



**IRISH COMMITTEE
ON HIGHER
MEDICAL TRAINING**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

**GENERAL INTERNAL
MEDICINE**



This curriculum of training in General Internal Medicine was developed in 2010 and undergoes an annual review by Prof Michael Watts and Dr Sean Kennelly, National Specialty Directors, Dr Ann O’Shaughnessy, Head of Education, Innovation & Research and by the General Internal Medicine Training Committee. The curriculum is approved by the Irish Committee on Higher Medical Training.

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Table of Contents

INTRODUCTION	4
AIMS.....	4
DURATION & ORGANISATION OF TRAINING	6
FLEXIBLE TRAINING	7
TRAINING PROGRAMME.....	8
TEACHING, RESEARCH & AUDIT.....	11
EPORTFOLIO	11
ASSESSMENT PROCESS.....	12
ANNUAL EVALUATION OF PROGRESS	13
FACILITIES	14
GENERIC COMPONENTS.....	15
STANDARDS OF CARE.....	16
DEALING WITH & MANAGING ACUTELY ILL PATIENTS IN APPROPRIATE SPECIALTIES.....	19
GOOD PROFESSIONAL PRACTICE	21
INFECTION CONTROL	23
THERAPEUTICS AND SAFE PRESCRIBING	25
SELF-CARE AND MAINTAINING WELL-BEING.....	27
COMMUNICATION IN CLINICAL AND PROFESSIONAL SETTING	29
LEADERSHIP	31
QUALITY IMPROVEMENT	33
SCHOLARSHIP.....	34
MANAGEMENT	35
SPECIALTY SECTION	37
1. ACUTE PRESENTATIONS	37
PRESENTATIONS	37
EMERGENCY MANAGEMENT.....	37
DIAGNOSIS(ES).....	38
PRESENTATIONS: SKILLS AND KNOWLEDGE	39
2. SPECIALTY-SPECIFIC DIAGNOSIS IN INTERNAL MEDICINE	48
CARDIOLOGY	48
DIABETES & ENDOCRINOLOGY.....	49
GASTROENTEROLOGY	50
GERIATRIC MEDICINE	51
CLINICAL PHARMACOLOGY	52
DERMATOLOGY	53
HAEMATOLOGY.....	54
INFECTION.....	55
MEDICAL ONCOLOGY	56
NEUROLOGY	57
PALLIATIVE CARE	58
PSYCHIATRY.....	59
REHABILITATION	60
NEPHROLOGY	61
RESPIRATORY MEDICINE	62
RHEUMATOLOGY	63
3. PROCEDURES	64
ASSESSMENT AND LEARNING METHODS.....	66
DOCUMENTATION OF MINIMUM REQUIREMENTS FOR TRAINING	67

Introduction

It is recognised that training in General Internal Medicine (GIM) provides the foundation for many of the medical sub-specialties. Hence, the trainee in General Internal Medicine requires expert knowledge and skill in diagnosis and treatment of a broad range of common acute disorders. The fundamental basis of training in General Internal Medicine is rotation with experience developed from exposure to different units, different specialties and different trainers.

Besides these specialty specific elements, trainees in General Internal Medicine must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

Aims

Upon satisfactory completion of higher specialist training in General Internal Medicine, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the healthcare system.

Competencies, at a level consistent with practice in the specialty of GIM will include the following:

Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion.

Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.

Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.

Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.

The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals.

Capability to be a scholar, contributing to development and research in the field of GIM.

Professionalism.

Knowledge of public health and health policy issues: awareness and responsiveness in the larger context of the health care system, including e.g. the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations.

Ability to understand health care and identify and carry out system-based improvement of care.

Professionalism

Being a good doctor is more than technical competence. It involves values – putting patients first, safeguarding their interests, being honest, communicating with care and personal attention, and being committed to lifelong learning and continuous improvement. Developing and maintaining values are important; however, it is only through putting values into action that doctors demonstrate the continuing trustworthiness which the public legitimately expect. According to the Medical Council, Good Professional Practice involves the following aspects:

- Effective communication
- Respect for autonomy and shared decision-making
- Maintaining confidentiality
- Honesty, openness and transparency (especially around mistakes, near-misses and errors)
- Raising concerns about patient safety
- Maintaining competence and assuring quality of medical practice

Entry Requirements

Training in General Internal Medicine as a dual specialty is available in Cardiology, Clinical Pharmacology and Therapeutics, Endocrinology and Diabetes Mellitus, Gastroenterology, Geriatric Medicine, Genito-Urinary Medicine, Infectious Diseases, Nephrology, Respiratory Medicine and Rheumatology.

For details on the entry requirements for the above dual specialties please refer to the applicable curriculum on our [website](#).

Duration & Organisation of Training

The duration of HST in GIM and another specialty is at least 5 years.

Essential Training: Trainees must attend study days as advised by the National Specialty Director.

Minimum Procedures: Practical skills needed in the management of medical emergencies, particularly those occurring out of normal working hours.

While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first 2 years of training in clinical posts in Ireland before undertaking any period of research or any out of clinical programme experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of GIM under appropriate supervision.

An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in all the medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives **at an early stage** would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

Flexible Training

National Flexible Training Scheme – HSE NDTP

The HSE NDTP operates a National Flexible Training Scheme which allows a small number of Trainees to train part time, for a set period of time.

Overview

- Have a well-founded reason for applying for the scheme e.g. personal family reasons
- Applications may be made up to 12 months in advance of the proposed date of commencement of flexible training and no later than 4 months in advance of the proposed date of commencement
- Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees

Job Sharing - RCPI

The aim of job sharing is to retain doctors within the medical workforce who are unable to continue training on a full-time basis.

Overview

- A training post can be shared by two trainees who are training in the same specialty and are within two years on the training pathway
- Two trainees will share one full-time post with each trainee working 50% of the hours
- Ordinarily it will be for the period of 12 months from July to July each year in line with the training year
- Trainees who wish to continue job sharing after this period of time will be required to re-apply
- Trainees are limited to no more than 2 years of training at less than full-time over the course of their training programme

Post Re-assignment – RCPI

The aim of post re-assignment is to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme which requires a change to the agreed post/rotation.

Overview:

- Priority will be given to trainees with a significant change in circumstances due to their own disability, it will then be given to trainees with a change in circumstances related to caring or parental responsibilities. Any applications received from trainees with a change involving a committed relationship will be considered afterwards
- If the availability of appropriate vacancies is insufficient to accommodate all requests eligible trainees will be selected on a first come, first serve basis

For further details on all of the above flexible training options, please see the Postgraduate Specialist Training page on the College website www.rcpi.ie

Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for GIM. There will be posts in both general hospitals and teaching hospitals. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Directors for GIM or the Regional Specialty Advisors. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a sub-specialty interest.

Dual Specialty Training:

There are three options available, which allow training in GIM and another specialty as follows:

GIM training consists of 1 year High Intensity GIM and two years Low Intensity GIM. During the low intensity years the trainee will also have to complete training in his/her second specialty.

If the trainee is not involved in the acute/ongoing care of patients admitted to a CCU/ITU or High Dependency Unit (HDU) or suitable alternative agreed by the STC, he/she must be seconded to a CCU or ITU/HDU for a period of 6 weeks involving residential clinical responsibility.

A dual specialist trainee may, during a high intensity year, spend 20% of the time with a non GIM trainer, for the purpose of maintaining specialist skills. This must be the same training institution and also must be prospectively agreed between the GIM trainer and the specialty trainer. Prospective approval of the Internal and Acute Medicine Specialist Training Committee for HST and the Dean is required.

Acute Medicine:

There must be evidence of direct supervision of the activity of the more junior members of the “on-take” team and a minimum of 10 (480 per year) new acute medical assessments and admissions during the 24-hour period are expected. In addition, the trainee will be expected to have ongoing care/responsibility for a proportion of the patients for the duration of the clinical inpatient journey as well as follow up post discharge. In this capacity you should develop skills in non-technical aspects of care including discharge planning and end of life care.

Inpatient Responsibilities:

The trainee will have front line supervisory responsibilities for general medical inpatients. This will require supervising the activities (e.g. being available for advice) of the more junior members (SHO/Intern) of the clinical team at all times. In addition to personal ward rounds, a minimum of two ward rounds with the consultant each week is expected for educational experience. Ongoing responsibility for shared care of the team’s inpatients whilst in the ITU/HDU/CCU is also essential. If this is not possible in a particular hospital/training institution then a period of secondment to the appropriate unit will be required.

Outpatient Responsibilities:

The trainee is expected to have personal responsibilities for the assessment and review of general medicine outpatients with a minimum of at least one consultant led GIM clinic per week. The trainee should assess new patients; access to consultant opinion/supervision during the clinic is essential. In the event of clinics being predominantly subspecialty orientated, a trainee must attend other clinics to ensure comprehensive General Internal Medicine training.

General Education in Training:

The trainee is expected to spend four hours per week, in formal general professional education for certification of training. In the types of experience noted below, time must be fairly distributed between GIM and the other specialty in dual training programmes. Review of all these activities will form part of the training record for each trainee.

All trainees will be required to undergo training in management. This will take the form of day-to-day involvement in the administration of the team/firm and must include attendance at a management course during their training period.

Trainees will be expected to be actively involved in audit throughout their training and should have experience of running the unit’s audit programme and presenting results of projects at audit meetings. They should also regularly attend other activities, journal clubs, x-ray conferences, pathology meetings etc.

Trainees should be expected to show evidence of the development of effective communication skills. This can be assessed from taking part in formal case presentations or in giving lectures/seminars to other staff or research/audit presentations at unit meetings.

All trainees must have a current ACLS certificate throughout their HST.

Procedures:

During training the trainee should acquire those practical skills that are needed in the management of medical emergencies, particularly those occurring out of normal working hours. Some exposure to these skills may have occurred during the period of BST but experience must be consolidated and competencies reviewed during HST. The procedures, with which the trainee must be familiar and show competencies in, either as essential to acquire, or as additional procedural skills i.e. desirable to acquire.

Essential & Additional Experience:

The trainee will be expected to have had experience of/be familiar with the management of a wide range of cases presenting to hospitals as part of an unselected acute medical emergency “take”. Whilst trainees will not need to be expert in all of these areas they will be expected to be able to plan and interpret the results of immediate investigations, initiate emergency therapy and triage cases to the appropriate specialist care. These emergency situations have been considered under each specialty section and are indicative of what should be covered but are not prescriptive. It should form the basis of regular discussions between the trainee and trainers as training progresses. The various clinical situations listed for experience have been divided into those, which are considered “essential” and others, which are “additional”.

It should be stressed that the items listed in the specialty section are not meant to define the entire training programme for the achievement of a Certificate of Satisfactory Completion of Specialist Training (CSCST) in GIM. They are intended to highlight particularly the emergency situations, which may confront any physician. The CSCST in GIM implies knowledge and competencies across the wide spectrum of medical disorders.

The experience gained through rotation around different departments is recognised as an essential part of HST. A Specialist Registrar may not remain in the same hospital for longer than 2 years of clinical training; or with the same trainer for more than 1 year.

Trainees are permitted to undertake their high intensity year within their own specialty however please note if you wish to pursue this you are not permitted to hold a post in Dublin, Cork and Galway Hospitals.

Where an essential element of the curriculum is missing from a programme, access to it should be arranged, by day release for example, or if necessary by secondment.

Teaching, Research & Audit

All trainees are required to participate in teaching. They should also receive basic training in research methods, including statistics, so as to be capable of critically evaluating published work.

Some trainees may wish to spend two or three years in research leading to an MSc, MD, or PhD, by stepping aside from the programme for a time. For those intending to pursue an academic path, an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained. However, those who wish to engage in clinical medical practice must be aware of the need to maintain their clinical skills during any prolonged period concentrated on a research topic, if the need to re-skill is to be avoided.

Trainees are required to engage in audit during training and to provide evidence of having completed the process.

ePortfolio

The trainee is required to keep their ePortfolio up to date and maintained throughout HST. The ePortfolio will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Curriculum. This will remain the property of the trainee and must be produced at the annual Evaluation meeting.

The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum. Trainees must co-operate with other stakeholders in the training process. It is in a SpR's own interest to maintain contact with the Medical Training Department and Dean of Postgraduate Specialist Training, and to respond promptly to all correspondence relating to training. "Failure to co-operate" will be regarded as, in effect, withdrawal from the HST's supervision of training.

At the annual Evaluation, the ePortfolio will be examined. The results of any assessments and reports by educational supervisors, together with other material capable of confirming the trainee's achievements, will be reviewed.

Assessment Process

The methods used to assess progress through training must be valid and reliable. The GIM Curriculum has been re-written, describing the levels of competence which can be recognised. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors.

Time should be set aside for appraisal following the assessment e.g. of clinical presentations, case management, observation of procedures. As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at annual review. The assessment of training may utilise the Mini-CEX, DOPS and Case Based Discussions (CBD) methods adapted for the purpose. These methods of assessment have been made available by HST for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the Curriculum e.g. competence in procedural skills, or in generic components. Assessment will also be supported by the trainee's portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events.

Annual Evaluation of Progress

Overview

The HST Annual Evaluation of Progress (AEP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded each year. The evidence to be reviewed by the panel is recorded by the trainee and trainer in the trainee's e-Portfolio.

There is externality in the process with the presence of the National Specialty Director (NSD), a Chairperson and an NSD Forum Representative. Trainer's attendance at the Evaluation is mandatory, if it is not possible for the trainer to attend in person, teleconference facilities can be arranged if appropriate. In the event of a penultimate year Evaluation an External Assessor, who is a consultant in the relevant specialty and from outside the Republic of Ireland will be required.

Purpose of Annual Evaluation

- Enhance learning by providing formative Evaluation, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development;
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- Ensure trainees are acquiring competencies within the domains of Good Medical Practice;
- Assess trainees' actual performance in the workplace;
- Ensure that trainees possess the essential underlying knowledge required for their specialty;
- Inform Medical Training, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- Identify trainees who should be advised to consider a change in career direction.

Structure of the Meeting

The AEP panel speaks to the trainee alone in the first instance. The trainee is then asked to leave the room and a discussion with the trainer follows. Once the panel has talked to the trainer, the trainee is called back and given the recommendations of the panel and the outcome of the AEP.

At the end of the Evaluation, all panel members and the Trainee agree to the outcome of the Evaluation and the recommendations for future training. This is recorded on the AEP form, which is then signed electronically by the Medical Training Coordinator on behalf of the panel and trainee. The completed form and recommendations will be available to the trainee and trainers within their ePortfolio.

Outcomes

- Trainees whose progress is satisfactory will be awarded their AEP
- Trainees who are being certified as completing training receive their final AEP
- Trainees who need to provide further documentation or other minor issues, will be given 2 weeks (maximum 8) from the date of their AEP to meet the requirements. Their AEP outcome will be withheld until all requirements have been met.
- Trainees who are experiencing difficulties and/or need to meet specific requirements for that year of training will not be awarded their AEP. A date for an interim AEP will be decided and the trainee must have met all the conditions outlined in order to be awarded their AEP for that year of training. The "Chairperson's Overall Assessment Report" will give a detailed outline of the issues which have led to this decision and this will go the Dean of Postgraduate Specialist Training for further consideration.
- Trainees who fail to progress after an interim Evaluation will not be awarded their AEP.

The Dean of Postgraduate Training holds the final decision on AEP outcomes. Any issues must be brought to the Dean and the Annual Chairperson's Meeting for discussion.

Facilities

A consultant trainer/educational supervisor has been identified for each approved post. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. The training objectives to be secured should be agreed between trainee and trainer at the commencement of each posting in the form of a written training plan. The trainer will be available throughout, as necessary, to supervise the training process.

All training locations approved for HST have been inspected by the Medical Training department. Each must provide an intellectual environment and a range of clinical and practical facilities sufficient to enable the knowledge, skills, clinical judgement and attitudes essential to the practice of GIM to be acquired.

Physical facilities include the provision of sufficient space and opportunities for practical and theoretical study; access to professional literature and information technologies so that self-learning is encouraged and data and current information can be obtained to improve patient management.

Trainees in GIM should have access to an educational programme of for example lectures, demonstrations, literature reviews, multidisciplinary case conferences, seminars, study days etc., capable of covering the theoretical and scientific background to the specialty. Trainees should be notified in advance of dates so that they can arrange for their release. For each post, at inspection, the availability of an additional limited amount of study leave for any legitimate educational purpose has been confirmed. Applications, supported if necessary by a statement from the consultant trainer, will be processed by the relevant employer.

Generic Components

This chapter covers the generic components which are relevant to HST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty.

As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all HST trainees with differing application levels in practice.

Standards of Care

Objective: To be able to consistently and effectively assess and treat patients' problems

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork; Management (including Self-Management); Clinical Skills.

KNOWLEDGE

Diagnosing Patients

- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Knowledge of the procedure for the commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

Treatment and management of disease

- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient's needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects e.g. driving

Disease prevention and health education

- screening for disease, (methods, advantages and limitations),
- health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes
- Disease notification; methods of collection and sources of data

Notes, records, correspondence

- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- The need and place for specific types of notes e.g. problem-orientated discharge, letters, concise out-patient reports
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

Prioritising, resourcing and decision taking

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude

Handover

- Know what are the essential requirements to run an effective handover meeting
 - Sufficient and accurate patients information
 - Adequate time
 - Clear roles and leadership
 - Adequate IT
- Know how to prioritise patient safety
 - Identify most clinically unstable patients
 - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
 - Proper identification of tasks and follow-ups required
 - Contingency plans in place
- Know how to focus the team on actions
 - Tasks are prioritised
 - Plans for further care are put in place
 - Unstable patients are reviewed

Relevance of professional bodies

- Understanding the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

SKILLS

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
 - Effective listening
 - Ability to articulate and deliver instructions
 - Encourage questions and openness
 - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Ability to enlist patients' involvement in solving their health problems, providing information, education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Valuing contributions of health education and disease prevention to health in a community
- Compiling adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Audit
- Medical Council Guide to Professional Conduct and Ethics

Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

Objectives: To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Clinical Skills.

KNOWLEDGE

Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

Managing the deteriorating patient

- How to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

SKILLS

- BLS/ACLS (or APLS for Paediatrics)
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tool (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

- ACLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback

Good Professional Practice

Objective: Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

Medical Council Domains of Good Professional Practice: Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

KNOWLEDGE

Effective Communication

- How to listen to patients and colleagues
- Disclosure – know the principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information according to Data Protection Act and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

Honesty, openness and transparency (mistakes and near misses)

- When and how to report a near miss or adverse event
- Knowledge of preventing and managing near misses and adverse events. Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

Raising concerns about patient safety

- The importance of patient safety relevance in health care setting
- Standardising common processes and procedures – checklists, vigilance
- The multiple factors involved in failures
- Safe healthcare systems and provision of a safe working environment
- The relationship between 'human factors' and patient safety
- Safe working practice, role of procedures and protocols in optimal practice
- How to minimise incidence and impact of adverse events
- Knowledge and understanding of Reason's Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- human and economic costs

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ability to learn from errors and near misses to prevent future errors
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Using the Open Disclosure Process Algorithm
- Managing errors and near-misses
- Managing complaints
- Ethical and legal decision making skills

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in practice
- Patient Safety (on-line) – recommended
- RCPI HST Leadership in Clinical Practice
- Quality improvement methodology course - recommended
- RCPI Ethics programmes (I-IV)
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice

Infection Control

Objective: To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Management (including Self-Management).

KNOWLEDGE

Within a consultation

- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available (including the 5 Moments for Hand Hygiene guidelines)
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent *Clostridium difficile*
- Knowledge and understanding the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, *Clostridium difficile*
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of infectious disease requiring notification
- In surgery or during an invasive procedure, understanding the increased risk of infection in these patients and adhering to guidelines for minimising infection in such cases
- The guidelines for needle-stick injury prevention and management

During an outbreak

- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

SKILLS

- Practising aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
 - Working knowledge of those infections requiring notification
 - Undertaking notification promptly
 - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
 - Enlisting / requiring patients' involvement in solving their health problems, providing information and education
 - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection, prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace

Therapeutics and Safe Prescribing

Objective: To progressively develop ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care.

KNOWLEDGE

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient's fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials

SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Taking a history of drug allergy and previous side effects

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Principles of Antibiotics Use (on-line) – recommended
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

Self-Care and Maintaining Well-Being

Objectives:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

KNOWLEDGE

- Self knowledge – understand own psychological strengths and limitations
- Understand how own personality characteristics (such as need for approval, judgemental tendencies, needs for perfection and control) affect relationships with patients and colleagues
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy for specific patients
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Understanding of own attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-maleficence and justice
- Recognise own feelings (love, anger, frustration, vulnerability, intimacy, etc) in “easy” and difficult patient-doctor interactions
- Recognising the symptoms of stress and burn out

SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

ASSESSMENT & LEARNING METHODS

- On-going supervision
- Ethics courses
- RCPI HST Leadership in Clinical Practice course
- RCPI Physician Wellbeing and Stress Management
- RCPI Building Resilience in a Challenging Work Environment

Communication in Clinical and Professional Setting

Objective: To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

Medical Council Domains of Good Professional Practice: Relating to Patients; Communication and Interpersonal Skills.

KNOWLEDGE

Within a consultation

- How to effectively listen and attend to patients
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management

Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations, knowing how and when to break bad news, how to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments, how to deal with challenging or aggressive behaviour
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger, frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team; how to provide concise, problem-orientated statement of facts and opinions (written, verbal or electronic)
- Knowledge of legal context of status of records and reports, of data protection (confidentiality), Freedom of Information (FOI) issues
- Understanding of the relevance to continuity of care and the importance of legible, accessible, records
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

Maintaining continuity of care

- Understanding the relevance to outcome of continuity of care, within and between phases of healthcare management
- The importance of completion of tasks and documentation (e.g. before handover to another team, department, specialty), of identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care such as maintaining (legible) records, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure

Giving explanations

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure, retain attention avoid distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of risks of information overload
- Interpreting results, significance of findings, diagnosis, explaining objectives, limitations, risks of treatment, using communication adjusted to recipients' ability to comprehend
- Ability to achieve level of understanding necessary to gain co-operation (compliance, informed choice, acceptance of opinion, advice, recommendation)

Responding to complaints

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identifying issues and responding quickly and appropriately to a complaint received

SKILLS

- Ability to elicit facts, using a mix of open and closed-ended questions appropriately
- Using "active listening" techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other's culture, opinions, patient's right to be informed and make choices
- Respecting another's right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- being available, contactable, time-conscious
- Setting (and attempting to reach) realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (leaflets) diagrams, educational aids and resources appropriately
- Ability to establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
 - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- Ethics courses
- RCPI HST Leadership in Clinical Practice Course

Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

KNOWLEDGE

Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
 - Role of governance
 - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
 - Knowledge of how to prepare a budget
 - Defining value
 - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
 - How to manage staff training, development and education
- Managing performance
 - How to perform staff appraisal and deal effectively with poor staff performance
 - How to rewards and incentivise staff for quality and efficiency

Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Ability to manage resources and people
- Managing performance and performance indicators

Demonstrating personal qualities

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- RCPI HST Leadership in Clinical Practice (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

Quality Improvement

Objective: To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

KNOWLEDGE

Personal qualities of leaders

- The importance of prioritising the patient and patient safety in all clinical activities and interactions

Managing services

- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

Setting direction

- How to create a 'burning platform' and motivate other healthcare professionals to work together within quality improvement
- Knowledge of the wider healthcare system direction and how that may impact local organisations

SKILLS

- Improvement approach to all problems or issues
- Engaging colleagues, patients and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation

Demonstrating personal qualities

- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

- RCPI HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

Scholarship

Objective: To develop skills in personal/professional development, teaching, educational supervision and research

Medical Council Domains of Good Professional Practice: Scholarship

KNOWLEDGE

Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance
- The importance of re-audit

SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

ASSESSMENT & LEARNING METHODS

- Health Research – An Introduction
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Performing audit course –mandatory
- Health Research Methods for Clinicians - recommended

Management

Objective: To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services, to develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

Medical Council Domains of Good Professional Practice: Management.

KNOWLEDGE

Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC

The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

ASSESSMENT & LEARNING METHODS

- Mastering Communication course
- Performing Audit course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

Specialty Section

1. Acute Presentations

Objective: On completion of training the HST trainee should be able to identify and treat immediate life threatening causes of common medical presentations, form a differential diagnosis for non-life threatening cases and effectively manage the patient including further investigation and appropriate referral. The presentations listed in this section represent the most common acute presentations and conditions currently seen in Irish hospitals, accounting for over 95% of admissions. It is expected that HST trainees in internal medicine will have a comprehensive knowledge of these conditions.

Presentations

1. Shortness of breath
2. Cough
3. Chest Pain
4. Blackout/ Collapse/ Dizziness
5. The frail older patient in the acute setting
6. Abdominal Pain
7. Fever
8. Alcohol and substance dependence or withdrawal
9. Falls and Decreased mobility
10. Weakness and Paralysis
11. Headache
12. Limb Pain and/or Swelling
13. Nausea and Vomiting
14. Seizure
15. Diarrhoea
16. Delirium /Acute confusion
17. Social issues
18. Palpitations
19. Hepatitis or Jaundice
20. Gastrointestinal Bleeding
21. Haemoptysis
22. Rash
23. Acute Back Pain
24. Poisoning and Drug Overdose
25. Hyper-glycaemia

Emergency management

Recognising and managing emergency cases including:

- Stroke/ TIA
- Acute Respiratory Failure
- Sepsis and septic shock
- The unconscious patient
- Acute Renal Failure
- Unstable hypotensive patient
- Acute Seizure
- Hypo- or Hyperglycaemia
- Cardio-respiratory arrest
- Acute Coronary Syndrome
- Critical electrolyte abnormalities (calcium, sodium, potassium)
- Anaphylaxis / Angioedema

Diagnosis(es)

Providing a differential diagnosis following an acute presentation including:

- Pneumonia
- COPD Exacerbation
- UTI (urosepsis)
- Delirium
- Collapse
- Rule out thromboembolism
- Headache
- Alcohol withdrawal
- Arrhythmia
- Stroke/TIA
- Falls
- Congestive Cardiac Failure
- Seizures (epilepsy)
- Acute coronary syndrome
- Sepsis (other than UTI/LRTI)
- Gastrointestinal bleeding
- Cirrhosis with complications
- Social issues
- Acute Gastroenteritis (n/v/d)
- Hyperglycaemia (incl DKA)
- Acute Asthma
- Acute Renal Failure
- Drug overdose
- Anaphylaxis / angioedema
- Intracranial Haemorrhage

Presentations: Skills and Knowledge

SKILLS

The trainee should be able to:

- Provide initial treatment
- Take history as part of an investigation
- Undertake primary assessment
- Undertake secondary assessment
- Interpret results for common investigations
- Provide appropriate management including referrals

KNOWLEDGE

The trainee should know life threatening causes, clinical feature, classifications and indications for urgent referral for common acute presentations. The following outlines commonly associated features, causes and/or routes of investigation for these acute presentations that the trainee is expected to have an understanding of.

Shortness of breath

- Life threatening causes of breathlessness
 - Airway Obstruction
 - Acute severe asthma
 - Acute exacerbation of COPD
 - Pulmonary oedema
 - Tension pneumothorax
 - Acute presentations of Ischaemic heart disease
 - Acute severe left ventricular failure
 - Dysrhythmia
 - Pulmonary embolus
 - Cardiac tamponade
 - Metabolic acidosis

Cough

- Common causes of acute cough
 - Viral and Pertussis type cough
 - Acute bronchitis
 - Pneumonia
 - Tuberculosis
 - Lung cancer
 - Understand the relevance of subacute and chronic cough
 - Common causes (Asthma, Upper airway, GORD)
 - When to refer for assessment of lung cancer
 - Consideration of Interstitial lung disease

Chest Pain

- Life threatening causes of chest pain
 - Myocardial infarction
 - Dissecting aortic aneurysm
 - Pulmonary emboli
 - Tension pneumothorax
 - Oesophageal rupture
-
- Clinical features of:
 - Cardiac chest pain
 - Chest pain caused by respiratory disease and oesophageal rupture
 - Chest pain caused by gastrointestinal disease
 - Chest wall pain
 - Functional chest pain

Blackout / Collapse / Dizziness

- Stroke
 - Cerebral infarction
 - Primary intracerebral haemorrhage
 - Subarachnoid haemorrhage
- Syncope
 - Cardiac causes (arrhythmia, cardiogenic shock)
 - Vasovagal syncope
 - Postural hypotension (e.g., drugs, neurocardiac, autonomic)
 - Localised vascular disease (posterior circulation)
 - Metabolic causes (e.g., hypoglycaemia)
- Seizures and epilepsy

Management of the frail older patient in the acute setting

- Understand the broad differential diagnosis and management of complex multi-morbid illness in older patients
- Approach to investigation and management of recurrent Falls
- Non-pharmacological and pharmacological management of behavioral complications of dementia
- Investigation of causes, non-pharmacological and pharmacological management of Delirium
- Polypharmacy and inappropriate prescribing in older patients (e.g. renal dose adjustment)
- Medical management of nursing home residents- identifying aspiration risk
- Palliative care and pain management in the acute setting
- Acute stroke thrombolysis delivery and criteria for referral for intravascular intervention
- Completion of NIHSS stroke scale

Abdominal Pain

- Initial assessment of abdominal pain
- Differential Diagnosis:
 - Intra-abdominal
 - Gastrointestinal
 - Vascular (aneurysm, ischemia)
 - Urological
 - Gynaecological
 - Extraabdominal causes of pain
- Ability to identify and initiate management of life threatening conditions causes of abdominal pain
- Indications for surgical consultation and urgent referral
- Identifying constipation and urinary retention in older patients

Fever

- Recognize the symptoms and signs of sepsis
- Identify common causes of fever
 - Infection
 - Non-infectious including PE, Drugs, vasculitis,
- Delivery of initial management of septic patient
- Knowledge of the choice of empiric and infection targeted antibiotics

Alcohol and substance dependence or withdrawal

- Recognition
- Psychosocial dysfunction
- Autonomic disturbances
- Stress and panic disorders
- Insomnia and sleep disturbance
- Understand the role of psychiatrist and referral to rehabilitation services

Falls and Decreased mobility

- Common medical and social causes of falls in medical patients
- Complications of falls
 - Fractures including the neck of the femur
 - Intracranial injury
 - Rib fracture and pneumothorax
 - Loss of mobility and independence

Weakness and Paralysis

- Stroke/ space occupying lesion
- Spinal injury
- Underlying neurological causes: e.g. multiple sclerosis, Guillain-Barre syndrome
- Infections and disease causing weakness

Headache

- Pathophysiology and pain sensitive structures in the head
- Clinical classifications of headache
- Headache with altered neurological and focal signs
- Headache with features suggestive of raised intracranial pressure
- Headache with papilloedema
- Headache with fever
- Headache with extracranial signs
- Headache with no abnormal signs
- Drugs and toxins

Limb Pain and/or Swelling

- As a result of injury
- As a result of an underlying medical condition

Nausea and Vomiting

- Understanding of common causes
 - Abdominal
 - Acute Gastroenteritis
 - PUD
 - Pancreatitis
 - Acute hepatitis
 - Bowel obstruction
 - Central Causes (CNS)
 - Poisoning and Medications
- Management
 - Identification of underlying cause
 - Control of symptoms
 - Treating dehydration

Seizure

- Causes
 - Unprovoked seizures/epilepsy
 - Seizures associated with metabolic, toxic and system illness
 - Cerebral hypoxia
 - Seizures associated with drugs and toxic substances
- Management
 - Emergency supportive treatment
 - Anticonvulsant treatment
 - Work up of first presentation with seizure
 - Understand driving implications for patients with seizures

Diarrhoea

- Classification
 - Osmotic
 - Secretory
 - Exudative
- Causes
 - Infectious
 - Inflammatory
 - Ischemic
 - Malignant
- Complications
- Management
 - Acute management
 - Knowledge of appropriate investigations
 - Recognition of associated complications
 - Role of antibiotics
 - When to refer to gastroenterology.

Delirium/Acute confusion

- Clinical features of acute confused state- differentiating delirium, dementia, depression and psychosis
- Causes of delirium
- Use of screening instruments for delirium and/or cognitive impairment
- Clinical features of acute delirium
- Clinical features of acute functional psychosis
- Causes of confused state associated with alcohol abuse- delirium tremens, Wernicke's encephalopathy
- Drug induced/related confusion/delirium
- Bacterial meningitis, Viral encephalitis
- Subarachnoid haemorrhage

Social issues

- Managing medical conditions with an uncooperative patient
- Identifying potential elder abuse
- Recognising substance abuse
- Basic principles of psychiatry
- Recognising an at risk patient

Palpitations

- Anxiety
- Exercise induced
- In relation to preexisting conditions including
 - Thyroid disease
 - Anemia
 - Fever
 - Dehydration
 - Low blood sugar
 - Low blood pressure
- Resulting from medications or toxins
- Hormonal changes
- After prior myocardial infarct
- Coronary artery disease
- Other heart problems including congestive heart failure, heart valve or heart muscle problems

Hepatitis or Jaundice

- Incubation and prodromal phase
- Virus-specific
- Toxic hepatitis
- Autoimmune
- Acute liver failure

Gastrointestinal Bleeding

- Understanding of the initial assessment and stabilization of patients with GI bleeding
- Understanding of haemovigilance and blood transfusion protocols
- Upper gastrointestinal bleeding including
 - Peptic ulcer Disease
 - Gastritis
 - Esophageal varices
 - Mallory-Weiss tears
 - Gastrointestinal cancers
 - Inflammation of the gastrointestinal lining from ingested material
- Lower gastrointestinal bleeding including
 - Diverticular disease
 - Gastrointestinal cancers

- Inflammatory bowel disease (IBD)
- Infectious diarrhea
- Angiodysplasia
- Polyps
- Hemorrhoids and anal fissures

Haemoptysis

- Recognition and Management of massive Haemoptysis
- Common causes of haemoptysis
 - Acute and chronic bronchitis
 - Tuberculosis
 - Lung cancer
 - Pneumonia
 - Bronchiectasis
 - Pulmonary Embolus
 - Alveolar Haemorrhage (vasculitis)

Rash

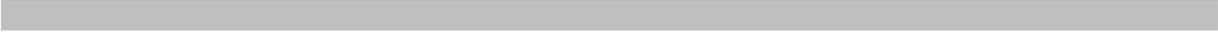
- Urticaria
- Anaphylaxis and Angio Oedema
- Erythroderma and exfoliation
- Psoriasis and seborrhoeic/contact dermatitis
- Purpura and vasculitis
- Blistering eruptions
- Infections and the skin

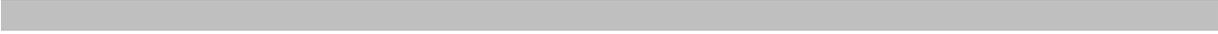
Acute Back Pain

- Non-specific acute back pain
- Causes of chronic low back pain
- Neurologic findings in back pain
- Identifying serious etiologies of back pain e.g.,
 - Cancer
 - Fracture
 - Infection
 - Cauda equine syndrome

Poisoning and Drug Overdose

- Diagnostic clues in the assessment of overdoses
- Identification of toxic agent (paracetamol, SSRI, benzodiazepines, opiates, amphetamines, TCAD)
- Immediate management
- Mental health assessment and definitive care

**Hyper-glycaemia**

- Symptoms of acute hyper-glycaemia
 - Recognition and Management of diabetic ketoacidosis
 - Recognition and management of Hyperosmolar non ketotic hyperglycemic states
- 

2. Specialty-Specific Diagnosis in Internal Medicine

Cardiology

Objective: To provide the specialist with the competencies necessary to deal safely, effectively and efficiently with the broad range of medical disorders which commonly present at hospitals as acute problems:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

- Chest Pain Syndromes
- Acute Coronary Syndromes
- Stable Angina
- Arrhythmias, syncope and dizziness
- Heart failure, haemodynamic disturbances
- Outpatient problems e.g. hypertension, palpitations, valvular heart disease

SKILLS

- ECG and arrhythmia interpretation
- Echocardiography (define what skills)
- Indication and interpretation of exercise stress test and coronary angiogram
- Use of CCU protocols/guidelines
- Ability to perform carotid sinus massage, utilise the valsalva manoeuvre and perform DC cardioversion
- Indications and delivery of thrombolysis

Diabetes & Endocrinology

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage safely:

Acutely ill patients presenting as emergencies with diabetic or endocrine problems as outlined below **and** patients who present (e.g. as out-patients) or develop diabetic or endocrine problems outlined below.

KNOWLEDGE

ACUTE ILLNESSES

- Diabetes
- Endocrinology

CHRONIC DISEASES

- Diabetes
- Dyslipidaemias
- Thyroid Dysfunction
- Disorders of Calcium Metabolism
- Disorders of the Hypothalamic Pituitary Axis
- Adrenal Disorders and Sodium Balance

SKILLS

- Appreciates the complexity of treating all endocrine conditions and the role of the biochemical and endocrinology laboratory services and other specialists in the management of these conditions
- Assess severity and initiate appropriate management
- Manage the peri-operative and peri-procedure patient
- Manage infections in the diabetic foot
- Assess and manage hypercalcaemia
- Interpret thyroid function tests
- Measure and interpret results of blood glucose, biochemistry
- Use evidence-based medicine to develop/justify strategies for preventing and dealing with abnormalities of lipid metabolism

Gastroenterology

Objective: To provide the trainee with the knowledge and skills to manage safely ill patients with gastroenterology problems presenting either as emergencies or routinely e.g. as out patients and in each case to:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

- Management of Gastro-oesophageal reflux
- Gastrointestinal Endoscopy
- Colorectal Cancer
- Inflammatory Bowel Disease
- Problems of the pancreas
- Liver Transplantation
- Specific Liver Diseases

SKILLS

- Diagnosis and management of GI bleeding, acute diarrhoea, and abdominal distension.
- Diagnosis and management of coeliac disease, chronic diarrhoea including irritable bowel disease
- Knowledge of infectious diseases
- Knowledge of medication and its link to liver disease
- Appropriate use of ultrasound, contrast and radiography endoscopy
- Nutritional assessment
- Large bowel Ca screening
- Genetic testing for haemachromatosis
- Management of acute/chronic ulcerative colitis

Geriatric Medicine

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage appropriately the problems presented by older patients. To screen for and identify key conditions which are indicators of frailty such as impaired cognition, reduced mobility/falls, and polypharmacy which can greatly contribute to increased morbidity in older patients.

KNOWLEDGE

- Delirium /Acute confusion
- Dementia
- Falls/ Reduced mobility
- Incontinence
- Polypharmacy
- Stroke/TIA

SKILLS

- Use of screening instruments for delirium and cognitive impairment/dementia
- Non-pharmacological and pharmacological management of the agitated patient
- Management of dementia
- Prescribing for older patients: drug interactions, polypharmacy, renal dose adjustment
- Communicate effectively with patients, families and carers
- Interaction and multi-disciplinary meetings with allied health and social care professionals
- Communication regarding end of life care decisions
- Use of community and ambulatory care resources e.g. day hospitals
- Acute stroke thrombolysis delivery and criteria for referral for intravascular intervention
- Completion of NIHSS stroke scale

Clinical Pharmacology

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage safely patients presenting as medical emergencies due to drug overdose and the illicit use of drugs, poisoning, drug interactions and in each case to:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

- Drug overdose, poisoning, and the illicit use of drugs
- Pharmacokinetics
- Pharmacodynamics
- Pharmacogenetics
- Therapeutics, drug interactions

SKILLS

- Use of anticoagulation
- Pain Management
- Management, assessment and care of the unconscious patient
- Antibiotic drug use
- Initial management strategy for acutely ill drug overdose patients
- Assessment and emergency care of the unconscious patient
- Use of poisons advice centre
- Know when to contact the poison centre
- Assessment of mental state (see psychiatry section)
- Acquire an accurate history of ingestion

Dermatology

Objective: To be competent to assess and manage safely acutely ill patients presenting as a result of dermatology problems such as those outlined below, and to deal with skin disease presenting in out-patients and in each case to:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

- Skin failure
- Pruritus
- Psoriasis and eczema
- Skin cancer

SKILLS

- Skin biopsy – desirable
- Recognise the underlying disease
- Recognise when to consult dermatology, ophthalmology

Haematology

Objective: To provide the trainee with the knowledge and skills to assess and manage safely patients who are ill as a result of haematological problems as outlined below, including those presenting acutely and in each case to:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

- Anemia
- Quantitative and Qualitative Platelet Disorders
- Leucopaenia
- Leukemias
- Myeloproliferative Disorders
- Myelodysplastic Disorders
- Coagulation Disorders
- Thrombophilia
- Plasma Cell Dyscrasias
- Transfusion of blood products

SKILLS

- Need for urgent referral to haematology.
- Safe prescription of blood products
- Indications for: thrombolysis, heparins, oral anti-coagulants.
- Initiate appropriate investigations to identify underlying of bleeding/cause.
- Initiate emergency management, explain benefits/risks.
- Pre operative and perioperative procedures

Infection

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage safely, patients who are ill as a result of infections, as outlined below including patients presenting as emergencies and in each case:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

- Principles of universal precautions, safe disposal of sharps
- Respiratory infections
- Gastroenterology
- Urinary tract infections
- Skin infections
- Joint infections
- Meningitis, Encephalitis, Brain abscess
- The Septic Patient
- Toxic shock syndrome
- PUO, rigors
- Overseas infection / Malaria
- Anti-Microbial agents
- Antibiotics
- Gonorrhoea Syphilis Lymphogranuloma and Human Papilloma Virus
- HIV

SKILLS

- Assessment of severity of infection
- Appreciates the need to work closely with the laboratory service, radiology and other specialist including intensive care in securing a satisfactory outcome
- Obtain accurate contact/travel/occupational/sexual/pet history/vaccination/prophylaxis status
- Appreciates the need to consult specialists in infectious diseases, microbiologists, tropical medicine and the laboratory services
- Obtains and delivers appropriate specimens to diagnostic services
- Isolation and infection control procedures
- Shows awareness of public health issues, own responsibilities in prescribing and the need for specialist advice
- Adhere to antibiotics guidelines
- Use strategies to ensure patient's adherence to therapy
- Take a sexual history
- Procedure for taking necessary examples for laboratory examination
- Management of HIV
- Treatment of common sexual disorders
- Multidisciplinary team working

Medical Oncology

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage safely acutely ill patients presenting with problems due to malignancy, recognising the stage of the disease, the patient's needs and attitudes, and achieving an appropriate balance between treatments of the emergency and providing palliative care.

KNOWLEDGE

Management of common visceral cancers, lung, breast, G-I, prostate and where primary is undetermined. Metastatic disease.

- Understand the principles, indications and complications of:
- Routes of dissemination of common cancers
- Management of strategies for patients with bony, liver, pleural and cranial metastases
- Recognise the importance of symptom control – see palliative care
- Appropriately consults and enlists other experts in cancer care in line with the stage of the patient's cancer journey
- Facilitate patient's access to the full range of professional skills and resources available for support
- Specific complications of therapy
- Neutropenic sepsis
- Patients at risk of neutropenia
- Hypercalcaemia, therapeutic options and long-term management (see endocrinology section)
- Specific complications of disease
- Paraneoplastic manifestations
- Discuss appropriateness of resuscitation with patient
- recognise the importance of quality of life issues
- Balance risk with benefit in arriving at decisions regarding treatment
- Prepared to initiate symptom management

SKILLS

- Dealing with Medical emergencies in malignancy

Neurology

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage safely patients presenting with neurological problems, as outlined below, including those who are acutely ill and in each case to:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

- Headache, subarachnoid haemorrhage
- Stroke and transient ischaemic attack
- Coma
- Epilepsy and status epilepticus
- Acute-onset neuropathy e.g. Guillain Barré
- Polymyositis
- Myasthenia Gravis
- Multiple sclerosis
- Diagnostic criteria, presentations, principles of treatment, management options.
- Role of neurologist especially when initiation modern treatments
- Parkinson's Disease

SKILLS

- Knowledge and appropriate use of CT Scanning
- Recognising gross abnormality on CT scanning in the acute situation including when to seek expert opinion
- Acute management of stroke
- Investigation of TIA's
- Awareness of min-mental test score and geriatric depression
- Delivering acute stroke thrombolysis

Palliative Care

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage the palliative care problems outlined, and in each case to:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

Treatment and complications of pain management

- Ability to take a pain history
- Causes of pain in advanced cancer
- Analgesia – e.g. WHO classification
- Use protocols and liaise with pain control
- Indications for adjunctive therapies e.g. radiotherapy, sedatives
- Recognise co-morbid psychological and social problems
- Causes of breathlessness, empirical therapies
- Recognises the need for accurate diagnosis of pathophysiology of a symptom (e.g. due to concurrent disorder or treatment-related as well as cancer-related aetiology)
- Willingness to refer other agencies when needed

SKILLS

- Pain management
- Skill to deal with dying patient and their families

Psychiatry

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage appropriately patients presenting with psychiatric problems as outlined below, some of which may be acutely ill and in each case:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

- Acute psychosis
- Depression, suicide, parasuicide
- Opiate dependence

SKILLS

- Assessment and management of abnormal mental state
- Management of the aggressive patient
- Local protocols for liaison with psychiatric services
- Recognises the patient's right to accept or refuse treatment/advice
- Actively encourages engagement with the full range of professional skills and resources available for support and rehabilitation

Rehabilitation

Objective: To provide the trainee with the knowledge and skills to be able to assess the needs of ill patients presenting with acute medical problems requiring rehabilitation, and to initiate appropriate management at an early stage, especially in the case of: neurological, musculo-skeletal, cardiopulmonary disorders, arthritic patients and amputees.

KNOWLEDGE

- Define:
 - Impairment
 - Disability
 - Handicap
- Factors predicting rehabilitation potential
- Strategies to prevent/treat:
 - Pain
 - Incontinence
 - Aggressive behaviour
 - Spasticity, contractures, deformity
- Realistic goal setting
- Recognise impact of:
 - Cognitive function
 - Nutrition
 - Family/support
 - Psychosocial factors
- Able to work with a multidisciplinary team
- Understands and values the benefit to the patient of multidisciplinary team working in providing support towards regaining independence and restoring function

SKILLS

- Assessment of patient's skills
- Knowledge of when to refer for assessment
- Knowledge of services available

Nephrology

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage safely, ill patients presenting with renal problems as outlined below, including those who present acutely: and in each case to:

- Assess symptoms and signs and formulate differential diagnosis
- Select appropriate investigations and accurately interpret investigation reports
- Communicate the diagnosis and prognosis – see generic skills
- Institute appropriate treatment recognising indications, contraindications and side effects

KNOWLEDGE

- Acute renal failure
- Chronic renal failure, renal replacement therapy (RRT), patients with renal transplants
- Drugs and the kidney
- Fluid and electrolyte imbalance

SKILLS

- Management and early assessment of patient with renal failure
- Indications for and modes of dialysis

Respiratory Medicine

Objective: To provide the trainee with the knowledge and skills to be able to assess and safely manage:

Acutely ill patients presenting as emergencies

and

Patients who present (e.g. as outpatients) or develop the respiratory problems outlined below. And in each case to:

KNOWLEDGE

- Acutely ill patients
- Respiratory failure
- Severe haemoptysis - Pulmonary embolism (DVT)
- Chronic Disease
- COPD
- Interstitial lung disease, pulmonary fibrosis
- Lung Cancer
- Plural Disease
- Cystic Fibrosis
- Tuberculosis

SKILLS

- Recognise patients requiring nasal ventilation, intubation and assisted ventilation
- Non invasive assisted ventilation
- Pleural aspiration (mandatory) and chest drain insertion

Rheumatology

Objective: To provide the trainee with the knowledge and skills to be able to assess and manage acutely ill patients presenting with the rheumatologic problems outlined below, and in each case to:

KNOWLEDGE

- Arthritis
- Vasculitis
- Other conditions
 - Polymyalgia (SLE; Scleroderma; Dermatomyositis; Polymyositis; Cross over Syndromes, anti-synthetase)
 - Degenerative Joint Disease
 - Back Pain Syndromes
 - Cauda Equina syndrome
- Therapeutics- especially complications of drugs used for rheumatic disease

SKILLS

- Knee aspiration

3. Procedures

Objectives: To develop proficiency in common procedures required for general internal medicine.

KNOWLEDGE and SKILLS

Elective DC cardioversion

- Necessity of Synchronised Shock
- Starting voltage
- Number of shocks
- Safe use of Defibrillator

Central venous lines

- Ultrasound guided central venous line placement
- Anatomical markers for central veins
- Safe cannulation of vein
- Secure line in place/review position on X-ray

Lumbar puncture

- Anatomical markers
- Appropriate timing of procedure
- Safe puncture
- Measurement of CSF pressure
- Removal of samples and interpretation of results

Tracheostomy management

- Tube care
- Infection risk
- Safe tube change

Pleural and ascitic fluid aspiration under ultrasound

- Safe approach and role of ultrasound guidance
- Puncture pleural / peritoneal space
- Withdrawal of fluid

Intercostal drain

- Anatomical markings
- How an underwater seal functions
- Insertion of intercostal tube (small bore seldinger)
- Connection to underwater seal and secure in place
- Assessment and management of drain
- Safe removal of the tube

Non-invasive Ventilation

- Principles of BIPAP and CPAP
- Monitoring and limitations
- Mask fitting
- Understanding of pressures

Knee joint aspiration

- Anatomical markers of joint space
- Safe puncture of joint
- Removal of samples

Skin Biopsy**Hickman line**

- Indications and complications
- Care of lines including taking samples
- Line removal
- Critical evaluation of own skills

Peg Tube

- Management

Use of temporary cardiac pacing box and wire

- Use of flotation device/safe use of fluoroscopy (radiation protection course)
- Anatomical markings / fluoroscopic appearances of a good right ventricular position
- Manipulation of wire to right ventricle
- Secure line in place
- Use of pacing box and external pacer including connection and settings

Assessment and Learning Methods

- Self Directed Learning
- Study days
- In house activities
- Department education sessions (black box, journal club, tutorials)
- Case Based Discussion
- ePortfolio
- In house activities
- Annual assessment
- DOPS
 - Lumbar puncture
 - Central venous line insertion under ultrasound
 - Pleural aspiration under ultrasound
 - Abdominal paracentesis under ultrasound
 - Joint aspiration
 - BiPAP/CPAP

Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator.
- All other General Internal Medicine requirements are captured in your dual specialty logbook.

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Section 1 - Training Plan				
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Form 052
Personal Goals Review Form	Desirable	1	Training Post	Form 137
Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Training Post	Form 045
On Call Rota (New Patient assessments)				
High Intensity	Required	480	Year of Training	Form 064
Low intensity	Required	240	Year of Training	Form 064
Section 2 - Training Activities				
Procedures/Practical Skills/Surgical Skills				
Abdominal paracentesis – under ultrasound	Required	4	Training Programme	Form 004
BIPAP/CPAP	Required	10	Training Programme	Form 004
Central venous line placement – under ultrasound	Required	1	Training Programme	Form 004
DC cardioversion	Required	10	Training Programme	Form 004
ECG interpretation	Required	50	Training Programme	Form 004
Joint aspiration	Required	4	Training Programme	Form 004
Lumbar puncture	Required	20	Training Programme	Form 004
Pleural aspiration – under ultrasound	Required	4	Training Programme	Form 004
Echocardiography	Desirable	10	Training Programme	Form 004
Intercostal drain Insertion – under ultrasound	Desirable	1	Training Programme	Form 004

Section 3 - Educational Activities				
Mandatory Courses				
NIHSS Stroke Scale	Required	1	Training Programme	Form 006
Non – Mandatory Courses				
Other	Desirable	1	Training Programme	Form 007
Study days High intensity training: Minimum of 6 study days per year (3 'core' and 3 'non-core') Low intensity training: Minimum of 3 study days per year (2 'core' and 1 'non-core') Examples: Safe Prescribing, Oncology, Infection control, Evidence based medicine				
High Intensity	Required	6	Year of Training	Form 008
Low intensity	Required	3	Year of Training	Form 008
In-house Activities				
Radiology Conference	Required	10	Year of Training	Form 011
Pathology conference	Required	5	Year of Training	Form 011
Section 4 - Work Place Based Assessments				
DOPS				
BIPAP/CPAP	Required	1	Training Programme	Form 021
DC cardioversion	Required	1	Training Programme	Form 021
ECG interpretation	Required	1	Training Programme	Form 021
Joint aspiration	Required	1	Training Programme	Form 021
Lumbar puncture	Required	1	Training Programme	Form 021
Abdominal paracentesis – under ultrasound	Desirable	1	Training Programme	Form 021
Central venous line placement – under ultrasound	Desirable	1	Training Programme	Form 021
Pleural aspiration – under ultrasound	Desirable	1	Training Programme	Form 021