LANDSPÍTALI

SAk SJÚKRAHÚSIÐ Á AKUREYRI AKUREYRI HOSPITAL

# Internal Medicine Training (IMT) ARCP Decision Aid for Iceland – 2020

**The IMT ARCP decision aid documents the targets to be achieved for a satisfactory ARCPoutcome at the end of each training year. This document is available on the website for Postgraduate Medical Education in Iceland: https://www.landspitali.is/fagfolk/menntun/sernam-laekna/sernam-i-almennum-lyflaekningum/**

| Evidence/requirement | Notes | IMY1 | IMY2 | IMY3 | IMY4 | IMY5 |
|---|---|---|---|---|---|---|
| Educational supervisor (ES) report | One per year to cover the training year since last ARCP (up to the date of the current ARCP) | Confirms meeting or exceeding expectations and no concerns | Confirms will meet the critical progression point and can progress to IMY3 and take on a more senior role (eqv. to Medical Registrar) | Confirms will meet the critical progression point criteria and progress to later two years of training | Confirms meeting or exceeding expectations and no concerns and meets criteria to progress to final year of training | Confirms will meet the critical progression point criteria and has achieved appropriate outcomes for CCT/FEQ |
| Generic capabilities in practice (CiPs) | Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. Rating for each generic CiP will be recorded in ES report | ES to confirm trainee meets expectations for level of training | ES to confirm trainee meets expectations for level of training | ES to confirm trainee meets expectations for level of training | ES to confirm trainee meets expectations for level of training | ES to confirm trainee meets expectations for level of training, and criteria for completion of training |
| Clinical capabilities in practice (CiPs) | See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate | ES to confirm trainee is performing at or above the | ES to confirm expected levels achieved for critical | ES to confirm expected levels achieved for critical | ES to confirm trainee is performing at or above the | ES to confirm expected levels achieved for completion of |

| Evidence/requirement | Notes | IMY1 | IMY2 | IMY3 | IMY4 | IMY5 |
|---|---|---|---|---|---|---|
| | discussion with ES. The ES report will confirm entrustment level for each individual CiP and overall global rating of progression | level expected for all CiPs | progression point at end of IMY2 | progression point at end of IMY3 | level expected for all CiPs | training at the end of IMY5 |
| Multiple consultant report (MCR) | Minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee | 4 | 4 - of which at least 3 MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting | 4 - of which at least 3 MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting | 4 - of which at least 3 MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting | 4 - of which at least 3 MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting |
| Multi-source feedback (MSF) | Minimum of 12 raters, including 3 consultants and a mixture of other staff (medical and non-medical)<br>Replies should be received within 3 months (ideally within the same placement). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised, then arrangements should be made for a repeat MSF | 1 | 1 | 1 | 1 | 1 |
| Supervised learning events (SLEs): | Minimum number to be carried out by consultants. Trainees are | 4 | 4 | 4 | 4 | 4 |

| Evidence/requirement | Notes | IMY1 | IMY2 | IMY3 | IMY4 | IMY5 |
|---|---|---|---|---|---|---|
| Acute care assessment tool (ACAT) | encouraged to undertake more ACATs and supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of 5 cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (e.g. prioritisation, working with the team). It is not for comment on the management of individual cases | | | | | |
| Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX) | Minimum number to be carried out by consultants. Trainees are encouraged to undertake more CbDs or mini-CEX and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee | 4 | 4 | 4 | 4 | 4 |

| Evidence/requirement | Notes | IMY1 | IMY2 | IMY3 | IMY4 | IMY5 |
|---|---|---|---|---|---|---|
| MRCP (UK) | Failure to pass full MRCP by the end of IMY2 will result in a non-standard ARCP outcome | Part 1 passed | Full MRCP(UK) diploma achieved | Full MRCP(UK) diploma achieved | Full MRCP(UK) diploma achieved | Full MRCP(UK) diploma achieved |
| Advanced life support (ALS) | | Valid | Valid | Valid | Valid | Valid |
| Quality improvement (QI) project | QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT) | Participating in QI activity (e.g. project plan) | 1 project completed with QIPAT | Demonstrating leadership in QI activity (e.g. supervising another healthcare professional) | Demonstrating continued leadership in QI activity (e.g. supervising another healthcare professional) | Leadership of one completed QI activity |
| Clinical activity: Outpatients | See curriculum for definition of clinics and educational objectives.<br>Mini-CEX / CbD to be used to give structured feedback.<br>Patient survey and reflective practice recommended.<br>Summary of clinical activity should be recorded on ePortfolio | Minimum 20 outpatient clinics by end of IMY1 | Minimum 20 outpatient clinics in IMY2 | Minimum 20 outpatient clinics in IMY3 and 80 outpatient clinics in total (IMY1-3) | Minimum 10 outpatient clinics in IMY4 | Minimum 20 outpatient clinics in IMY5 and 100 outpatient clinics in total (IMY1-IMY5) |
| 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 | Evidence that trainee is actively involved in the care of at least 100 patients presenting with acute medical | Evidence that trainee is actively involved in the care of at least 100 patients presenting with acute medical | Evidence that trainee is actively involved in the care of at least 100 patients presenting with acute medical | Evidence that trainee is actively involved in the care of at least 300 patients presenting with acute medical | Evidence that trainee is actively involved in the care of at least 300 patients presenting with acute medical |

| Evidence/requirement | Notes | IMY1 | IMY2 | IMY3 | IMY4 | IMY5 |
|---|---|---|---|---|---|---|
| | | problems in IMY1 | problems in IMY2. ES to confirm level 3 for clinical CiP1 | problems in IMY3 and a minimum 500 patients in total (IMY1-3). ES to confirm level 3 for clinical CiP1 | problems in IMY4 and ES to confirm level 3 for clinical CiP1 | problems in IMY5 and a minimum 1250 patients in total (IMY1-5). ES to confirm level 4 for clinical CiP1 |
| Clinical activity: Continuing ward care of patients admitted with acute medical problems | Trainees should be involved in the day-to-day management of acutely unwell medical inpatients for at least 24 months in IMY1-3 and further 12 months during IMY4-5 | | | Minimum of 24 months by end of IMY3 | | Minimum of 36 months by end of IMY5. ES to confirm level 4 for clinical CiP 4 |
| Critical care | See curriculum for definition of critical care placements and learning objectives | | | Evidence of completion of minimum 10 weeks in critical care setting (ICU or HDU), in not more than two separate blocks by end of IMY3 | | |
| Geriatric medicine | | | | Evidence of completion of minimum of four months in a team led by a consultant geriatrician by | | |

| Evidence/requirement | Notes | IMY1 | IMY2 | IMY3 | IMY4 | IMY5 |
|---|---|---|---|---|---|---|
| | | | | completion of IMY3. At least one MCR to be completed by geriatrician during IMY1-3 | | |
| Simulation | All practical procedures should be taught by simulation as early as possible. Refresher training in procedural skills should be completed if required | | Evidence of simulation training (minimum one day), including procedural skills | Evidence of simulation training, including human factors and scenario training | Evidence of simulation training, including human factors and scenario training | Trainees should attend such training at least once in the first three years of training and once in the last two years, where their roles and real-life responsibilities are reflected |
| Teaching attendance | Minimum hours per training year. To be specified at induction.<br>Summary of teaching attendance to be recorded in ePortfolio | Confirmed attendance to 75% of formal teaching provided | Confirmed attendance to 75% of formal teaching provided | Confirmed attendance to 75% of formal teaching provided | Confirmed attendance to 75% of formal teaching provided | Confirmed attendance to 75% of formal teaching provided |

LANDSPÍTALI

SJÚKRAHÚSIÐ Á AKUREYRI
AKUREYRI HOSPITAL

# Practical procedural skills

**Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year.**

| Practical procedures – minimum requirements | IMY1 | IMY2 | IMY3 | IMY4 | IMY5 |
|---|---|---|---|---|---|
| Advanced cardiopulmonary resuscitation (CPR) | Skills lab or satisfactory supervised practice | Participation in CPR team | Leadership of CPR team | Maintain[a] | Maintain[a] |
| Temporary cardiac pacing using an external device | Skills lab or satisfactory supervised practice | Maintain[a] | Maintain[a] | Maintain[a] | Maintain[a] |
| Ascitic tap | Skills lab or satisfactory supervised practice | Competent to perform unsupervised as evidenced by summative DOPS | Maintain[a] | Maintain[a] | Maintain[a] |
| Lumbar puncture | Skills lab or satisfactory supervised practice | Competent to perform unsupervised as evidenced by summative DOPS | Maintain[a] | Maintain[a] | Maintain[a] |

| Practical procedures – minimum requirements | IMY1 | IMY2 | IMY3 | IMY4 | IMY5 |
|---|---|---|---|---|---|
| Nasogastric (NG) tube | Skills lab or satisfactory supervised practice | Competent to perform unsupervised as evidenced by summative DOPS | Maintain[a] | Maintain[a] | Maintain[a] |
| Pleural aspiration for fluid (diagnostic)<br>It can be assumed that a trainee who is capable of performing pleural aspiration of fluid is capable of introducing a needle to decompress a large symptomatic **pneumothorax**. Pleural procedures should be undertaken in line with the British Thoracic Society guidelines[b] | Skills lab or satisfactory supervised practice | Competent to perform unsupervised as evidenced by summative DOPS | Maintain[a] | Maintain[a] | Maintain[a] |
| Access to circulation for resuscitation (femoral vein or intraosseous)<br>The requirement is for a minimum of skills lab training or satisfactory supervised practice in one of these two mechanisms for obtaining access to the circulation to allow infusion of fluid in the patient where peripheral venous access cannot be established | Skills lab or satisfactory supervised practice | Maintain[a] | Maintain[a] | Maintain[a] | Maintain[a] |
| Central venous cannulation (internal jugular or subclavian) | Skills lab or satisfactory supervised practice | Maintain[a] | Maintain[a] | Maintain[a] | Maintain[a] |
| Intercostal drain for pneumothorax | Skills lab or satisfactory supervised practice | Maintain[a] | Maintain[a] | Maintain[a] | Maintain[a] |
| Intercostal drain for effusion<br>Pleural procedures should be undertaken in line with the British Thoracic Society guidelines[b] | Skills lab or satisfactory supervised practice | Maintain[a] | Maintain[a] | Maintain[a] | Maintain[a] |

| Practical procedures – minimum requirements | IMY1 | IMY2 | IMY3 | IMY4 | IMY5 |
|---|---|---|---|---|---|
| Direct current (DC) cardioversion | Skills lab or satisfactory supervised practice | Competent to perform unsupervised as evidenced by summative DOPS | Maintain[a] | Maintain[a] | Maintain[a] |
| Abdominal paracentesis | Skills lab or satisfactory supervised practice | Maintain[a] | Maintain[a] | Maintain[a] | Maintain[a] |

*[a] When a trainee has been signed off as being able to perform a procedure independently, he/she is not required to have any further assessment (DOPS) of that procedure unless his/her educational supervisor thinks that this is required (in line with standard professional conduct). This also applies to procedures that have been signed off during foundation training or in other training programmes (e.g. ACCS).*

*[b] 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*

LANDSPÍTALI

SAk SJÚKRAHÚSIÐ Á AKUREYRI
AKUREYRI HOSPITAL

**Table 1: Outline grid of levels expected for Internal Medicine clinical CiPs at the end of each year of training in Iceland**

**Level descriptors**

- Level 1: Entrusted to observe only – no clinical care
- Level 2: Entrusted to act with direct supervision
- Level 3: Entrusted to act with indirect supervision
- Level 4: Entrusted to act unsupervised

| | Internal Medicine Stage 1 | | | | Possible Selection | Internal Medicine Stage 2 | | EFQ |
|---|---|---|---|---|---|---|---|---|
| **Clinical CiP** | **IMY1** | **IMY2** | **CRITICAL PROGRESSION POINT** | **IMY3** | **CRITICAL PROGRESSION POINT** | **IMY4** | **IMY5** | **CRITICAL PROGRESSION POINT** |
| 1. Managing an acute unselected take | | **3** | | **3** | | | **4** | |
| 2. Managing an acute specialty-related take | | **2** | | **2** | | | **4** | |
| 3. Providing continuity of care to medical inpatients | | **3** | | **3** | | | **4** | |
| 4. Managing outpatients with long term conditions | | **2** | | **3** | | | **4** | |
| 5. Managing medical problems in inpatients in other specialties and special cases | | **2** | | **3** | | | **4** | |
| 6. Managing an MDT including discharge planning | | **2** | | **3** | | | **4** | |
| 7. Delivering effective resuscitation and managing the deteriorating patient | | **3** | | **4** | | | **4** | |
| 8. Managing end of life and applying palliative care skills | | **2** | | **3** | | | **4** | |