



**INSTITUTE  
OF MEDICINE**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING IN

# GENERAL INTERNAL MEDICINE

OUTCOME-BASED EDUCATION CURRICULUM



This curriculum of training in General Internal Medicine was developed in 2019/2020 through a systematic review of training, led by Dr Jaynat Sharma. The curriculum was reviewed by multiple stakeholders including Prof John McDermott, Associate Dean. The curriculum undergoes an annual review process by the NSDs and Dr Ann O’Shaughnessy, Head of Education. The curriculum is approved by the Institute of Medicine.

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### ***National Specialty Director’s Foreword***

This curriculum outlines The Royal College of Physicians of Ireland’s approach to accreditation and certification of Basic Specialist Training (BST) in General Internal Medicine.

Completion of BST is an essential step for a career in Internal Medicine and its associated specialties. BST also provides a solid foundation for further training in many other fields of Medicine – for instance Pathology, Public Health Medicine, Occupational Medicine, Radiology, General Practice and Anaesthesia.

This curriculum is aimed at Senior House Officers (SHOs) in training and their supervising trainers. It outlines the knowledge, skills and professional attributes that should be attained and developed during BST. This Curriculum and the Membership to the Royal College of Physicians Ireland (MRCPI) examination syllabus are aligned and this curriculum may be used as a study aid when preparing for these examinations.

BST has a number of key elements:

1. Clinical experience gained from direct patient care, supervised by senior clinicians and based on a clinical curriculum
2. Experience of professional and ethical practice through mentorship by senior clinicians and supported by RCPI’s mandatory courses.
3. An academic programme of journal clubs, grand rounds, SHO tutorials provided in training hospitals
4. Formal assessment of the knowledge and skills gained by each trainee during their clinical experience. This assessment takes place in the form of structured and workplace based assessments and an annual evaluation, regular review with trainer and training leads, and the mandatory MRCPI examination

This core curriculum has been updated to ensure that these elements are completed to the satisfaction of RCPI. Accreditation and certification will focus on evaluation of a trainee’s progress, via a yearly ePortfolio and a mandatory annual evaluation, which will ensure that the necessary competencies are being achieved.

RCPI recognises that (notwithstanding the requirement to rotate through 3 of 5 core specialties/do at least 18 months on call *etc.*) not all trainees will have the same exposure to

specialities and therefore their training experience will differ. As a result, the topics and practical skills obtained during BST will reflect the individual's rotation scheme.

*Dr John McDermott, Associate Director, Basic Specialist Training*

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# 1. INTRODUCTION

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*This section includes an overview of the training programme and of how to use this curriculum document*

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## **1.1. Purpose of training**

This programme is designed to provide Basic Specialist Training (BST) in General Internal Medicine in approved training posts under supervision to fulfil agreed curricular requirements. Each post provides a trainee with a named trainer. The programme is under the direction of the National Specialty Director(s) of the Faculty of General Internal Medicine.

## **1.2. Purpose of the curriculum**

The purpose of the curriculum is to define the relevant processes, contents, outcomes and requirements to be achieved. The curriculum is structured to delineate the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise your BST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcomes Based Education (OBE) approach. This curriculum design differs from traditional minimum based requirement designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

## **1.3. How to use the curriculum**

Both trainees and trainers require a good working knowledge of the curriculum and should use it as a guide for the training programme. Trainers are encouraged to use the curriculum as the foundation of their discussions with trainees, particularly during goal-setting, feedback and appraisal processes.

Each trainee is expected to engage with the curriculum by maintaining an ePortfolio in which assessments and feedback opportunities must be recorded. The ePortfolio allows trainees to build up evidence to inform decisions on their progress at the annual reviews, whilst also providing tools to support and identify further educational and development opportunities.

It is imperative that trainees keep an up to date ePortfolio throughout the duration of their programme.

## **1.4. BST ePortfolio**

ePortfolio is a record of a trainee's progress through BST and evidence that their training is valid and appropriate. The BST ePortfolio is required for the issue of a BST Certificate of Completion.

## **1.5. Training Goals**

Training goals are the main overarching areas of training. Each training goal is broken down into measurable and defined training outcomes.

Clinical and professional experience is recorded under these training goal headings. For each post the trainee and trainer will meet to complete an end of post assessment and evaluate progress for each goal. The trainer will determine if the trainee's progress meets expectation for that point in training.

Experience will be gained a variety of posts and clinical setting. For each post a trainee is expected to develop their skills against these goals and record outcomes appropriately. Assessments of these skills incorporate core professional skills.

## **1.6. Outcomes**

Specific outcomes are defined under each goal. By the end of BST a trainee should demonstrate an ability to meet each outcome. Evidence of experiences (training and learning), expected case mix, feedback, assessments and evaluations are some of the methods to achieve outcomes. Please refer to the "Focus of Assessment" outlined under most outcomes for indications.

## **1.7. Reference to rules and regulations**

Please refer to the General Internal Medicine BST Training Handbook for rules and regulations associated with this training. Policies, procedures such as Allocation policies, Flexible Training, Absences, Withdrawal, etc. and the General Internal Medicine Training Handbook can be accessed on the [RCPI website](#).

## 1.8. Overview of Curriculum



## 2. EXPECTED EXPERIENCE

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*This section details the training experience that all Trainees are expected to complete over the course of the Basic Specialist Training in General Internal Medicine*

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## Rotations and Experiential Requirements

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BST consists of two years of training in approved Senior House Officer (SHO) posts. SHO grade is the initial training grade after Internship.

BST in General Internal Medicine is regulated and certified by RCPI and completion of this period of training has been a mandatory requirement for entry into most, but not all, RCPI-accredited Higher Specialist Training Programmes (Specialist Registrar training) since 1999.

BST must be undertaken in a two-year rotation that has been approved for training by RCPI.

BST General Internal Medicine trainees must pass the MRCPI examination in order to qualify for a certificate of completion of BST.

Besides the acquisition of specific clinical skills and competencies, it is emphasised that personal development - including leadership, team working, communication, presentation skills, basic management and audit are important core components of BST.

All rotations must meet the criteria outlined in this curriculum and all rotations require the approval of RCPI. All posts will be expected to conform to statutory guidelines on hours and conditions of work for doctors in training.

BST Site Visits include review of rotations with the Regional Programme Directors, assurance of the academic training environment and feedback from trainers & trainees.

### **Rotations:**

1. Each trainee must rotate through three out of the five core specialties listed:
  - a. Cardiology
  - b. Respiratory
  - c. Geriatric Medicine
  - d. Endocrinology
  - e. Gastroenterology
2. Each post is 3 months in duration and the BST programme is 24 months in total
3. A full rotation must include:
  - a. A minimum of 6 months spent outside of the metropolitan area
  - b. A minimum of 6 months in a level 4 hospital
  - c. A minimum of 6 months in a level 3 or level 2 hospital
4. Each trainee must spend a minimum of 18 months on call, as per local hospital on call rota arrangements, to include a minimum of 12 months unselected General Internal Medicine call
  - a. Cardiology call can be accepted in lieu of General Internal Medicine call
  - b. A three-month post in the emergency department may be counted towards your 18 month call requirement.
5. Each trainee must have an assigned trainer, approved by RCPI
6. Each trainee should spend no more than 6 months in one specialty
7. Structured Educational Activities must be in place at each training site. This may include journal clubs, case based small group teaching, grand rounds and MDT meetings
8. Trainees should attend specialty outpatient clinics and, when on acute medicine service, should participate in post call ward rounds

## Completion Dates

Completion dates may change under the following circumstances:

- If a trainee takes special leave in excess of 6 weeks over two years, and is required to complete a further period of training
- If a trainee has not reached the required standard and is required to undertake additional training.
- If a trainee has not fulfilled the curriculum requirements for BST certification and is required to undertake additional training or attend outstanding mandatory courses

If a trainee's completion date is changed for any reason, the trainee and regional programme director will be informed in writing by the BST coordinator in the Training and Faculties Office RCPI.

## Clinical Activities

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As per the Rotation and Experiential Requirements outlined above, Trainees are required to record the following activities with this frequency:

- Outpatient Clinics

Expected Frequency: Attend weekly

- Ward rounds

Expected Frequency: At least two per week

- Post-call ward rounds

Expected Frequency: At least four per month

- On call experience

Required record: How often a trainee is on call, the type of call and the average number of patients seen on call.

All are recorded on the Clinical Activities form in ePortfolio. This form should be completed for each activity and at each post. A separate form should be completed for each type of outpatient clinic attended during a post. Ward Rounds and Post-call ward rounds are listed together, a separate form is submitted for each. If the trainee has not completed an activity during the post they should submit a form reflecting this with a count of zero.

Attendance will be discussed at the end of each post and experience evaluated. The trainee should regularly attend the training opportunities that are available to them and trainers will determine if the trainee has done so to a satisfactory level. It is expected that trainees may miss some weeks due to leave, course requirements etc., approximately 80% attendance is expected at listed activities although this will vary by training site.



## BST Taught Programme

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Use the *Teaching Attendance* form to record the completing of the BST Teaching programme and attendance at in hospital teaching. All taught elements must be completed once during BST. Trainees are expected to attend all in-house and local teaching and training made available to them, trainees may miss some on site sessions due to scheduling, leave etc. Attendance at all virtual tutorials is required. At the end of post assessment the trainer will indicate if they are satisfied that they trainee has attended as much available teaching as possible.

### BST Taught Programme

Trainees will also complete specialty-specific courses and workshops as part of the programme. Trainees in BST General Internal Medicine will complete the Delirium online module during Year 2 of the training programme.

Year One

#### July - September

- **Finding your place**
  - **Online Content**
    - Communication with Patients
    - Patient & person-centered care
    - Shared Decision Making
    - Quality in Healthcare
    - Patient Safety
  - **Virtual Tutorial**
    - Time management
    - Teamwork
    - Personal and Professional Boundaries

#### October - December

- **Patient Safety and person-centred care**
  - **Online Content**
    - Introduction to leadership and management
    - Receiving feedback
    - Socio-Cultural Diversity
    - Patient experience and outcomes
    - Situation Awareness
    - Recognising fatigue and stress
  - **Virtual Tutorial**
    - The IMC guide to medical ethics
    - applying person-centred care principles
    - frameworks for discussing ethical dilemmas

January – March

- **Confidentiality, Capacity & Consent**
  - **Online Content**
    - Principles of effective communication
    - Accessible writing to and for patients
    - Records and Record Keeping
    - Learning and presenting at Journal Clubs

- **Virtual Tutorial**
  - Exploring Ethical dilemmas:
    - Confidentiality
    - Consent
    - Vulnerable patients

April - June

- **Introduction to Leading for Patient Safety**
  - **Online Content**
    - Shared decision making
    - Teaching juniors
  - **Virtual Tutorial**
    - Leading for quality and patient safety
    - A culture of patient safety
    - Near misses, errors, human factors in context

Year Two

During year two completion of the online module *Delirium* is required.

July – September

- **Ethics: Bias & Legality**
  - **Online Content**
    - Research design and methods
    - Introduction to research in clinical practice
    - Evidence appraisal
    - Communicating findings
    - Describing and recognising approaches to improving quality
    - Identify safety and quality strategies
    - A QI approach to audit
  - **Virtual Tutorial**
    - Exploring Ethical dilemmas and recognise risk of bias
    - Bias and socio-cultural diversity
    - Ethical laws and legislation

October – December

- **Communication: Patients and Emotional Intelligence**
  - **Online Content**
    - Leadership styles and multidisciplinary teamwork
    - Building time management skills
    - Data management
    - Communicating in the clinical environment
    - Literature reviews and systematic searches
  - **Virtual Tutorial**
    - Communication: self-reflection
    - Supporting colleagues with stress
    - Supporting the second victim

January – March

- **Adverse Events, Near Misses and Errors**
  - **Online Content**
    - Communicate with senior colleagues
  - **Virtual Tutorial**

- An introduction to threat and error management
- Raising safety concerns
- Engaging with open disclosure
- Reporting Medical Error & Adverse events

April - June

- **Increased Responsibility: Stepping up to Reg**
  - **Online Content**
    - Physician Wellbeing: becoming a registrar
    - Equity in healthcare
    - Sustainable use of resources
    - Assess functional capacity for decision making
  - **Virtual Tutorial**
    - Managing the deteriorating patient,
    - situation awareness,
    - clinical judgement and decision making

## The MRCPI Examination

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In order to qualify for a BST certificate of completion in General Internal Medicine the Trainee will be required to pass the MRCPI examination. The Trainee is required to complete the MRCPI within the two years of the BST programme, and there is ample opportunity to complete the MRCPI within 2 years of training as outlined below.

### Each trainee should attempt Part I and Part II in Year 1

- **September, January, April**  
Opportunities - SHO can attempt Membership Part I (x3)
- **March, July**  
Opportunities - Successful SHO can attempt Membership Part II (x2)
- **February, June**  
Opportunities - Successful SHO can attempt Part II Clinical (x2)

### Each trainee should attempt Part II Clinical in Year 2

- **October, March**  
Opportunities - SHO can attempt Membership Part II (x2)
- **February, June**  
Opportunities - Successful SHO in October can attempt Part II Clinical (x2)

***\*Please visit the [RCPI website](#) for details on MRCPI examination dates***

However, if the Trainee has not passed the MRCPI examination by the end of your two years on the BST programme, they will have further two years in which to pass all remaining parts of the MRCPI examination. On successfully passing the final MRCPI examination within this two-year extension period, the Trainee will then be awarded the BST certificate of completion. A summary of attendance will be visible at the end of post assessment.

## Collaborative Activities

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Use the collaborative activities form to record attendance at workplace learning opportunities including Grand Rounds, Journal Clubs and Multidisciplinary team meetings. At End of Post the trainer will indicate if attendance and participation was satisfactory throughout the time in post. BST Trainees are encouraged to engage with research, audit and teaching opportunities available and should record any experience gained.

- Grand Rounds  
Expected Frequency: Monthly
- MDT Meetings  
Expected Frequency: Monthly
- Journal Clubs and Specialty Meeting  
Expected Frequency: Weekly

Discuss opportunities with the trainer and record experience of:

- Research,
- Audit and QI
- Teaching
- Presentations
- National/international meetings

## Training Post Assessments

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- Personal Goals Form

The trainer and trainee will meet and discuss expectations of the trainee and opportunities available in the current post. A completed form is required for each post.

- End of Post Assessment

The trainee and trainer will meet and review progress for the training post. A completed form is required for each post.

- End of Year Evaluation

The trainee will attend an end of year evaluation and is expected to have all training records up to date and appropriately completed.

## Progress Evaluations

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- Complete the personal goals form for each post
- Review progress and complete the End of post assessment
- Formally Record the outcome of annual evaluations

### 3. CORE PROFESSIONAL SKILLS

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*The Irish Medical Council outlines 3 Pillars of Professionalism: Partnership, Practice and Performance.*

*This RCPI training programme is designed to educate and guide doctors on the path to advanced clinical expertise in the context of the pillars of professionalism.*

*Trainees are expected to meet appropriate standards, as outlined in the curriculum, as they continue to gain clinical skills and expertise. It is expected that trainees learn and demonstrate the outcomes of professionalism in the performance of all clinical duties.*

*Outcomes for core professional skills are assessed during observation of practice, as outlined in the specialty training goals, as well as at formal examinations, end of post assessments, and end of year assessments.*

*The core professional skills incorporate the eight domains of good professional practice; Patient Safety and Quality in Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management), Scholarship, Professionalism, Clinical (Professional) Skills*

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**PROFESSIONALISM:** Relationships with colleagues and patients are based on mutual respect, confidentiality, honesty, responsibility and accountability.

- Showing integrity, compassion and concern for others in day-to-day practice
- Developing and maintaining a sensitive and understanding attitude with patients
- Exercising good judgement and communicating sound clinical advice to patients
- Searching for the best evidence to guide professional practice
- A commitment to continuous improvement and excellence in the provision of health care, whether working alone or as part of a team

Additional detail on professional conduct and expectations in the workplace can be found on the Medical Council Website.

[https://issuu.com/mcirl/docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

## Partnership

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“Good care depends on doctors working together with patients and colleagues towards shared aims and with mutual respect. Partnership relies on trust . . . patient-centred care . . . working together . . . good communication . . . and advocacy . . .”

Chapter 2, P10

[https://issuu.com/mcirl/docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

### Partnership consists of:

- **COMMUNICATION AND INTERPERSONAL SKILLS**
- **COLLABORATION**
- **HEALTH PROMOTION**
- **CARING FOR THE PATIENT**

### COMMUNICATION AND INTERPERSONAL SKILLS

Facilitate the exchange of information, be considerate of the interpersonal and group dynamics, have a respectful and honest approach.

#### Outcomes

**By the end of BST, the trainee will demonstrate an ability to:**

1. Take a focused and accurate history
2. Effectively communicate information to clinical staff
3. Effectively communicate information to patients and families
4. Engage in open disclosure
5. Provide an appropriate patient handover in line with local and national handover policy

### COLLABORATION

Collaborate with patients, their families, and your colleagues to work in the best interest of the patient, for improved services and to create a positive working environment.

#### Outcomes

**By the end of BST, the trainee will demonstrate an ability to:**

1. Work as part of a team
2. Cooperatively solve problems with colleagues and patients
3. Maintain clear clinical records
4. Perform procedures within the WHO safe surgery guidelines

### HEALTH PROMOTION

Communicate and facilitate discussion around the effect of lifestyle factors on health and promote the ethical practice of evidence-based medicine.

- Seek up to date evidence on lifestyle factors that:
  - negatively impact health outcomes
  - increase risk of illness
  - positively impact health and decrease risk factors
- Actively promote good health practices with patients individually and collectively

### CARING FOR PATIENTS

Take into consideration patient's individuality, personal preferences, goals, and the need to provide compassionate and dignified care.

- Be familiar with
  - Ethical guidelines
  - Local and national clinical care guidelines
- Act in the patient's best interest
- Engage in shared decision making and discuss consent

### Outcomes

**By the end of BST, the trainee will demonstrate an ability to:**

1. Discuss the pathophysiological basis of the investigation
2. Choose appropriate investigations
3. Take an informed consent
4. Write problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
5. Deal with end-of-life issues and symptom control

## Practice

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“...behaviour and values that support good care. [Practice] relies on putting the interests and well-being of patients first. The main elements of good practice are: caring when treating patients . . . confidentiality . . . promoting patient safety . . . integrity . . . , self-care . . . practice management . . . use of resources . . . and conflicts of interest . . .”

Chapter 2, P11

[https://issuu.com/mcirl/docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcirl/docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

### Practice consists of:

- **PATIENT SAFETY AND ETHICAL PRACTICE**
- **ORGANISATIONAL BEHAVIOUR AND LEADERSHIP**
- **WELLBEING**

### PATIENT SAFETY AND ETHICAL PRACTICE

Put the interest of the patient first in decisions and actions.

- React in a timely manner to issues identified that may negatively impact the patient's outcome
- Follow safe working practices that impact patient's safety
- Understand ethical practice and the medical council guidelines
- Support a culture of open disclosure and risk reporting

#### Outcomes

**By the end of BST, the trainee will demonstrate an ability to:**

1. Practice aseptic techniques and hand hygiene
2. Encourage others to observe infection control principles
3. Actively participate in and understand incident reporting

### ORGANISATIONAL BEHAVIOUR AND LEADERSHIP

The activities, personnel and resources that impact the functioning of the team, hospital and health care system.

- Understand and work within management systems
- Know the impacts of resources and necessary management
- Demonstrate proficient self-management

#### Outcomes

**By the end of BST, the trainee will demonstrate an ability to:**

1. Plan, schedule and arrive on time
2. Respond to colleagues in a timely manner
3. Manage time appropriately in the clinical setting
4. Set appropriate personal goals
5. Communicate leave and off duty appropriately with all members of team

### WELLBEING

Be responsible for own well-being and health and its potential impact on the provision of clinical care and patient outcomes.

- Be aware of signs of poor health and well-being
- Be cognisant of the risk to patient safety related to poor health and well-being of self and colleagues
- Manage and sustain your own physical and mental well-being

**Outcomes**

**By the end of BST, the trainee will demonstrate an ability to:**

1. Recognise potential stressors
2. Effectively deploy stress reduction strategies and wellness improvement
3. Effectively manage your physical and mental health e.g. have own GP
4. Direct patients and colleagues to appropriate mental health support

## Performance

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“...describes the behaviours and processes that provide the foundation for good care. [Performance] requires . . . competence . . .reflective practice . . .acting as a role model . . .teaching and training medical students and doctors new to practice . . .”

Chapter 2, P12

[https://issuu.com/mcir/ docs/guide\\_to\\_professional\\_conduct\\_and\\_e?e=12642421/35694606](https://issuu.com/mcir/ docs/guide_to_professional_conduct_and_e?e=12642421/35694606)

### Performance consists of:

- **CONTINUING COMPETENCE AND LIFELONG LEARNING**
- **REFLECTIVE PRACTICE AND SELF-AWARENESS**
- **QUALITY ASSURANCE AND IMPROVEMENT**

### CONTINUING COMPETENCE AND LIFELONG LEARNING

Continually seek to learn, to improve clinical skills, and to understand established and emerging theories in the practice of medicine.

- Meet career requirements including those of the medical council, your employer and your training body
- Be able to identify and optimise teaching opportunities in the workplace and other professional environments
- Develop and deliver teaching using appropriate methods for the environment and target audience

#### Outcomes

**By the end of BST, the trainee will demonstrate an ability to:**

1. Teach junior healthcare professionals
2. Engage in peer-to-peer teaching
3. Deliver a presentation
4. Seek opportunities to learn
5. Engage in self-directed learning
6. Maintain a record of professional achievements

### REFLECTIVE PRACTICE AND SELF-AWARENESS

Bring awareness to your actions and decisions and engage in critical appraisal of own work to drive lifelong learning and improve practice.

- Pay critical attention to the practical values and theories which inform everyday practice
- Be aware of your own level of practice and learning needs
- Evaluate and appraise your decisions and actions with consideration as to what you would change in the future
- Seek to role model good professional practice within the health service

#### Outcomes

**By the end of BST, the trainee will demonstrate an ability to:**

1. Identify gaps in their knowledge
2. Work within their own ability and call for help when appropriate

### QUALITY ASSURANCE AND IMPROVEMENT

Seek opportunities to promote excellence and improvements in clinical care through; the audit of practice, active engagement in, and the application of clinical research, and the dissemination of knowledge at all levels and across teams.

- Gain knowledge of quality improvement methodology
- Follow best practice in patient safety
- Conduct ethical and reproducible research

### Outcomes

**By the end of BST, the trainee will demonstrate an ability to:**

1. Engage with audit and quality improvement projects
2. Critically evaluate a research paper
3. Contribute research evidence to a group discussion
4. Understand the core concepts of data protection

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## 4. SPECIALTY SECTION

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*This section includes the General Internal Medicine specific Training Goals that Trainees should achieve by the end of the BST.*

*Each Training Goal is broken down into specific and measurable training outcomes.*

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## History Taking

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**By the end of BST the trainee will demonstrate an ability to take and present:**

1. a focused and accurate history
2. a social history
3. an occupational history
4. an allergy history
5. a medication history including OTC, previous adverse effects including idiosyncratic reactions
6. a collateral history for the older patient

**Focus of Feedback**

## Communication skills, accuracy and appropriateness:

fluently take a history establishing events and the chronology

establish correct facts

actively listen to the patient

engage with the patient empathetically and identify concerns

systematically present patients medical history

apply the information gathered for effect next steps and establish effective systems review

## For an allergy history

The trainee can differentiate possible allergy from chronic urticarial and angioedema

## For an occupational history

The trainee can identify occupational hazards to health

Assess the medical aspects of fitness to work

Issue sick certs

## Physical Examination

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**By the end of BST the trainee will demonstrate an ability to:**

1. Conduct a comprehensive systematic examination including physical examination
2. Perform a cardiovascular examination
3. Perform a respiratory examination
4. Perform an abdominal examination
5. Perform a neurological examination
6. Assess of frailty and cognition
  - a. Determine a Barthel Score
  - b. Assign a Frailty Score
  - c. Determine a cognitive score
  - d. Complete a delirium assessment
7. Identify physical signs and symptoms of common general medicine presentations

**Focus of Feedback**

Communication skills, technique, management of the patient relationship and clinical knowledge:

- If the examination was accurate, appropriate, practiced and professional
- That the trainee demonstrated good technique
- The examination included all important elements
- The trainee identified all important physical signs and symptoms and was able to present the information gathered
- The trainee managed the patients concerns about specific signs and was appropriately concerned for the patients comfort
- The trainee demonstrated an awareness of infection control protocols and policies

## Differential Diagnosis and next steps

### By the end of BST the trainee will demonstrate an ability to:

1. Form a differential diagnosis through clinical reasoning
2. Produce a programme of investigations and discuss the indications for each
3. Interpret commonly used investigations
4. Discuss next steps for confirmation of common general medicine diagnoses
5. Manage patient consultations
6. Make appropriate referrals and management plans
7. Perform Lumbar Puncture
8. Show an understanding of, and demonstrate ability to assess and manage common conditions under supervision relevant to the assigned team for the training rotation. The trainee should be able to perform, interpret and/or observe procedures related to investigation and management.

### Expected Experience

Trainees will gain clinical experience as they rotate through eight approved specialty posts and it is expected that they will apply the outcomes 1, 2, 3 and 5 for differential diagnosis to each specialty. Case examples will be recorded for outcomes 4 and 8 during at least five of the eight rotations. All Trainees must record Cardiology cases. Trainees are required to complete rotations in three of the five core specialties (marked with \*) and it is assumed that most trainees will rotate through five of the following specialty areas:

- |  |                        |
|--|------------------------|
| 1. Cardiology and the Cardiovascular System* | 6. Nephrology          |
| 2. Respiratory Medicine*                     | 7. Haematology         |
| 3. Medicine for the Elderly*                 | 8. Infectious Diseases |
| 4. Endocrinology and Diabetes*               | 9. Neurology           |
| 5. Gastroenterology and Hepatology*          | 10. Rheumatology       |

Trainees who do not complete a cardiology rotation must seek opportunities to record and discuss the following cases:

- |                                 |                   |
|---------------------------------|-------------------|
| • Myocardial Infarction         | • Syncope         |
| • Unstable Angina               | • Hypertension    |
| • Atrial Fibrillation           | • Aortic Stenosis |
| • Heart Failure /Cardiomyopathy | • Endocarditis    |

By the end of basic specialist training the trainee is also expected to proficiently and independently perform lumbar puncture and interpret electrocardiograms.

**Focus of Feedback**

Clinical Knowledge and the application of clinical skills:

The trainee can present a sensible and comprehensive differential diagnosis.

The trainee able to recognise common general medicine diagnosis and articulate the clinical reasoning for inclusion as a differential.

They will be able to produce a programme of investigations and discuss the indication for each.

They are also expected to be able to interpret commonly used investigations and discuss next steps for the patient.

The trainee will be able to discuss a management plan that demonstrates good clinical judgement and reflective problem solving.

They will be able to manage the patients expectation and work with them to discuss the goals for treatment.

Feedback discussion will take place for:

- Cardiac conditions,
  - Coronary artery disease
  - Cardiac arrhythmias,
  - Cardiac failure,
  - Hypertension,
  - Myocardial Infarction
  - Unstable Angina
  - Syncope
  - Aortic Stenosis
  - Atrial Fibrillation
- Respiratory conditions
- Rheumatology conditions
- Skin conditions
  - Identify cutaneous manifestations of systemic disorders
  - Recognise dermatological manifestations of allergy (urticarial and non-urticarial)
- Neurological conditions
- Haematological disorders
- Kidney disease and common renal disorders
- Disorders of the gastrointestinal tract
- Diagnose and treat diabetes and common endocrine disorders
- Manage atypical presentation of common conditions in the frail older patient
- Manage multiple co-morbidities in older patients and/or complex comorbidities
- Manage incontinence and urinary symptoms
- Perform and interpret electrocardiographs (resting and exercise)
- Diagnose and take initial steps in the management of:
  - Acute and chronic liver disease and liver failure
  - Common viral infection syndromes
  - Healthcare associated infections, including prevention
  - Dementia and cognitive dysfunction
  - Arthropathies and other common rheumatologically syndromes
  - Osteoporosis
  - Pressure ulcers
- Understand and manage pain
- Understand Psychiatric illness, including its relationship to physical illness
- Be aware of
  - indications, complications and side effects of various aspects of oncological management
  - palliative care in various situations in both hospital at primary care, at home and in MDT
  - A multidisciplinary approach to ICU care including common interventions for circulatory and airway management including the ethical use of technology and interventions
  - Rehabilitation referral pathways

**Focus of Feedback**

The trainee will have opportunities to demonstrate their case experience in the workplace at MDT and other team meetings, case presentations and in discussions with their senior colleagues. Informal and structured Case Based Discussion, chart reviews and MiniCEX assessments will take place for diagnostic experience. During these assessments the feedback questions will cover the selected outcomes and the trainees ability to

- Clearly summarise the case and define the problem
- Work as part of a team
- Prioritise patient safety and ethical practice  
*Establishes trust and act in partnership e.g. recognising the patient's rights and engaging in open disclosure etc. Demonstrate an awareness of safe prescribing guidelines.  
Demonstrate an awareness of, and act in accordance with, relevant protocols.*
- Effectively communicate information to patients, clinical staff and others involved  
*Informs, explains, and advises using appropriate language and facilitates open communication.*
- Ask appropriate questions and gathers relevant information  
*Is focused and accurate, demonstrates "active" listening facilitating relevance, responds to non-verbal clues.*
- Demonstrate good clinical judgement  
*Correctly identifies/lists problems, prioritises actions in realistic and timely schedule.  
Completes all necessary actions including appropriate referral.*
- Demonstrate insight into their own strengths and weaknesses in diagnosis and management  
*Shows analytical, constructive approach to case, willingness to learn; acknowledges and prepared to consider other management options; aware of change, possible advances, when to seek help. Identifies future learning points*

## Acute Medicine Experience

### By the end of BST the trainee will demonstrate an ability to:

1. Assess common acute presentations
2. Recognise, or assist in the recognition of, and assess emergencies
3. Recognise and manage pre-existing comorbidities
4. Ask for senior help appropriately
5. Participate in decision making in consultation with senior colleagues including prioritising tasks, interventions and appropriate investigations
6. Refer to relevant national and local guidelines and care pathways

### Expected Experience

It is expected that all trainees will gain experience on acute unselected medical take. The trainee will participate in the on-call rota for all posts where this is required. Specialty call be required for some approved training posts although it is expected that the trainee will see general medicine patients on call for the majority of the time during the two-year training programme. In total a minimum of 18 months on call, as per local hospital on call rota arrangements, to include a minimum of 12 months unselected G(I)M/cardiology must be completed to meet training requirements. A three month post in the emergency department may be counted towards this 18 months.

During the two year programme it is expected that a trainee will encounter common presentations including, among others,

- |                                 |  |
|---------------------------------|--|
| ○ Shortness of breath           | ○ Hyper and Hypoglycaemia                        |
| ○ Cough                         | ○ Headache                                       |
| ○ Chest Pain                    | ○ Seizure  |
| ○ Palpitations                  | ○ Weakness and Paralysis                         |
| ○ Blackout/ Collapse/ Dizziness | ○ Limb Pain and/or Swelling                      |
| ○ Fever                         | ○ Acute Back Pain                                |
| ○ Abdominal Pain                | ○ Falls and Decreased mobility                   |
| ○ Hepatitis or Jaundice         | ○ Acute illness in the frail older patient       |
| ○ Gastrointestinal Bleeding     | ○ Delirium/Acute confusion                       |
| ○ Nausea and Vomiting           | ○ Poisoning and Drug Overdose                    |
| ○ Diarrhoea                     | ○ Acute Psychological illness                    |
| ○ Haemoptysis                   | ○ Alcohol and substance dependence or withdrawal |
| ○ Rash                          |  |

It is expected that a BST trainee will assist in the recognition of emergencies and call for help as appropriate. They will be able to reflect on the challenges and their key learning from these cases. This experience may be recorded as common general medicine emergencies or those encountered on specialty rotations. The trainee will be able to list red flags for common acute presentations and prioritise tasks in the management including seeking help. It is expected that during the two-year programme the trainee will encounter, among others,

- Abdominal emergencies
- Acute Coronary Syndrome
- Acute Arrhythmia Management
- Respiratory emergencies/Non-invasive ventilation
- Acute rheumatological conditions
- Acute neoplastic syndromes and acute oncological emergencies
- Chest pain
- Collapse
- Acute, fluid, electrolyte and acid/base abnormalities
- Dermatological emergencies
- Diabetic and endocrine emergencies
- DVT
- Infections of the CNS, joint and bone and organ systems
- Neurological emergencies
- Poisoning and self-harm
- Sepsis and septic shock
- Stroke/ TIA
- The unconscious patient
- Unstable hypotensive patient

**Focus of Feedback**

Clinical Judgment, reflective practice and future learning:

Decision making and clinical judgement

Trainee's recognition of their strengths and weaknesses and how to apply this to future learning

If the trainee reviewed the outcome for the patient

Trainee's knowledge of:

Cardiac emergencies

How to manage shortness of breath in pulmonary disorders including COPD, asthma, pulmonary fibrosis, pulmonary embolism and acute pneumothorax

The sepsis pathway and sepsis management

The initial management of stroke

Disorders of the biliary tract

Liver cirrhosis and its complications

The most likely causes for the presenting complaint

## Safe Prescribing

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**By the end of BST the trainee will demonstrate an ability to:**

1. Write a prescription clearly, legally and unambiguously
2. Safely prescribe for:
  - Common acute presentations
  - Emergencies
  - Chronic and common general medicine presentations
  - Older people with age related complexity
  - Patients with liver and renal disease
  - Medical diagnoses in pregnancy
3. Safely and ethically prescribe substances of restricted use *e.g.* benzodiazepines *etc.*
4. Discuss medication choices in partnership with the patient
5. Manage the patient expectations and goals of treatment