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:………………….