMT teaching (hours)*:

2

External Specialty teaching (hours)*:

2

Simulation training (hours)*:

1

E-Learning (hours)*:

1

Cumulative total for training year (hours)*:

9

Comments:

This form is used to keep a record of clinical activity and teaching. The number of patients seen on the acute take can be estimated using the calculator available on the JRCPTB website IMT page (www.jrcptb.org.uk)

Multiple Consultant Report (MCR)

Guidance notes

This form is designed to capture the opinions of consultants who have supervised the trainee in a clinical setting. The MCR should be completed within three months of the end of placement. Respondents should provide feedback on the doctor in training's progress against the capabilities in practice (CiPs) using the anchor statements given below. Please refer to the IMT ARCP decision aid grid of expected levels and the anchor statements provided when making your assessment. **Detailed comments MUST be given to support any rating of 'below expectations'.** Comments are encouraged (but not mandated) for all ratings (eg. to highlight excellence in those performing 'above expectation'. It may not be possible to complete all domains, but please try to respond to all that are relevant to your supervision of the trainee.

Trainees should agree appropriate MCR respondents with their Educational Supervisor. Four MCRs are required as a minimum for each training year. The responses given will contribute to the Educational Supervisor's report and ARCP process as well as providing feedback to trainees on their performance.

Anchor statements

Below expectations for this year of training; may not meet the requirements for critical progression point
Meeting expectations for this year of training; expected to progress to next stage of training
Above expectations for this year of training; expected to progress to next stage of training

Generic CiPs

1. Able to function successfully within NHS organisational and management systems ⓘ

- Below expectations for this year of training
- Meeting expectations for this year of training
- Above expectations for this year of training
- Not observed

Please provide comments to justify your rating and identify any areas of concern or excellence.

Understands the NHS organisational and management systems

Clinical CiPs

1. Managing an acute unselected take ⓘ

- Below expectations for this year of training
- Meeting expectations for this year of training
- Above expectations for this year of training
- Not observed

Do you anticipate that the trainee will be able to manage the acute unselected take with indirect supervision by end of IMY2?

- No
- Yes
- Unable to comment

Please provide comments to justify your rating and identify any areas of concern or excellence.

Good progress made, pleased with the acute unselected take management

2. Managing an acute specialty-related take ⓘ

- Below expectations for this year of training
- Meeting expectations for this year of training
- Above expectations for this year of training
- Not observed

Please provide comments to justify your rating and identify any areas of concern or excellence.

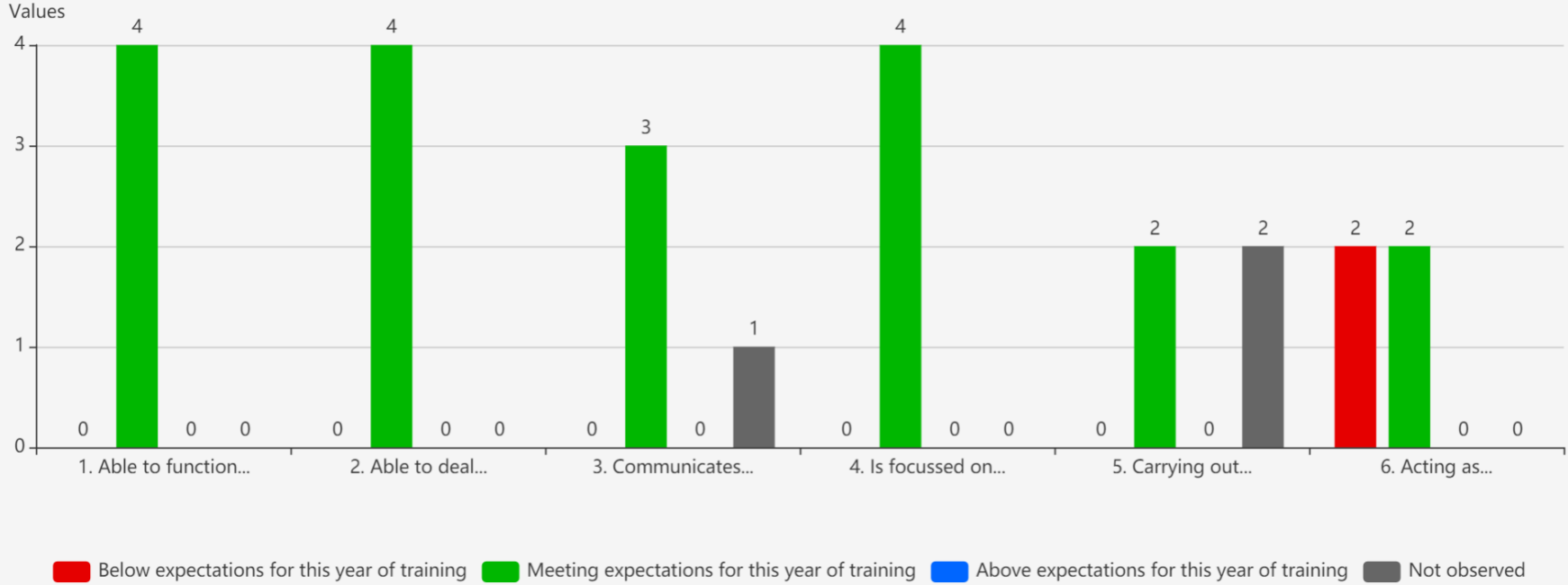
The IMT MCR is aligned to the 14 generic and clinical CiPs. Consultant supervisors should give feedback on CiPs they have observed using global ratings. A minimum of four MCRs are required each year from consultant supervisors

Multiple Consultant Report (MCR) summary

Trainee Name: Dr Internal Medicine Trainee
Trainee GMC number:
Specialty Training Programme: Internal Medicine Training (LON)
Grade: IMY1

Overview of feedback provided from 4 Clinical Supervisors.

Generic CiPs

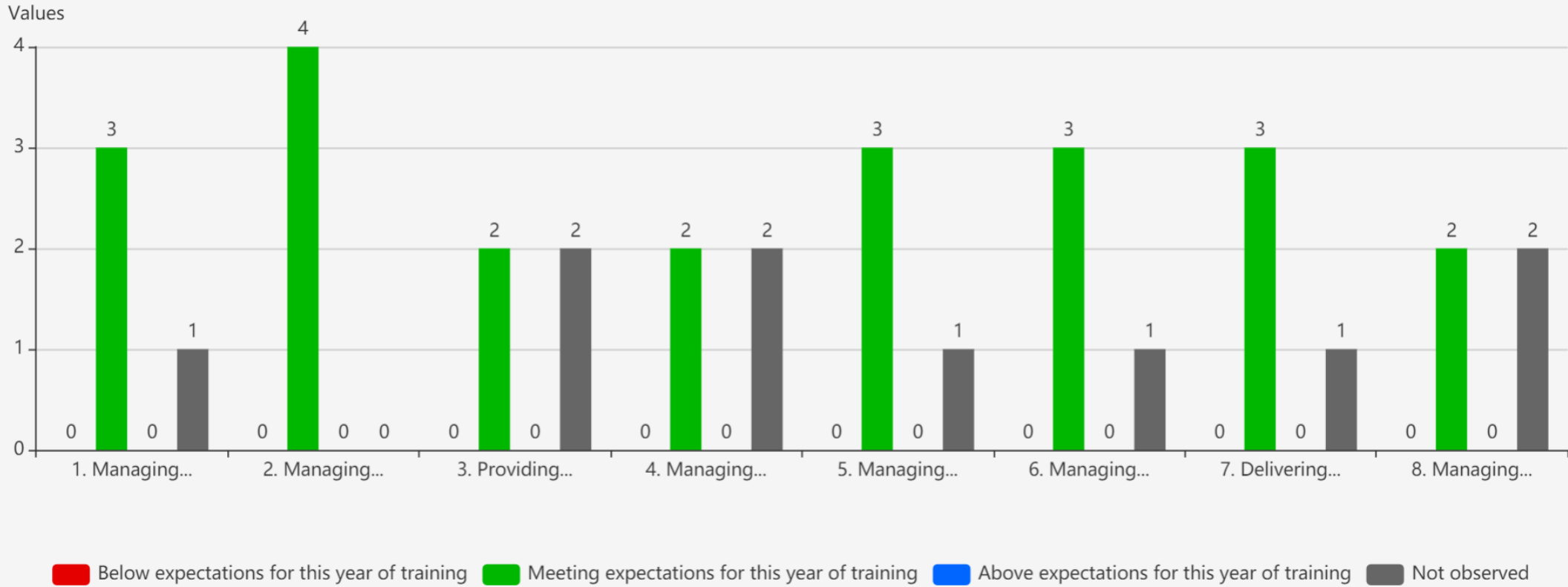


- 1. Able to function successfully within NHS organisational and management systems
- 2. Able to deal with ethical and legal issues related to clinical practice
- 3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
- 4. Is focussed on patient safety and delivers effective quality improvement in patient care
- 5. Carrying out research and managing data appropriately
- 6. Acting as a clinical teacher and clinical supervisor

The MCR summary report displays randomly the feedback received on the generic and clinical CiPs

Multiple Consultant Report (MCR) summary

Clinical CiPs



- 1. Managing an acute unselected take
- 2. Managing an acute specialty-related take
- 3. Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment
- 4. Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)
- 5. Managing medical problems in patients in other specialties and special cases
- 6. Managing a multi-disciplinary team including effective discharge planning
- 7. Delivering effective resuscitation and managing the acutely deteriorating patient
- 8. Managing end of life and applying palliative care skills

How the MCR will function

- The system will automatically release the MCR summary when a minimum of three reports have been received
- The summary will randomise the comments
- Individual MCR forms cannot be viewed by the trainee
- In IMY2 and IMY3 there is a requirement for three MCRs to be completed by consultants who have supervised the trainee in the acute take/post-take setting and they will be asked to confirm that the trainee can manage the acute take with indirect supervision (see ARCP decision aid and ‘rough guide’ to IMT)

Educational Supervisors Report (ESR)

The new IMT Educational Supervisor's Report is mapped to the generic and clinical CiPs


Educational Supervisors Report (IMT)

Trainee Name:

Dr Internal Medicine Trainee

Trainee GMC number:**Specialty Training Programme:**

Internal Medicine Training (LON)

Grade: 

IMY1

Supervisor Name:

Dr Rifa Begum

Period covered by this report

From:**To:**

Posts covered by this report

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Educational Supervisors Report (ESR)

The ESR for IMT has new functionality:

- The ES must complete the curriculum page with up to date ratings and comments prior to completing the ES report
- The ratings and comments will automatically populate the ESR
- If a rating has not been given the CiP will be blank with the statement 'no comment provided' and cannot be altered in the form

Please ensure you complete the curriculum page with your ratings and comments for this trainee before completing the ESR. The form will populate with the most recent data.

Please use this form to record your judgement on the trainee's progress. Your decisions should be based on the ePortfolio evidence reviewed including the trainee's self-ratings, feedback from supervisors (MCRs and informal intelligence) and your direct observation of the trainee. The curriculum provides guidance on the types of evidence which might be used to help inform your judgement but please note that not every category of evidence needs to be provided for every judgement nor does every descriptor need to be met; these are suggestions to guide your overall assessment. Please refer to the IMT ARCP decision aid for guidance on what is expected in each training year for a satisfactory outcome.

The purpose of this report is to

- Promote patient safety
- Provide appropriate feedback for the trainee
- Assist the ARCP panel to make their final summative judgement

Generic CiPs

Please rate the trainee's progress against each CiP in the curriculum. Your ratings and comments on the curriculum page will populate the form below.

Detailed comments MUST be given to support any rating of 'below expectation'.

Comments are encouraged (but not mandated) for all ratings (eg to highlight excellence in those performing 'above expectation')

Generic CiPs

1. Able to function successfully within NHS organisational and management systems

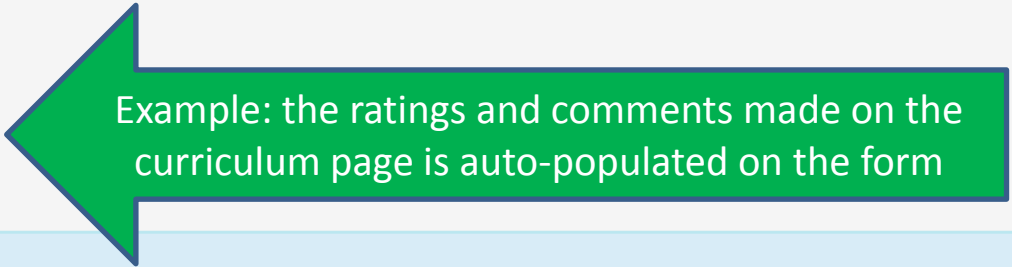
- Below expectations
- Meets expectations
- Above expectations

Comment: No comment provided.

Example: No ratings or comments have been made on the curriculum so this is not being displayed on the form

2. Able to deal with ethical and legal issues related to clinical practice

- Below expectations
- Meets expectations**
- Above expectations



Example: the ratings and comments made on the curriculum page is auto-populated on the form

Comment: The trainee has dealt with ethical and legal issues during their placement with the palliative team as evidenced by a CbD and reflection

Please provide comments to justify your rating and identify any areas of concern or excellence.

Educational Supervisors Report (ESR)

folio

The ESR will auto-populate with the total number of SLEs and DOPS completed

A count of the number completed by consultants is also given so this can be checked against the minimum number required in the ARCP decision aid

Supervised Learning Events (SLEs)

Total Mini-CEX

3

Mini-CEX completed by consultants

2

Total CbD

3

CbD completed by consultants

1

Total ACAT

3

ACAT completed by consultants

1

Direct Observation of Procedural Skills (DOPS)

Total DOPS: Formative

2

DOPS: Formative completed by consultants

1

Total DOPS: Summative

2

DOPS: Summative completed by consultants

2

Total number of assessments completed

Total number completed by consultants

ePortfolio

End of presentation

