Trainee declaration for Internal Medicine ARCP, IM clinical CiPs

To be completed by all trainees

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| 1 | Name of the Trainee |  |
| 2 | Training Year, Speciality and GMC number |  |
| 3 | Participated in IM Training in immediate past year.  | Yes / No(If answer is no to this question just add NA to following questions) |
|  | Duration of the experience and number of patients trainee actively involved in providing the care.  |
| Managing an acute unselected medical take |  |
| Managing the acute care of patients within a medical specialty service |  |
| Providing continuity of care of medical inpatients (admitted through acute unselected medical take with acute medical problems) |  |
| Managing outpatients with long term conditions.  |  |
| Managing medical problems in patients in other specialties and special cases |  |
| Managing an MDT including discharge planning |  |
| Delivering effective resuscitation and managing the deteriorating patient |  |
| Managing end of life and applying palliative care skills |  |
| Names of consultants completed IM MCR (IM supervisors)  |  |
| Names of IM MSF raters |  |

The information provided is best of my knowledge and I am willing to provide the evidences if ARCP panel require further clarification.

Trainee Signature: …………………………… Date:………………….