Internal Medicine Training Year 1 (IMY1) Interim Review Checklist

Trainee Name			Educational Supervisor (ES)		

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 reflec with your ES/CS?	

Multiple Consultant Reports (MCRs)	On track: Yes/No
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.	Comments/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.

1st Placement			2nd Placement			3rd Placement (if applicable)		
Induction	**Mid-point**	**EoA**	**Induction**	**Mid-point**	**EoA**	**Induction**	**Mid-point**	**EoA**

Comments/Concerns:

Consultant Supervised Learning Events (SLEs)	Number of consultant ACATs:	Number of consultant CEX/CBDs:
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. .	Comments/Concerns:	Comments/Concerns:

Multi-source feedback (MSF)	Comments/Concerns:
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 should be addressed and arrangements should be made for a **full** repeat MSF.	

Is feedback from a Local Faculty Group availa	Comments/Concerns:
Has this been discussed? Is it documented in the portfolio?	

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Capabilities in practice (CiP)

Generic CiPs	Requirements
The six generic CiPs cover the universal requirements of all specialties as described in Generic Professional Capabilities GPC framework and are assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES.	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

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		
2. Managing an acute specialty-related take	2*			2*		
3. Providing continuity of care to medical in-patients	2			3		
4. Managing outpatients with long term conditions	2			2		
5. Managing medical problems in patients in other specialties and special cases	2			2		
6. Managing an MDT including discharge planning	2			2		
7. Delivering effective resuscitation and managing the deteriorating patient	2			3		
8. 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 IMY2	Comments including MCR feedback	Yes/No
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

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Did you do your Foundation training in the UK?		**If not, had you worked in the UK before IMY1?**	
Have you accessed additional support: **Such as SUPPORTT supernumerary period?** **Buddy system?** **Local course?** **How useful where they?**		**Did have any extra induction resources and were they helpful?**	
		Is there any other support you need or anything else that would have helped?	
Planning an IMY3?		**Career plans:**	
Trainee Signature:		**Supervisor Signature:**	
Date:		**Date:**	

October 2020