

**DRAFT** Example of an Educational Supervisor Report for Internal Medicine  
 This example focuses on the IM clinical CiPs and other sections of the ESR have not been included

<b>Trainee Name</b>	Dr X
<b>Trainee GMC number</b>	123456
<b>Specialty</b>	Internal Medicine
<b>Supervisor Name</b>	Dr Y
<b>Period covered by this report</b>	03/08/2019 – 30/06/2020
<b>Grade</b>	IMY2

### Clinical CiPs

Please rate the trainee’s progress against each CiP using the levels below. **Detailed comments must be given to support any entrustment decision that is at a lower level than that expected for a trainee at this stage of training** – please refer to the grid of expected levels in the ARCP decision aid.

**Detailed comments must be given to support** entrustment decisions that are at or above the level expected. Comments are encouraged (but not mandated) for all assessments especially to celebrate excellence in those performing above expectation.

Level descriptors for clinical CiPs
<p><b>Level 1: Entrusted to observe only – no provision of clinical care</b></p> <p><b>Level 2: Entrusted to act with direct supervision:</b> The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision</p> <p><b>Level 3: Entrusted to act with indirect supervision:</b> The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision</p> <p><b>Level 4: Entrusted to act unsupervised</b></p>

Clinical CiPs
1. Managing an acute unselected take
<ul style="list-style-type: none"> <li>• Demonstrates professional behaviour with regard to patients, carers, colleagues and others</li> <li>• Delivers patient centred care including shared decision making</li> <li>• Takes a relevant patient history including patient symptoms, concerns, priorities and preferences</li> <li>• Performs accurate clinical examinations</li> <li>• Shows appropriate clinical reasoning by analysing physical and psychological findings</li> <li>• Formulates an appropriate differential diagnosis</li> <li>• Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required</li> </ul>

<ul style="list-style-type: none"> <li>• Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues</li> <li>• Appropriately selects, manages and interprets investigations</li> <li>• Recognises need to liaise with specialty services and refers where appropriate</li> </ul>			
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b> √	<b>Level 4</b>
<p><b>For IMY1: Do you anticipate that the trainee will be able to manage the acute unselected take with indirect supervision by end of IMY2?</b></p> <p><b>For IMY2: Do you entrust the trainee to manage the acute unselected take with indirect supervision?</b> This decision must be made on the basis of all evidence available to you as ES, including at least 3 MCRs written by consultants who have personally supervised the trainee in an acute 'take/post-take' setting. Simulation training and personal observation may also be relevant.</p> <p><b>For IMY3: Do you entrust the trainee to manage the acute unselected take with indirect supervision?</b> This decision must be made on the basis of all evidence available to you as ES, including at least 3 MCRs written by consultants who have personally supervised the trainee in an acute 'take/post-take' setting. Simulation training and personal observation may also be relevant.</p>			<p><b>Yes / No</b></p> <p><b>YES</b></p>
<p><b>Please provide comments to justify your rating and identify any areas of concern or excellence [mandatory]</b></p> <p>Has undertaken supervised acting-up and has ACATs and MCR that evidence performing to the required standard. In particular, comment was made that Dr X managed the junior team well, communicated with nursing staff and other specialities well and made confident and sound judgements on a range of patients (MCR – Acute Take 27/3/2020). Additional MCR completed by the Local Faculty Group (LFG) in Acute Medicine (20/2/2020) also clearly states that Dr X has been observed on the post take ward round (PTWR) by a number of the AM team performing to the required standard.</p> <p>Two Reg prep simulations have been done. The ACAT from the first raised some issues around dealing with being overwhelmed by pressure. Dr X also commented on this in a reflection (30/11/2019). This was discussed in our meeting (Additional Meeting 6/12/2019). In the subsequent simulation (5/5/2020) this was not raised as an issue. Comments in the MSF (31/10/2019) indicate no concerns around communication. There were also very positive comments from junior team members about Dr X being very supportive and 'calm'.</p> <p>A number of CbDs (12/12/2019, 14/2/20120) indicate good clinical knowledge. There was some guidance around becoming familiar with up-to-date guidance on early stroke management.</p> <p>All mini-CEXs (covering examination of CVS, Respiratory and Neurology systems) were very positive with no concerns raised.</p> <p>The reflection on 'A difficult arrest' was insightful and demonstrates a good style/use of reflection after a difficult situation including an understanding of Dr X's own emotional reaction, as well as identifying clear learning objectives around the clinical aspects of the case which were transferred to a SMART PDP and completed.</p> <p>Some areas for development include; ensure formal management plans are written up and that a case summary is written at the end of each clerking to aid presentation on the PTWR (ACAT 3/4/2020).</p>			

## 2. Managing an acute specialty-related take

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Takes a relevant patient history including patient symptoms, concerns, priorities and preferences
- Performs accurate clinical examinations
- Shows appropriate clinical reasoning by analysing physical and psychological findings
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately selects, manages and interprets investigations
- Demonstrates appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take

Level 1	Level 2	Level 3	Level 4
	√		

**Please provide comments to justify your rating and identify any areas of concern or excellence.**

Dr X has not had to manage a specific specialty on-call but has had to manage patients admitted to specialty wards in all three placements.

Information from three MCR indicate that he makes good clinical judgements of these patients. This includes picking up management plans initiated on admission and modifying them when necessary before and with the support of senior advice.

There are two mini-CEXs that were undertaken (1/11/2019, 2/2/2020) when he was observed picking up specialty patients. Both supported the above statement. It was commented that he was able to identify additional investigation needed from a specialty perspective.

## 3. Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Demonstrates appropriate continuing management of acute medical illness in patients admitted to hospital on an acute unselected take or selected take
- Recognises need to liaise with specialty services and refers where appropriate Appropriately manages comorbidities in medial inpatients (unselected take, selected acute take or specialty admissions)
- Demonstrates awareness of the quality of patient experience

Level 1	Level 2	Level 3	Level 4

		√	
<p><b>Please provide comments to justify your rating and identify any areas of concern or excellence</b></p> <p>From my own direct observations and comments recorded in all MCRs Dr X demonstrates a good degree of ability in managing a range of inpatient conditions that cover all the attributes required at this stage of training.</p> <p>At times when he is the most senior doctor on the ward, the ward runs well. Patients are seen and managed appropriately and ward rounds are well prepared and presented on. He also demonstrates a good ability to organise more junior colleagues.</p> <p>One MCR (1/11/2019) states specifically good participation in board rounds.</p> <p>No issues have been identified in the management of patients and indeed from all MCRs there is evidence that this is done well. He is able to explain his clinical reasoning and defend decisions. He frequently asks for feedback and acts on it.</p> <p>For improvement; presentation of cases could be more focused (MCR 2/2/2020, 5/4/2020 and my own observations).</p>			
<p><b>4. Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)</b></p>			
<ul style="list-style-type: none"> <li>• Demonstrates professional behaviour with regard to patients, carers, colleagues and others</li> <li>• Delivers patient centred care including shared decision making</li> <li>• Demonstrates effective consultation skills</li> <li>• Formulates an appropriate diagnostic and management plan, taking into account patient preferences</li> <li>• Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues</li> <li>• Appropriately manages comorbidities in outpatient clinic, ambulatory or community setting</li> <li>• Demonstrates awareness of the quality of patient experience</li> </ul>			
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
	√		
<p><b>Please provide comments to justify your rating and identify any areas of concern or excellence.</b></p> <p>Dr X's logbook of clinic attendance demonstrates 22 clinics attended in a variety of specialties and settings.</p> <p>There are a number of clinic letters in the Evidence Library which show a developing style of letter writing but that more structure is needed, e.g., highlighting GP actions needed. More practice and feedback is needed.</p> <p>The mini-CEX (23/11/2019, 2/2/2020) both indicate a need to be more mindful of the time constraints of clinic work and this needs to be worked on in future. Dr X also needs to develop techniques to reinforce treatment/investigation plans to the patient and give the patient/relatives the opportunity to ask questions.</p> <p>The CbDs (12/1/2020, 2/2/2020) emphasize a need for more structure in treatment/investigation plans.</p> <p>The MCR (14/2/2020) this was done in an AEC setting and also emphasizes the above points</p>			

### 5. Managing medical problems in patients in other specialties and special cases

- Demonstrates effective consultation skills (including when in challenging circumstances)
- Demonstrates management of medical problems in inpatients under the care of other specialties
- Demonstrates appropriate and timely liaison with other medical specialty services when required

Level 1	Level 2	Level 3	Level 4
	√		

#### Please provide comments to justify your rating and identify any areas of concern or excellence

Dr X has been seeing patients referred to respiratory medicine (placement 2) ahead of the senior opinion on the patient. The MCR (3/3/2020) comments that he made a good assessment of the patients and was able (with prompting to address the issues raised by the referring team. He presented the cases well to the consultant who later reviewed the patient and liaised well with the referring team.

He has also seen patients in outpatients referred for a respiratory review ahead of surgery. Feedback (CbD - 20/1/2020) indicates that this was done well.

### 6. Managing an MDT including discharge planning

- Applies management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations
- Ensures continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover
- Effectively estimates length of stay
- Delivers patient centred care including shared decision making
- Identifies appropriate discharge plan
- Recognises the importance of prompt and accurate information sharing with primary care team following hospital discharge

Level 1	Level 2	Level 3	Level 4
	√		

#### Please provide comments to justify your rating and identify any areas of concern or excellence

In placement 2 (respiratory) Dr X presented patients at the ILD and cancer MDT. Feedback (in MCR 3/3/2020) indicates that this was done well.

He also engages well with the MDT during Board Rounds (own observation) and takes the opinions of other professionals into account as part of discharge planning.

### 7. Delivering effective resuscitation and managing the deteriorating patient

- Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious

- Demonstrates the professional requirements and legal processes associated with consent for resuscitation
- Participates effectively in decision making with regard to resuscitation decisions, including decisions not to attempt CPR, and involves patients and their families
- Demonstrates competence in carrying out resuscitation

Level 1	Level 2	Level 3	Level 4
		√	

**Please provide comments to justify your rating and identify any areas of concern or excellence.**

The LFG feedback from 18/1/2020 indicates that Dr X undertook the management of an acutely unwell patient admitted as an alert when the registrar was attending another urgent case. The feedback indicates that he led the team well and made appropriate decisions until the registrar was able to take over.

Other LFG feedback indicates no issues in this area.

### 8. Managing end of life and applying palliative care skills

- Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs
- Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end of life
- Demonstrates safe and effective use of syringe pumps in the palliative care population
- Able to manage non complex symptom control including pain
- Facilitates referrals to specialist palliative care across all settings
- Demonstrates effective consultation skills in challenging circumstances
- Demonstrates compassionate professional behaviour and clinical judgement

Level 1	Level 2	Level 3	Level 4
	√		

**Please provide comments to justify your rating and identify any areas of concern or excellence**

There are a number of pieces of evidence from the hospital secondary care team (MCEX 22/10/2019, 21/12/2019) and a focused MCR (8/2/2020) that indicate that Dr X has been growing confidence with breaking bad news and setting up plans around end-of-life care.

He has done a good reflection on his personal feelings and how a particular case affected him ('Close to home').