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| **Trainee Name** |  | **Educational Supervisor (ES)** |  |

**Internal Medicine Training Year 2 (IMY2) Interim Review Checklist**

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| **Have you signed the Declarations and Educational agreements?** |  | **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 written your PDP, completed your educational work schedule (England only) and agreed these with your ES?** |  | **Have you discussed other reflections with your ES/CS?** |  |
| **Multiple Consultant Reports (MCRs)**Should **not** be completed by your ES. **ARCP:****- IMY1** **& 2** - A minimum of 4 completed per year (Ideally 2 per post)- One completed by Geriatrics consultant following Geriatrics post- Ideally 1 consultant anaesthetist following ICM post.**- IMY2**: Minimum 3 MCRs per year are written by consultants who have personally supervised the trainee in an acute take setting.  | On track: Yes/NoComments/concerns: |
| **MRCP (UK)** Pass? | **Part 1** |  | **Part 2** |  | **PACES** |  |
| Comments/ support offered/attempts/ plans: |
| **ALS –** ALS **MUST** be valid throughout IMT training | **Expires** |  |
| **Appraisals** | Must have an Induction and End of Attachment (EoA) appraisal completed by ES or CS for each attachment. More regular review recommended. |

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| **1st Placement** | **2nd Placement** | **3rd Placement** (if applicable) |
| **Induction** | **Mid-point** | **EoA** | **Induction** | **Mid-point** | **EoA** | **Induction** | **Mid-point** | **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. StRs can complete SLEs, but. minimum 4 Consultant ACATS and 4 Consultant mini-CEX/CBD. ACAT must include a minimum of 5 cases. | **Number of consultant ACATs:** | **Number of consultant CEX/CBDs:** |
| Comments/Concerns: | Comments/Concerns: |
| **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, then these should be addressed and arrangements made for a **full** repeat MSF | Comments/Concerns: |
| **Is feedback from a Local Faculty Group available?**Has this been discussed?Is it documented in the portfolio? | Comments/Concerns: |

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| **Capabilities in practice (CiP)** |
| **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.

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 | **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** |
| **Domain** | **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:** |

**Levels to be achieved by the end of each training year**

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| **Clinical CiP**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?** |
| 1. Managing an acute unselected take
 | **2** |  |  | **3** |  |  |
| 1. Managing an acute specialty-related take
 | **2\*** |  |  | **2\*** |  |  |
| 1. Providing continuity of care to medical in-patients
 | **2** |  |  | **3** |  |  |
| 1. Managing outpatients with long term conditions
 | **2** |  |  | **2** |  |  |
| 1. Managing medical problems in patients in other specialties and special cases
 | **2** |  |  | **2** |  |  |
| 1. Managing an MDT including discharge planning
 | **2** |  |  | **2** |  |  |
| 1. Delivering effective resuscitation and managing the deteriorating patient
 | **2** |  |  | **3** |  |  |
| 1. Managing end of life and applying palliative care skills.
 | **2** |  |  | **2** |  |  |
| ***\*This entrustment decision 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.*** Level descriptors:Level 1: Entrusted to observe only – no provision of clinical care Level 2: Entrusted to act with direct supervision Level 3: Entrusted to act with indirect supervision Level 4: Entrusted to act unsupervised |
| **Comments/Concerns** |

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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 |  |
| **Temporary cardiac pacing using an external device** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = Skills lab or satisfactory supervised practice |  |
| **Ascitic tap** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| **Lumbar puncture** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| **Nasogastric (NG) tube** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| **Pleural aspiration for fluid (diagnostic)**  | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| **Access to circulation for resuscitation** **(femoral vein or intraosseous)** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = Skills lab or satisfactory supervised practice |  |
| **Central venous cannulation** **(internal jugular or subclavian)** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = Skills lab or satisfactory supervised practice |  |
| **Intercostal drain for pneumothorax**  | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = Skills lab or satisfactory supervised practice |  |
| **Intercostal drain for effusion**  | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = Skills lab or satisfactory supervised practice |  |
| **Direct current (DC) cardioversion** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = **Competent** to perform unsupervised as evidenced by summative DOPs |  |
| **Abdominal paracentesis** | IMY1 = Skills lab or satisfactory supervised practice |  |
| IMY2 = Skills lab or satisfactory supervised practice |  |
| Comments/Concerns |
|  | **Requirement** | **Progress to date** |
| **Clinical activity: Acute unselected take – ES to confirm on track to achieve level 3 for CIP 1 by the end of IMTY2**   | Yes/No? Comments including MCR feedback |
| **Quality Improvement (QI) Project**QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT) | IMY1 = Participated in QI activity (e.g. project plan) |  |
| IMY2 = 1 project completed with QIPAT |  |
| **Clinical Activity: Outpatients**Summary of clinical practice should be recorded on ePortfolio. Mini CEX/CbD to be used to give structured feedback. Patient survey and reflective practice recommended. | IMY1 = Minimum of 20 outpatient clinics by the end of IMY 1 |  |
| IMY2 = Minimum of 20 outpatient clinics in IMY2 (40 in total) |  |
| **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 presenting with acute medical problems by end 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 (minimum one day) including procedural skills |  |
| IMY2 = Evidence of simulation training including human factors and scenario |  |
| **Teaching Attendance**Minimum hours per training year. To be specified at induction. Summary of teaching attendance to be recorded in ePortfolio | IMY1 = 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 |  |
| IMY2 = 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 |  |
| Comments/Concerns |
| **IMY1 ARCP outcome** |  |
| **Were competencies missed due to the Covid pandemic?****(**if so please list) |  | **Have missing competencies been addressed?****If not, are plans in place?** |  |
| **Planning an IMY3?** |  | **Career plans:**  |  |
| **Trainee Signature:** |  | **Supervisor Signature:** |  |
| **Date:** |  | **Date:** |  |

October 2020