

# Specialty Skills for the Acute Internal Medicine (AIM) Curriculum 2022

Implementation August 2022

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## Background and purpose

The specialty skill in AIM has been in place from the initial versions of joint and then single curricula. The rationale for them however has changed.

They were first put in place as the Joint Royal Colleges of Physicians Training Board (JRCPTB) at the time felt that some interest outside the Acute Medical Unit was essential for wellbeing and became the so called 'sanity session'. The purpose of the skill has however changed and can now be summed up as giving the trainee the opportunity to gain capabilities and competencies that would be additional to those gained in the standard curriculum. These competencies will enhance their ability to provide services applicable to the practice of acute medicine to the benefit of their patients, employers and the wider health service. It remains an essential component of training in AIM to become a 'well rounded' physician and being able to contribute to a diverse and broad service for patients at the front door.

This document represents the latest iteration and should be used by all current / future trainees when planning their skill. This document supplements the main AIM 2022 curriculum, and any changes to this will require prospective agreement between the AIM Specialist Advisory Committee and COPMeD, and final approval by the General Medical Council (GMC).

The Specialist Advisory Committee for AIM has tried hard to standardise the requirements of each skill. The outcome of the clinical skills is that the trainee will have sufficient knowledge and clinical skills to lead development of services in that speciality area within an Acute Medicine Unit.

**Although within the AIM curriculum achievement of a specialist skill is mandatory, the specific skill chosen should be agreed by the trainee in discussion with their local Training Programme Director and Deanery. Any skill that is agreed will be supported by the local Deanery within their available resources and national and local study leave policies through Deanery or external bursaries obtained by the trainee through competitive selection.**

This document contains all the specialist skills that have been agreed between the AIM SAC and the Statutory Education Bodies across the 4 nations. Any subject that is not included in this document will not be supported without initial local Deanery approval, followed by subsequent approval between the AIM SAC and COPMeD.

## CCT Level

### Subspecialty training in Stroke Medicine

Minimum level of attainment required according to the AIM and Stroke Medicine curricula.

#### How to train in this skill

Competitive national application to Stroke Medicine Fellowship Year.

The indicative minimum timeframe for attainment of subspecialty training alongside AIM and IM training is 4.5 years. Trainees will have the subspecialty of Stroke Medicine included in their entry in the GMC's specialist register.

#### For guidance please see

<https://www.jrcptb.org.uk/specialties/stroke-medicine-sub-specialty>

#### Additional notes

All trainees will undertake 'basic' stroke training (indicative 3-months) within a 4-year (48 month) training programme with Internal Medicine. Trainees undertaking stroke medicine as an approved specialty skill will undergo additional stroke training working towards the three Stroke Medicine capabilities in practice (CiPs) detailed in the curriculum. This will be for an indicative 9-months with an indicative 3 months of this allowing credit towards AIM.

## CCT in Intensive Care Medicine

Minimum level of attainment required according to the AIM and ICM curricula

### How to train in this skill

Competitive application to train in ICM, AIM and Internal Medicine. The indicative duration for triple CCT training is 8.5 – 9.5 years (including core training).

### For guidance please see:

<https://www.ficm.ac.uk/trainingexams/training-curricula-assessment>

<https://www.ficm.ac.uk/careersworkforce/recruitment>

### Additional notes

The GMC has approved a training programme leading to CCTs in AIM, IM and ICM. The addition of the CCT in IM demands careful communication between the Training Programme Directors to plan for a rotation that is effective, and outcome focused. Cross-mapping exercises have shown a considerable overlap between the specialties, which allows the Learning Outcomes for the respective curricula to be achieved efficiently. However, there are capabilities which can only be achieved within a specific attachment. Consideration should be given to combining assessments and reviews wherever possible.

Guidance on how training programmes may be organised is available on the FICM and JRCPTB websites.

## Clinical Skills

### Acute Oncology

1. Developing the speciality skill of Acute Oncology	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Acute Oncology, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients with Acute Oncological conditions</li> <li>• Demonstrate familiarity with the latest literature relevant to Acute Oncology and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Oncology</li> <li>• Facilitates the delivery of education on topics relevant to Acute Oncology within an organisation</li> <li>• Demonstrate reflective practice within the domain of Acute Oncology</li> <li>• Promote ongoing involvement with assessment and treatment of patients with Acute Oncology conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            Patient feedback            MCR            MSF            CbD            ACAT            Mini-CEX            Reflection</p>

### How to train in this skill

- Placement in Acute Oncology (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Oncology clinics

### Additional notes

The RCP Acute Care toolkit 7: describing Acute Oncology on the Acute Medical Unit has been used as a reference source for this specialist skill. It highlights the increasing number of emergency admissions of patients with disease or treatment related complications into AMUs. It highlights the need for collaborative working between Oncology Services and Acute Medicine in ensuring excellent standards of care for cancer patients in addition to decreasing length of stay and avoiding admission. Most trusts have now have an Acute Oncology Service, however in many DGHs Oncologists are not on site for more than one day a week and this service is run by specialist nurses.

Therefore, there is a need for clinicians within acute medicine with an interest and skills in acute oncology to help bridge this gap, enabling decisions to be made in a timely fashion, facilitating early supported discharge, and improving standards of care for oncology in-patients.

## Dermatology

1. Developing the speciality skill of Dermatology	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Dermatology, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients with dermatological conditions</li> <li>• Demonstrate familiarity with the latest literature relevant to Dermatology and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Dermatology</li> <li>• Facilitates the delivery of education on topics relevant to Dermatology within an organisation</li> <li>• Demonstrate reflective practice within the domain of Dermatology</li> <li>• Promote ongoing involvement with assessment and treatment of patients with Dermatological conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            Patient feedback            MCR            MSF            CbD            ACAT            Mini-CEX            Reflection</p>

### How to train in this skill



- Placement in Dermatology (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Dermatology clinics

### **Additional notes**

There is a need for clinicians within acute medicine with an interest and skills in acute dermatology as it can be a common presentation to Ambulatory Units. There is a recognised gap in senior dermatology experience in large parts of the country and this may help bridge this gap, enabling decisions to be made in a timely fashion, facilitating early supported discharge, and improving standards of care for patients with acute dermatological symptoms.

## Diabetes

1. Developing the speciality skill of Diabetes	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Diabetes, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients with Diabetes related conditions</li> <li>• Demonstrate familiarity with the latest literature relevant to Diabetes and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Diabetes</li> <li>• Facilitates the delivery of education on topics relevant to Diabetes within an organisation</li> <li>• Demonstrate reflective practice within the domain of Diabetes</li> <li>• Promote ongoing involvement with assessment and treatment of patients with diabetic conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            Patient feedback            MCR            MSF            CbD            ACAT            Mini-CEX            Reflection</p>

### How to train in this skill

- Placement in Diabetes (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Diabetes clinics

**Demonstration through the above of experience in**

- Specialist diabetes clinics such foot, renal etc and inpatient ward work
- Diagnosis and classification of diabetes
- Management of stable diabetes
- Diabetic emergencies (DKA, HSS, hypoglycaemia)
- Management of diabetes during acute illness (inc ACS)
- Foot disease in diabetes
- Renal disease/hypertension in diabetes
- Diabetes in the elderly

## Infectious Diseases and Tropical Medicine

1. Developing the speciality skill of Infectious Diseases and Tropical Medicine	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Infectious Diseases and Tropical Medicine, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients Infectious Diseases and Tropical Medicine conditions</li> <li>• Demonstrate familiarity with the latest literature relevant to Infectious Diseases and Tropical Medicine and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Infectious Diseases and Tropical Medicine</li> <li>• Facilitates the delivery of education on topics relevant to Infectious Diseases and Tropical Medicine within an organisation</li> <li>• Demonstrate reflective practice within the domain of Infectious Diseases</li> <li>• Promote ongoing involvement with assessment and treatment of patients with Infectious Disease conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            Patient feedback            MCR            MSF            CbD            ACAT            Mini-CEX</p>

	Reflection
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### How to train in this skill

- Placement in Infectious Diseases (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Infectious Diseases clinics

### Demonstration through the above of experience in

- General Infectious Disease
- Specialty exposure such as TB and HIV

## Neurology

1. Developing the speciality skill of Neurology	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Neurology, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients with neurological conditions</li> <li>• Demonstrate familiarity with the latest literature relevant to Neurology and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Neurology</li> <li>• Facilitates the delivery of education on topics relevant Neurology within an organisation</li> <li>• Demonstrate reflective practice within the domain of Neurology</li> <li>• Promote ongoing involvement with assessment and treatment of patients with neurological conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            Patient feedback            MCR            MSF            CbD            ACAT            Mini-CEX            Reflection</p>

### How to train in this skill

- Placement in Neurology (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Neurology clinics

## Obstetric Medicine

1. Developing the speciality skill of Obstetric Medicine	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Obstetric Medicine, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients with Obstetric Medicine conditions</li> <li>• Demonstrate familiarity with the latest literature relevant to Obstetric Medicine and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Obstetric Medicine</li> <li>• Facilitates the delivery of education on topics relevant to Obstetric Medicine within an organisation</li> <li>• Demonstrate reflective practice within the domain of Obstetric Medicine</li> <li>• Promote ongoing involvement with assessment and treatment of patients with Obstetric Medicine conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report</p> <p>Patient feedback</p> <p>MCR</p> <p>MSF</p> <p>CbD</p> <p>ACAT</p> <p>Mini-CEX</p> <p>Reflection</p>



### How to train in this skill

- Placement in Obstetric Medicine (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Obstetric Medicine clinics

### Demonstration through the above of experience in:

- Ante-natal and post natal reviews
- Joint clinics with haematologists, renal physicians, endocrinologists and hepatologists
- Diabetes in pregnancy clinic
- Pre-pregnancy counselling clinics
- HIV in pregnancy clinic
- Daily ward rounds of any woman with medical problems on the antenatal and postnatal wards and labour ward
- Inpatient reviews of pregnant or recently pregnant women admitted under other specialties
- One off reviews of patients requiring ambulatory care and urgent outpatient assessment on an ad hoc basis
- Time with obstetricians on labour ward

## Palliative Care Medicine

1. Developing the speciality skill of Palliative Care Medicine	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Palliative Care, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients' palliative care needs</li> <li>• Demonstrate familiarity with the latest literature relevant Palliative Care and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Palliative Care Medicine</li> <li>• Facilitates the delivery of education on topics relevant to Palliative Care within an organisation Demonstrate reflective practice within the domain of Palliative Care Medicine</li> <li>• Promote ongoing involvement with assessment and treatment of patients with Palliative Care conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            Patient feedback            MCR            MSF            CbD            ACAT            Mini-CEX            Reflection</p>

### How to train in this skill

- Placement in Palliative Care (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Palliative Care clinics

**Demonstration through the above of experience in:**

- Inpatient and outpatient hospice care and in-reach into acute trusts.
- Identification of needs for palliative care patients:
- Pain control in palliative care
- Management of anxiety in palliative care
- Management of breathlessness in palliative care
- Ethical issues in palliative care
- Inpatient hospice care

## Perioperative Medicine

1. Developing the speciality skill of Perioperative Medicine	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Perioperative Medicine, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients with Perioperative medical conditions</li> <li>• Demonstrate familiarity with the latest literature relevant to Perioperative Medicine and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Perioperative Medicine</li> <li>• Facilitates the delivery of education on topics relevant to Perioperative Medicine within an organisation</li> <li>• Demonstrate reflective practice within the domain of Perioperative Medicine</li> <li>• Promote ongoing involvement with assessment and treatment of patients with Perioperative Medicine conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report</p> <p>Patient feedback</p> <p>MCR</p> <p>MSF</p> <p>CbD</p> <p>ACAT</p> <p>Mini-CEX</p> <p>Reflection</p>

### How to train in this skill

- Placement in Perioperative Medicine (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Perioperative Medicine clinics

### Demonstration through the above of experience in

- Acute surgical ward rounds in surgical high dependency setting/post take setting
- Pre-op assessment clinic
- Pre-op assessment of acute surgical patients
- General and specialty surgical clinics
- One off assessments of acute inpatients in ambulatory or ward setting
- Utilisation of learning objectives applicable to medicine from the RCoA Perioperative Medicine curriculum
- Assessment and supervision from specialist consultants in Perioperative Medicine, General Medicine and General and Specialty Surgery

## Psychiatry

1. Developing the speciality skill of Psychiatry	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Psychiatry, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients with psychiatric conditions</li> <li>• Demonstrate familiarity with the latest literature relevant Psychiatry and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Psychiatry</li> <li>• Facilitates the delivery of education on topics relevant to Psychiatry within an organisation</li> <li>• Demonstrate reflective practice within the domain of Psychiatry</li> <li>• Promote ongoing involvement with assessment and treatment of patients with psychiatric conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            Patient feedback            MCR            MSF            CbD            ACAT            Mini-CEX            Reflection</p>

### How to train in this skill

- Placement in Psychiatry (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Psychiatry clinics

## Syncope

1. Developing the speciality skill of Syncope	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Syncope, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients with syncopal conditions</li> <li>• Demonstrate familiarity with the latest literature relevant Syncope and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Syncope</li> <li>• Facilitates the delivery of education on topics relevant to Syncope within an organisation</li> <li>• Demonstrate reflective practice within the domain of Syncope</li> <li>• Promote ongoing involvement with assessment and treatment of patients with syncopal conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            Patient feedback            MCR            MSF            CbD            ACAT            Mini-CEX            Reflection</p>

### How to train in this skill



- Indicative 10 WBPAs
- Indicative 20 Clinics - syncope / falls (supervised by trainers and assessors with the relevant specialist knowledge and skills)

**Demonstration of the above through experience in**

- Assessment of patients with syncope and falls in specialised clinics and multi-disciplinary setting.
- Involvement in selection, performance, and interpretation of the appropriate diagnostic test for the clinical situation.

## Toxicology

1. Developing the speciality skill of Toxicology	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Show knowledge of common presentations in Toxicology, and the ability to manage these presentations competently</li> <li>• Enable the development of treatment pathways within or outside of the Acute Medicine Unit that improve the care of patients with toxicological conditions</li> <li>• Demonstrate familiarity with the latest literature relevant Toxicology and the interface with Acute Internal Medicine</li> <li>• Promote the development of resilient relationships and communication with colleagues in the speciality of Toxicology</li> <li>• Facilitates the delivery of education on topics relevant to Toxicology within an organisation</li> <li>• Demonstrate reflective practice within the domain of Toxicology</li> <li>• Promote ongoing involvement with assessment and treatment of patients with toxicological conditions throughout training</li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            Patient feedback            MCR            MSF            CbD            ACAT            Mini-CEX            Reflection</p>

### How to train in this skill

- Placement in Toxicology (block or sessional exposure)
- Indicative 10 WPBAs
- Indicative 20 Toxicology clinics, or clinic equivalent

## Procedural Skills

1. Developing the speciality skill of Echocardiography	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Enable the description of:               <ul style="list-style-type: none"> <li>○ Indications and limitations of focused echo</li> <li>○ Relationship between conduct of peri-arrest echo and the ALS algorithm</li> <li>○ Format of standard echo report</li> </ul> </li> <li>• Enable the performance of systematic examination of the heart               <ul style="list-style-type: none"> <li>○ Scanning the heart from the PLAX, PSAX, A4C and subcostal windows</li> </ul> </li> <li>• Enable the recognition of normal anatomy               <ul style="list-style-type: none"> <li>○ Pericardium, walls, chambers, valves, great vessels, lung, ribs, sternum</li> </ul> </li> <li>• Enable the recognition of pathology such as:               <ul style="list-style-type: none"> <li>○ LV dilatation - end diastolic internal diameter &gt;6.5cm</li> <li>○ RV dilatation - RV area &gt;2/3 the size of the LV</li> <li>○ Ventricular dysfunction - reduction in wall thickening and motion, TAPSE, MAPSE</li> <li>○ Regional wall motion abnormalities - regional reduction in wall motion and thickening</li> <li>○ RV dilatation, D shaped septum, paradoxical septal motion</li> <li>○ Features of low venous return (vasodilatation, hypovolaemia) - small, collapsing IVC, small, hyperdynamic LV and RV, papillary apposition in systole</li> <li>○ Pericardial collection - distinguish from pleural collection</li> <li>○ Pleural collection - distinguish from pericardial collection</li> </ul> </li> <li>• Allow the learner to integrate the examination into the clinical case and come to conclusions such as:               <ul style="list-style-type: none"> <li>○ Is the left ventricle significantly dilated or impaired?</li> <li>○ Is the right ventricle significantly dilated or impaired?</li> <li>○ Are there features of low venous return?</li> <li>○ Is there a pericardial effusion?</li> <li>○ Is there a pleural effusion?</li> </ul> </li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• dealing with complexity and uncertainty</li> <li>• clinical skills (<i>history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease</i>)</li> </ul> <p>Domain 3: Professional knowledge</p>

	<ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report</p> <p>Appropriately trained echo supervisors report</p> <p>DOPS</p> <p>Reflection</p>

### How to train in this skill

At a practical level, these competencies can be achieved in a number of ways. Local competency and training programmes can be developed, which would include a locally agreed assessment process that should be approved through the regional specialty training committee (STC). Alternatively, doctors in training can follow one of the established accreditation programmes such as the Focused Ultrasound in Intensive Care (FUSIC) Heart module.

## Other

### Medical Management and Leadership

1. Developing the speciality skill of Medical Management and Leadership	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Promote a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of medical management and leadership</li> <li>• Demonstrate a comprehensive understanding of techniques applicable to their own research or advanced scholarship</li> <li>• Show originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in medical management and leadership</li> <li>• Demonstrate familiarity with the latest literature relevant to medical management and leadership and the interface with Acute Internal Medicine</li> <li>• Demonstrate reflective practice within the domain of medical management and leadership</li> <li>• Demonstrate conceptual understanding that enables the student:               <ul style="list-style-type: none"> <li>○ to evaluate critically current research and advanced scholarship in medical management and leadership</li> <li>○ to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.</li> </ul> </li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            MSF            Reflection</p>

#### How to train in this skill

To meet the above learning outcomes, it is anticipated that there would be a substantial taught component along with practical application of the principles of management and leadership. The taught component should provide in the region of 50 hours of content. Many Deaneries currently run Management and Leadership Fellow schemes for trainees, and it is anticipated that these schemes would enable trainees to meet the above learning outcomes.

Trainees should be allocated a supervisor for their management and leadership training who would be responsible for producing a report confirming that the trainee had successfully met the learning outcomes above.

## Medical Education (including Simulation)

1. Developing the speciality skill of Medical Education	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Promote a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of Medical Education</li> <li>• Demonstrate a comprehensive understanding of techniques applicable to their own research or advanced scholarship</li> <li>• Show originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in Medical Education</li> <li>• Demonstrate familiarity with the latest literature relevant to Medical Education and the interface with Acute Internal Medicine</li> <li>• Demonstrate reflective practice within the domain of Medical Education</li> <li>• Demonstrate conceptual understanding that enables the student:               <ul style="list-style-type: none"> <li>○ to evaluate critically current research and advanced scholarship in Medical Education</li> <li>○ to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.</li> </ul> </li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            MSF            Reflection</p>

### How to train in this skill

To meet the above learning outcomes, it is anticipated that there would be a substantial taught component along with practical application of the principles of medical education. The taught component should provide in the region of 50 hours of content. Many Deaneries currently run Medical Education Fellow schemes for trainees, and it is anticipated that these schemes would enable trainees to meet the above learning outcomes.



Trainees should be allocated a supervisor for their medical education training who would be responsible for producing a report confirming that the trainee had successfully met the learning outcomes above.

### **Additional Notes**

This skill is achievable in the majority of training posts, as most hospitals will have an education department and interested consultants. Many Deaneries currently offer medical education fellowships and other educational programmes which are awarded and funded following a competitive process which would fulfil the requirements of this specialist skill.

## Patient Safety / Care Quality Review Methodology

1. Developing the speciality skill of Patient Safety / Care Quality Review Methodology	
<b>Descriptors</b>	<p>Has developed knowledge, skills and attitudes that:</p> <ul style="list-style-type: none"> <li>• Allow a substantial contribution to Patient Safety within an organisation, such as a CQUIN or an outcome assessed by the national patient safety thermometer</li> <li>• Demonstrate an understanding of current the national Patient Safety agenda</li> <li>• Allow the use and interpretation of measurements of Patient Safety, such as run charts and SPC charts</li> <li>• Demonstrate an understanding of types of measures in patient safety (outcome, process, balancing)</li> <li>• Demonstrate familiarity with the latest literature relevant to Patient Safety and the interface with Acute Internal Medicine</li> <li>• Demonstrate reflective practice within the domain of Patient Safety</li> <li>• Demonstrate conceptual understanding that enables the student:               <ul style="list-style-type: none"> <li>○ to evaluate critically current research and advanced scholarship in Patient Safety</li> <li>○ to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.</li> </ul> </li> </ul>
<b>GPCs</b>	<p>Domain 1: Professional values and behaviours            Domain 2: Professional skills</p> <ul style="list-style-type: none"> <li>• practical skills</li> <li>• communication and interpersonal skills</li> <li>• dealing with complexity and uncertainty</li> </ul> <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> <p>Domain 5: Capabilities in leadership and teamworking            Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> <li>• patient safety</li> <li>• quality improvement</li> </ul> <p>Domain 8: Capabilities in education and training            Domain 9: Capabilities in research and scholarship</p>
<b>Evidence to inform decision</b>	<p>Educational supervisors report            MSF            CbD            Reflection</p>

### Practical experience

This could consist of:

Undertaking a patient safety project of strategic relevance to the trust (for example contributing to a CQUIN, improving an outcome assessed via the national patient safety thermometer).

Undertake, under guidance from a Consultant, Root Cause Analysis of patient safety incident (such as patient safety investigation, serious untoward incident, structured case note review for inpatient death). Undertake reflective report & Case-based discussion WBPA.

Attend patient safety meetings (such as patient safety group, safety and quality committee, mortality steering group) and write reflection on these.

Attend Patient Safety 'Walkabouts' undertaken by senior leaders within organisation.

### **Alternative**

A Specialist skill in Patient Safety and Quality could also be obtained through appointment to an approved Patient Safety Fellowship

## Research

1. Carrying out research and managing data appropriately	
<b>Descriptors</b>	<ul style="list-style-type: none"> <li>• Manages clinical information/data appropriately</li> <li>• Understands principles of research and academic writing</li> <li>• Demonstrates ability to carry out critical appraisal of the literature</li> <li>• Understands the role of evidence in clinical practice and demonstrates shared decision making with patients</li> <li>• Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry</li> <li>• Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice</li> <li>• Follows guidelines on ethical conduct in research and consent for research</li> <li>• Understands public health epidemiology and global health patterns</li> <li>• Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate</li> </ul>
<b>GPCs</b>	Domain 3: Professional knowledge <ul style="list-style-type: none"> <li>• professional requirements</li> <li>• national legislative requirements</li> <li>• the health service and healthcare systems in the four countries</li> </ul> Domain 7: Capabilities in safeguarding vulnerable groups Domain 9: Capabilities in research and scholarship
<b>Evidence to inform decision</b>	MCR MSF MRCP(UK) GCP certificate (if involved in clinical research) Evidence of literature search and critical appraisal of research Use of clinical guidelines Quality improvement and audit Evidence of research activity End of placement reports Delivery of an approved research project Satisfactory academic supervisor's report

### How to train in this skill

Achievement of this skill would require the delivery of a research project within acute medicine, using any research methodology, under the supervision of a research mentor/supervisor. The scale of the project would be dependent on the resources of the research team with whom you establish a fellowship. This team may be internal or external to your current placement.

Time for research could come from your allocated training time for this skill, a competitively awarded fellowship

**Additional Notes:**

If funded by a training fellowship this will include costs for courses and supervision. Increasingly, acute trusts are employing clinical research fellows with significant research time and some (20 – 50%) clinical training. There are examples of these posts resulting in the successful award of a doctorate higher degree but the achievement of such is NOT mandated as a requirement within the terms of the achievement of this specialist skill.

For further advice and guidance, please contact the AIM SAC Lead through your TPD