

## Level 1: GIM (Acute) Curriculum Assessment Blueprint

Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g.ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
Cardio-Respiratory Arrest -K	Causes of arrest							●		●	
	Recall the ALS algorithm for adult cardiac arrest							●		●	
S	Outline indication and safe delivery of drugs used in cardiac arrest scenario							●			
	Rapidly assess the collapsed patient in terms of ABC,							●			
AB	Perform Basic Life Support competently as defined by Resuscitation Council (UK): effective chest compressions, airway manoeuvres, bag and mask ventilation							●			
	Competently perform further steps in advanced life support: IV drugs; safe DC shocks when indicated; identification and rectification of reversible causes of cardiac arrest					●		●			
	Recognise and intervene in critical illness promptly to prevent cardiac arrest such as peri-arrest arrhythmias, hypoxia		●			●		●			
	Maintain safety of environment for patient and health workers				●			●			
	Participate in UK Resuscitation Council approved ALS course							●			
Shocked Patient- k	Succinctly present clinical details of situation to senior doctor				●	●					
	Consult senior and seek anaesthetic team support				●	●					
	Identify physiological perturbations that define shock					●			●		
	Identify principle categories of shock (i.e. cardiogenic, circulatory)					●			●		
	Elucidate main causes of shock in each category (e.g. MI, heart failure, PE, blood loss, sepsis)					●			●		
S	Recognise main causes of shock in each category, e.g. MI, cardiac failure, PE, blood loss and sepsis					●			●	●	
	Define sepsis syndromes								●		
	Recognise significance of major physiological perturbations	●	●			●		●	●		
	Perform immediate (physical) assessment (A,B,C)	●				●		●			
	Institute immediate, simple resuscitation (oxygen, iv access, fluid resuscitation)	●				●		●			
	Arrange simple monitoring of relevant indices (oximetry, arterial gas analysis) and vital signs (BP, pulse & respiratory rate, temp, urine output)	●				●					
	Order, interpret and act on initial investigations appropriately: ECG, blood cultures	●	●			●				●	
AB	Exhibit calm and methodical approach to assessing critically ill patient	●			●						
	Adopt leadership role where appropriate	●			●			●			
	Involve senior and specialist (e.g. critical care outreach) services promptly	●			●	●					

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Unconscious patient – k	Identify the principal causes of unconsciousness (metabolic, neurological)					●			●		
	Recognise the principal sub causes (drugs, hypoglycaemia, hypoxia; trauma, infection, vascular, epilepsy, raised intra-cranial pressure, reduced cerebral blood flow, endocrine)					●			●	●	
	List appropriate investigations for each	●	●						●	●	
	Outline immediate management options	●	●						●	●	
	Make a rapid and immediate assessment including examination of coverings of nervous system (head, neck, spine) and Glasgow Coma Scale	●						●			
	Initiate appropriate immediate management (A,B,C, cervical collar, administer glucose)	●						●			
	Take simple history from witnesses when patient has stabilised		●		●						●
	Prioritise, order, interpret and act on simple investigations appropriately	●	●			●		●	●	●	
	Initiate early (critical) management (e.g. control fits, manage poisoning) including requesting safe monitoring	●									
	AB	Recognise need for immediate assessment and resuscitation	●				●			●	
	Assume leadership role where appropriate				●						
	Involve senior staff promptly				●	●					
Anaphylaxis-K	Identify physiological perturbations causing anaphylactic shock					●			●		
	Elucidate causes of anaphylactic shock								●	●	
	Define follow-up pathways after acute resuscitation		●			●					
S	Recognise clinical consequences of acute anaphylaxis								●	●	
	Perform immediate physical assessment (laryngeal oedema, bronchospasm, hypotension)					●		●			
	Institute resuscitation (adrenaline, oxygen, IV access, fluids)					●		●			
	Arrange monitoring of relevant indices					●		●			
	Order, interpret and act on initial investigations (tryptase, C1 esterase inhibitor etc.)	●	●			●			●	●	
AB	Exhibit a calm and methodical approach				●			●			
	Adopt leadership role where appropriate				●			●			
	Involve senior and specialist allergy services promptly		●		●	●					
Abdo pain-K	Outline the different classes of abdominal pain and how the history and clinical findings differ between them		●						●		●
	Identify the possible causes of abdominal pain, depending on site, details of history, acute or chronic	●				●			●	●	●

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	Define the situations in which urgent surgical, urological or gynaecological opinion should be sought	●				●					●
	Determine which first line investigations are required, depending on the likely diagnoses following evaluation	●	●			●			●	●	●
S	Elicit signs of tenderness, guarding, and rebound tenderness and interpret appropriately	●									●
	Order, interpret and act on initial investigations appropriately: blood tests; radiographs; ECG; microbiology investigations	●	●			●			●	●	●
	Initiate first line management: the diligent use of suitable analgesia; 'nil by mouth'; IV fluids; resuscitation	●				●					
AB	Exhibit timely intervention when abdominal pain is the manifestation of critical illness or is life-threatening, in conjunction with senior and appropriate specialists	●			●	●					
	Recognise the importance of a multi-disciplinary approach including early surgical assessment when appropriate				●	●					●
	Display sympathy to physical and mental responses to pain	●			●		●				●
	Involve other specialties promptly when required	●				●					●
Back pain	Involve appropriate specialists to facilitate immediate assessment and management (e.g. imaging, intensive care, neurosurgeons)	●				●					
K	Recall the causes of acute back pain								●	●	●
	Specify abdominal pathology that may present with back pain	●	●			●			●	●	●
	Outline the features that raise concerns as to a sinister cause ('the red flags') and lead to consideration of a chronic cause ('the yellow flags')								●	●	●
	Recall the indications of an urgent MR of spine	●	●			●			●	●	●
	Outline indications for hospital admission	●									●
S	Perform examination and elicit signs of spinal cord / cauda equina compromise	●				●					●
	Practise safe prescribing of analgesics / anxiolytics to provide symptomatic relief	●	●			●					
	Demonstrate awareness of safe and appropriate prescribing of analgesics and/or anxiolytics to provide symptomatic relief								●	●	●
	Order, interpret and act on initial investigations appropriately: blood tests, myeloma screen, radiographs	●	●			●			●	●	●
AB	Involve neurosurgical unit promptly in event of neurological symptoms or signs	●			●	●					●
	Ask for senior help when critical abdominal pathology is suspected	●			●	●					●
	Recognise the socio-economic impact of chronic lower back pain		●				●				●
	Participate in multi-disciplinary approach: physio, OT	●	●		●	●					●

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S	Blackout								●	●	●	
	Differentiate the causes depending on the situation of collapse, associated symptoms and signs, and eye witness reports	●	●			●			●	●	●	
	Recall the indications for temporary and permanent pacing systems					●			●	●		
	Outline the indications for temporary and permanent pacing systems		●			●				●	●	
	Elucidate history to establish whether event was LOC, fall without LOC, vertigo (with eye witness account if possible)	●				●					●	
	Assess patient in terms of ABC and degree of consciousness and manage appropriately	●				●					●	
	Perform examination to elicit signs of cardiovascular or neurological disease and to distinguish epileptic disorder from other causes	●									●	
	Order, interpret and act on initial investigations appropriately: ECG, blood tests inc. glucose	●	●				●		●	●	●	
	Manage arrhythmias appropriately as per ALS guidelines	●					●	●		●		
	Institute external pacing systems when appropriate	●					●	●				
AB	Recognise impact episodes can have on lifestyle particularly in the elderly				●		●				●	
	Recognise recommendations regarding fitness to drive in relation to undiagnosed blackouts	●	●			●					●	
Breathlessnes - K	Specify the common cardio-respiratory conditions that present with breathlessness		●						●	●	●	
	Explain orthopnoea and paroxysmal nocturnal dyspnoea		●								●	
	Identify non cardio-respiratory factors that can contribute to or present with breathlessness		●						●	●	●	
	Define basic pathophysiology of breathlessness		●						●			
	List the common and serious causes of wheeze and stridor					●			●		●	
	S	Interpret history and clinical signs to list appropriate differential diagnoses: esp. pneumonia, asthma, COPD, PE, pulmonary oedema, pneumothorax	●	●			●			●	●	●
		Differentiate between stridor and wheeze	●				●					
	Order, interpret and act on initial investigations appropriately: routine blood tests, oxygen saturation, arterial blood gases, chest radiograph, ECG, PEFR, spirometry	●	●				●		●	●	●	
	Initiate treatment in relation to diagnosis, including safe oxygen therapy, early antibiotics for pneumonia	●	●				●		●	●	●	
	Perform chest aspiration and chest drain insertion			●								
Recognise disproportionate dyspnoea and hyperventilation	●									●		

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	Recognise other causes of dyspnoea in patients with wheeze (e.g. pneumothorax) and manage appropriately	●	●			●					
	Evaluate and advise on good inhaler technique	●									●
AB	Exhibit timely assessment and treatment in the acute phase		●		●	●					
	Recognise the distress caused by breathlessness and discuss with patient and carers						●				●
	Recognise the impact of long term illness		●				●				●
	Consult senior when respiratory distress is evident	●			●	●					
	Involve Critical Care team promptly when indicated	●			●	●					
	Exhibit non-judgemental attitudes to patients with a smoking history				●	●	●				●
Chest Pain – K	Characterise the different types of chest pain, and outline other symptoms that may be present	●	●						●		●
	List the common causes for each category of chest pain and associated features: cardiac, pleuritic, musculoskeletal, upper GI	●	●						●	●	●
	List respiratory causes of chest pain	●	●								●
	Define the pathophysiology of acute coronary syndrome and pulmonary embolus		●						●		
	Identify the indications and limitations of cardiac enzymes and D-dimer analysis		●						●	●	●
	Outline emergency treatments for PE		●			●			●	●	●
S	Interpret history and clinical signs to list appropriate differential diagnoses: esp. for cardiac pain & pleuritic pain	●				●			●	●	●
	Order, interpret and act on initial investigations in the context of chest pain appropriately	●	●			●			●	●	●
	Commence initial emergency treatment including coronary syndromes, pulmonary embolus and aortic dissection	●	●			●				●	●
	Select appropriate arena of care and degree of monitoring	●				●					
	Formulate initial discharge plan	●	●			●					●
AB	Perform timely assessment and treatment of patients presenting with chest pain				●	●					
	Involve senior when chest pain heralds critical illness or when cause of chest pain is unclear				●	●					●
	Recognise the contribution and expertise of specialist cardiology nurses and technicians				●	●					●
Confusion – K	List the common and serious causes for acute confusion	●	●			●			●	●	

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	Outline important initial investigations, including electrolytes, cultures, full blood count, ECG, blood gases, thyroid	●	●			●			●	●	
	Recognise the factors that can exacerbate acute confusion e.g. change in environment, infection	●	●			●			●	●	
	List the pre-existing factors that pre-dispose to acute confusion	●	●			●			●		
S	Examine to elicit cause of acute confusion	●									
	Perform mental state examinations (abbreviated mental test and mini-mental test) to assess severity and progress of cognitive impairment	●	●			●					
	Recognise pre-disposing factors: cognitive impairment, psychiatric disease	●				●				●	●
AB	Recognise that the cause of acute confusion is often multi-factorial	●	●								●
	Contribute to multi-disciplinary team management				●	●					
	Recognise effects of acutely confused patient on other patients and staff in the ward environment and attempt to minimise these				●	●					
Cough - K	List the common and serious causes of cough	●	●						●		●
	Identify risk factors relevant to each aetiology including precipitating drugs	●	●			●			●	●	●
	Outline the different classes of cough and how the history and clinical findings differ between them	●	●						●		●
	State which first line investigations are required, depending on the likely diagnoses following evaluation	●	●			●			●		●
S	Order, interpret and act on initial investigations appropriately: blood tests, chest radiograph and PFT	●	●			●			●	●	●
AB	Contribute to patients understanding of their illness	●			●		●				●
	Exhibit non-judgmental attitudes to patients with a history of smoking	●			●		●				●
	Consult seniors promptly when indicated	●			●	●					●
	Recognise the importance of a multi-disciplinary approach	●	●		●	●					●
Diarrhoea -K	Specify the causes of diarrhoea (secretory, infective, etc)	●	●						●	●	●
	Correlate presentation with other symptoms: such as abdominal pain, rectal bleeding, weight loss	●	●			●			●		●
	Outline the pathophysiology of diarrhoea for each aetiology		●						●		
	Describe the investigations necessary to arrive at a diagnosis	●	●			●			●	●	●
	Identify the indications for urgent surgical review in patients presenting with diarrhoea	●	●			●					●
s	Evaluate nutritional and hydration status of the patient	●	●			●				●	●
	Assess whether patient requires hospital admission	●				●					●
	Perform rectal examination as part of physical examination	●	●			●					

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	Initiate investigations: blood tests, stool examination, endoscopy and radiology as appropriate	●	●			●			●	●	●
AB	Seek a surgical and senior opinion when required	●	●		●	●					
	Exhibit sympathy and empathy when considering the distress associated with diarrhoea and incontinence				●	●					●
	Demonstrate awareness of infection control procedures	●	●		●	●					●
Falls	Describe causes of falls and risk factors for falls, including drug and neurovascular causes	●	●						●	●	●
	Outline the assessment of a patient with a fall and give a differential diagnosis	●	●			●			●	●	●
	State conditions that may present as a fall					●			●	●	●
	Outline the relationship between falls risk and fractures	●	●								●
	Outline secondary risks of falls, such as loss of confidence, infection	●	●								●
S	Define the significance of a fall depending on circumstances, and whether recurrent, to distinguish when further investigation is necessary	●	●			●				●	●
	Identify possible secondary complications of falls	●	●			●				●	●
	Demonstrate knowledge of appropriate treatment, including pain relief and bone prophylaxis					●			●	●	●
	Commence appropriate treatment including pain relief and bone prophylaxis	●	●			●					●
AB	Recognise the psychological impact to an older person and their carer after a fall			●	●	●					●
	Contribute to the patients understanding as to the reason for their fall	●			●	●					●
	Discuss with seniors promptly and appropriately				●	●					●
	Relate the possible reasons for the fall and the management plan to patient and carers				●	●					●
Fever – k	Outline the physiology of developing a fever								●		
	Recall the broad causes of fever: infection, malignancy, inflammation	●	●			●			●		●
	Define Pyrexia of Unknown Origin	●	●						●		●
	Recall the role of anti-pyretics	●	●			●			●		●
	Differentiate features of viral and bacterial infection		●			●			●		
	Outline indications for LP in context of fever	●	●			●				●	
S	Recognise the presence of septic shock in a patient, commence resuscitation and liaise with senior colleagues promptly	●				●					
	Order, interpret and act on initial investigations appropriately: blood tests, cultures, CXR	●	●			●				●	●
	Identify the risk factors in the history that may indicate an infectious disease e.g. travel, sexual history, IV drug use, animal contact, drug therapy	●	●			●				●	●

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	Commence appropriate empirical antibiotics when an infective source of fever is deemed likely in accordance with local prescribing policy	●	●			●			●	●	
AB	Adhere to local antibiotic prescribing policies				●	●					
	Highlight importance of nosocomial infection and principles for infection control				●	●			●		
	Consult senior in event of septic syndrome	●	●			●					
	Discuss with senior colleagues and follow local guidelines in the management of the immunosuppressed e.g. HIV, neutropenia	●			●	●					●
	Promote communicable disease prevention: e.g. immunisations, antimalarials, safe sexual practices	●				●					●
Fits – K	Outline the causes for seizure	●	●						●	●	●
	Recall the common epileptic syndromes	●	●						●		●
	List the essential initial investigations following a 'first fit'	●	●			●			●	●	●
	Recall the indications for a CT head scan	●	●			●			●	●	●
	Describe the indications, contraindications and side effects of the commonly used anti-convulsants		●						●	●	●
	Differentiate seizure from other causes of collapse	●				●					●
S	Recognise and manage a patient presenting with status epilepticus	●	●			●				●	●
	Obtain collateral history from witness	●	●			●					●
	Promptly recognise and treat precipitating causes: metabolic, infective, malignancy	●	●			●					
AB	Recognise need for urgent referral in case of uncontrolled recurrent loss of consciousness or seizures	●			●	●					
	Recognise the principles of safe discharge, after discussion with senior colleague				●	●●					●
	Recognise importance of Epilepsy Nurse Specialist				●						●
	Recognise the psychological and social consequences of epilepsy				●		●				●
Haematemesis - K	Detail the anatomy of the upper GI tract								●		
	Specify the causes of upper GI bleeding, with associated risk factors	●	●			●			●	●	●
	Outline methods of assessing the significance and prognosis of an upper GI bleed and how this impacts on importance of urgent endoscopy e.g. Rockall score	●	●			●				●	●
	Outline the principles of choice of IV access, fluid choice and speed of fluid administration		●			●					●
	Broadly outline endoscopic methods of haemostasis		●								
S	Recognise shock or impending shock and resuscitate rapidly and appropriately	●				●				●	

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	Distinguish upper and lower GI bleeding	●				●				●	●
	Demonstrate ability to site large bore IV access			●							
	Perform assessment to postulate cause of bleeding: in particular detect the presence of liver disease	●				●					●
	Safely prescribe drugs indicated in event of a likely upper GI variceal bleed: broad spectrum antibiotics, vasoconstrictor agents, acid suppression					●			●	●	
AB	Seek senior help and endoscopy or surgical input in event of significant GI bleed	●			●	●					●
	Observe safe practices in the prescription of blood products					●					
Headache - K	Recall the common and life-threatening causes of acute new headache, and how the nature of the presentation classically varies between them	●	●			●			●	●	●
	Understand the pathophysiology of headache								●	●	●
	Define the indications for urgent CT/MRI scanning in the context of headache	●	●			●			●	●	●
	Define clinical features of raised intra-cranial pressure		●			●			●		●
s	Recognise important diagnostic features in history	●	●			●			●	●	●
	Perform a comprehensive neurological examination, including eliciting signs of papilloedema, temporal arteritis, meningism and head trauma	●									●
	Order, interpret and act on initial investigations	●	●			●			●	●	●
	Perform a successful lumbar puncture when indicated with minimal discomfort to patient observing full aseptic technique			●							
	Interpret basic CSF analysis: cell count, protein, gram stain and glucose	●	●			●			●	●	
	Initiate prompt treatment when indicated: appropriate analgesia; antibiotics; antivirals; steroids	●	●			●				●	●
AB	Recognise the nature of headaches that may have a sinister cause and assess and treat urgently	●	●			●				●	●
	Liaise with senior doctor promptly when sinister cause is suspected		●		●	●					●
	Involve neurosurgical team promptly when appropriate	●				●					●
Jaundice – K	Outline the pathophysiology of jaundice in terms of pre-hepatic, hepatic, and post-hepatic		●						●		●
	List causes for each category of jaundice with associated risk factors		●			●			●		●
	Describe the need for careful prescribing in a patient with jaundice	●	●			●			●	●	●
	Outline basic investigations to establish aetiology	●	●			●			●	●	●
	Describe medical, surgical and radiological treatments								●	●	●
S	Take a thorough history and examination to arrive at a valid differential diagnosis	●				●					●
	Recognise the presence of chronic liver disease or fulminant liver failure	●				●				●	●

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	Interpret basic investigations to establish aetiology: blood tests and abdominal ultrasound scanning	●				●			●	●	
	Recognise complications of jaundice: sepsis and renal impairment	●				●				●	
AB	Exhibit non-judgmental attitudes to patients with a history of alcoholism or substance abuse	●			●		●				●
	Consult seniors and gastroenterologists promptly when indicated	●	●		●	●					●
	Contribute to the patient's understanding of their illness	●			●	●	●				●
	Recognise the importance of a multi-disciplinary approach	●	●		●	●					●
Limb pain/swelling K	Recall the causes of unilateral and bilateral limb swelling in terms of acute and chronic presentation	●	●			●			●		●
	Summarise the different causes of limb pain in terms of leg, arm and hand		●						●		●
	Outline the pathophysiology for pitting oedema, non-pitting oedema and thrombosis		●						●		●
	State the risk factors for the development of thrombosis	●	●						●		●
	Outline the indications, contraindications and side effects of diuretics and anti-coagulants		●						●	●	●
	Differentiate the features of limb pain and/or swelling pain due to cellulitis and DVT	●				●				●	●
S	Perform a full examination including assessment of viability and perfusion of limb and differentiate pitting oedema; cellulitis; venous thrombosis; compartment syndrome	●				●					●
	Recognise compartment syndrome and critical ischaemia and take appropriate timely action	●				●				●	
	Order, interpret and act on initial investigations appropriately: blood tests, Doppler studies, urine protein	●	●			●			●	●	●
	Practise safe prescribing of initial treatment as appropriate (anti-coagulation therapy, antibiotics etc)	●	●			●			●	●	
	Prescribe appropriate analgesia	●	●			●			●	●	●
S	Liaise promptly with surgical colleagues in event of circulatory compromise (e.g. compartment syndrome)	●			●	●					
	Recognise importance of thrombo-prophylaxis in high risk groups				●	●				●	
Palpitations-K	Recall basic cardiac electrophysiology		●						●		
	Define the term palpitations	●	●								●
	Define common causes of palpitations e.g. anxiety, drugs, thyrotoxicosis		●						●		●

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	List the categories of arrhythmia								●	●	●
	State common arrhythmogenic factors including drugs		●			●			●	●	●
	Outline the indications, contraindications and side effects of the commonly used anti-arrhythmic medications		●						●	●	●
S	Elucidate nature of patient's complaint	●				●	●				●
	Order, interpret and act on initial investigations appropriately: ECG, blood tests	●	●			●			●	●	●
	Recognise and commence initial treatment of arrhythmias being poorly tolerated by patient (peri-arrest arrhythmias) as per UK Resuscitation Council Guidelines	●	●			●		●		●	
	Ensure appropriate monitoring of patient on ward	●	●			●					
AB	Consult senior colleague promptly when required	●			●	●					●
	Advise on lifestyle measures to prevent palpitations when appropriate	●				●					●
Poisoning -K	Recall indications for gastric lavage, activated charcoal and whole bowel irrigation		●			●			●		
	Define parameters used to give clues to type of poisoning					●			●	●	
	Outline presentation and management of poisoning with: paracetamol, aspirin, opiates, alcohol, benzodiazepines, beta blockers, digoxin, carbon monoxide, anti-coagulants, tricyclics, SSRIs, amphetamines and cocaine	●	●			●			●	●	
	Recognise importance of accessing TOXBASE and National Poisons Information Service	●				●					
S	Recognise critically ill overdose patient and resuscitate as appropriate	●				●				●	
	Take a full history of event, including collateral if possible	●									●
	Examine to determine nature and effects of poisoning	●									
	Commence poison-specific treatments	●				●					
	Order, interpret and act on initial investigations appropriately: biochemistry, arterial blood gas, glucose, ECG, and drug concentrations	●	●			●			●	●	
	Ensure appropriate monitoring in acute period of care	●				●					
AB	Contact senior promptly in event of critical illness or patient refusing treatment	●			●	●					
	Recognise the details of poisoning event given by patient may be inaccurate		●								
	Show compassion and patience in the assessment and management of those who have self-harmed	●			●	●	●				●
Rash	Define the characteristic lesions found in the acute presentation of common skin diseases	●							●	●	●
	Outline basic investigations to establish aetiology	●	●			●			●	●	●
	Identify risk factors, particularly drugs, infectious agents and allergens	●	●			●			●	●	
	Describe possible medical treatments	●	●						●	●	●

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S	Take a thorough focussed history & conduct a detailed examination, including the nails, scalp and mucosae to arrive at appropriate differential diagnoses	●									●
	Recognise the importance of a detailed drug history	●				●				●	●
	Recognise that anaphylaxis may be a cause of an acute skin rash		●			●				●	
AB	Order, interpret and act on initial investigations appropriately to establish aetiology	●	●			●			●	●	●
	Demonstrate sympathy and understanding of patients' concerns due to the cosmetic impact of skin disease	●			●		●				●
	Engage the patient in the management of their condition particularly with regard to topical treatments	●					●				●
	Reassure the patient about the long term prognosis and lack of transmissibility of most skin diseases	●									●
Vomiting - K	Recall the causes and pathophysiology of nausea and vomiting		●						●		
	List commonly used anti-emetics and differentiate the indications for each								●	●	
	Outline alarm features that make a diagnosis of upper GI malignancy possible		●			●			●	●	
S	Elicit signs of dehydration and take steps to rectify	●				●				●	
	Recognise and treat suspected GI obstruction appropriately: nil by mouth, NG tube, IV fluids	●				●					
	Practise safe prescribing of anti-emetics	●				●			●		
AB	Order, interpret and act on initial investigations appropriately: blood tests, radiographs	●	●			●			●	●	
	Involve surgical team promptly in event of GI obstruction	●				●					
	Respect the impact of nausea and vomiting in the terminally ill and involve palliative care services appropriately				●	●					●
Weakness - K	Broadly outline the physiology and neuroanatomy of the components of the motor system								●		●
	Recall the myotomal distribution of nerve roots, peripheral nerves, and tendon reflexes								●	●	●
	Define the clinical features of upper and lower motor neurone, neuromuscular junction and muscle lesions		●						●	●	●
	Outline the common and important causes for lesions at the sites listed above	●	●						●	●	●
	Recall the Bamford classification of stroke, and its role in prognosis		●				●				●
	Outline investigations for acute presentation, including indications for urgent head CT	●	●				●		●	●	●
S	Elucidate speed of onset and risk factors for neurological dysfunction	●	●			●					●

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	Perform full examination to elicit signs of systemic disease and neurological dysfunction and identify associated deficits	●				●					●
	Describe likely site of lesion in motor system and produce differential diagnosis	●	●			●			●	●	●
	Order, interpret and act on initial investigations for acute motor weakness appropriately	●	●			●			●	●	●
	Recognise when swallowing may be unsafe and manage appropriately	●				●					
	Detect spinal cord compromise and investigate promptly	●	●			●				●	●
	Perform tests on respiratory function and inform senior appropriate	●				●					
AB	Recognise importance of timely assessment and treatment of patients presenting with acute motor weakness				●	●				●	●
	Consult senior and acute stroke service, if available, as appropriate	●			●	●					●
	Recognise patient and carers distress when presenting with acute motor weakness				●		●				●
	Consult senior when rapid progressive motor weakness or impaired consciousness is present				●	●					●
	Involve speech and language therapists appropriately	●	●		●	●					●
	Contribute to multi-disciplinary approach		●		●	●					●
Abdo Mass - K	Define the different types of abdominal mass in terms of aetiology, site, and clinical characteristics	●	●						●	●	●
	Describe relevant investigations related to clinical findings: radiological, surgical, endoscopy	●	●						●	●	●
	Identify the causes of hepatomegaly and splenomegaly								●	●	●
S	Elicit associated symptoms and risk factors for the presence of diseases presenting with abdominal mass, hepatomegaly and splenomegaly	●								●	●
	Elicit and interpret important clinical findings of mass to establish its likely nature	●				●					●
	Order, interpret and act on initial investigations appropriately: blood tests, imaging	●	●			●			●	●	●
K	Recognise the anxiety that the finding of an abdominal mass may induce in a patient				●	●					●
	Participate in multi-disciplinary team approach	●			●	●					●
Abdo swelling -K	Define the causes of abdominal swelling and their associated clinical findings	●							●	●	●
	Outline the common causes of constipation, including drugs		●			●			●		
	Outline the pathophysiology of portal hypertension and bowel obstruction								●		

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	Outline important steps in the diagnosis of the cause of ascites, including imaging and the diagnosis of spontaneous bacterial peritonitis and malignancy	●	●			●			●	●	●
	Define alarm features that raise suspicion of colorectal malignancy	●	●			●			●		●
	Identify mode of action and side effects of the commonly used laxatives								●		
S	Examine to identify the nature of the swelling, including a rectal examination, and elicit co-existing signs that may accompany ascites	●				●					●
	Identify risk factors for the development of ascites and constipation, including initial blood tests	●	●			●				●	
	Order, interpret and act on initial investigations	●	●			●			●	●	●
	Perform a safe diagnostic and therapeutic ascitic tap with aseptic technique with minimal discomfort to the patient			●							
	Interpret results of diagnostic ascitic tap	●	●			●			●	●	
	Institute initial management as appropriate to the type of swelling	●	●			●				●	●
AB	Recognise the multi-factorial nature of constipation, particularly in the elderly		●			●				●	●
	Recognise the importance of multi-disciplinary approach		●		●	●					●
Abnormal sensation -K	Broadly outline the physiology and neuroanatomy of the sensory components of the nervous system								●		●
	Recall the dermatomal distribution of nerve roots and peripheral nerves								●	●	●
	List common and important causes of abnormal sensation and likely site of lesion in nervous system (e.g. trauma, vascular)								●	●	●
	Outline the symptomatic treatments for neuropathic pain	●	●						●	●	●
	Outline indications for an urgent head CT	●				●			●	●	●
S	Take a full history, including drugs, lifestyle, trauma	●									●
	Perform full examination including all modalities of sensation to elicit signs of nervous system dysfunction	●				●					●
	Describe likely site of lesion: central, root, mononeuropathy, or polyneuropathy	●				●			●	●	●
AB	Recognise the distress chronic paraesthesia can cause				●		●				●
	Consult senior and acute stroke service, if available, as appropriate	●	●			●					●
	Contribute to multi-disciplinary approach	●	●		●	●					●
Aggressive behaviour - K	Elucidate the factors that allow prediction of aggressive behaviour: personal history, alcohol and substance misuse, delirium	●	●			●					●
	Define acute psychosis and list its predominant features and causes								●	●	
	Recall indications, contraindications and side effects of tranquillisers		●						●	●	
	Outline the legal framework authorising interventions in the management of the disturbed or violent patient		●								

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S	Ensure appropriate arena for nursing patient with disturbed behaviour	●				●					
	Ensure sufficient support is available	●				●					
	Assess patient fully including mental state examination to produce a valid differential diagnosis	●	●			●					
	Order, interpret and act on initial investigations appropriately when possible	●	●			●			●	●	
	Practise safe rapid tranquillisation if indicated as defined in national guidelines e.g. NICE	●				●			●	●	
	Recognise warning signs of incipient violent behaviour		●								
	Ensure close monitoring following tranquillisation					●					
AB	Involve senior colleague and mental health care team promptly	●			●	●					
	Advocate practice outlined in national guidelines (e.g. NICE) on managing violence		●			●					
Alcohol/substance dependence	Outline the pathophysiology of withdrawal syndromes								●		
	Describe the medical, psychiatric and socio-economic consequences of alcohol and drug misuse								●	●	●
	Outline the measures taken to correct features of malnutrition, including vitamin and mineral supplementation	●	●			●				●	
	Recall effects of alcohol and recreational drugs on cerebral function		●			●				●	●
S	Take a detailed medical and psychiatric history to identify physical or psychological dependence	●				●					●
	Examine patient to elicit complications of alcohol and substance misuse	●				●					●
	Obtain collateral history if possible	●				●					●
	Investigate as appropriate	●	●			●				●	●
	Practise safe prescribing of sedatives for withdrawal symptoms	●	●			●			●	●	
	Detect and address other health issues: liver disease, malnutrition, Wernicke's encephalopathy	●	●			●				●	●
AB	Recognise the aggressive patient and manage appropriately	●				●				●	
	Seek specialist advice when appropriate e.g. gastroenterology, intensive care, psychiatry	●	●		●	●					●
Anxiety - K	Recall the main features of anxiety disorder								●	●	●
	Be familiar with national guidelines (e.g. NICE) on management of anxiety		●							●	
	Elucidate the main categories of anxiety disorder: panic, generalised anxiety, phobias								●	●	
	Recognise the role of depression in anxiety symptoms	●				●				●	●

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	Recall organic disorders and medications than can mimic some features of anxiety disorder					●			●	●	●
	Outline broad treatment strategies for anxiety disorders	●	●			●			●	●	●
S	Assess a patient to detect organic illness	●				●					●
	Evaluate patient's mental state to categorise cause of symptoms as per national guidelines (e.g. NICE) on Anxiety	●									
	Recognise the chronicity of anxiety syndromes and the distress and disability they cause	●			●						●
Bruising - K	Outline the different types of easy bruising		●							●	●
	Identify the possible causes of easy bruising, depending on the site, age of the patient and details of the history, particularly in relation to prescribed medication	●							●	●	●
	State which first line investigations are required, depending on the likely diagnosis	●	●			●			●	●	●
	State the common clinical presentations of coagulation disorders								●	●	●
S	Order, interpret and act on initial investigations appropriately including blood tests, radiographs, microbiology investigations	●	●			●			●	●	●
	Initiate first line management in consultation with senior clinicians	●				●				●	
K	Recognise the importance of a multidisciplinary approach				●						●
	Acknowledge anxiety caused by possible diagnosis of a serious blood condition				●		●				●
	Consult senior if there is concern bruising is manifestation of critical illness	●			●	●					●
	Recognise that trauma is an important cause of bruising and that bruising is a common problem in the elderly		●								●
Abnormal Investigation - K	Recall asymptomatic abnormal findings that may precipitate discussion with medical team: abnormal radiograph; accelerated hypertension; deranged blood tests (anaemia, calcium, urea and electrolytes, full blood count, clotting); proteinuria; microscopic haematuria; abnormal ECG; drug interactions and reactions		●			●			●	●	
	State asymptomatic findings that warrant immediate assessment, admission and management		●			●				●	
S	Elucidate finding and place it in context of particular patient	●	●			●				●	●
	Decide whether immediate assessment of patient is required, after discussion with senior colleague if uncertain	●	●			●					●
	Formulate an appropriate management plan for each scenario	●	●			●				●	●
	Order, interpret and act on further initial investigations appropriately	●	●			●			●	●	●

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	Manage common metabolic presentations appropriately (hyper/hypokalaemia, hyper/hyponatraemia)	●	●			●			●	●	●
AB	Refer non-urgent cases to either GP or appropriate specialist for out-patient review or investigation	●	●			●					●
	Recognise the non-specific modes by which serious illness may present		●			●				●	●
	Seek specialist advice when appropriate	●			●	●					●
Dialysis - K	Outline the methods of RRT		●								●
	Elucidate the common complications of long term haemodialysis									●	●
	Recall the importance of sepsis in patients on RRT	●	●			●				●	
S	Demonstrate ability to assess a patient on long term dialysis presenting to hospital to arrive at a valid differential diagnosis	●				●					●
	Order, interpret and act on initial investigations appropriately, recognising importance of full septic screen	●	●			●			●	●	
	Commence initial management of patient if appropriate	●								●	
AB	Recognise importance of prompt senior and Renal Unit input in the management of patients on RRT	●	●		●	●					●
	Recognise the valuable insight patients on long term RRT have into the nature of their symptoms				●		●				●
Dyspepsia - K	Define dyspepsia and recall principle causes		●						●	●	●
	Recall the lifestyle factors that contribute to dyspepsia	●	●						●		●
	State the indications for endoscopy as stated in national guidelines (e.g. NICE)		●			●			●	●	●
	Recall indications, contraindications and side effects of acid suppression and mucosal protective medications		●						●	●	●
	Recall the role of H Pylori and its detection and treatment		●						●	●	●
	Define alarm symptoms of upper GI malignancy		●						●	●	●
S	Identify alarm symptoms indicating urgent endoscopy referral	●				●			●	●	●
	Investigate as appropriate: H pylori testing, endoscopy	●	●			●			●	●	●
AB	Respect findings of previous endoscopy when patients have exacerbation of symptoms	●				●					●
Dysuria - K	Recall anatomy of the genito-urinary tract								●		
	Elucidate the causes of dysuria in males and females	●	●			●				●	●
	Outline the pathophysiology of infective causes of urethritis								●		
	Outline the principles of management	●	●			●				●	●
S	Take a full history, including features pertaining to sexual health	●									●

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	Initiate appropriate treatment if appropriate	●				●				●	●
	Order, interpret and act on initial investigations	●	●			●			●	●	●
AB	Recognise the need for specialist Genito-urinary input when appropriate		●			●					●
	Participate in sexual health promotion	●				●					●
	Use microbiology resources in the management of patients with dysuria when appropriate	●	●		●	●				●	
Genital discharge - K	List the disorders that can present with genital discharge		●						●	●	●
	List the disorders that can present with genital ulceration		●						●	●	●
	Outline the investigations necessary: urinalysis; urethral smear and culture in men; high vaginal and endo-cervical swab in women, genital skin biopsy	●	●			●				●	●
S	Take a full history that includes associated symptoms, sexual, menstrual and contraceptive history and details of previous	●				●					●
	Perform full examination including inguinal lymph nodes, scrotum, male urethra, rectal examination, speculum	●	●			●					
	Be able to pass a speculum competently and sensitively without discomfort to the patient			●							
AB	Recognise the re-emergence of sexually transmitted diseases	●	●							●	●
	Recognise the importance of contact tracing	●	●			●					●
	Promote safe sexual practices	●									●
	Advocate the presence of a chaperone during assessment				●		●				
Haematuria - K	Recall the anatomy of the urinary tract								●		
	Outline the causes of microscopic and macroscopic haematuria	●	●						●	●	●
	Determine whether glomerular cause is likely, and indications for a nephrology opinion	●	●						●	●	●
S	Perform a focussed examination, including a rectal examination	●									●
	Demonstrate when a patient needs urological assessment and investigation	●	●			●					●
	Order, interpret and act on initial investigations such as: urine culture, cytology and microscopy; blood tests	●	●			●			●	●	●
AB	Involve renal unit when rapidly progressive glomerulonephritis is suspected	●			●	●					●
Haemoptosis -K	Identify the common and life threatening causes of haemoptysis: bronchitis, pneumonia, PE and carcinoma	●	●			●			●	●	●
	Describe initial treatment including fluids and oxygen management	●	●							●	●

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S	Perform a detailed history and physical examination to determine an appropriate differential diagnosis	●									●
	Order, interpret and act on initial investigations appropriately: routine bloods, clotting screen, chest radiograph and ECG, sputum tests	●	●			●			●	●	●
	Initiate treatment including indications for starting or withholding anticoagulants and antibiotics	●	●			●				●	●
AB	Involve seniors and respiratory physicians as appropriate	●			●	●					●
Head Injury K	Recall the pathophysiology of concussion		●						●		
	Outline symptoms that may be present		●							●	
	Outline the indications for hospital admission following head injury	●	●							●	
	Outline the indications for urgent head CT scan as per national guidelines (e.g. NICE)	●	●			●				●	
	Recall short term complications of head injury	●	●			●				●	
S	Instigate initial management: ABC, cervical spine protection	●				●					
	Assess and classify patient in terms of GCS and its derivative components (E,V,M)	●				●					
	Take a focused history and a full examination to elicit signs of head injury and focal neurological deficit	●									●
	Manage short term complications, with senior assistance if required: seizures, airway compromise	●				●				●	
	Advise nurses on appropriate frequency and nature of observations				●	●					
AB	Recognise advice provided by national guidelines on head injury (e.g. NICE)	●	●							●	
	Ask for senior and anaesthetic support promptly in event of decreased consciousness	●	●		●	●					
	Involve neurosurgical team promptly in event of CT scan showing structural lesion	●	●		●	●					
	Recommend indications for repeat medical assessment in event of discharge of patient from hospital	●	●			●					
	Participate in safe transfer procedures if referred to tertiary care					●					
Hoarseness and stridor - K	Explain the mechanisms of hoarseness and stridor								●		●
	List the common and serious causes for hoarseness and stridor	●	●						●	●	●
S	Differentiate hoarseness, stridor and wheeze	●									●
	Assess severity: cyanosis, respiratory rate and effort	●									●

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	Perform full examination, eliciting signs that may co-exist with stridor or hoarseness e.g. bovine cough, Horner's syndrome, other neurological signs, fever	●				●					●
	Order, interpret and act on initial investigations appropriately: blood tests, blood gas analysis, chest radiograph, flow volume loops, FEV <sub>1</sub> /peak flow ratio	●	●			●			●	●	●
AB	Involve senior and anaesthetic team promptly in event of significant airway compromise	●	●		●	●					●
	Involve specialist team as appropriate: respiratory team, ENT or neurological team	●	●		●	●					●
Hypothermia - K	Define hypothermia and its diagnosis								●	●	
	Outline perturbations caused by hypothermia, including ECG and blood test interpretation	●				●			●	●	
	List the causes of hypothermia	●	●							●	
	List complications of hypothermia		●						●	●	
S	Employ the emergency management of hypothermia as per ALS guidelines	●				●		●		●	
	Correct any predisposing factors leading to hypothermia	●				●				●	
	Request appropriate monitoring of the patient	●				●					
AB	Recognise the often multi-factorial nature of hypothermia in the elderly and outline preventative approaches	●	●			●				●	
	Recognise seriousness of hypothermia and act promptly to re-warm	●			●	●					
	Recognise that death can only usually be certified after re-warming	●	●					●			
Immobility - K	Describe the risk factors and causes of immobility								●	●	
	Explain the role of multidisciplinary team	●	●		●	●					●
	Define the basic principles of rehabilitation		●								●
	Describe the conditions causing immobility which may be improved by treatment and or rehabilitation		●							●	●
s	Take appropriate and focussed collateral history from carers/family/GP	●			●	●					●
	Construct problem list following assessment	●	●								●
	Discuss the role of the multidisciplinary team in management of these patients	●	●			●					●
	Formulate appropriate management plan including medication, rehabilitation and goal setting	●	●								●
	Identify conditions leading to acute presentation to hospital	●	●			●				●	●
	Order, interpret and act on relevant initial investigations appropriately to elucidate a differential diagnosis	●	●			●			●	●	●

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AB	Recognise the importance of a multidisciplinary approach and specialist referral as appropriate	●	●		●	●					●
	Display ability to discuss plans with patients and or carers	●	●		●	●	●				●
	Recognise the anxiety and distress caused to patient and carers by underlying condition and admission to hospital				●		●				●
Involuntary movements - K	Differentiate and outline the differential diagnoses of parkinsonism and tremor: be aware of myoclonus, and other less common movement disorders	●	●						●	●	●
	Outline the main drug groups used in the management of movement disorders								●	●	●
a	Assess including a full neurological examination to produce a valid differential diagnosis	●									●
AB	Exhibit empathy when considering the impact to quality of life of patient and carers movement disorders can have				●		●				●
	Recognise importance of multi-disciplinary approach to management	●	●		●	●					●
	Recognise the importance of specialist referral	●			●	●					●
Joint swelling - K	Outline the generic anatomy of the different types of joint								●		●
	Differentiate mono-, oligo-, and polyarthritis and list principle causes for each	●	●			●			●	●	●
	Elucidate the importance of co-morbidities in the diagnosis of joint swelling	●	●			●				●	●
	Outline treatment options for chronic arthritides: disease modifying drugs, analgesia, physiotherapy	●	●			●			●	●	●
S	Recognise the importance of history for clues as to diagnosis	●								●	●
	Perform a competent physical examination of the musculo-skeletal system using both the GALS screening examination and the regional examination technique (REMS)	●									●
	Elicit and interpret extra-articular signs of joint disease	●							●	●	●
	Order, interpret and act on initial investigations appropriately: blood tests, radiographs, joint aspiration, cultures	●	●			●			●	●	●
	Perform knee aspiration using aseptic technique causing minimal distress to patient			●							
	Interpret plain radiographs of swollen joints	●	●			●				●	
AB	Recognise that monoarthritis calls for timely joint aspiration to rule out septic cause	●	●			●				●	●
	Recognise and facilitate the need for surgical intervention in septic arthritis	●	●		●	●					●
	Recognise importance of multi-disciplinary approach to joint disease: physio, OT, social services	●			●	●					●

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Lymphadenopathy - S	Outline the anatomy and physiology of the lymphatic system								●		
	Recall the causes of generalised and local lymphadenopathy in terms of infective, malignant, reactive and infiltrative					●			●	●	●
	Outline the investigations indicated when tuberculosis is considered	●	●			●			●	●	●
S	Elicit associated symptoms and risk factors for the presence of diseases presenting with lymphadenopathy	●				●					●
	Examine to elicit the signs of lymphadenopathy and associated diseases	●				●					●
	Order, interpret and act on initial investigations appropriately	●	●			●			●	●	●
	Initiate treatment if appropriate	●	●			●				●	●
AB	Recognise patient concerns regarding possible cause for lymphadenopathy				●		●				●
	Recognise the need for senior and specialist input	●			●	●					●
	Recognise the association of inguinal lymphadenopathy with STDs, assess and refer appropriately	●			●	●					
Loin pain - k	List the common and serious causes of loin pain and renal colic	●	●						●		●
	Outline other symptoms that may classically accompany loin pain and renal colic	●									●
	Outline indications and contraindications for an urgent IVU	●									●
s	Elucidate risk factors for causes of loin pain	●	●							●	●
	Perform full examination to elicit signs of renal pathology	●									●
	Order, interpret and act on initial investigations appropriately: blood tests, urinalysis, urine culture and microscopy, radiographs, ultrasound	●	●			●			●	●	●
	Prescribe appropriate analgesia safely	●				●			●	●	●
	Commence appropriate antibiotics when infective cause is likely	●	●			●			●	●	●
	Recognise co-existing renal impairment promptly	●				●					
AB	Involve senior and renal team if there is associated renal impairment	●	●		●	●					●
	Involve urology team as appropriate	●	●		●	●					●
	Recognise local guidelines in prescribing antibiotics					●					
Complications of surgery and illness - K	List common medical complications occurring in post-operative and unwell patients and how they present								●	●	
	Explain reasons for medical problems frequently presenting atypically post-operatively		●								●
	Recall investigations indicated in different scenarios: short of breath, chest pain, respiratory failure, drowsiness, febrile, collapse, GI bleed	●	●			●			●	●	

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	Recognise critically ill patient and instigate resuscitative measures	●				●		●		●	
	Assess patient with history and examination to form differential diagnosis	●								●	
	Initiate treatment when appropriate in consultation with the surgical team	●				●					
	Institute measures for thrombosis prophylaxis when appropriate, as per national or local guidelines	●				●				●	
A	Recognise importance of thrombo-embolic complications and prophylaxis during acute illness and in post-operative period				●	●			●	●	
	Recognise the importance of measures to prevent complications: DVT prophylaxis, effective analgesia, nutrition, physiotherapy, gastric protection	●	●			●				●	
	Call for senior help when appropriate	●	●		●	●					
	Respect opinion of referring surgical team				●						
Medical problems of pregnancy	Outline the normal physiological changes occurring during pregnancy		●								
	List the common medical problems occurring in pregnancy								●	●	
	Identify the unique challenges of diagnosing medical problems in pregnancy		●								●
	Recall safe prescribing practices in pregnancy					●			●	●	●
S	Recognise the critically ill pregnant patient, initiate resuscitation measures and liaise promptly with senior and obstetrician	●			●	●					
	Take a valid history from a pregnant patient	●									●
	Examine a pregnant patient competently	●									
	Produce a valid list of differential diagnoses	●	●			●			●	●	●
	Initiate treatment if appropriate	●				●					
AB	Recognise the importance of thrombo-embolic complication of pregnancy	●	●							●	●
	Communicate with obstetric team throughout the diagnostic and management process				●	●					
	Discuss case with senior promptly				●	●					
	Seek timely gastroenterology opinion in cases of significant jaundice	●	●			●					
Memory loss - K	Define the clinical features of dementia that differentiate from focal brain disease, reversible encephalopathies, and pseudo-dementia								●	●	
	List the principle causes of dementia								●	●	●
	Recall factors that may exacerbate symptoms: drugs, infection, change of environment, biochemical abnormalities, constipation		●			●			●	●	
S	Take an accurate collateral history wherever possible	●				●					●
	Perform a full examination looking for reversible causes of cognitive impairment and neurological disease	●									●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g.ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
	Demonstrate ability to use tools measuring cognitive impairment at the bedside	●	●			●					
	Order, interpret and act on initial investigations appropriately to determine reversible cause such as: blood tests, cranial imaging, EEG	●	●			●			●	●	●
	Detect and rectify exacerbating factors	●	●			●				●	
A	Demonstrate a patient sensitive approach to interacting with a confused patient and their carers	●			●		●				●
	Recognise that a change of environment in hospital can exacerbate symptoms and cause distress		●			●					●
	Recommend support networks to carers				●	●	●				●
	Participate in multi-disciplinary approach to care: therapists, elderly care team, old age psychiatrists, social services				●	●					●
	Consider need for specialist involvement	●	●			●					●
Difficult micturition	Outline causes of difficulty in micturating in terms of oliguria and urinary tract obstruction	●	●						●	●	
	Recall techniques that allow oliguria and bladder outflow obstruction to be differentiated	●	●							●	
	Recall the investigation and management of prostatic cancer		●						●	●	●
S	Examine to elicit signs of renal disease, bladder outflow obstruction and deduce volaemic status of patient	●				●					●
	Differentiate oliguric pre-renal failure; acute renal failure and post renal failure	●				●			●	●	
	Order, interpret and act on initial investigations appropriately: urinalysis, abdominal ultrasound, bladder scanning, urine culture and microscopy	●	●			●			●	●	●
	Initiate treatment when indicated	●				●					
	Perform catheterisation using aseptic technique with minimal discomfort to patient			●							
	Recognise incipient shock and commence initial treatment	●				●				●	
AB	Recognise the importance of recognising and preventing renal impairment in the context of bladder outflow obstruction		●			●					
	Liaise with senior in event of oliguria heralding incipient shock	●				●					
	Liaise promptly with appropriate team when oliguria from bladder outflow obstruction is suspected (urology, gynaecology)	●			●	●					●
Neck Pain – K	Outline the common and serious causes of neck pain in terms of meningism; tender mass; musculoskeletal; vascular								●	●	●
	Take a full history, including recent trauma	●				●					●
	Perform a full examination to elicit signs that may accompany neck pain	●									●

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	Order, interpret and act on initial investigations appropriately: blood tests, plain radiographs, thyroid function	●	●			●			●	●	●
	Recognise meningitis and promptly initiate appropriate investigations and treatment with consultation with senior	●	●			●			●	●	
	Practise appropriate prescribing of analgesia	●	●			●			●	●	●
	Consult senior colleague promptly in the event of focal neurological signs or critical illness	●			●	●					●
symptoms - K	List symptoms that commonly have a non-organic component								●		●
S	Take a full history, including associated symptoms of anxiety or depression and past medical assessments	●								●	●
	Perform full examination including mental state	●									●
	Recognise the hyperventilation syndrome	●							●	●	●
AB	Adopt attitude that presentation has organic cause until otherwise proven, and assess and investigate as appropriate				●						●
	Consult senior promptly when appropriate	●			●	●					●
	Strive to establish underlying precipitants to non-organic presentations: life stresses, hypochondriacism	●									●
	Appreciate the implications of unnecessary tests in terms of cost and iatrogenic complications		●							●	●
Polydipsia- K	Understand mechanisms of thirst								●	●	
	Identify common causes of polydipsia								●	●	●
S	Identify other pertinent symptoms e.g. nocturia	●							●		●
	Order, interpret and act on initial investigations appropriately	●	●			●			●	●	●
	Initiate adequate initial therapy	●				●				●	●
AB	Sympathetically explain likely causes of polydipsia to patient	●					●				●
	Use appropriate aseptic techniques for invasive procedures and to minimise healthcare acquired infection			●							
polyuria - K	Define true polyuria		●								●
	Outline the causes of polyuria (in terms of osmotic, diabetes insipidus etc)								●	●	●
	Outline the pathophysiology of diabetes insipidus								●		
	Elucidate the principles of treating new onset diabetes mellitus, hypercalcaemia					●			●	●	●
S	Identify other pertinent symptoms	●								●	●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g.ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
	Perform full examination to assess volaemic status, and elicit associated signs	●									●
	Order, interpret and act on initial investigations appropriately	●	●			●			●	●	●
	Calculate and interpret serum and urine osmolarity								●	●	
	Commence treatment as appropriate	●	●			●				●	●
AB	Consult senior colleague as appropriate	●			●	●					●
Pruritus - K	Recall principle causes in terms of infestations, primary skin diseases, systemic diseases (e.g. lymphoma), liver disease, pregnancy								●	●	●
	Outline the principles of treating skin conditions		●						●	●	●
	Outline the indications of and side effects of topical steroids and differentiate their different potencies		●							●	
S	Examine to elicit signs of a cause for pruritus	●									●
	Describe accurately any associated rash	●									●
	Formulate a list of differential diagnoses	●	●			●			●	●	●
	Order, interpret and act on initial investigations appropriately	●	●			●			●	●	●
	Recognise the presentation of skin cancer	●				●				●	●
AB	Recognise the need for specialist dermatological input	●	●		●	●					●
	Recognise the need for other specialists in pruritus heralding systemic disease	●	●		●	●					●
Rectal bleeding -K	Recall the causes of bleeding per rectum								●	●	●
	Outline indications for surgical review	●	●								●
	Outline the treatments indicated in acute colitis		●			●			●	●	●
S	Perform examination including rectal examination	●									●
	Recognise and appropriately treat the shocked patient including consultation with surgical colleague	●								●	
	Order, interpret and act on initial investigations appropriately	●	●			●			●	●	●
	Distinguish upper and lower GI bleeding	●				●				●	●
AB	Liaise with senior and surgical team when appropriate	●	●		●	●					●
	Recognise role of IBD nurse when patient with known IBD presents		●		●	●					●
Skin and mouth ulcers_k	List the common and serious causes of skin (especially leg) or mouth ulceration		●						●	●	●
	Outline the classification of skin ulcers by cause		●							●	●
	Outline the pathophysiology, investigation and management principles of diabetic ulcers	●	●						●	●	●
	Recognise association between mouth ulceration and immunobullous disease	●	●						●	●	●

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S	Recognise likely skin and oral malignancy	●				●				●	●
	Recognise life threatening skin rashes presenting with ulcers, commence treatment and involve senior	●	●			●				●	●
	Assess and formulate immediate management plan for diabetic foot ulceration	●	●			●					●
	Order, interpret and act on initial investigations appropriately	●	●			●			●	●	●
AB	Recognise the importance of prevention of pressure ulcers and diabetic ulcers	●	●								●
	Participate in multi-disciplinary team: nurse specialists, podiatrist				●						●
Speech disturbance - K	Define Dysphonia, dysarthria and dysphasia		●								●
	Recall the neuro-anatomy relevant to speech and language								●	●	●
	Differentiate receptive and expressive dysphasia	●	●			●					●
	List causes for dysphonia, dysarthria and dysphasia	●	●						●	●	●
S	Take a history from a patient with speech disturbance	●									●
	Examine patient to define nature of speech disturbance and elicit other focal signs	●									●
	List differential diagnoses following assessment	●	●			●			●		●
	Order, interpret and act on initial investigations appropriately	●	●			●			●	●	●
AB	Recognise the role of speech and language therapy input		●		●	●					●
	Recognise the relationship between dysarthria and swallowing difficulties and advise patients and carers accordingly		●			●					●
	Involve stroke team or neurology promptly as appropriate	●	●		●	●					●
Suicidal ideation - K	Outline the risk factors for a suicidal attempt		●						●	●	●
	Outline the common co-existing psychiatric pathologies that may precipitate suicidal ideation								●	●	●
	Outline the indications, contraindications and side effects of the major groups of psychomotor medications								●	●	●
	Outline the powers that enable assessment and treatment of patients following self harm or self harm ideation as defined in the Mental Health Act		●			●					●
	Take a competent psychiatric history	●									●
	Be familiar with scoring tools to assess risk of further self harm (eg Beck's score)	●	●			●					
S	Elicit symptoms of major psychiatric disturbance	●									●
	Obtain collateral history when possible	●	●			●					●
	Recognise and manage appropriately anxiety and aggression	●				●				●	

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AB	Liaise promptly with psychiatric services if in doubt or when high risk of repeat self harm is suspected	●	●		●	●					
	Recognise the role of the Self Harm Team prior to discharge	●	●		●	●					
	Ensure prompt communication is maintained with community care on discharge (GP, CPN)		●		●						
Swallowing difficulties- K	Outline the physiology of swallowing								●		
	Recall the causes of swallowing problems	●	●						●	●	●
	Differentiate between neurological and GI causes	●	●								●
	Outline investigative options: contrast studies, endoscopy, manometry, CT	●	●			●			●	●	●
	Outline the pathophysiology, staging, and therapeutic options of oesophageal malignancy								●	●	
	Define odynophagia and list causes	●	●						●	●	●
S	Examine a patient to elicit signs of neurological disease, malignancy and connective tissue disease	●									●
	Elicit valid history, detecting associations that indicate a cause: weight loss, aspiration, heartburn	●				●					●
	Be able to evaluate whether patient is safe to eat or drink by mouth			●		●					●
AB	Recognise importance of multi-disciplinary approach to management		●		●	●					●
Syncope - K	Define syncope		●						●		●
	Outline the pathophysiology of syncope depending on situation (vaso-vagal, cough, effort, micturition, carotid sinus hypersensitivity)								●		●
	Differentiate from other causes of collapse in terms of associated symptoms and signs, and eye witness reports	●	●			●			●	●	●
	Outline the indications for cardiac monitoring		●			●				●	●
S	Take thorough history from patient and witness to elucidate episode	●									●
	Differentiate pre-syncope from other causes of 'dizziness'		●						●	●	●
	Assess patient in terms of ABC and degree of consciousness and manage appropriately	●	●								
AB	Perform examination to elicit signs of cardiovascular disease	●				●					●
	Order, interpret and act on initial investigations appropriately: blood tests ECG	●	●			●			●	●	●
	Recognise impact episodes can have on lifestyle particularly in the elderly				●		●				●
	Recognise recommendations regarding fitness to drive in relation to syncope	●	●			●					●
Unsteadiness -K	Outline the neuro-anatomy and physiology relevant to balance, coordination and movement								●		●

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	Define and differentiate types of vertigo and list causes	●	●			●			●	●	●
	Define and differentiate sensory and cerebellar ataxia and list causes	●	●			●			●	●	●
S	Take history from patient and attempt to define complaint as either pre-syncope, vertigo or unsteadiness	●				●					●
	Perform full physical examination to elicit signs of neurological, inner ear or cardiovascular disease including orthostatic hypotension	●				●					●
	Describe an abnormal gait accurately	●				●					●
	Recognise intoxication	●				●					
	Initiate basic investigations and urgent treatment with vitamins when appropriate	●	●			●			●	●	●
AB	Recognise the importance of multi-disciplinary approach: physio, OT		●		●	●					●
Visual disturbance	Broadly outline the basic anatomy and physiology of the eye and the visual pathways								●	●	●
	Define the different types of visual field defect and list common causes		●						●	●	●
	Define diplopia and list common causes		●						●	●	●
	List common causes for reduced visual acuity		●						●	●	●
S	Perform full examination including acuity, eye movements, visual fields, fundoscopy, related cranial nerves and structures of head & neck	●				●					●
	Formulate differential diagnosis	●	●			●			●	●	●
	Order, interpret and act on initial investigations appropriately	●	●			●			●	●	●
AB	In case of acute visual loss recognise early requirement for review by Ophthalmology team		●		●	●					●
	Recognise rapidly progressive symptoms and consult senior promptly		●		●	●					●
	Recognise anxiety acute visual symptoms invoke in patients	●			●		●				●
Weight loss - K	List the common causes for weight loss (in terms of psychosocial, neoplasia, gastroenterological etc)		●						●	●	●
	Outline the indications and complications for nutritional supplements, and enteral feeding including PEG/NG feeding	●	●			●			●	●	●
S	Take a valid history highlighting any risk factors for specific disorders presenting with weight loss, and a thorough social history	●				●					●
	Examine fully to elucidate signs of disorders presenting with weight loss, and also assess degree of malnutrition	●				●					●
	Order, interpret and act on initial screening investigations	●	●			●			●	●	●
	Initiate nutritional measures including enteral preparations when appropriate	●	●							●	
	Pass a fine bore NG feeding tube and ensure correct positioning			●							
AB	Recognise multi-factorial aspect of weight loss, especially in the elderly	●	●			●					●

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	Recognise prominence of psychosocial factors, with collateral history where possible	●	●								●
	Liaise with nutritional services appropriately		●		●	●					●
	<b><u>System Competencies</u></b>										
Allergy	Recognise when specialist allergy opinion is required	●	●		●	●					●
	Demonstrate knowledge of the mechanisms of allergic sensitisation and the natural history of allergic diseases								●		
	Be aware of the mechanisms of action of anti-allergic drugs and immunotherapy, and the principles and limitations of allergen avoidance								●		
	Demonstrate knowledge of the diagnosis, investigation and acute management of common allergy problems, including allergies associated with occupation-associated antigens, food, drugs, latex and insect venom					●			●	●	
	Be aware of the management and subsequent investigation of patients presenting with immune mediated medical emergencies: anaphylaxis, laryngoedema, urticaria, angioedema	●	●				●		●	●	●
	Demonstrate knowledge of the diagnosis, investigation and acute management of urticaria and angioedema								●	●	●
	Demonstrate knowledge of the indications for, and limitations of skin prick testing and in vitro tests for allergen-specific IgE		●							●	
	Demonstrate knowledge of the basic principles of allergen immunotherapy		●							●	
Cancer	Take an accurate pain history	●									●
	Perform full physical examination without causing undue pain or distress to patient	●									●
	Be aware of the presentation, diagnosis, staging and treatment principles of common cancers, including lung, bowel, breast, prostate, stomach, oesophagus and bladder						●		●	●	●
	Recognise and manage appropriately common or important oncology problems, such as SVC obstruction and spinal cord compression						●		●	●	●
	Recognise the terminally ill often present with problems with multi-factorial causes	●	●				●			●	●
	Recognise associated psychological and social problems	●						●		●	●
	Investigate appropriately	●	●				●			●	●
Recognise when specialist oncology or palliative care opinion is needed	●	●			●	●				●	

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	Outline treatment principles with drawbacks: surgery, chemotherapy and radiotherapy		●								●
	Demonstrate knowledge of treatment principles with drawbacks: surgery, chemotherapy and radiotherapy		●							●	●
	Recognise the presence of hypercalcaemia and demonstrate knowledge of the appropriate investigation and management of the hypercalcaemia and its underlying cause		●			●			●	●	●
	Be aware of the appropriate investigation and management of neutropenic sepsis					●				●	●
	Break bad news to patient and family with cancer in sensitive and appropriate manner	●			●	●	●				●
	Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount	●			●	●	●				●
	Recognise the dying phase of terminal illness		●		●	●					●
	Manage symptoms in dying patients appropriately	●	●						●		●
	Recognise and demonstrate knowledge of the diagnosis and management of common or important palliative care problems, including pain, constipation, breathlessness, emesis, anxiety and depressed mood		●							●	●
	Practise safe use of syringes drivers			●							
	Recognise importance of hospital and community Palliative Care teams	●	●		●	●					●
	Recognise that referral to specialist palliative care is appropriate for patients with other life threatening illnesses, as well as those with cancer	●	●								●
	Demonstrate knowledge of the basic principles of oncogenesis and metastatic spread, apoptosis, and the staging and screening of malignancies								●		
	Demonstrate knowledge of the pharmacology of the major drug classes in palliative care, including analgesics, antiemetics, bisphosphonates, laxatives and anxiolytics								●		●
Cardiovascular	Recognise when specialist Cardiology opinion is indicated	●	●		●	●				●	●
	Outline risk factors for cardiovascular disease	●	●							●	●
	Counsel patients on risk factors for cardiovascular disease	●									●
	Recognise and manage appropriately arrhythmias		●			●			●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of ischaemic heart disease and heart failure		●			●			●	●	●

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	Demonstrate knowledge of the diagnosis and management of systemic, pulmonary and portal hypertension		●			●			●	●	●
	Recognise and be aware of the management of dyslipidaemia		●			●			●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of valvular heart disease and endocarditis		●			●			●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of syncope and important cardiac conditions such as aortic dissection, pericardial disease, vascular disease and congenital heart disease		●			●			●	●	●
	Be aware of the anatomy and function of the cardiovascular system, the physiological principles of the cardiac cycle and cardiac conduction, homeostasis of the circulation and atherosclerosis		●			●			●		●
	Demonstrate knowledge of the pharmacology of the major drug classes used in cardiovascular medicine								●	●	●
	Outline methods of smoking cessation of proven efficacy (see below)	●	●								●
Clinical genetics	Recognise the organisation and role of Clinical Genetics and when to seek specialist advice	●	●							●	●
	Take and interpret a complete family history	●								●	●
	Demonstrate knowledge of the common and/or important problems encountered in clinical genetics, including Down syndrome, Huntington's disease, Marfan's syndrome, Klinefelter's syndrome								●	●	●
	Be aware of the familial cancer syndromes and important inherited conditions								●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of haemochromatosis					●			●	●	●
	Recognise the anxiety caused to an individual and their family when investigating genetic susceptibility to disease	●			●		●				●
	Recognise the importance of skilled counselling in the investigation of genetic susceptibility to disease		●		●						●
	Recognise basic patterns of inheritance								●	●	●
	Be aware of the principles of inheritance and of pharmacogenetics								●	●	
	Demonstrate an understanding of the structure and function of human cells, chromosomes, DNA, RNA and cellular proteins and apply this to clinical practice								●	●	
	Recognise the principles of pharmacogenetics and the principles of genetic testing including metabolic assays, clinical examination and analysis of nucleic acid e.g. PCR								●	●	

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	Understand the ethical implications of molecular testing and screening: confidentiality, screening children, pre-symptomatic testing	●	●								●
	Estimate risk for relatives of patients with mendelian disease								●	●	
	Recognise the differing attitudes and beliefs towards inheritance		●		●						●
Clinical pharmacology	Practise safe prescribing and demonstrate knowledge of the effects of renal or liver impairment, old age and pregnancy		●		●	●			●	●	●
	Outline importance of drug interactions and role CYP450 isoenzymes		●						●	●	
	Demonstrate knowledge of drugs that require therapeutic monitoring	●							●	●	●
	Use national and local guidelines on appropriate and safe prescribing (BNF, NICE)	●	●		●					●	●
	Write a clear and unambiguous prescription		●			●					
	Engage patients in discussions on drug choice, and side effects	●			●		●				●
	Recognise range of adverse drug reactions to commonly used drugs	●	●						●	●	●
	Use Yellow Card report scheme for adverse drug reactions		●		●						
	Liaise effectively with pharmacists				●	●					
	Discuss therapeutic changes with patient and discuss with GP promptly and comprehensively	●			●	●					●
	Competently formulate management plan for poisoning and adverse drug reactions	●	●			●				●	●
	Demonstrate knowledge of the diagnosis and specific management of poisoning with substances such as paracetamol, tricyclic antidepressants, beta-adrenoceptor blockers, carbon monoxide, opiates, digoxin, benzodiazepines, SSRI, ethanol and methanol						●			●	●
	Be aware of the principles of pharmacokinetics and pharmacodynamics								●		●
	Recognise the pharmacological principles of drug interaction								●		
Demonstrate knowledge of drug actions at receptor and intracellular level								●		●	
Calculate glomerular filtration rate and creatinine clearance		●									
Dermatology	Accurately describe skin lesions following assessment	●				●					●
	Outline the clinical features and presentation of melanoma, squamous cell carcinoma and basal cell carcinoma		●						●	●	●
	Recognise the clinical features and presentation of melanoma, squamous cell carcinoma and basal cell carcinoma	●	●							●	●
	List diagnostic features for the early detection of malignant melanoma	●								●	●
	Recognise and manage suspected skin tumours when they may be an incidental finding	●	●				●				●

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	Recognise the association between timely biopsy / excision of melanoma and survival									●	●
	Arrange prompt skin biopsy when appropriate		●		●	●					
	Counsel patients on preventative strategies for skin tumours (e.g. avoiding excess UV exposure); and the diagnostic features for the early detection of malignant melanoma	●			●		●				●
	Recognise skin changes associated with excess UV exposure		●							●	●
	Be aware of the management of common skin tumours, such as squamous cell carcinoma, basal cell carcinoma and melanoma					●			●	●	●
	Demonstrate the ability to diagnose, investigate and manage common skin conditions, including eczema, psoriasis, vaculitis, dermatomyositis, scleroderma and lymphodema		●			●			●	●	●
	Recognise and manage appropriately skin infestations e.g. scabies and infections e.g. herpes zoster, and herpes simplex infections, fungal infections and cellulitis								●	●	●
	Recognise when specialist Dermatology opinion is indicated	●	●		●	●					●
	Recognise the skin manifestations of systemic diseases and request appropriate investigations								●	●	●
	Recognise when a patient's presentation heralds a systemic disease	●	●							●	●
	Recognise important skin diseases such as toxic epidermal necrolysis, Steven's Johnson's syndrome and bullous disorders								●	●	●
	Suspect and treat meningococcal septicaemia when a purpuric rash accompanies systemic illness	●	●			●				●	
	Recognise disorders involving skin appendages e.g. alopecia	●				●			●	●	●
	Be aware of the pharmacology of major drug classes, including topical corticosteroids and immunosuppressants		●			●			●		
	Be aware of the structure and function of skin, hair and nails								●		●
Endocrine and Diabetes	Elucidate a full diabetic medical history	●				●					●
	Demonstrate ability to diagnose, investigate and manage diabetes mellitus and its complications, such as diabetic ketoacidosis, non-acidotic hyperosmolar coma and severe hyperglycaemia, and hypoglycaemia		●			●			●	●	●
	Recall diagnostic criteria for Diabetes Mellitus								●	●	●
	Assess diabetic patient to detect long term complications	●				●					●
	Demonstrate knowledge of the long-term complications of diabetes mellitus and their management					●			●	●	●

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	Formulate and appropriate management plan, including newly diagnosed and established diabetic patients to prevent short and long term complications	●	●			●				●	●
	Outline common insulin regimens for type 1 diabetes mellitus		●							●	●
	Be aware of the appropriate management of the acutely ill patient with diabetes mellitus		●			●			●	●	●
	Recognise the appropriate management of a patient with diabetes mellitus in the perioperative period		●							●	●
	Demonstrate knowledge of the drug management of type 2 diabetes mellitus, including oral hypoglycaemics, glitazones, and primary and secondary vascular preventative agents								●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of endocrine emergencies such as myxoedema coma, thyrotoxic crisis, Addisonian crisis, hypopituitary coma and pheochromocytoma crisis		●			●			●	●	●
	Demonstrate the ability to diagnose, investigate and manage adrenocortical insufficiency		●			●			●	●	●
	Demonstrate the ability to diagnosis, investigate and manage thyroid dysfunction		●			●			●	●	●
	Be aware of the diagnosis and management of common and/or important endocrine problems such as pituitary tumours, adrenal tumours, hypocalcaemia, hypercalcaemia, diabetes insipidus, SIADH, dyslipidaemia and the menopause		●			●			●	●	●
	Recognise common disorders resulting in bone disease e.g. osteomalacia and osteoporosis, and demonstrate knowledge relating to their investigation and management		●			●			●	●	●
	Recall the diagnosis, investigation and management of gonadal disorders e.g. polycystic ovary syndrome and testicular failure		●			●			●	●	●
	Be aware of the structure and function of the hypothalamus, pituitary, thyroid, adrenals, gonads, parathyroids and pancreas								●		●
	Recognise the structure and function of hormones and the principles of hormone receptors								●		●
	Demonstrate knowledge of the major drug classes, including insulin, oral antidiabetics, thyroxine, antithyroid drugs, corticosteroids, sex-hormones and drugs affecting bone metabolism								●	●	●
	Recognise vital importance of patient education and a multidisciplinary approach for the successful long-term care of diabetes				●		●				●
	Recognise when specialist Endocrine or Diabetes opinion is indicated	●	●		●	●					●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g.ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
Gastro	Understand the role of specialised diagnostic and therapeutic endoscopic procedures		●							●	●
	Demonstrate ability to manage peptic ulceration and gastritis	●	●							●	●
	Recognise presentation of GI malignancies and demonstrate awareness of their investigation and management					●			●	●	●
	Demonstrate knowledge the diagnosis, investigation and management of inflammatory bowel disease					●			●	●	●
	Recognise features of irritable bowel syndrome and bowel ischaemia					●			●	●	●
	Indicate knowledge of the diagnosis and management of GI bleeding and iron deficiency anaemia					●			●	●	●
	Recognise and manage common acute abdominal pathologies such as pancreatitis, cholecystitis, appendicitis and leaking aortic aneurysm	●	●							●	
	Identify functional disease such as irritable bowel syndrome and non-ulcer dyspepsia	●	●			●				●	●
	Indicate knowledge of malabsorption syndromes, such as celiac disease, and its investigation and management					●			●	●	●
	Be aware of the indications and contraindications to different forms of nutrition, including NG feeding, PEG tubes, IV nutrition and re-feeding syndrome		●			●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of acute liver dysfunction, alcoholic liver disease, autoimmune liver disease and viral hepatitis					●			●	●	●
	Be aware of the presentation and investigation of GI malignancies including carcinoma of the colon, gastric cancer and pancreatic cancer					●			●	●	●
	Be aware of the principles of the action of the liver, including the pharmacology of the major drug classes and laboratory markers of liver, pancreas and gut dysfunction								●	●	●
	Be aware of the structure and function of the salivary glands, GI tract, liver, biliary system and pancreas, the physiology of the alimentary tract and the principles of bile metabolism								●		●
	Recognise when specialist Gastroenterology or Hepatology opinion is indicated	●	●		●	●					●
	Recognise when a patient's presentation heralds a surgical cause and refer appropriately	●	●		●	●					●
	Perform a nutritional assessment and address nutritional requirements in management plan	●	●								●
	Outline role of specialist multi-disciplinary nutrition team		●							●	●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g.ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
Haematology	Recognise when specialist Haematology opinion is indicated	●	●		●	●					●
	Demonstrate knowledge of anticoagulation treatment and its monitoring, and the management of over-treatment					●			●	●	●
	Demonstrate knowledge of safe transfusion practice and the recognition and management of transfusion reactions					●			●	●	●
	Recognise the causes and management of anaemias, including iron deficiency, megaloblastic and haemolytic anaemias and anaemia of chronic disease					●			●	●	●
	Be aware of the diagnosis and management of the haemoglobinopathies, such as sickle cell anaemia					●			●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of bleeding disorders, such as DIC and haemophilia, and thrombocytopenia					●			●	●	●
	Recognise the causes and complications of bone marrow failure and of isolated cytopenias, such as thrombocytopenia					●			●	●	●
	Be aware of the classification of thrombophilia and the indications and implications of screening								●	●	●
	Demonstrate knowledge of the diagnosis and investigation of haematological malignancies, such as leukaemia, lymphoma, and myeloma, and of associated conditions such as amyloid and myelodysplastic syndromes					●			●	●	●
	Demonstrate knowledge of myeloproliferative disorders such as polycythaemia								●	●	●
	Be aware of the structure and function of haemoglobin								●		
	Be aware of the metabolism of vitamin B <sub>12</sub> , iron and folate								●		
	Demonstrate knowledge of the principles of the coagulation cascade and the action of anticoagulant therapies								●		●
	Understand the basics of haemopoiesis and the structure and function of blood, the reticuloendothelial system and erythropoietic tissues								●		●
	Practise safe prescribing of blood products, including appropriate patient counselling	●	●			●				●	●
	Outline indications, contraindications, side effects and therapeutic monitoring of anticoagulant medications	●	●			●				●	●
Immunology	Recognise the role of the Clinical Immunologist	●	●								●
	Demonstrate knowledge of the diagnosis and management of anaphylaxis and allergy								●	●	●
	Be aware of the relevant clinical science, including knowledge of innate and adaptive immune responses, the complement system, the principles of hypersensitivity and the principles of transplantation								●		●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g.ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
Infectious diseases	Elucidate risk factors for the development of an infectious disease including contacts, travel, animal contact and sexual history	●	●							●	●
	Recognise when specialist Microbiology or Infectious Diseases opinions are indicated	●	●		●	●					●
	Recognise when a patient is critically ill with sepsis, promptly initiate treatment and liaise with critical care and senior colleagues	●	●			●				●	
	Demonstrate ability to diagnose, investigate and manage fevers of unknown origin and common infections such as community acquired infections, CNS infections, endocarditis and tuberculosis		●			●			●	●	●
	Demonstrate knowledge of diagnosis and management of HIV and AIDS, and of infections in the immunocompromised host		●			●			●	●	●
	Demonstrate knowledge of antimicrobial drug monitoring									●	●
	Be aware of the features of imported fevers								●	●	●
	Recognise and manage appropriately common genitourinary conditions, including syphilis and gonorrhoea		●			●			●	●	●
	Demonstrate knowledge of the pharmacology of the major drug classes, including antibiotics, antifungals, antivirals and anthelmintics								●		●
	Demonstrate knowledge of the mechanisms of organism pathogenesis								●		
	Be aware of the host response to infection								●		
	Recall the principles of vaccination								●		●
	Outline spectrum of cover of common anti-microbials, recognising complications of inappropriate use		●							●	●
	Use local anti-microbial prescribing guidelines, including therapeutic drug monitoring when indicated	●	●		●	●				●	
	Recognise importance of immunisation and Public Health in infection control, including reporting notifiable diseases	●	●							●	●
	Outline principles of prophylaxis eg anti-malarials		●						●	●	●
Medicine in the elderly	Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment	●	●			●					●
	Assess mental state and tests of cognitive function	●									●
	Demonstrate knowledge of common or important problems in medicine in the elderly, including deterioration in mobility, falls, continence problems								●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of dementia		●			●			●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of movement disorders, including Parkinson's disease		●			●			●	●	●

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Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Patient Survey	Formal Course e.g.ALS	MRCP Part 1	MRCP Part 2 Written	MRCP Part 2 PACES
	Demonstrate knowledge of the diagnosis, investigation and management of mood disturbances, including depression		●			●			●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of acute confusion, strokes, transient ischaemic attacks								●	●	●
	Be aware of musculoskeletal problems, such as osteoarthritis and osteoporosis in the elderly, and demonstrate knowledge of the management of these								●	●	●
	Recognise the possibility and acute management of common or important conditions such as hypothermia and malnutrition								●	●	
	Demonstrate knowledge of age-related pharmacology								●	●	●
	Be aware of the effects of ageing on the major organ systems								●	●	●
	Be aware of the normal laboratory values in older people								●	●	
	Recognise the frequent presence of multiple factors contributing to presentation	●	●			●				●	●
	Recognise when specialist Medicine in the Elderly opinion is indicated	●	●		●	●					●
	Recognise importance of multi-disciplinary assessment	●	●		●	●					●
	Contribute to effective multi-disciplinary discharge planning		●			●					
	Perform a nutritional assessment and address nutritional requirements in management plan	●	●			●					●
	Set realistic rehabilitation targets	●	●								●
	Rationalise individual drug regimens to avoid unnecessary poly-pharmacy	●	●								●
	Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately, and sensitively ensuring patients interests are paramount	●			●	●	●				●
	Recognise the role of Intermediate Care, and practise prompt effective communication with these facilities	●	●			●					
	Recognise the often multi-factorial causes for clinical presentation in the elderly and outline preventative approaches	●	●			●				●	
	Recognise that older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)		●			●				●	●
Musculoskeletal system	Accurately describe the examination features of musculoskeletal disease following full assessment	●									●
	Recognise when specialist Rheumatology opinion is indicated	●	●		●	●					●
	Demonstrate the ability to diagnose, investigate and manage common conditions such as osteoarthritis, rheumatoid arthritis, septic arthritis, crystal arthropathy and the seronegative arthritides		●			●			●	●	●

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	Recall the risk factors for osteoporosis and indicate measures used for the primary and secondary prevention of the complications of osteoporosis								●	●	●
	Demonstrate the ability to diagnose, investigate and manage polymyalgia and temporal arteritis		●			●			●	●	●
	Demonstrate the ability to diagnose, investigate and manage acute connective tissue disease, including SLE, scleroderma, polymyositis, dermatomyositis, Sjogrens syndrome and the vasculitides		●			●			●	●	●
	Demonstrate knowledge of the pharmacology, indications, contraindications and side effects of the major immunosuppressive drugs used in rheumatology including corticosteroids, azathioprine and methotrexate								●	●	●
	Be aware of the structure and function of muscle, bone, joints and synovium								●		●
	Recall aspects of bone metabolism								●		●
	Demonstrate knowledge of the pharmacology of the major drug classes, including NSAIDs, colchicines, allopurinol and bisphosphonates								●		●
	Recognise the need for long term review in many cases of rheumatological disease and their treatments		●								●
	Recognise importance of eg multidisciplinary approach to rheumatological disease including physio, OT		●		●						●
	Use local / national guidelines appropriately e.g. osteoporosis	●	●			●				●	●
Neurology	Define the likely site of a lesion within the nervous system following full assessment	●									●
	Identify the likely site of a lesion within the nervous system, based on relevant clinical history and examination findings								●	●	●
	Recognise when specialist Neurology opinion is indicated	●	●		●	●					●
	Demonstrate knowledge of the diagnosis, investigation and management of headache, including subarachnoid haemorrhage		●			●			●	●	●
	Demonstrate awareness of the presentation of stroke and transient ischaemic attacks, and knowledge of the relevant investigation and management								●	●	●
	Recognise CNS infections, such as meningitis, encephalitis and brain abscess and demonstrate understanding of the investigations and management		●			●			●	●	
	Demonstrate knowledge of the diagnosis, investigation and management of coma and sudden loss of consciousness, including seizure disorders and syncope and of the diagnosis of brain death		●			●			●	●	●
	Recognise the different causes of acute paralysis, including Guillain Barre, myasthenia gravis and spinal cord compression								●	●	●

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	Demonstrate knowledge of the diagnosis, investigation and management of common and/or important problems such as raised intracranial pressure, multiple sclerosis, motor neurone disease and neuropathies		●			●			●	●	●
	Recall the structure and function of the central, peripheral and sympathetic nervous system								●		●
	Be aware of the physiology of nerve conduction and the principles of neurotransmitters								●		
	Recall the structure and physiology of visual, auditory and balance systems								●		●
	Demonstrate knowledge of related clinical science, including cerebral automaticity, the anatomy of cerebral blood supply, the pathophysiology of pain, and speech and language								●		●
	Demonstrate knowledge of the major drug classes, including anxiolytics, hypnotics, antiepileptics and antiparkinsonian drugs								●	●	●
	Recognise when a patient's presentation heralds a neurosurgical emergency and refer appropriately	●	●			●				●	●
Psychiatry	Be able to take a full medical and psychiatric history	●									●
	Be able to perform a mental state examination	●									
	Recognise when specialist Psychiatric opinion is indicated	●	●		●	●					●
	Recognise when a patient's presentation heralds organic illness and manage appropriately	●	●								●
	Demonstrate knowledge of the diagnosis and management of common psychiatric disorders, including suicide and parasuicide, acute psychosis, substance dependence and depression		●				●		●	●	●
	Recall the structure and function of the limbic system and hippocampus								●		
	Be aware of the principles of substance addiction and tolerance								●		●
	Recall the principles of neurotransmitters and the pharmacology of major drug classes, including antipsychotics, lithium, antidepressants and drugs used for the treatment of addiction								●		
	Recognise role of community mental health care teams	●	●		●	●					●
Public Health	Outline the effects of smoking on health	●	●							●	●
	Promote smoking cessation	●	●			●					●
	Recognise the need for support during cessation attempts	●	●								●
	Recognise and utilise specific Smoking Cessation health professionals	●	●		●	●					●
	Recall safe drinking levels	●	●								●
	Recognise the health and psychosocial effects of alcohol	●	●								●
	Recall the health consequences of alcohol use								●	●	●

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	Recommend support networks for problem drinkers	●	●			●					●
	Outline appropriate detoxification programme and methods to retain abstinence	●	●			●					●
	Recognise medical impact of obesity	●	●							●	●
	Outline good dietary practices	●	●								●
	Promote regular exercise	●	●								●
	Recommend specialist dietician input as appropriate	●	●		●	●					●
	Define principles of therapeutic interventions in morbid obesity		●							●	●
	Recognise the public health problem of poor nutrition		●								
	Perform basic nutritional assessment	●				●					●
	Identify patients with malnutrition and instigate appropriate management	●	●			●				●	●
	Demonstrate knowledge of the appropriate investigation and management of patients with malnutrition								●	●	●
	Recognise importance of dietician input and follow-up	●	●		●	●					●
	Define principles of enteral and parenteral feeding										●
	Outline the ethical issues associated with nutrition		●								●
	Promote safe sexual practices	●	●								●
	Recognise the health and psychosocial effects of substance abuse	●	●								●
	Recommend support networks substance abuse	●	●			●					●
	Recognise the impact of social deprivation on health	●	●								●
	Recognise the impact of occupation on health	●	●							●	●
	Outline the role of Occupational Health consultants		●								
	Define the health benefits of regular exercise	●	●								●
	Promote regular exercise	●	●			●					●
	Recognise the interaction of mental and physical health		●							●	●
	Recommend appropriate treatment and support facilities for mental health	●	●			●					●
Renal	Formulate a differential diagnosis for the patient following assessment	●	●			●					●
	Formulate a differential diagnosis for the patient based on relevant clinical history and examination findings	●				●				●	●
	Demonstrate knowledge of the diagnosis, investigation and management of acute and chronic renal failure, including electrolyte disturbances, fluid balance issues and renal replacement therapy		●			●			●	●	●
	Recognise the significance of proteinuria and indicate the appropriate investigation and management of this								●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of glomerulonephritis and nephrotic syndrome		●			●			●	●	●

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	Demonstrate knowledge of common and/or important problems such as urinary tract infections, urinary calculus, reflux nephropathy and acid-base disturbances		●			●			●	●	●
	Recall the structure and function of the renal and urinary tract								●		●
	Be aware of the composition of urine and methods of measurement of renal function								●		●
	Recall the clinical science relevant to the perturbations of renal failure and associated treatments								●		
	Demonstrate knowledge of the homeostasis of fluid, electrolytes and acid-base								●		●
	Formulate an appropriate management plan	●	●			●				●	●
	Discuss with patient likely outcomes and prognosis of condition and requirement for long term review	●									●
	Differentiate pre-renal failure, renal failure and urinary tract obstruction	●							●	●	●
	Recognise when specialist Nephrology or Urology opinion is indicated	●	●		●	●					●
	Identify patients who are at high risk of renal dysfunction in event of illness or surgery, and institute preventative measures	●	●							●	
Respiratory	Recognise when specialist Respiratory opinion is indicated	●	●		●	●					●
	Safe oxygen prescribing	●				●				●	●
	Principles of short and long term oxygen therapy		●							●	●
	Demonstrate knowledge of the diagnosis, investigation and management of common disorders such as COPD, asthma, respiratory failure, cor pulmonale and pulmonary hypertension, including the safe prescribing of oxygen and the use of short- and long-term oxygen		●			●			●	●	●
	Be aware of the diagnosis and management of interstitial lung disease		●			●			●	●	●
	Recognise respiratory infections such as pneumonia and tuberculosis and recall appropriate investigation and management		●			●			●	●	●
	Recognise the diagnosis of venous thromboembolism and the appropriate management		●			●			●	●	●
	Recall aspects of the diagnosis and management of important conditions, such as obstructive sleep apnoea, cystic fibrosis, bronchiectasis and pleural disease		●			●			●	●	●
	Demonstrate knowledge of the diagnosis, investigation and management of lung cancer		●			●			●	●	●
	Recognise the features of systemic disorders involving the lungs								●	●	●
	Indicate the appropriate investigation and management of pulmonary thromboembolic disease		●			●			●	●	●
	Recognise the existence of lung disease secondary of occupational exposure								●	●	●

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	Recall the anatomy and function of the respiratory system								●		●
	Be aware of the physiology of gas exchange and acid-base homeostasis								●	●	●
	Recall the principles of lung function measurement								●	●	●
	Demonstrate knowledge of the pharmacology of the major drug classes, such as bronchodilators, inhaled corticosteroids, leukotriene- receptor antagonists and immunosuppressants		●			●			●		
	Outline the different delivery systems for respiratory medications		●								●
	Outline methods of smoking cessation of proven efficacy	●	●								●
	Counsel patients in smoking cessation appropriately	●									●
	Take a thorough Occupational History to identify risk factors for lung disease	●									●

	LIST OF SPECIFIC CONDITIONS BASIC SCIENCE INVESTIGATIONS										
	Request appropriately and interpret biochemistry tests, including basic blood biochemistry, cardiac biomarkers, inflammatory markers, serum immunoglobulins, HbA1c, lipid profile and amylase		●			●			●	●	●
	Demonstrate ability to act on drug levels, including paracetamol, salicylate, digoxin, antibiotics and anticonvulsants		●			●			●	●	●
	Request and interpret correctly endocrine tests, including thyroid function tests, sex hormone tests, prolactin, cortisol and tetracosactide tests		●			●			●	●	●
	Recall the use and interpretation of specialist endocrine tests, including dexamethasone suppression tests, insulin tolerance tests, water deprivation test, glucose tolerance test and growth hormone assay		●			●			●	●	●
	Interpret arterial blood gas analysis		●			●			●	●	
	Select and interpret routine haematology investigations, including full blood count, blood film report, coagulation, haematinics, haemolysis screen and D-dimer levels		●			●			●	●	●
	Demonstrate knowledge of the laboratory monitoring of anticoagulant therapy								●	●	●
	Be aware of the tests required to group and cross match blood for transfusion		●							●	●
	Request and interpret correctly routine microbiological tests, including blood, sputum and urine culture		●			●			●	●	●
	Demonstrate knowledge of the analysis of pleural, ascetic and cerebrospinal fluid		●			●			●	●	●
	Request and interpret immunological tests, including H. pylori tests, celiac serology and autoantibodies		●			●			●	●	●

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	Demonstrate knowledge of serology tests, including screens for viral hepatitis and HIV		●			●			●	●	●
	Request and interpret correctly radiology tests, including plain X-rays of chest, abdomen and joints, barium studies, ultrasound scans, CT and MR scans, and radio-isotope scans such as bone densitometry, bone scans and V/Q scans	●	●			●				●	●
	Interpret ECGs and demonstrate the significance of 24-h ECG monitoring results	●	●			●				●	
	Interpret the results of peak flow tests and full lung function tests		●			●			●	●	
	Be aware of neurophysiological studies including EMG and nerve conduction studies	●	●							●	●
	Interpret the findings from endoscopic examinations, such as bronchoscopy, upper and lower GI endoscopy and ERCP	●	●							●	●
	Demonstrate basic knowledge of the interpretation of pathology samples, including liver biopsy, renal biopsy, bone marrow aspirate and trephine biopsy, lymph node biopsy and cytology of body fluids		●			●			●	●	●
	<b>PROCEDURES</b>			●							