

LEVEL 3: GIM (Acute) Curriculum Assessment Blueprint

Curriculum Area	Competence	Mini CEX	CbD	DOPS	MSF	ACAT	Formal Course e.g.ALS	MRCP Part 2 Written	MRCP Part 2 PACES
General Level 3 Competencies - K	Outline parameters influencing the need for in patient care and the appropriate dependency setting within the hospital		•					•	•
	Outline parameters for high quality ambulatory care		•						
	Cite evidence base for best practice	•	•					•	•
	S	Co-ordinate acute medical take as part of multidisciplinary team				•	•		
		Recognition and active management of patient in relation to illness severity including monitoring response to intervention	•	•			•	•	•
		Teach evidence based best practice patient management within the acute setting				•			
		Develop safe out patient protocols and procedures							
		Co-ordinate care at home when appropriate	•	•			•		
		Provide back up for colleagues during practical procedures (e.g. failed central venous access)				•			
		Establish, maintain and secure a patent airway			•				
		Teach and supervise procedural skills within the acute setting				•			
		Recognise atypical presentations of common disease, and typical presentations of uncommon disease					•	•	•
		Further Skills / Procedures – see Part 2.4			•				
AB	Maintain highest standards of care through leadership, training and management throughout Acute Care service in organisation				•				
	Promote active acute intervention when appropriate				•				
	Promote multidisciplinary management of common medical problems including liaison with other specialties				•	•			•
	Promote alternatives to hospital admission when appropriate, such as out-patient care	•	•			•			
	Adopt proactive role in identifying potential risk of infection to others					•			•
	Show willingness to set up services from the acute setting (e.g. falls, DVT)								
	Recognise active role in healthcare resource management							•	•
	Promote excellent use of investigative resources					•		•	•
Cardio-Respiratory Arrest -K	Evidence base for best practice		•					•	
	S	Maintain and secure a patent airway		•					

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	Teach evidence based best practice patient management								
AB	Adopt leadership role				●				
Shocked Patient- k	Outline the legal framework for organ donation		●					●	
S	Expert assessment of neurological status of acutely unwell patient, including diagnosis of brainstem death	●							
	Co-ordinate and manage care within a HDU/Level 2 setting				●	●			
AB	Discuss issues of donation appropriately with transplant coordinators, and family/carers of patient				●				●
Unconscious patient – k	Detail the legal framework for organ donation		●					●	
s	Perform tests for brain stem death	●							
AB	Discuss issues of donation appropriately with transplant co-ordinators, and family/carers of patient				●				●
Anaphylaxis-K	Recall evidence base for best practice in management of acute anaphylaxis (UK Resuscitation Council)		●				●	●	
S	Maintain and secure a patient airway in patients with laryngedema			●					
AB	Adopt leadership and teaching role				●				
Black out - S	OPTIONAL: Insert temporary pacing wire using aseptic technique with minimal discomfort to patient			●					
Breathlessness - S	Modify non-invasive ventilation parameters appropriately		●			●		●	
	Maintain and secure a patent airway			●					
Chest Pain -K	List less common but life threatening causes of chest pain		●					●	●
S	Co-ordinate expert management for life-threatening causes of chest pain				●	●			
Confusion – K	Outline pharmacological management of confused patient and associated risks	●	●					●	●
Falls - s	Co-ordinate multidisciplinary management of falls				●	●			
AB	Liaise with primary care team and other community services to establish an effective falls prevention programme				●				
Fever – s	Conduct appropriate investigations in cases of fever in a recent traveller	●	●					●	●
AB	Liaise with tertiary infectious diseases centre as appropriate	●	●			●			
	Keep up to date with recent public health guidance in event of pandemic / epidemic		●			●		●	

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Fits – K	Outline indications for artificial ventilation		●			●		●	
S	Recognise and actively manage all forms of status epilepticus	●	●						
	Manage a patient in status epilepticus requiring artificial ventilation appropriately	●	●						
AB	Seek prompt involvement of Critical Care team when required				●	●			
Haematemesis - S	Place a Sengstaken-Blakemore tube safely and ensure safe set up and monitoring			●					
Headache - K	Outline presentation of life threatening causes of headache	●	●			●		●	●
s	Active intervention for life threatening headache		●			●			
AB	Ensure appropriate and rapid investigation of acute headache	●	●			●		●	●
Jaundice S	Co-ordinate expert management of fulminant liver failure					●			
AB	Seek prompt involvement of Critical Care team when required					●			
Poisoning -AB	Co-ordinate multiple specialty management of patient (ITU, Renal etc)					●			
Rash - S	Implement appropriate management plan in cases of 'skin failure'	●	●			●			
Weakness - K	Recall potentially reversible life threatening causes of weakness		●			●		●	●
S	Intervene promptly in life threatening causes of weakness	●	●			●			
	Maintain and secure a patent airway			●					
Abdo swelling - K	Awareness of potential acute complications of hepatomegaly and splenomegaly		●			●		●	●
Dialysis - K	Outline indications for haemofiltration as a temporary measure		●			●		●	