



# How to deliver the curriculum at CMT level

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# SPECIALTY TRAINING CURRICULUM FOR GENERAL INTERNAL MEDICINE

AUGUST 2009 <http://www.jrcptb.org.uk/specialties/Pages/ST1-ST2.aspx>.

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## Trainee centred, Outcome based, Spiral

191 pages.

No pictures even on the cover

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|---------------------------------|----------------|--|
| 1. Common competencies          | x25            | 4 levels (1-2 CMT)                                   |
| 2. Emergency Presentations      | x4             | Some experience. Achieved.                           |
| 3. Top 20 Presentations         | x20            | Some experience. Achieved.                           |
| 4. Other Presentations          | x40            | Some experience. Achieved                            |
| 5. Procedures                   | x17            | Trained in skills lab.<br>Supervised.<br>Independent |
| 6. System specific competencies | eg dermatology |  |
| 7. Investigation competencies   |                |  |



ROYAL COLLEGE *of* PHYSICIANS  
Mersey Region



**MERSEY EVENING TEACH-INS  
PROGRAMME 2008-2009**

DATE	VENUE	SUBJECT
Monday 1 <sup>st</sup> September 2008	Liverpool Medical Institution	Acute Medicine
Tuesday 14 <sup>th</sup> October 2008	Liverpool Medical Institution	Respiratory Medicine
Tuesday 11 <sup>th</sup> November 2008	Liverpool Medical Institution	(Dr Nick Beeching) Infectious Diseases and Tropical Medicine
DECEMBER - NO MEETINGS		
Monday 12 <sup>th</sup> January 2009	Liverpool Medical Institution	Diabetes and Endocrinology
Monday 16 <sup>th</sup> February 2009	Liverpool Medical Institution	Gastroenterology
Tuesday 3 <sup>rd</sup> March 2009	Liverpool Medical Institution	General Medicine and Care of the Elderly
Monday 20 <sup>th</sup> April 2009	Liverpool Medical Institution	Renal Medicine
Tuesday 5 <sup>th</sup> May 2009	Liverpool Medical Institution	Neurology
Tuesday 9 <sup>th</sup> June 2009	Liverpool Medical Institution	Cardiology

For SHO MRCP candidates, G(I)M teaching for SpRs and  
CPD approved for Consultants - All welcome!!

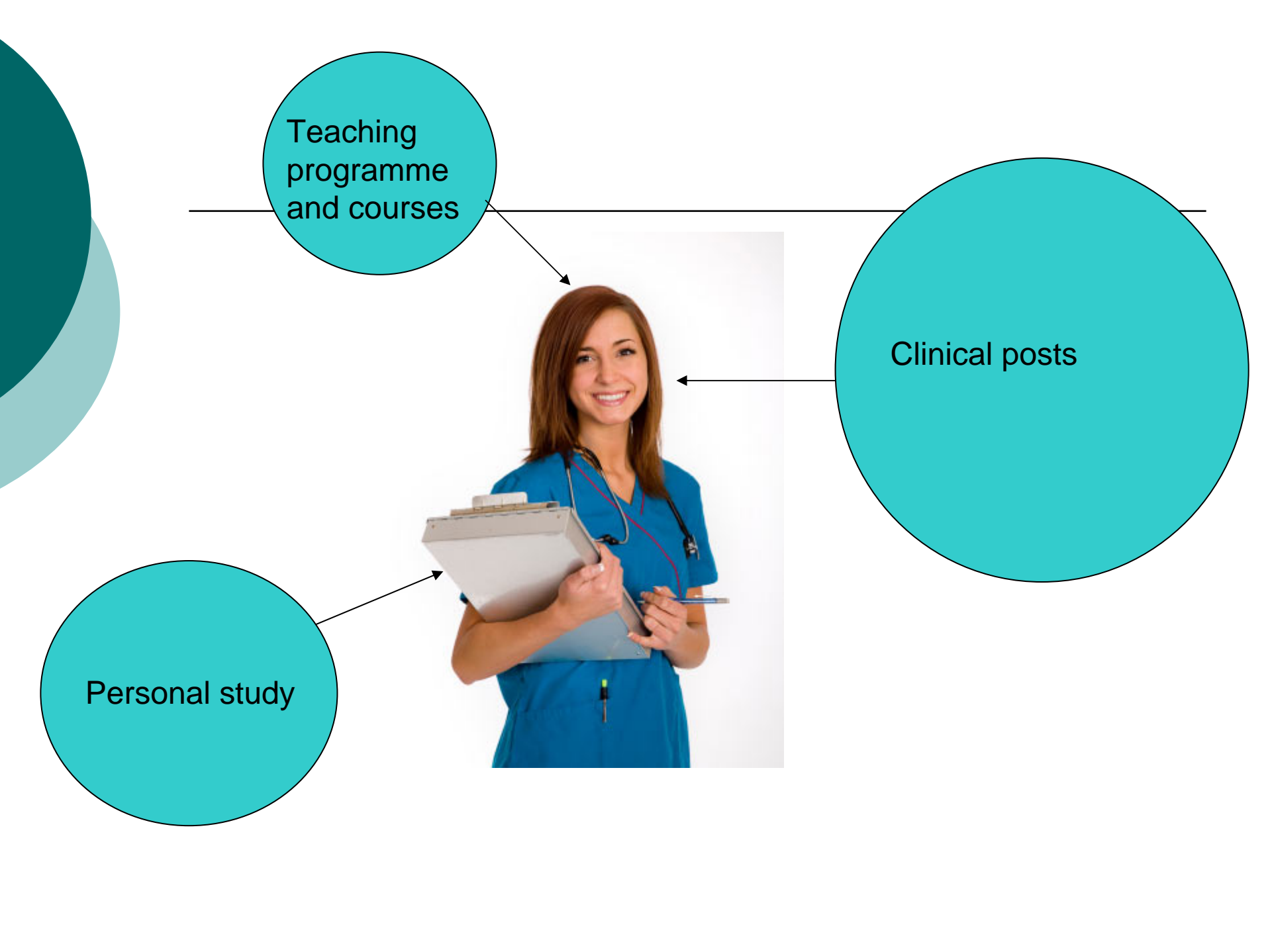
**Free of charge**

If you require any further information please contact

Teaching programme and courses

Clinical posts

Personal study






# Teaching and Learning

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- Clinical posts deliver work based experiential learning
  - Ward rounds, clinics, on-call duties, posts
- Personal study
  - Reading, e-learning, audit
- Teaching programme
  - Trust delivered, Regional teaching
- Formal courses
  - ALS, IMPACT, MRCP



# Key questions to be asked in a CMT Programme:

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- Do the clinical posts provide access to most if not all aspects of the curriculum?
- What formal teaching should be provided and how?
- What do we expect the trainees to achieve independently?
- How do we know if its all happened?



# Clinical Posts

# Clinical posts - variables

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- Specialty (ies)
  - 6 month posts or 4 months?
  - 6 x 4 month posts combined comprising 2 year programme
  - Fixed on appointment or flexible?
  - Balance Teaching Hospitals vs DGH
  - 'acute' on-call

# Clinical posts – variables

## (Are the supervisors doing their job?)

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### 'Qualified' to supervise?

- Mandatory
  - Equality and Diversity
- **Level one** (Clinical supervisors – one to one supervision)
  - WPBA Assessment Tools
  - 'Supervisory Skills in the Workplace'
- **Level two** (Educational supervisors – supervision of several trainees)
  - Effective teaching skills
  - Additional workshops (i.e. Trainees in difficulty)
  - Accreditation (i.e. Doctors as Educators peer support network/ collaboration with RCP)
- **Level three** (Education leads)
  - PGC



# Do the supervisors do the job?

(How can you get information about what's going on in the programme?)

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- Grapevine
- E mails
- Trainee 'face to face' meetings
- Trainee 'post evaluation' questionnaires
- Portfolio reviews
- Visits
- PMetB Trainee survey
  
- How can Tutors/Programme Directors help them?
- What do you do if they don't do it?

# What's going on at the coalface?

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- Unselected take?
  - 41 yes, 17 no (Specialist Trusts, renal)
- Outpatient experience
  - 36 yes, 22 no (Haem, 1 Trust)
- In-patient numbers
  - 8 (renal HDU) to 30 (DGH/big specialty plus GIM)
- F1 support
  - 38 yes, 20 no (Specialist trusts)
- ST3 support
  - 51 yes, 7 no
- Able to Access Regional teaching
  - 32 yes, 26 no

(Mersey CT1 trainee survey March 2010)

During this 4 month post which of the following procedures do you have the opportunity to achieve? (tick any achievable)

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○ ABGs	58/58 (100%)
○ NG tubes	43/58 (74%)
○ LP	40/58 (69%)
○ Pleural Tap	35/58 (60%)
○ Ascitic tap	34/58 (59%)
○ Abdo paracentesis	25/58 (43%)
○ Chest drains	21/58 (36%)
○ CVP line	18/58 (31%)
○ DC Cardioversion	18/58 (31%)
○ Knee aspiration	13/58 (22%)
○ TPW insertion	4/58 (7%)



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Formal teaching

# Formal teaching

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- Teaching in each Trust
- Regional CMT Teaching programme
- Medicine updates/Teach-ins
- PACES teaching



# Trust teaching programmes within the Deanery

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- Internal survey Mersey CMT:
  - LHCH daily lunchtime cardio-respiratory teaching
  - WCNN afternoon per week neurology
  - Small acute Trusts medical specialty teaching not CMT specific
  - Large acute trusts 1 hour per week 'SHO' specific plus 3 hours Grand Round/Medical department/specialty specific



# Regional CMT Teaching

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- One afternoon per month
- 3 hours
- Rotates around region
- College Tutors organises their Trust session
- CMT Education lead co-ordinates
- Details are on the CMT section of the Deanery website
- Attendance register

# What happens with MRCP support?

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## ○ Part 1

- 'just do the questions'
- Put an hour at the end of the Regional Teaching afternoon?
- RCP Teach-Ins x1 per month
- Create a bit of competition

## ○ PACES

- Big 4 Trusts offer nightly clinical teaching in the 5/6 weeks before each diet
- Allow access for trainees beyond big 4
- PACES roadshows

# Formal Courses

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- ALS Mandatory
- CMT Regional Teaching Mandatory
- MRCP courses Desirable
- Teaching course (CT2) Desirable
- RCP Regional Update in Medicine  
Desirable
- Future:
  - (IMPACT Mandatory)
  - (Skills lab Mandatory)

# Personal study

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- Reading, e learning (BMJ,Doctors net,NEJM), skills centre work, exam practice
- Can be recorded in reflective log or personal library
- New development:



- Potential to be main e-learning resource for CMT  
Interactive scenarios matched against curriculum  
and backed up by knowledge sessions

# How much teaching should the trainee achieve?

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- 'External' activity (minimum 20hours)
  - CMT Regional (mandatory) Teaching
  - Teach-ins at the Liverpool Medical institution
- 'Internal' activity (minimum 70 hours)
  - Trust's education programme (specific departmental meetings, grand rounds, special topics meetings, audit and clinical governance meetings)
- 'Personal' activity (minimum 20 hours)
  - reading/'e-learning'



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How do we keep the curriculum  
alive?



# Is the curriculum really a tick box exercise?

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- Knowledge
- Skills
- Behaviour

# Swallowing difficulties

The trainee will be able to assess a patient with swallowing difficulties to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan

Knowledge	Assessment Methods	GMP Domains
Recall the physiology of swallowing	MRCP Part 1, CbD	1
Recall the causes of swallowing problems	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Differentiate between neurological and GI causes	PACES, CbD	1
Recall investigative options: contrast studies, endoscopy, manometry, CT	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Awareness of treatment options for oesophageal malignancy	MRCP Part 1, MRCP Part 2, PACES, CbD	1
Awareness of the treatment of oesophageal strictures	MRCP Part 2, PACES, CbD	1
Skills		
Elicit history, detecting associations that indicate a cause: weight loss, aspiration, heartburn	PACES, ACAT, Mini-CEX	1
Examine a patient to elicit signs of neurological disease and malignancy .be able to evaluate whether patient is safe to eat or drink by mouth	PACES, ACAT, Mini-CEX	1
Behaviours		
Recognise importance of multi-disciplinary approach to management	PACES, CbD	3



# How do we know when its all worked?

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- Individual level
  - Good portfolio
    - MSF
    - Supervisors report
  - MRCP success
  - ST3 achieved
- Posts
  - Trainee feedback/surveys
  - School/Deanery visits
- Consultants
  - Appraisal



# Summary

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- Evolutionary process
- Curriculum is clear
- Educational supervisor training and engagement are pivotal to a successful programme
- College Tutors/PDs need to train, supervise and question their programmes
- Strive for continuous improvement



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Good luck!