

Pan London IMT3 simulation package Overview

IMT3 simulation training has been a requirement of the curriculum for IMT3 doctors from August 2022, and involvement will be demonstrated on the e-portfolio as part of the ARCP process. There was recognition of the benefit of a pan London approach to this delivery. This document sets out the development of this approach and provides a bank of peer reviewed scenarios which centres can use to deliver the simulation training course.

Simulation is an existing core offer for IMT 1-2 training however many courses offered to IMT 2-3 doctors focus on acute care and the medical take. This IMT 3 simulation course is intended to cover the breadth of skills needed at IMT 3 level, including outpatient and ambulatory care settings and acute specialty medicine.

The development of this package reflects a collaborative effort led by Ewan Mackay and Anna Moore (Barts Health), Nadia Short (GSTT) and Nick Murch (RFH), and supported by the LSN.

Course resource development

Curriculum mapping

Selection scenarios reflects the expected progression points at IMT 3 level, as shown in the table below. The competencies in practice (CiPS) which discriminate between IMT 2 and IMT 3 are:

- Managing outpatients with long term conditions
- Managing medical problems in patients in other specialties and special cases
- Delivering effective resuscitation and managing the deteriorating patient
- Managing end of life and applying palliative care skills

The Federation of the Royal Colleges of Physicians 2019

Clinical CIP	Internal Medicine stage 1			Selection	Internal Medicine stage 2 + Specialty				CCT
	IMY1	IMY2	IMY3		ST4	ST5	ST6	ST7	
Managing an acute unselected take	3	CRITICAL PROGRESSION POINT	3	CRITICAL PROGRESSION POINT				4	CRITICAL PROGRESSION POINT
Managing an acute specialty-related take	2		2			3		4	
Providing continuity of care to medical in-patients	3		3					4	
Managing outpatients with long term conditions	2		3					4	
Managing medical problems in patients in other specialties and special cases	2		3					4	
Managing an MDT including discharge planning	2		3					4	
Delivering effective resuscitation and managing the deteriorating patient	3		4					4	
Managing end of life and applying palliative care skills	2		3					4	

5.5 Outline grid of levels expected for Internal Medicine clinical capabilities in practice (CIPs)

Levels to be achieved by critical progression points

Level descriptors

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

Source: [IM Curriculum Sept2519.pdf \(jrcptb.org.uk\)](https://jrcptb.org.uk/IM_Curriculum_Sept2519.pdf)

Stakeholder engagement

Trainees

Input from IMT 2 and 3 doctors was sought in the form of a survey and informal conversations. This went out to 67 IMT doctors at Barts Health, with a response rate of 13%. The survey asked for what “technical” and “non-technical” skills they would like to see included in a sim course and asked them to rate how important they felt inclusion of specific skills. The specific skills were: end of life care, community-based scenarios including discussions with GPs, outpatient clinic work, and decision making around procedures. The majority of respondents rated the usefulness of including these skills in the simulation training as at least 7 out of 10.

The responses were used to inform choice of clinical and non-clinical content and skills in the scenarios. Full responses are included in the appendix.

Trainers

A wide range of senior clinicians were consulted and invited to review the scenarios. These included simulation faculty from three sites across London, nursing, physiotherapy and pharmacy colleagues.

Public

Public engagement with the scenarios was not possible due to limited timeframe. However, given that patients and public are the most important stakeholders when it comes to good clinical care, it is intended that for delivery of the scenarios across Barts Health, local communities are consulted on

their expectations appropriate behaviour and good clinical care delivery by doctors. Locally this will be in the form of liaison with the public and patient engagement team.

The scenarios

The 10 scenarios cover many of the different environments and areas of experience that an IMT 3 doctor will likely experience in their clinical practice. Between them, they cover all the required capabilities in practice.

The scenarios have been selected and designed so that they can be delivered by all simulation units. To enable this the number of faculty required has been minimised, and no scenarios require professional actors to run. Individual units can decide which scenarios best suit their local requirements, taking into account equipment, faculty availability and the health needs of their local communities.

Scenario number	Content	Curriculum mapping	Progression point	Stakeholder engagement mapping
1	Palliative Care Scenario around futility and recognising the dying patient	8. Managing end of life and applying palliative care skills (all domains)	Managing end of life and applying palliative care skills	Part of progression point of curriculum from JRCPTB. Senior doctors on project panel identified importance of managing palliative care
2	Pregnant woman with a headache.	Medical problems in pregnancy Dealing with complexity and uncertainty Shares decision making by informing the patient, prioritising the patient's wishes, and respecting the patient's beliefs, concerns and expectations	Managing medical problems in patients in other specialties and special cases	IMT doctors reported feeling worried about managing pregnant women with medical presentations/conditions
3	Virtual outpatient scenario. Managing multiple distractors while speaking to a patient over the phone breaking bad news	Malignant diseases of the respiratory system, 4. Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions) – all domains	Providing continuity of care to medical in-patients Managing an acute unselected take	Part of progression point of curriculum from JRCPTB. Survey Responders have voiced the importance of assessing "prioritisation" and of multiple task management.

4	Potential diagnosis of IBD in an individual who has not attended planned outpatient clinic on multiple occasions	<p>Inflammatory bowel diseases</p> <p>Aware of public health issues including population health, social determinants of health</p> <p>Communicates effectively with clinical and other professional colleagues</p>	<p>Managing medical problems in patients in other specialties and special cases</p> <p>Managing outpatients with long term conditions</p>	<p>From survey: Communicating with other specialities and healthcare professionals trying to make referrals</p> <p>Difficult conversations surrounding vulnerable</p>
5	Peri arrest scenario with combined beta blocker/ calcium channel blocker overdose with cardiogenic shock	<p>Poisoning</p> <p>Drug side effects</p> <p>Suicide and self harm</p> <p>Shows appropriate clinical reasoning by analysing physical and psychological findings</p> <p>Social determinants of health</p> <p>Critical care experience</p>	<p>Delivering effective resuscitation and managing the deteriorating patient</p>	<p>From survey: Cardiac arrest Bradycardia Pacing Prioritisation Team management</p>
6	Suspected Viral Haemorrhagic Fever in returning traveller	<p>Evaluation of the unwell returning traveller</p> <p>Infection control and communicable disease</p> <p>Global health perspectives</p>	<p>Delivering effective resuscitation and managing the deteriorating patient</p>	<p>From survey: bed crisis Prioritisation Team management</p>
7	Simulated professional meeting regarding discharge in a complex elderly lady	<p>6. Managing a multi-disciplinary team including effective discharge planning (all domains)</p> <p>3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement</p>	<p>Managing an MDT including discharge planning. Providing continuity of care to medical in-patients</p>	<p>Part of progression point of curriculum from JRCPTB. Senior doctors on project panel identified importance of discharge planning involving wider MDT. Survey responders also specifically commented on dealing with challenging relatives.</p>
8	Periarrest scenario with a colleague being unprofessional and sexist	<p>Suicide and self harm, cardiac arrhythmias, shocked patient,</p> <p>7. Delivering effective resuscitation and managing the acutely deteriorating patient (all domains)</p>	<p>Delivering effective resuscitation and managing the</p>	<p>See GMC guidance on <i>promoting excellence: equality and diversity</i> considerations: “diversity and fairness are embedded in or form part of the organisational values”.</p>

	towards a female doctor		deteriorating patient. Managing medical problems in patients in other specialties and special cases	Resuscitation part of progression point of curriculum from JRCPTB
9	Palliative Care Scenario around advanced care planning	8. Managing end of life and applying palliative care skills (all domains)	Managing end of life and applying palliative care skills	Part of progression point of curriculum from JRCPTB. Senior doctors on project panel identified importance
10	T2RF in a patient with COPD and a pleural effusion.	Respiratory failure Intercostal drain for effusion	Managing medical problems in patients in other specialties and special cases Delivering effective resuscitation and managing the deteriorating patient	Survey responders specified desire to cover chest drain during sim course