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| **Trainee Name** |  | **Educational Supervisor (ES)** |  |
| **Current Hospital** |  | **Review date** |  |
| **Training Level** |  | **Last IMT ARCP outcome**  (if applicable) |  |

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| **Have you been involved in any incidents or complaints?** |  | | | | **If so, have you discussed this with your ES and reflected upon this/these?** | | |  | |
| **Have you completed and reviewed your PDP and educational work schedule (England)?** |  | | | | **Have you discussed other reflections with your ES/CS?**  Documented in portfolio | | |  | |
| **Multiple Consultant Reports (MCRs)**  Should **not** be completed by your ES.  **ARCP:**  - A minimum of 4 completed per year (Ideally at least 2 per post)  - One completed by Geriatrician following post  - Ideally 1 consultant intensivist following ICM post.  - Ideally 2 from consultants supervising OP clinic  **- IMY 2 and 3**: Minimum 3 MCRs written by consultants who have supervised acute unselected take. | | | | **On track: Yes/No**  Comments/concerns | | | | | |
| **MRCP (UK) - How many attempts at each part if not yet passed** | | **Part 1** |  | | **Part 2** | |  | **PACES** |  |
| Comments/number of attempts/ support offered/ plans: | | | | | | | | | |
| **ALS –** ALS must be valid throughout IMT training | | | | | | **Expires** |  | | |

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| **Appraisals**  **Monthly ES meetings** recommended in addition to regular CS meetings | | | | | | | |
| **1st Attachment** | | | | **2nd Attachment** | | | |
| **Induction** | **Meeting** | **Meeting** | **EoA** | **Induction** | **Meeting** | **Meeting** | **EoA** |
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| Comments/Concerns | | | | | | | |
| **Consultant Supervised Learning Events (SLEs)**  SLEs should be performed proportionately throughout the year by a number of different assessors. Others can complete SLEs, but they don’t count in the minimum number. Each ACAT must include a minimum of 5 cases | | | **Interim** – Minimum of at least 2 consultant ACATs and 2 consultant CBD/CEX  Comments | | | | |
| **Multi-source feedback (MSF)**  Replies should be received within a 3-month period from a **minimum of 12 raters including 3 consultants** and a mixture of other staff. The same consultants can complete both the MCR and the MSF. MSF report must be released by ES prior to ARCP. If significant concerns are raised, these most be discussed and arrangements should be made for a **full** repeat MSF | | | **Interim** Yes/No  Comments | | | | |

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|  | **Requirement** | **Progress to date** |
| **Quality Improvement (QI) Project** | IMY1 = Participated in QI activity (e.g. project plan) |  |
| IMY2 = 1 project completed with QIPAT |  |
| IMY3 = Demonstrating leadership in QI activity (eg supervising another healthcare professional) |  |
| **Clinical Activity: Outpatients**  OPCAT and SLEs to be used to give structured feedback.  MCRs can be used to document OP capability.  Patient survey and reflective practice recommended. | IMY1 = Target of 20 outpatient clinics by the end of IMY 1 |  |
| IMY2 = Target of 20 outpatient clinics in IMY2 (target 40 in total) |  |
| IMY3 = Target of 20 outpatient clinics in IMY3 (target 80 in total) |  |
| Evidence of OP capability – MCRs, OPCATS and SLEs |  |
| **Clinical activity: Acute unselected take**  Active involvement in the care of patients presenting with acute medical problems is defined as having sufficient input for the trainee’s involvement to be recorded in the patient’s clinical notes | IMY1 = Evidence that the trainee is actively involved in the care of at least 100 patients presenting with acute medical problems by end IMY1 |  |
| IMY2 = Evidence that the trainee is actively involved in the care of at least 100 patients (200 in total) presenting with acute medical problems by end IMY2 |  |
| IMY3 = Evidence that the trainee is actively involved in the care of at least 100 patients (500 in total) presenting with acute medical problems by end IMY3 |  |
| **IMY 1 and 2: Clinical CiP 1 - Acute unselected take** | ES to confirm on track to achieve entrustment level 3 for CIP 1 by the end of IMY2 |  |
| **Simulation**  All practical procedures should be taught by simulation as early as possible in IMY1. Refresher training in procedural skills should be completed if required | IMY1 = Evidence of simulation training including procedural skills |  |
| IMY2 = Evidence of simulation training including human factors and scenario |  |
| IMY3 = Ideally further simulation training including human factors and scenario |  |
| **Teaching Attendance**  Summary of teaching attendance to be recorded in ePortfolio | 50 hours of teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/approved by HEE local office/deanery per year |  |
| Total for IMT training so far |  |

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| **Capabilities in Practice (CiPs)** | | |
| **Generic CiPs**  The six generic CiPs cover the universal requirements of all specialties as described in Generic Professional Capabilities [GPC framework](https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework) and are assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. | **Requirements**  ES to confirm that the trainee is performing at or above the level expected for each CiP  -Below expectations for this year of training  -Meeting expectations for this year of training  -Above expectations for this year of training | |
| **Trainee self-rating** | **ES rating** |
| **Domain 1:** Functioning with NHS organisational and management systems |  |  |
| **Domain 2:** Ethical and legal issues |  |  |
| **Domain 3:** Communication and decision making |  |  |
| **Domain 4:** Patient safety and quality improvement in patient care |  |  |
| **Domain 5:** Research and data management |  |  |
| **Domain 6:** Clinical teacher and clinical supervisor duties |  |  |
| **Comments/Concerns** | | |

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| **Clinical CiP – Level to be achieved by the end of each training year**  The eight clinical CiPs describe the clinical tasks or activities which are essential to the practice of internal medicine. Satisfactory sign off requires demonstration that the minimum expected level of performance has been achieved. | **IMY1** | **Trainee self-rating** | **ES rating: on track?** | **IMY2** | **Trainee self-rating** | **ES rating: on track?** | **IMY3** | **Trainee self-rating** | **ES rating: on track?** |
| 1. Managing an acute unselected take | **2** |  |  | **3** |  |  | **3** |  |  |
| 1. Managing an acute specialty-related take | **2\*** |  |  | **2\*** |  |  | **2\*** |  |  |
| 1. Providing continuity of care to medical in-patients | **2** |  |  | **3** |  |  | **3** |  |  |
| 1. Managing outpatients with long term conditions | **2** |  |  | **2** |  |  | **3** |  |  |
| 1. Managing medical problems in patients in other specialties and special cases | **2** |  |  | **2** |  |  | **3** |  |  |
| 1. Managing an MDT including discharge planning | **2** |  |  | **2** |  |  | **3** |  |  |
| 1. Delivering effective resuscitation and managing the deteriorating patient | **2** |  |  | **3** |  |  | **4** |  |  |
| 1. Managing end of life and applying palliative care skills. | **2** |  |  | **2** |  |  | **3** |  |  |

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| **Practical Procedural Skills – minimum requirements** | **Requirement** | **Progress to date** |
| **Advanced cardiopulmonary resuscitation (CPR)** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = Participation in CPR team, evidenced by DOPs or mini-cex |  |
| IMY3 = Leadership of CPR team |  |
| **Direct current (DC) cardioversion** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| IMY3 = Maintain |  |
| **Temporary cardiac pacing using an external device** | IMY1 – 3 = Skills lab or satisfactory supervised practice |  |
| **Central venous cannulation**  **(internal jugular or subclavian)** | IMY1 – 3 = Skills lab or satisfactory supervised practice |  |
| **Access to circulation for resuscitation**  **(femoral vein or intraosseous)** | IMY1 - 3 = Skills lab or satisfactory supervised practice |  |
| **Pleural aspiration for fluid (diagnostic)**  (Pleural procedures should be undertaken in line with the British Thoracic Society guidelines) | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| IMY3 = Maintain |  |
| **Intercostal drain for pneumothorax** | IMY1 – 3 = Skills lab or satisfactory supervised practice |  |
| **Intercostal drain for effusion** (Pleural procedures should be undertaken in line with the British Thoracic Society guidelines) | IMY1 – 3 = Skills lab or satisfactory supervised practice |  |
| **Nasogastric (NG) tube** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| IMY3 = Maintain |  |
| **Ascitic tap** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| IMY3 = Maintain |  |
| **Abdominal paracentesis** | IMY1 - 3 = Skills lab or satisfactory supervised practice |  |
| **Lumbar puncture** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| IMY3 = Maintain |  |

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| **Career plans** |  | **Additional support/onward referral required?**  e.g. TPD, OH, trainee support services, IMG support |  |
| **Trainee Signature** |  | **Supervisor Signature** |  |
| **Date** |  | **Date** |  |