

S+ GEORGE'S  
SCHOOL OF ANAESTHESIA



# **Intermediate ICM Training Record**

**Curriculum for Anaesthetics 2010**

## **Specialty Trainees Years 3, 4**

Trainee name .....

**August 2015**

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# Introduction

This training record is to be used in conjunction with 'CCT in Anaesthetics – Intensive Care Medicine (Annex F) [version 1.6]'. It is for Specialty Trainees in anaesthesia in years 3, 4 and 5 who are completing their intermediate intensive care medicine training. Completion of this training record book provides supporting evidence that the trainee has completed the clinical aspects of the intermediate level intensive care medicine described in the curriculum.

## *Minimum requirements for Annual Review of Competence Progression (ARCP)*

The ARCP is an annual assessment which ensures that trainees are meeting the competencies required in the curriculum. A satisfactory outcome is required in the ARCP to progress to the next stage of training.

## *How to sign off a unit as complete*

To complete a training unit the trainee should submit:

- An appropriate number of WPBAs  
I-CEX , ACAT , DOPS , CBD, x 1 for each 3 month block  
CBD = Case Based Discussion; I-CEX = Intensive Care Clinical Evaluation exercise; DOPS = Direct Observation of Procedural Skill; ACAT = Acute Care Assessment Tool
- An MSF should be completed for each block of ICM training. An appropriate mix of respondents should be identified to provide feedback.
- Evidence of number of procedures performed
- Evidence to demonstrate that the unit can provide and trainee has been exposed to a suitable variety of experience including:  
Details of patients trainee has played a significant part in managing (similar to anaesthetic logbook)  
Information from unit data (eg ICNARC)  
Evidence of attendance at at least 1 Morbidity and Mortality meeting and 1 journal club.  
A satisfactory educational supervisor/faculty tutors report

When trainees feel that they have completed a training unit and have the evidence in their training record and logbook, it is up to them to review this with their Unit lead or educational supervisor, who will sign this as complete or suggest ways of completing the unit if more training is required.

# Instructions to trainers

- It is the trainee's responsibility to ask you to assess them
- Any appropriate consultant can sign off individual elements of a unit of training
- Some elements are topics for discussion and others are competencies to be observed

If the Unit Lead or Educational Supervisor cannot sign off a unit of training / module as expected, they should contact the College Tutor as soon as possible for advice.

## Intensive Care Medicine

Intermediate level intensive care training is mandatory for all trainees and is completed as one 3 month blocks. A further 3 months of training is completed in higher training at ST 5/6.

### Training Objectives:

During Intermediate training the trainee is gaining a more in depth knowledge of and skill set for intensive care, this acquisition is a continual process. It is not appropriate to attempt to complete intermediate level competencies immediately after Basic training; greater experience, time in training and maturity as a doctor are necessary to be able to take advantage of training at this level.

Both trainees and trainers need to ensure that training is both comprehensive and that progression of training is occurring at a satisfactory rate. Unlike the other units of training in anaesthesia, in ICM, the broad domain competencies are identified with an attainment level for basic [B], intermediate [I], higher [H] and advanced [A] based on the level of supervision. The table on the following page identifies the minimum level of attainment for intermediate training, this level is shaded and is in bold. If there is no level identified then this task, knowledge or management competence is not expected at intermediate level.

The syllabus for each of the domains is broken down into knowledge, skills and attitudes for the basic, intermediate/higher and advanced levels. A great deal of knowledge must be acquired during basic training to enable the trainee to understand and function within a critical care unit. During intermediate, higher and advanced training the competencies gained in basic training will be developed and reassessed so trainees can demonstrate their achievement of the required levels of attainment. For a CCT in Anaesthetics, trainees only need to successfully complete basic, intermediate and higher levels in ICM. Completion of advanced is optional. The levels of competence defined below are the minimum that must be achieved by the end of an attachment and reflect the spiral nature of development of competence. Acquisition of competence in ICM occurs not only during attachments to ICUs but also many areas of anaesthesia competence are transferable to ICM. Whilst trainees should not view ICM attachments as the only place to acquire and demonstrate ICM competence, certification that a trainee has reached the required level must be by a Faculty of Intensive Care Medicine tutor.

Anaesthesia trainees already undertaking Dual CCTs with ICM training should use the ICM curriculum Stage 2 training record rather than this booklet to demonstrate continued competency development.

The composite competencies for Intermediate level ICM are outlined here by Domain. The components that make up each competence are listed in the full syllabus in Annex F - <http://www.rcoa.ac.uk/CCT/AnnexF>

**Requirements for completion of unit:**

- Three-month (whole time equivalent) ICM block
- Appropriate number of WPBAs – minimum DOP x 1, I-CEX x1, ACAT x1, CBD x1, MSFx1 (per 3 month block)
- Achievement of sufficient breadth and progression of training using Training Progression Grid:
- By the end of the Intermediate 3m ICM block the trainee should have reached the level of competence outlined in **BOLD & SHADED**

The descriptors for each level of competence in the Training Progression Grid are as follows:

| <b>Level</b> | <b>Task oriented competence</b>  | <b>Knowledge oriented competence</b>   | <b>Patient management competence</b>   |
|--------------|--|--|--|
| 1            | Performs task under direct supervision.  | Very limited knowledge; requires considerable guidance to solve a problem within the area.   | Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2            | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.                                    | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.       | Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.           |
| 3            | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives. | Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.                      |
| 4            | Independent (consultant) practice.   | Expert level of knowledge.   | Specialist.  |

# Specialty Training Year 3/4

## Summary of Completed Intermediate ICM Competencies

Trainee name: ..... GMC no: .....

*Trainer to sign and date when each competency is completed and signed off.*

### Intermediate ICM competencies

|   | Trainer's signature | Date |
|---|---------------------|------|
| Resuscitation and initial management of the acutely ill patient                     |                     |      |
| Diagnosis, Assessment, Investigation, Monitoring, and Data Interpretation           |                     |      |
| Disease Management  |                     |      |
| Therapeutic interventions, organ system support in single or multiple organ failure |                     |      |
| Practical procedures  |                     |      |
| Perioperative care  |                     |      |
| Comfort and recovery  |                     |      |
| End of life care  |                     |      |
| Paediatric care   |                     |      |
| Transport   |                     |      |
| Patient safety and health systems management  |                     |      |
| Professionalism   |                     |      |









# Intensive Care Medicine – Intermediate Level

Trainee name: .....

GMC no: .....

**Assessments** *(WPBA forms should be completed on the e-portfolio)*

Has the trainee completed successfully an appropriate number of WPBA? Yes No

**Log book Review**

Are the case mix, complexity and numbers appropriate for the level of training? Yes No

**Multi-source Feedback**

Has a MSF been completed? (Only for units of training requiring MSF) Yes No

**Core Training Objectives**

Has the trainee demonstrated achievement of the core training objectives? Yes No

|          |
|----------|
| Comments |
|----------|

Signed: ..... Name (Print): ..... Date: .....  
(College Tutor, Unit Lead, Educational Supervisor)

*When unit is complete please also sign summary page at front of intermediate training record book*

Signed: ..... Name (Print): ..... Date: .....  
(Trainee)







