INTERCOLLEGIATE BOARD FOR TRAINING IN INTENSIVE CARE MEDICINE (IBTICM)

THE CURRICULUM FOR THE CCT IN INTENSIVE CARE MEDICINE

COMPETENCY-BASED TRAINING AND ASSESSMENT

PART IV

Specialty Registrar Intermediate (Step 1) Level

Name: _____

Attachment Dates: _____

CONTENTS

Terminology and scope of these documents:
The term ‘intensive care’ in this document is synonymous with ‘critical care’ or ‘intensive therapy’. ‘Intensive care unit (ICU)’ is synonymous with critical care unit or ‘intensive therapy unit (ITU)’. High dependency, step-down and outreach care are also considered in these documents.

ASSESMENT OF COMPETENCE IN ICM AT INTERMEDIATE (STEP 1) SPECIALTY REGISTRAR LEVEL

This section contains the forms which must be completed by trainers and trainee to confirm that the trainee has satisfactorily met the minimum standards required for achieving competence in ICM at ST Intermediate (Step 1) Level, and has completed the prior elements of the entire training programme satisfactorily.

Assessments should be performed by the Board Tutor or relevant College Tutor, or other designated consultants who meet the criteria to be trainers. The precise way in which the assessments are conducted will depend on circumstances and local practice. It will often be possible for assessments to take place during routine clinical work, and for different elements to have been assessed by different assessors at different times. However, the assessments must include all the items listed in the following forms, and each competency grouping must have been assessed by two consultants, who confirm that the trainee has achieved those competences. The assessments must be signed by both assessors and by the trainee. When individual topics within each grouping are assessed by different assessors at different times, the assessor should indicate that a specific topic has been assessed by entering his or her initials in the relevant box.

Assessments of a more general nature should be carried out using a multisource feedback (MSF) process at least twice during Intermediate training. If deficits in attitudes and inter-personal skills are demonstrated by these MSFs it may be necessary to carry out more than two iterations. The more clinical assessments should use Direct Observation of Procedural Skills (DOPS), Mini-Clinical Evaluation Exercises (mini-CEX) and Case Based Discussions (CBD) as the fundamental tools, but this does not exclude the use of other tools appropriate to the curriculum and attachment.

Copies of the outcome of these assessments must be held by the trainee, the Board Tutor-ICM, and the primary speciality College Tutor. They will need to be produced at the time that the trainee undergoes the formal intensive care RITA, together with the educational training record and other relevant documentation (e.g.: educational agreements, personal portfolio).

The trainee will be assessed in the following areas:

a) Practical procedures, comfort care and organ system support
b) Patient management: assessment, investigation, monitoring and diagnosis
c) Outreach and Transport care
d) Communication Skills, Attitudes and Behaviour
e) Cardiopulmonary Resuscitation

During Intermediate Training it is a requirement that each trainee compiles ten case summaries. (See Part II, the Educational Training Record). The purpose of this exercise is to educate in the specific disease state and process described, to train in the arts of searching for information and writing medical text coherently, and to permit reflection on practice.

Notes and guidance on assessments 4(a), 4(b), 4(c), 4(d), 4(e)

Clinical Skills and Knowledge:

Object: After completing Intermediate training the trainee will be expected to have acquired the clinical ability to manage the majority of patients on a general intensive care unit and to recognise the need and appropriateness of intensive care admission and to manage safe transport of the patient.

In these assessments, the trainee will be expected to support the demonstration of clinical skills with knowledge of the relevant areas as described in the syllabus. This will include establishing a safe environment for critically ill patients inside and outside the ICU, and one in which patient suffering is minimised by an humanitarian approach to patient care and the judicious use of drugs to relieve distress. The trainee should be able to develop clinical management plans for several hours of intensive care, and to modify those plans according to changes in the patient's condition. The trainee should be able to support junior or less experienced colleagues, and to prioritise work based on competing clinical needs.

Setting:

Patients: Patients receiving or requiring intensive and high dependency care
Location: Intensive or high dependency care unit, and other clinical areas caring for acutely ill patients
Situations: Supervised delivery of patient care

Guidance:

The trainee should be observed caring for a patient in the ICU. Each assessment can be conducted in its totality on one occasion, or separate items can be assessed at different times. However, the assessment should represent a summary view of the trainee's abilities over a period of time and, as for the other assessments, should represent the assessments of more than one trainer.

The assessor(s) should let the trainee proceed as far as possible without interference, while noting strengths and weaknesses of technique. This should be combined with a question and answer session covering the underlying comprehension of the trainee. Communication with patient and staff, and personal responsibility for standards of care are also important elements.

4(a) Practical procedures, comfort care and organ system support

These assessments will be conducted in the ICU or related clinical environments.

Name of trainee: _____

Hospital: _____ Dates: _____

The Trainee:

	Assessor
Is caring to the patient, considerate to clinical colleagues	
Plans procedures, and prepares working environment appropriately	
Performs cardiac output monitoring e.g. PAC, PiCCO, Doppler, LiDCO	
Interprets derived results from cardiac output measurement	
Discusses use of vasoactive drugs and fluids to optimal endpoints	
Describes technique for needle cricothyroidotomy	
Performs insertion of chest drain safely & aseptically	
Performs tracheal intubation of a patient in the intensive care unit	
Establishes a critically ill patient on mechanical ventilation	
Prescribes hypnotics, analgesics and neuromuscular blockers safely	
Manages fluid balance in patients receiving renal replacement therapy	
Describes suitable antimicrobial regimens for pneumonia, septic shock	

These assessments were completed satisfactorily

Signed …….. Print name…… …….. .Date …..……..

Appointment ……..

Signed …… Print name ……... Date……..……

Appointment…….

IF NO, GIVE REASONS:

4(b) Patient management: assessment, investigation, monitoring and diagnosis

These assessments will be conducted in the ICU or related clinical environments. If individual items are assessed by different assessors at different times, the assessor should indicate that a specific topic has been assessed by entering his or her initials in the relevant box

Name of trainee: _____

Hospital: _____ Dates: _____

The Trainee:

	Assessor
Ensures physiological safety as a priority	
Is able to obtain relevant clinical information from available sources	
Conducts an effective clinical examination with consideration	
Proposes appropriate clinical investigations	
Discusses and evaluates differential diagnoses	
Proposes appropriate initial treatment plans	
Evaluates patients' responses and modifies treatment plans accordingly	
Identifies major abnormalities on portable chest X-rays	
Interprets results of arterial blood gas analyses correctly	
Discusses techniques for cross infection prevention	
Discusses conditions in which senior/more experienced help is required	

These assessments were completed satisfactorily

Signed …….. Print name…… …….. .Date …..……..

Appointment ……..

Signed …… Print name ……... Date……..……

Appointment…….

IF NO, GIVE REASONS:

4(c) Outreach and Transport care

These assessments will be conducted in the ICU and in other acute care environments such as the ordinary ward. If individual items are assessed by different assessors at different times, the assessor should indicate that a specific topic has been assessed by entering his or her initials in the relevant box.

Name of trainee: _____

Hospital: _____ Dates: _____

The Trainee:

	Assessor
Responds promptly and courteously for requests for help	
Makes an accurate initial assessment of patient complexity, dependence	
Informs senior colleagues of referral, actions proposed and taken	
Supports clinical staff outside the ICU in delivering effective care	
Manages and identifies common causes of hypotension & hypoxaemia	
Describes methods of managing postoperative pain safely in the ward	
Describes immediate management of status epilepticus	
Discusses factors which determine need for ICU/HDU admission	
Defines the risks and benefits of patient transfer (intra or inter-hospital)	
Stabilises the patient appropriately before transfer	
Anticipates and prevents complications during transfer	
Communicates effectively with receiving department or hospital	
Maintains a safe environment at all times	

These assessments were completed satisfactorily

Signed …….. Print name…… …….. .Date …..……..

Appointment ……..

Signed …… Print name ……... Date……..……

Appointment…….

IF NO, GIVE REASONS:

4(d) Assessment of communication skills, attitudes and behaviour – Notes

These assessments will be conducted using the examples below, which are provided for guidance only, and not as prescriptive or exclusive standards. They will be conducted in addition to MSF exercises which should be undertaken at least twice in Intermediate training. Suboptimal performance must be recognised and discussed with the trainee as early as possible and appropriate remedial action taken. Trainees must not be presented with an adverse assessment at the end of their ICM attachment without extensive prior warning and attempts to resolve the problem(s) in a supportive and confidential manner.

Attitude or behaviour	Example of minor problem	Example of serious problem
Communication skills (patients and relatives)	Occasional communication difficulties with patients or relatives have been noticed	Repeated communication difficulties with patients and relatives have been noticed. Others have commented on them.
Communication skills (with staff)	Occasional communication difficulties have been noticed; unsatisfactory transmission of clinical information, e.g.: handovers, ward-round	Repeated communication difficulties with staff have been noticed. Others have commented on them. Fails to pass on important clinical information
Communication skills (sensitivity to needs of others)	On occasions fails to listen to patients or relatives or to respect their wishes. Lacks sensitivity in handling patients occasionally	Appears oblivious to what patients and relatives say, or insensitive to their likely feelings. Fails to understand or respect different cultural and ethical perspectives
Reliability and time-keeping	Isolated episodes of lateness, sometimes fails to warn of problems, tends to need reminding to get things done.	Repeated episodes of lateness, often fails to warn of problems, usually needs reminding to get things done
Control of moods and emotions	Occasionally shows irritability or bad temper with no apparent cause. Although other staff are aware of it, work continues normally.	Is well known for being moody, irritable and bad-tempered. Other staff modify their behaviour to accommodate them. The pattern of work is adversely affected
Personal presentation	When seeing patients, occasionally dresses in an unprofessional way.	Frequently dresses in an unprofessional way when seeing patients who may find this distasteful or upsetting. Other aspects of personal hygiene sometimes cause offence
Social behaviour	Social life occasionally impinges on professional life causing lateness, tiredness at work, and difficulty with studies.	Social life repeatedly affects professional performance, is likely to be causing problems with self-directed learning and affects patient care.
Conscientiousness in safe practice	Usually satisfactory but has occasional lapses (e.g. doesn't sign for drugs ordered, forgets to tidy up own sharps).	More frequent or serious errors, such as failing to check donor blood against transfusion form, errors in prescription, relaxed approach to errors. Doesn't record critical incidents
Initiative	Rather passive. Tends to need pushing when things have to be done. Slower than he/she should be to take responsibility.	Actively avoids taking up challenges and very slow in adopting responsibility as and when problems arise
Over or under assertiveness	(I) May undertake inappropriate procedures because of pressure from others. (II) On occasions insists on a course of action in the face of reasonable advice to the detriment of patients and/or colleagues	(I) Fails to be assertive even when necessary for the patient's well being. Unable to control any situation. (II) Frequently causes problems and offends patients and/or colleagues by insisting on a course of action in the face of reasoned argument.
Over-confidence	Occasionally takes on cases that are beyond level of competence. Occasional clinical crises occur because of lack of proper planning and assessment.	Frequently exhibits lack of care in planning and execution of tasks. Works without concern beyond his/her level of training, knowledge or experience.
Under-confidence	Reluctant to extend clinical experience. Anxious when working alone on clinical cases that should be within his/her competence.	Frequently demonstrates and transmits anxiety to the theatre environment. Is sufficiently stressed by work that symptoms of stress become an issue and affect performance.
Departmental involvement	Participation below the usual expected. Tends not to attend meetings unless he/she has to.	Rarely participates in any departmental activity. Rather isolated socially from other members of the department.
Team working	Doesn't always consider the needs of others. Tends to press ahead with his/her own plan and expects others to ada+pt around it.	Careless of the needs of others. Often arrogant and thoughtless. Sufficient lack of insight that his/her behaviour frequently causes problems.
Personal organisation	Can be unprepared for the task in hand: sometimes forgets to bring essential items to meetings etc. Can be slow to implement agreed policy changes.	Frequently poorly prepared and disorganised. Unreliable to the extent that other staff are affected. Appears unaware of the impact their behaviour has on the working environment.
Honesty and trustworthiness	Has been found to manipulate the truth to prevent criticism; blames others for own errors and shortcomings	Deliberately misleads staff, patients or trainers by miss-information e.g. fills in logbook with non-existent cases; does not report serious adverse event; alters records after a problem has occurred. Fails to answer patient's / relative's queries honestly
Enthusiasm	Usual response to new opportunities is rather flat. Gives the appearance that work is an onerous duty rather than something to give satisfaction	Negative response to new opportunities. Always places personal convenience before that of patients or colleagues. Never volunteers and is unco-operative in solving departmental problems
Record keeping	Occasionally fails to keep a good record or is rather economical with basic information. Needs reminding to retrieve and document laboratory investigations.	Case notes review demonstrates frequent poor record keeping; key items of information missing, or incorrectly documented. Training record poorly maintained, possibility of falsification of entries

4(d) Assessment of communication skills, attitudes and behaviour

Please put a tick in the appropriate box. Any 'cause for concern' must be qualified with information. This form must be completed for each stage of ICM training, or when a trainee leaves a hospital or attachment

Attitude or behaviour	Satisfactory	Cause for concern	Please give examples of cause for concern, noting date. Expand on a separate sheet if necessary	Initials of assessors (with dates)
Communication Skills (with patients & relatives)				
Communication Skills (with staff)				
Communication Skills (sensitivity to another's needs)				
Reliability and time-keeping				
Control of moods and emotions				
Personal presentation				
Social behaviour				
Conscientiousness in checking				
Initiative				
Over or under assertiveness				
Over-confidence				
Under-confidence				
Departmental involvement				
Team working				
Personal organisation				

Honesty and trustworthiness				
Enthusiasm				
Record keeping (training record, case notes)				

I confirm that any 'causes for concern' have been discussed with the trainee. The outcome of these discussions was as follows:

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Signed …….…….. Print name…… ……..…Date ……..……..

Appointment ……..

Signed …….. Print name …….. Date……..……

Appointment…….

Name of trainee: _____

Hospital: _____ Dates: _____

4(e) Cardiopulmonary resuscitation (CPR) – Notes

4(e) Assessment of Cardiopulmonary resuscitation

The sections on notes and assessment for cardiopulmonary resuscitation form Part VI of the Curriculum and have been moved to there in recognition of the fact that they form a guide for many others than those undertaking a CCT in ICM. Their easy accessibility is therefore important. The appropriate assessment for CCT should be carried out at the different stages of training using Part VI documentation

Intercollegiate Board for Training in Intensive Care Medicine

SPECIALTY REGISTRAR INTERMEDIATE (STEP 1)

Ten Case Summaries

Number	Date of completion	Title

TEN EXPANDED CASE SUMMARIES

These case summaries should be completed during Intermediate (Step 1) level ST training. The Intercollegiate Board Tutor must confirm that the case summaries have been produced to an acceptable standard. They will be used as topics for discussion during one of the viva voce examinations if the trainee should choose to enter the UK Diploma of ICM.

A total of ten are required, with no more required for Advanced (Step 2) training. They should be discussed with your local educational supervisor and should cover a broad range of topics relevant to intensive care practice. They could be selected either to complement areas of particular interest or to help develop areas of particular weakness for the trainee. Each expanded case summary should be approximately 1000 words long and typed on a separate sheet using the following subheadings as a guide:

1. Clinical problem
2. Relevant management
3. Further information
4. How would you change your future management
5. References

as in the example in Part II (the Educational Training Record) of these documents.

I certify that these case summaries have been completed to an acceptable standard.

Name and Signature of Intercollegiate Board Tutor:

Signed…….. Name (print)…….

Date……