

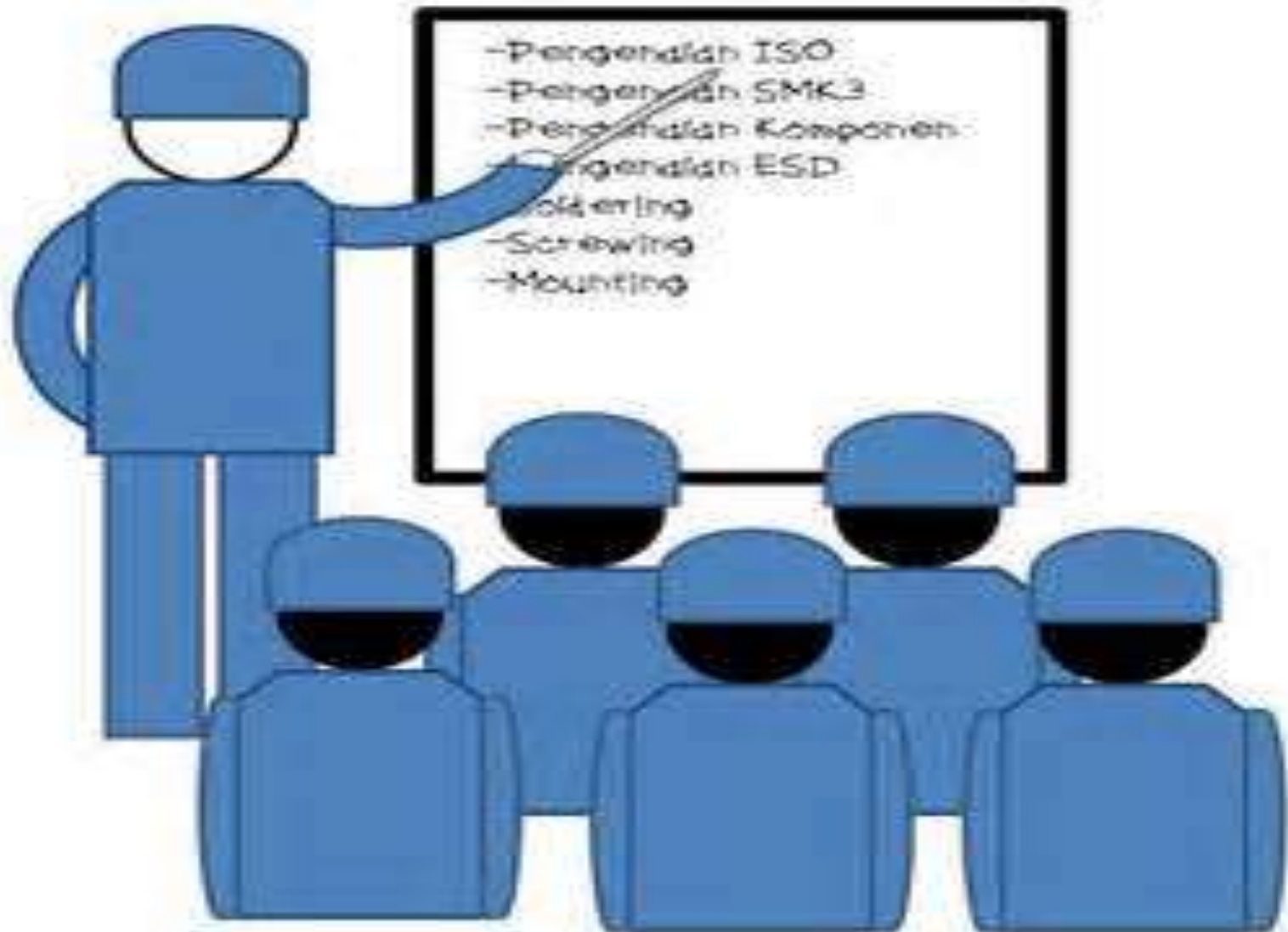


# CMT- Induction

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Deputy TPD



# TRAINING CENTER



# Regional Training days for -IMT1

- 8 Training days for IMT1 including Induction day
- You have to attend all 8 to achieve Outcome1 at ARCP for IMT Y1
- QIP competitions, ASCME and APS are in addition to the teaching days
- That means you have to attend all 8 of all the teaching days plus either a full day of Advanced Procedural Skills or 3 half days covering four procedures as well as 1 ASCME day
- We have 16 sessions a year on the RT days, so all the sessions are repeated. If you can't attend the first day you are expected to attend the repeat day.

# Teaching Programme

- Takes place in different hospitals in the region by rotation
- Based on the GIM acute medicine curriculum for IMT.
- Also includes some generic skills like QIP, skills to be a registrar, interview skills
- Separate training programme for IMT Y1 & CT2
- Apply for 1 day study leave at least 6 weeks in advance
- Trainees are allocated training days via Maxcourse
- If unable to attend on the date you have been please inform the Coordinator to ensure an alternate date is allocated.

# Teaching Programme

- Follows curriculum
- You can use reflections to link & certificates to demonstrate familiarity with a particular IMT Topic
- Covers common topics for Part 1 MRCP & 2

Tuesday 03 September 2019	RDGH	IMT Y1 Regional Induction Day	IMT1
Thursday 12 September 2019	RDGH	IMT Y1 Regional Induction Day (Repeat)	IMT1
Monday 16 September 2019	NGH	Immunology/Allergy As per Curriculum	CT2
		Poisoning/Overdose	
Monday 07 October 2019	DRI	<p>GTD</p> <p>Anxiety, Depression, Mental Health Legislation, <b>Medical problems in Pregnancy</b></p> <p>Complaints &amp; Medical Errors, Public Health &amp; Screening programmes, Death Certificates/DNAR/End of Life issues,</p>	IMT1
Friday 11 October 2019	BDGH	<p><b>Clinical Pharmacology</b> – Adverse drug reactions/practise safe/rational prescribing</p> <p><b>&amp; Medical Ophthalmology</b> – Cranial nerve palsy, glaucoma, Inflammatory eye disease, retinal vascular disease, TIA/Stroke</p>	CT2
Monday 14 October 2019	RHH	<p><b>Rheumatology</b></p> <p>Assessment of MS system/Clinical presentations, Rheumatoid arthritis/sero negative arthritides/connective tissue disorders, Crystal Arthropathies/Clinical Case presentation RA/Ankylosing Spondylitis</p>	IMT1
		<p><b>Oncology</b> – Hypercalcemia, Neutropenic sepsis, paraneoplastic conditions, Premalignant conditions, Spinal cord compression</p>	
Thursday 17 October 2019	RDGH	<p><b>Simulation</b></p> <p>(Acting Up to SpR) Scenarios in Medicine</p> <p>Human Factors via a Coroner's court</p> <p>Decision making with the deteriorating patient (Palliative Care)</p>	CT2
		<p><b>Critical Care (Katie Shuker)</b></p>	
Monday 04 November 2019	BDGH	<p><b>Respiratory 1</b></p> <p>Interstitial lung disease, pulmonary fibrosis, pleural disease, pleural effusion, lung cancer</p>	IMT1
		<p><b>Diabetes/Endocrine</b></p> <p>Microvascular complications, Diabetic Foot, Thyroid Disease, Incidental findings, pituitary, adrenal, parathyroid disorders</p>	
Monday 11 November 2019	NGH	<p><b>Gastro 2</b></p> <p>Vomiting &amp; weight loss, diarrhoea, IBD, GI malignancy/competencies – gastroscopy &amp; colonoscopy, parenteral &amp; enteral feeding</p>	CT2
		<p><b>Elderly Medicine 2</b></p> <p>Continance, Delirium, Dementias, Depression, Mainutrition, Pressure Ulcers, Poly pharmacy, Hypthermia</p>	
Friday 15 November 2019	RDGH	<p><b>Haematology &amp; Clinical Genetics</b></p> <p>Anaemias including investigation competencies, safe prescribing &amp; blood products, inherited disorders, Hb overview, Haematological malignancies, clinical case presentation – Lymphoma and/or enlarged spleen <b>familial conditions, possibility of genetic testing</b></p>	IMT1
		<p><b>Procedural Skills Practise</b></p> <p>SpR led covering 4 procedural Skills</p>	
Friday 22 November 2019	DRI	<p><b>Respiratory 2</b></p> <p>Asthma/COPD/cor pulmonale/Obstructive sleep apnea, physiology gas exchange, respiratory failure, ventilation (IPPV/NIV clinical case COPD/Asthma)</p>	CT2



Friday 22 November 2019	DRI	<b>Respiratory 2</b> Asthma/COPD/cor pulmonale/Obstructive sleep apnea, physiology gas exchange, respiratory failure, ventilation (IPPV/NIV clinical case COPD/Asthma)	CT2
		Interview Skills for Registrar Posts Workshop	
Wednesday 27 November 2019	RHH	<b>Dermatology</b> Cutaneous drug reactions, clinical presentations; rash, pruritus, skin/mouth ulcers, non-diabetic lower limb ulceration, cutaneous manifestations of systemic disease, clinical case – Rash	IMT1
		<b>GUM</b> HIV- recognition and testing . Syphills Genitourinary conditions presenting in General Medicine	
Wednesday 11 December 2019	NGH	<b>Renal 1 &amp; 2</b> Acute renal failure, Disturbance potassium, acid base balance & fluid balance, Glomerulonephritis Clinical Case AKI, Glomerulonephritis Chronic renal failure, Nephrotic syndrome, Renal replacement therapy Clinical Case – patient on dialysis or post renal transplant	CT2
		<b>Cardiovascular 2</b> Arrhythmias & Cardioversion, clinical presentations, palpitations, syncope, presyncope, blackout, Clinical science, physiology, cardiac conduction, cardiac cycle & pharmacology. Investigation competency, 24hr ECG/Tilt table Clinical AF	
Monday 13 January 2020	DRI	<b>Elderly 1</b> Falls, fractures, Osteoporosis, Preoperative assessment, medical Problems following surgery, Movement Disorders, Stroke & TIA's Frailty	IMT1
		<b>Gastro 1</b> Liver disease, acute liver dysfunction/jaundice/ascites/encephalopathy, hepatic cirrhosis, Alcohol and alcohol withdrawal – Clinical case – decomposed liver disease	
Friday 24 January 2020	RHH	<b>Neurology 1&amp;2</b> Blackouts & seizures, PD & movement disorders, headaches &SAH <b>MS/Spinal cord lesion, Neuromuscular disorders</b>	CT2
		<b>Infectious Diseases</b> CNS infection, fever in the returning traveller. Competencies – antimicrobial drug monitoring, cultures	
Friday 07 February 2020	NGH	<b>Cardiovascular 1</b> Ischaemic Heart Disease & Acute Coronary syndrome, Investigation competencies ETT, Isotopic scan, HF, valvular heart disease.	IMT1
		<b>Palliative Medicine</b> Symptom management in end of life care, such as pain, GI symptoms anxiety and depression, SOB – EOL care including advanced care planning.	
Friday 28 February 2020	BDGH	<b>Clinical Pharmacology &amp; Medical Ophthalmology</b>	CT2
Friday 06 March 2020	DRI	<b>GTD</b>	IMT1
Wednesday 11 March 2020	NGH	<b>Poisoning/Overdose</b>	CT2



<b>Thursday 19 March 2020</b>	<b>RHH</b>	<b>Oncology</b>	<b>IMT1</b>
		<b>Rheumatology</b>	
<b>Wednesday 25 March 2020</b>	<b>DRI</b>	<b>Respiratory 2</b>	<b>CT2</b>
		<b>Interview Skills for Registrar Posts Workshop</b>	
<b>Wednesday 22 April 2020</b>	<b>BDGH</b>	<b>Respiratory 1</b>	<b>IMT1</b>
		<b>Endocrine/Diabetes</b>	
<b>Tuesday 28 April 2020</b>	<b>RHH</b>	<b>Infectious Diseases</b>	<b>CT2</b>
		<b>Neurology 1&amp;2</b>	
<b>Friday 01 May 2020</b>	<b>RDGH</b>	<b>Procedural Skills Practise</b>	<b>IMT1</b>
		<b>Haematology</b>	
<b>Thursday 07 May 2020</b>	<b>RDGH</b>	<b>Simulation (Acting Up to SpR)</b>	<b>CT2</b>
		<b>Critical Care (Katie Shuker)</b>	
<b>Wednesday 13 May 2020</b>	<b>RHH</b>	<b>GUM</b>	<b>IMT1</b>
		<b>Dermatology</b>	
<b>Tuesday 19 May 2020</b>	<b>NGH</b>	<b>Cardiovascular 2</b>	<b>CT2</b>
		<b>Renal 1 &amp; 2</b>	
<b>Friday 22 May 2020</b>	<b>DRI</b>	<b>Gastro1</b>	<b>IMT1</b>
		<b>Elderly 1</b>	
<b>Friday 05 June 2020</b>	<b>NGH</b>	<b>Elderly Medicine 2</b>	<b>CT2</b>
		<b>Gastro 2</b>	
<b>Tuesday 09 June 2020</b>	<b>NGH</b>	<b>Palliative Medicine</b>	<b>IMT1</b>
		<b>Cardiovascular 1</b>	



# ASCME course

- Acute Simulated Core Medical Emergencies
- Aim to give you experience in acute medical emergencies in 'the real world' factoring in real time & real people.
- Held at Mexborough & Royal Hallamshire Hospital
- An experienced Acute or GIM Registrar present & Consultant
- You get an assessment if you want performed at each scenario

# ASCME Courses

- Allocated dates on Maxcourse
- You only need to attend 1 course
- If you are unable to attend your allocated date in your region, contact the programme co-ordinator
- Arrive as you would to a normal working day

# Scenarios

- Form part of Emergency Presentations for IMT1
- eg Cardiorespiratory arrest, shocked patient, unconscious patient & anaphylaxis . Severe drug reactions.
- They also form part of some common presentations.
- For ARCP outcome –we need confirmation by Educational Supervisor that evidence recorded & IMT level achieved for all emergency & common presentations

# Common Scenarios

- GI bleed
- Acute COAD exacerbation
- Complete heart block with external pacing
- Anaphylaxis including cardiac arrest
- Meningitis
- Diabetic Ketoacidosis

# Feedback

- Structured feedback via the medical & Nursing faculty
- Once attendance has been confirmed on the Maxcourse system you will be able to complete feedback
- Once feedback is complete you will receive your certificate of attendance

# Advanced Procedural Skills

- Dates allocated online through Maxcourse
- If unable to attend your allocated date inform the programme coordinator as soon as possible
- Includes skills like paracentesis, Lumbar puncture, central line insertion, chest drain insertion
- Some courses are full days covering 4 procedures others are half days covering 1 or 2
- These are essential skills for IMT Y1
- You are only funded to attend 1 course covering all four procedures so either 1 full day or 3 half days.

# Essential Part A Procedures

- For ARCP Outcome 1 for IMT Y1:
- IMT Y1: Skills Lab training complete or satisfactory supervised practice
- For ARCP Outcome 6 at IMT Y2
- IMT Y2: clinical independence
- Evidence: DOPS for each procedure
- Procedural Skills videos to aid your training can be found through this link – Password = Bromptontraining  
<https://www.rbht.nhs.uk/training-videos>

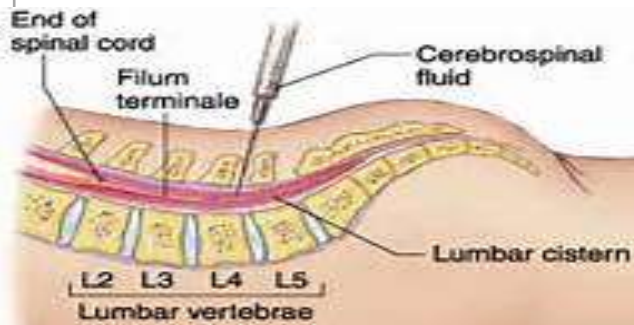
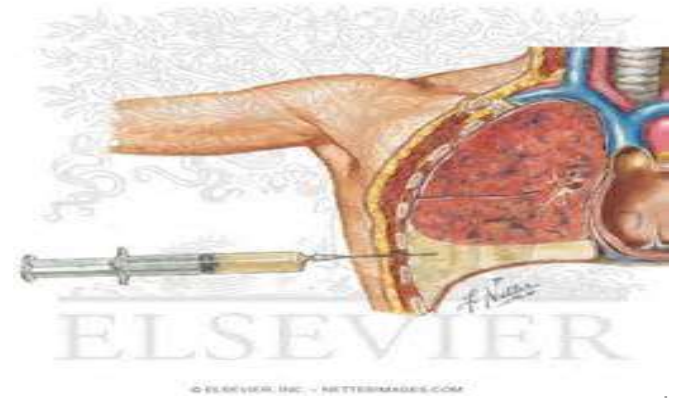
# APS- Essential Procedures

## A

- For IMT Y1: skills lab training complete or satisfactory supervised practice
- For IMT Y2: You need to be clinically independent as evidenced by DOPS
- For Pleural aspiration, pneumothorax or pleural fluid by IMT Y1 complete skills lab or satisfactory supervised practice. By IMT Y2 Clinically independent (with US guidance provided by another trained professional).



# APS



# APS : Essential Part B Procedures

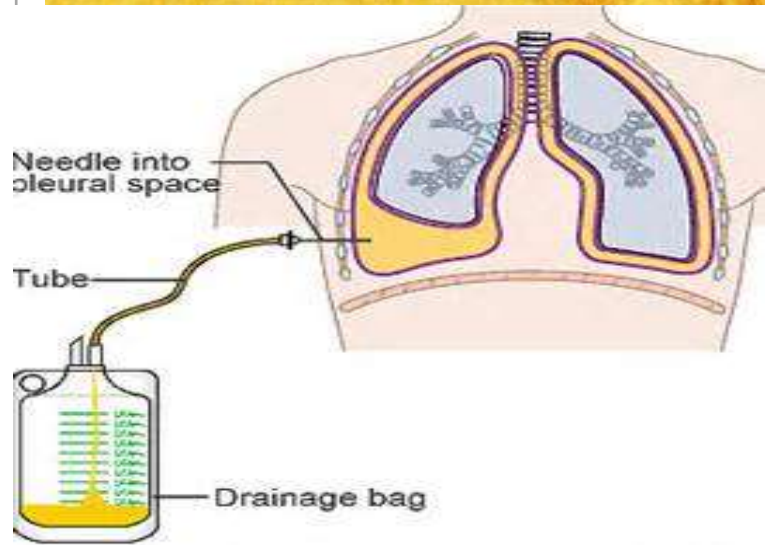


Diagram showing how a pleural effusion is drained  
© CancerHelp UK



- ARCP : Outcome 6 by end of IMT Y2 Skills lab training completed or satisfactory supervised practice.
- If you wish to be clinically independent then at least 2 summative DOPS are needed (with US guidance provided by another trained professional)

# Eligibility



Eligibility: MBBS and 12 months clinical experience



Part 1

Part 2 Written

PACES



MRCP(UK) Diploma

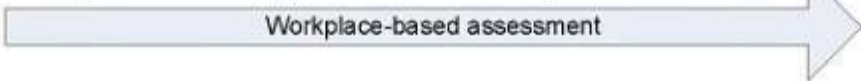
Foundation years

Core Medical Training



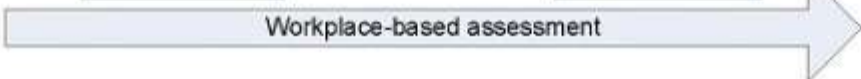
MRCP(UK)

SCE/KBA



MRCP(UK)

SCE/KBA



# MRCPP Part 1

- Covers broad based topics to ensure level of knowledge is appropriate for beginning of postgraduate training.
- Tests knowledge & understanding of common & important disorders.
- Tests knowledge & understanding of UK guidelines.
- 200 Multiple choice questions ( best of 5 answers)
- Consists of two three hour papers

# MRCP Part 1

- MRCP(UK) Part 1 Examination Part 1 is the entry-level examination, accessible to doctors with 12 months of postgraduate medical experience. Its purpose is to confirm that you possess a broad knowledge and understanding of common and important disorders, as well as clinical science.
- Success in Part 1 indicates that you have retained the knowledge acquired during your undergraduate training. Vivaly, it also shows that your knowledge of medicine has expanded and kept pace with developments since your graduation, and that this knowledge continues to provide an appropriate basis for your clinical decision making

# MRCP(UK) Part 1 at a glance

- ✓ one-day examination
- ✓ two papers
- ✓ three hours each
- ✓ 200 multiple choice questions (best of five)
- ✓ no images
- ✓ paper and pencil examination
- ✓ sat in an examination hall
- ✓ held three times a year

# MRCP Part 2

- Written exam taken after MRCP Part 1
- Tests ability to apply clinical understanding , make clinical judgments & take responsibility for prioritising problems, planning investigations, selecting plan for immediate management, selecting plan for long term management & assessing prognosis
- 270 MCQ's ( best of 5)
- Three papers over 2 days



# MRCP(UK) Part 2 Written at a glance

- ✓ two-day examination
- ✓ three papers
- ✓ three hours each
- ✓ 270 multiple choice questions (best of five)
- ✓ images
- ✓ paper and pencil examination
- ✓ sat in an examination hall
- ✓ held three times a year

# MRCP Part 2

- MRCP(UK) Part 2 Written Examination This examination builds on the knowledge assessed in Part 1 (which you must pass before attempting Part 2). It tests your ability to apply clinical understanding, make clinical judgements and take responsibility for:
  - prioritising diagnostic or problem lists
  - planning investigation
  - selecting a plan for immediate and long-term management
  - assessing prognosis.

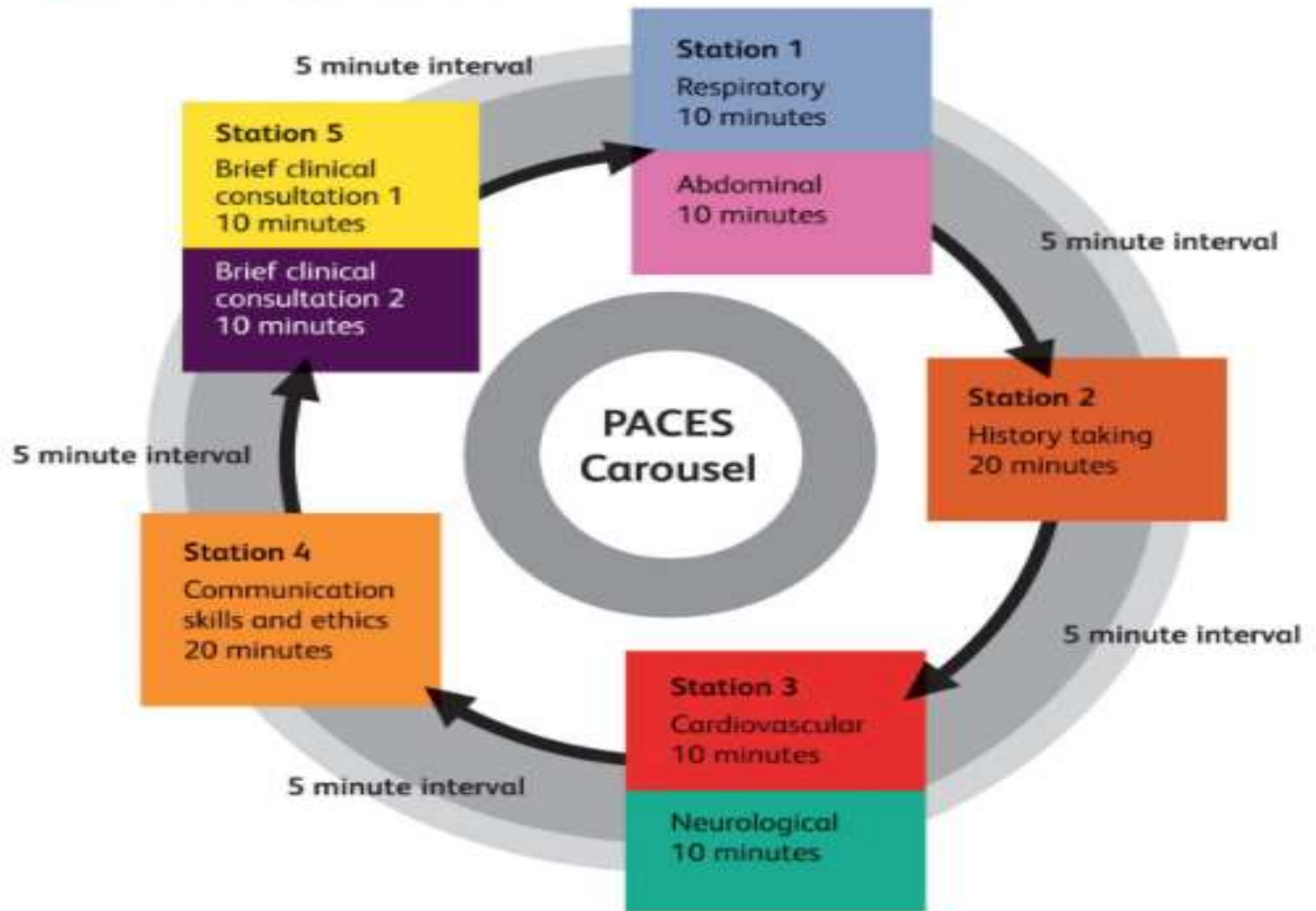
# Changes to MRCP Part 2

- Positive changes to the format of the MRCP(UK) Part 2 written examination from 2018
- The Part 2 written examination moved to a single day format at the beginning of 2018. The new examination consists of two, three hour papers each with 100 questions.
- This change, was approved by the GMC and will bring benefits to trainees and the health service, reducing the cost and time of releasing candidates to sit the examination.
- Dr Chris Wilkinson, trainee representative on the AQMRC (academic quality management and research committee) said:
- *“I am pleased that the examination burden to trainees is being reduced, without any reduction in the quality of the exam”*.

# PACES Courses

- A PACES course is held before every PACES diet
- Contact the programme coordinator to book on the course if you wish to attend
- There are approximately 3 PACES courses a year
- These are based on the PACES examination.

# Carousel of PACES stations



# PACES

- Tests clinical knowledge & skills
- 5 clinical stations there are patients with a given condition or trained surrogates.
- 2 independent examiners at each station
- Station 1: Respiratory (10 min) Abdominal(10 mins)
- Station 2 : History Taking 20 mins
- Station 3: cardiovascular (10 mins), Neurological exam (10 mins)
- Station 4: Communication skills & Ethics 20 mins
- Station 5: Brief consultation case 1 &2 for 10 mins each,

# Clinical Skills

- A :Physical exam: demonstrate correct systematic & professional technique
- B: Identify Physical signs: correctly. & not find signs that are not present
- C: Clinical Communication: elicit relevant history in systematic & professional manner
- D : Differential diagnosis: sensible
- E : Clinical Judgement: select & negotiate a sensible management plan, appropriate investigations, applies clinical knowledge including knowledge of law & ethics

# PACES

- F: Managing Patient's concern: seek detect & address patient or relative concerns, listen & confirm their understanding of the matter & demonstrate empathy
- G : Maintaining Patient Welfare: treat patient or relative respectfully & ensure comfort, safety & dignity



## **PACES at a glance**

- ✓ half-day examination
- ✓ takes place in a clinical setting (hospital or clinical skills centre)
- ✓ assesses seven core skills
- ✓ five stations (see carousel diagram)
- ✓ eight patient encounters
- ✓ two independent examiners at each station
- ✓ each candidate is assessed independently by a total of 10 examiners
- ✓ held three times a year over several days

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are the doctor in the outpatient clinic  
**Problem:** Dealing with a recent transient ischaemic attack (TIA)  
**Patient:** Mr Dave Kelvin, a 52-year-old accountant, who is married with two children

Please read the scenario printed below. When the bell sounds, enter the room. You have 14 minutes for your consultation with the patient/relative, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

Where relevant, assume you have the patient's consent to discuss their condition with the relative/surrogate.

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## Scenario:

The patient has type 2 diabetes mellitus and hypertension and was seen yesterday as an emergency with a transient ischaemic attack (TIA). He developed right-sided weakness and speech disturbance after work. The symptoms were improving on the way to hospital and had fully resolved by the time he was seen. His blood glucose was normal.

The patient's diabetes (which is diet controlled) and hypertension are managed by his family doctor. He smokes 5–10 cigarettes per day. His usual medication comprises an ACE inhibitor and a statin. Aspirin was started following the TIA. The patient has been referred to the medical clinic for further assessment.

On examination in clinic, his pulse was 76 beats per minute and regular, and his blood pressure was 138/76 mmHg. There were no cardiac murmurs or carotid bruits. Fundoscopy was normal. Urinalysis showed glucose 1+. His most recent haemoglobin A1c (HbA1c) was 48 mmol/mol (normal range: 20–42) [6.5%].

You have discussed the situation with your consultant who has advised further investigation by carotid Doppler scan and CT scan of head. Treatment with aspirin should continue. The patient should be advised to stop smoking.

**Your task** is to explain the plan to the patient, and answer any questions they may have.

# PACES Station 2: HISTORY TAKING

<b>Patient details:</b>	Mr Daniel Steele, a 63-year-old man
<b>Your role:</b>	You are the doctor in the general medical clinic
<b>Presenting complaint:</b>	Haemoptysis and suspected bronchiectasis on chest X-ray

Please read the letter printed below. When the bell sounds, enter the room. You have 14 minutes to take a history from the patient, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

## Referral text:

Dear Doctor,

I would be grateful if you would see this patient who has had haemoptysis for the past few weeks. He has been treated for chest infections in the past but has no other respiratory problems. I arranged a chest X-ray which has been reported as showing changes consistent with bronchiectasis.

Please advise on further investigation and management.

## **Within 12 to 24 months of graduation:**

- Make a first attempt at the **Part 1 Examination**.

## **Within 36 months of graduation:**

- Make a first attempt at the **Part 2 Written Examination**.
- Pass the **Part 2 Written Examination** before attempting the **Part 2 Clinical Examination, PACES**.

## **More than 36 months after graduating:**

- Make a first attempt at **PACES**.

