**Annual Review of Competence Progression**

**Checklist**

**IMT stage 1 2021**

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| --- | --- |
| Evidence that trainee actively involved in the care of at patients presenting with acute medical problems (via WBAs or logbook) | YES / NO  (please circle) |
| Evidence that trainee have been actively involved in the management of medical inpatients | YES / NO |
| Evidence of engagement in outpatient training (via OPCAT/Clinics/SLEs) | YES / NO |
| Educational Supervisor Report (ESR) – all CiPs rated and justification for rating provided by ES | YES / NO |
| Multi Source Feedback x 1  (Minimum of 12 responses with 3 consultants) | YES / NO |
| Multi Consultant Reviews sufficient for ESR (recommended 4)  (Recommended 2 must cover outpatient setting, 3 must cover managing acute patients over IMY1and IMY2) | YES / NO |
| Evidence of Quality Improvement Project via Quality Improvement Project Assessment Tool (QIPAT)  (Not mandatory) | YES / NO |
| Evidence of engagement with MRCP | Exams achieved |
| Deemed possible to achieve all three parts of MRCP by the end of IMT3/ST3 | YES/NO |
| Valid ALS certificate (if expired ES rating for CiP7 to be used) | Date |
| Evidence of engagement and teaching attendance when possible, including online learning | YES / NO |
| 2 x consultant completed mini-CEXs or CBDs | YES / NO |
| 2 x ACATs (On acute take or on the ward round) | YES / NO |
| Critical care and geriatric medicine placements undertaken or planned for subsequent year | YES / NO |

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| Evidence of achievement of Practical Procedures to required level | Level required | ***Please circle level of competence*** |
| * Advanced cardiopulmonary resuscitation (CPR) Direct current (DC) cardioversion | No minimum requirement set | no experience/skills lab or supervised/participation in CPR team/leadership of CPR team |
| * Central venous cannulation (internal jugular or subclavian | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Direct current (DC) cardioversion | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Temporary cardiac pacing using an external device | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Access to circulation for resuscitation (femoral vein or intraosseous) | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Pleural aspiration for fluid (diagnostic)[[1]](#footnote-1) | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Pleural aspiration (pneumothorax)[[2]](#footnote-2) | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Intercostal drain for pneumothorax | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Intercostal drain for effusion1 | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Nasogastric (NG) tube | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Ascitic tap | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Abdominal paracentesis | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |
| * Lumbar puncture | No minimum requirement set | no experience/skills lab or supervised/independent as evidenced by DOPs |

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| Evidence of achievement of Clinical Capabilities in Practice (CiPs) to required level | Level required for IMY1 | Level  required for IMY2 | *Level required for IMT completion* | **Level achieved** |
| * Managing an acute unselected take | 2 | 3 | *3* |  |
| * Managing an acute specialty-related take | 2 | 2[[3]](#footnote-3) | *2* |  |
| * Providing continuity to care to medical in-patients | 2 | 3 | *3* |  |
| * Managing outpatients with long term conditions | 2 | 2 | *3* |  |
| * Managing medical problems in patients in other specialties and special cases | 2 | 2 | *3* |  |
| * Managing an MDT including discharge planning | 2 | 2 | *3* |  |
| * Delivering effective resuscitation and managing the deteriorating patient | 2 | 3 | *4* |  |
| * Managing end of life and applying palliative care skills | 2 | 2 | *3* |  |
| Evidence of achievement of General Capabilities in Practice (CiPs) to required level | **Please circle rating achieved** | | | |
| * Able to function successfully within NHS organisational and management systems | Meets expectations/Above expectations /Below expectations | | | |
| * Able to deal with ethical and legal issues related to clinical practice | Meets expectations/Above expectations /Below expectations | | | |
| * Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement | Meets expectations/Above expectations /Below expectations | | | |
| * Is focussed on patient safety and delivers effective quality improvement in patient care | Meets expectations/Above expectations /Below expectations | | | |
| * Carrying out research and managing data appropriately | Meets expectations/Above expectations /Below expectations | | | |
| * Acting as a clinical teacher and clinical supervisor | Meets expectations/Above expectations /Below expectations | | | |

Table

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**To be completed by trainee and countersigned by Educational Supervisor**

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| **Trainee signature:** |  | **Date:** |  |
| **Education Supervisor signature:** |  | **Date:** |  |
| **Education Supervisor name PLEASE PRINT** |  | | |

1. Pleural procedures should be undertaken in line with the British Thoracic Society guidelines. These state that thoracic ultrasound guidance is strongly recommended for all pleural procedures for pleural fluid, also that the marking of a site using thoracic ultrasound for subsequent remote aspiration or chest drain insertion is not recommended, except for large effusions. Ultrasound guidance should be provided by a pleural-trained ultrasound practitioner. [↑](#footnote-ref-1)
2. The requirement is for the trainee to be able to decompress a large symptomatic pneumothorax. This is a relatively uncommon clinical scenario, and it is not expected that all trainees will encounter it during their training. A trainee who can satisfactorily perform pleural aspiration of fluid can be regarded as having the necessary competency. [↑](#footnote-ref-2)
3. 1 The entrustment decision for CiP2 may be made on the basis of performance in other related CiPs if the trainee is not in a post that provides acute specialty-related take experience [↑](#footnote-ref-3)