

## **Guidance for IMT Clinical Supervisors in an HDU/ICU setting**

Thank you for agreeing to be the clinical supervisor for an IMT trainee.

All IMT trainees should complete a minimum of 12 weeks in a critical care setting as the ability to recognise, assess and care for an acutely unwell patient is critical for a physician.

Lots of resources can be found on the JRCPTB website <https://www.jrcptb.org.uk/internal-medicine>.

You can also access local support and information from the IMT training lead in your hospital.

We have compiled a list of Top Tips for IMT Clinical Supervisors in HDU/ICU

1. Meet your trainee early:
  - a. Document an induction appraisal meeting on the eportfolio.
  - b. Check they have attended an induction into your department.
  - c. Discuss their training needs and PDP and agree how these can best be achieved.
  - d. Check if they have any concerns or questions about working in a potentially unfamiliar environment.
2. The key learning objectives for an IMT trainee in HDU/ICU are detailed in Clinical Capability in Practice 7 (CiP 7 delivering effective resuscitation and managing the acutely deteriorating patient). More details below. The trainee may also gain experience in other CiPs, such as Clinical CiP 8 (managing end of life/applying palliative care skills) and generic capabilities such as teamworking/communication.
3. Meet your trainee regularly and document this as an appraisal meeting on the eportfolio. Review their progress against their training needs.
4. Complete supervised learning events (SLEs) with your trainee. CBDs and mini-CEXs may be the most appropriate assessments, but ACATs (acute care assessment tool) may also be appropriate (Eg outreach work or HDU admissions).
5. Complete an MSF if asked by the trainee. They require one complete MSF set per training year.
6. Towards the end of the placement, please complete a Multiple Consultant Report (MCR) for the trainee. The trainee may not have covered all of the Capabilities in Practice (CiPs) while in HDU/ICU and it is acceptable to rate the trainee as not observed. For example, it is likely that you will not have observed the trainee managing the acute unselected take (Clinical CiP 1), so you would choose the not observed rating. When the form asks would you entrust the trainee to manage the acute unselected take with indirect supervision, please choose the 'unable to comment' option, unless you have concerns.
7. Meet your trainee at the end of the post and document an end of post appraisal on the eportfolio.
8. If you have any concerns about your trainee, please contact the trainee's educational supervisor or your local IMT training lead.

Thanks again for supporting IMT trainees.

### **IMT curriculum**

(<https://www.jrcptb.org.uk/sites/default/files/IMT%20stage%201%20curriculum%20information.pdf>)

### **Clinical CiP 7: Delivering effective resuscitation and managing the acutely deteriorating patient.**

### **Descriptors**

- Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious.
- Demonstrates the professional requirements and legal processes associated with consent for resuscitation.
- Participates effectively in decision making with regard to resuscitation decisions, including decisions not to attempt CPR, and involves patients and their families.
- Demonstrates competence in carrying out resuscitation.

### **Educational objectives**

- Prompt accurate assessment and management of the acutely ill and/or deteriorating patient including those who are shocked or unconscious.
- Has knowledge of, and is able to apply, clinical processes associated with resuscitation.
- Has knowledge of, and is able to apply, legal processes associated with resuscitation, including do not actively resuscitate orders.
- Is able to recognise where the ceiling of care applies and is able to manage the needs of the dying patient.
- Demonstrates the ability to be actively involved in critical clinical decision making including involving the patients and carers in all decisions.
- Recognises the role of the broad MDT associated with a critical care setting including the role of human factors and use of technology.
- Recognises the resources associated with critical care delivery and thus how patient prioritization is achieved.
- Develop practical procedural skills such as central venous catheter insertion.

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