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**INTERCOLLEGIATE BOARD FOR TRAINING IN INTENSIVE CARE MEDICINE (IBTICM)**

# THE CURRICULUM FOR THE CCT IN INTENSIVE CARE MEDICINE

# COMPETENCY-BASED TRAINING AND ASSESSMENT

## PART V

# Specialty Registrar Advanced (Step 2) Level

**Name:** ____________________________

**Attachment Dates:** ____________________________

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***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.

# ASSESSMENT OF COMPETENCY IN ICM AT ADVANCED (STEP 2) SPECIALTY REGISTRAR LEVEL

This section contains the forms which the trainee and trainers must complete to confirm that the trainee has satisfactorily met the minimum standards required for achieving competence in ICM at ST Advanced (Step 2) Level, and has completed the prior elements of the entire training programme satisfactorily. Trainees who successfully complete Advanced (Step 2) training will, on completion of ST training in their base specialty, receive a joint CCT in ICM and in their base specialty.

Assessments should be performed by the Board Tutor or relevant College Tutor, or other designated consultants who meet the criteria to be trainers[1]. 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 are able to 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 Advanced 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 the use of other tools appropriate to the curriculum and attachment may also be incorporated if deemed appropriate

Copies of the outcome of these assessments must be held by the trainee, the Board Tutor, and the base specialty College Tutor. They will need to be produced at the time that the trainee undergoes the formal ICM 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) Team management
b) Teaching, supervision, audit and organisation
c) Admission, discharge, follow-up and end-of-life care
d) Special clinical circumstances
e) Communication skills, attitudes and behaviour (CPR)
f) Assessment of cardiopulmonary resuscitation

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## Notes and guidance on Assessments 5(a), 5(b), 5(c), 5(d), 5(e), 5(f)

### Clinical Skills and Knowledge:

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.

A trainee nearing completion of specialist training should be able to lead a ward round in which clinical problems are evaluated and management plans established. A wide range of interpersonal skills as well as clinical and diagnostic abilities are essential for this purpose The trainee should be able to develop clinical management plans for up to eight patients in the ICU for the day, and to modify those plans according to changes in the patients' conditions. The trainee will be able to support junior or less experienced colleagues, and to teach and supervise them in the delivery of patient care. The trainee will have an understanding of competing demands within a clinical service, and how to manage them. The trainee will be able to monitor and evaluate his or her own performance, as well as that of others.

### Setting:

**Patients:** Patients receiving or requiring intensive and high dependency care
**Location:** Intensive care or high dependency unit, and other clinical areas caring for acutely ill patients; and non-clinical areas as appropriate for the assessment
**Situations:** Supervised delivery of patient care, and departmental educational meetings

### Guidance:

The trainee should be observed leading a ward round, delivering patient care, and interacting with patients, relatives and other clinical and non clinical colleagues. The assessor should let the trainee proceed as far as possible without interference, while noting strengths and weaknesses of technique and interaction. This should be combined with a concurrent or subsequent discussion of understanding that assesses the underlying comprehension of the trainee. Communication skills, information transfer and integration, and personal responsibility for standards of care are all important elements. The process should follow routine practice as far as possible, starting (for example) with a hand-over from the on-call staff, marshalling the team, and then proceeding with the round, the summary of the round and the distribution and performance of the day's work. Different elements can be assessed at different times.

The trainee should be observed teaching and supervising a junior colleague in three practical procedures (central venous catheter insertion, tracheal intubation, and one other procedure to determine the ability of the trainee to assess another's performance. Percutaneous dilatational tracheostomy can either be described, or performed, as appropriate for the circumstances. The purpose is to ensure that the trainee can teach a skill to a junior colleague, can assess the ability of that colleague to perform the procedure safely and competently, can intervene, if necessary, in a timely manner, and can organise the clinical environment to achieve these ends.

Managing critical incidents and adverse events, as well as difficult colleagues, are skills required of specialists, as is the ability to teach in a formal setting, and evaluate one's own practice as well as that of others. The trainee should demonstrate evidence of ability to evaluate research, and to present information in a public forum in a coherent and effective manner.

Specialist areas of practice will be assessed during those modules, or subsequently as appropriate. Evidently, different elements will be assessed at different times.

### 5(a) Team management: ward round and clinical care of patients

**Object:** These assessments are designed to confirm the general attributes of good clinical care applicable to a trainee who will start shortly on a career of independent practice in ICM. They are based on the ward round and should take a holistic rather than fractured view of the trainee's performance. It is therefore desirable that the assessment is treated as a whole and that on each occasion the assessor should have an opportunity to discuss overall performance as well as individual components.

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

Name of trainee: ___________________________

**The Trainee:**

| | Assessor |
|---|---|
| Establishes satisfactory communication with nursing & medical staff | |
| Obtains relevant clinical information from medical & nursing staff | |
| Reviews case notes, charts, investigations | |
| Makes appropriate contact with patients, relatives at bedside | |
| Conducts a structured clinical examination | |
| Identifies and describes main clinical findings | |
| Integrates history with clinical examination to develop diagnoses | |
| Requests appropriate investigations | |
| Establishes treatment plans and main communication tasks | |
| Shares and delegates tasks responsibly; supports junior colleagues | |
| Reviews results of investigations and modifies treatment plans | |
| Communicates courteously with relatives and admitting clinical teams | |
| Ensures effective information transfer between shifts/on-call staff | |

These assessments were completed satisfactorily

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

Appointment …………………………………………………..………………..

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

Appointment…………………………………………………..………………

IF NO, GIVE REASONS:

## 5(b) Teaching, supervision, audit and organisation

**Object:** To ensure that trainees nearing the end of training are able to carry out relevant non-clinical roles appropriate to independent medical practice. These higher, non-clinical attributes, are required in consultant practice, are a cornerstone of Good Medical Practice and must therefore be assessed as satisfactory before the trainee can be considered to have completed training.

These assessments will be conducted in clinical and non-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:___________________________

**The Trainee:**

| | Assessor |
|---|---|
| Supervises a junior colleague inserting a central venous catheter | |
| Supervises a junior colleague performing tracheal intubation | |
| Teaches & assesses a junior performing one other practical procedure | |
| Describes a safe procedure for percutaneous dilatational tracheostomy | |
| Describes how to manage a critical incident involving a junior colleague | |
| Discusses how to manage refusal to attend unit by a senior colleague | |
| Presents a topic of general interest at a departmental meeting | |
| Initiates, performs and presents an audit project | |
| Participates in ICU data collection (e.g.: severity scoring, coding) | |
| Participates in Clinical Governance meetings | |

These assessments were completed satisfactorily

Signed………………………….. Date………………..

Signed…………………………. Date………………..

IF NO, GIVE REASONS:

## 5(c) Admission, discharge, follow-up and end-of-life care

**Object:** These assessments concern the ethical and communicative components of the mature Intensivist and the achievement of these objectives is essential to specialist practice.

These assessments will be conducted in the ICU and other acute care 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: ___________________________

**The Trainee:**

| | Assessor |
|---|---|
| Describes factors which influence appropriateness of admission to ICU | |
| Supports ward staff in ensuring a safe environment for patient care | |
| Assesses factors influencing ICU discharge decisions | |
| Ensures effective information transfer before patient discharge from ICU | |
| Follows up patients in the wards after ICU discharge | |
| Discusses factors determining treatment intensity decisions | |
| Demonstrates sensitivity in discussions with patient or family | |
| Supports colleagues in implementing treatment limitation/withdrawal | |
| Supports family during treatment limitation/withdrawal | |
| Describes methods for minimising patient distress | |
| Describes/performs brain stem death tests, preconditions & exclusions | |
| Describes principles of obtaining consent to donation of organs | |
| Manages the organ donor, including liaison with transplant co-ordinator | |
| Manages and supports colleagues at 'end of shift' handover | |

These assessments were completed satisfactorily

Signed…………………………..  Date………………..

Signed …………………………. Date ……………….

IF NO, GIVE REASONS:

## 5(d) Special clinical circumstances

**Object:** The attributes assessed in this section relate to the management of patients in either specialised ICUs or the management of problems largely confined to intensive care and confronted by the Intensivist in the course of duties on any ICU. Consequently, it will not be possible to assess each attribute in a clinical situation: for those where this is not possible, a working theoretical knowledge should be confirmed by discussion before the end of Advanced training in ICM.

These assessments will be conducted in the ICU and other acute care clinical environments, usually toward the end of specialist attachments. As individual items will be 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: ___________________________

**The Trainee:**

| | Assessor |
|---|---|
| Demonstrates ventilatory management of acute lung injury & ARDS | |
| Demonstrates cardiovascular management of sepsis/septic shock | |
| Discusses principles of infection control in intensive care | |
| Stabilises a patient in the ICU following elective cardiopulmonary bypass | |
| Discusses main complications occurring within 24 hrs of cardiac surgery | |
| Stabilises a patient in the ICU following elective craniotomy | |
| Discusses clinical management of acute intracranial hypertension | |
| Performs the primary and secondary survey of a trauma patient | |
| Discusses stabilisation & transfer of patient with fulminant hepatic failure | |
| Discusses general principles of managing immunocompromised patients | |
| Performs tracheal intubation in a child | |
| Stabilises a critically ill child on a ventilator | |

These assessments were completed satisfactorily

Signed………………………….. Date………………..

Signed …………………………. Date………………..

IF NO, GIVE REASONS:

## 5(e) Assessment of Communication Skills, Attitudes & Behaviour – Notes

These assessments will be conducted using the examples below, which are provided for guidance only and not as prescriptive or exclusive standards. 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 (with 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 | Frequently demonstrates and transmits anxiety to the theatre environment. Is sufficiently stressed by work |

| | | |
|---|---|---|
| | alone on clinical cases that should be within his/her competence. | 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 adapt 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 |

## 5(e) Assessment of Communication Skills, Attitudes & Behaviour

**Object:** These attributes are required to assure good working relationships with colleagues, patients and relatives. They are an essential part of professional practice and must be assessed as favourable before the trainee is recommended for a CCT.

Please put a tick in the appropriate box. Any 'cause for concern' must be qualified with information. This form should be completed annually or whenever a trainee leaves a hospital or attachment. If difficulties arise, it can be used more frequently. For trainees completing their Advanced training the assessments should be made twice in the last period, the indicative time for which is twelve months.

The preferred method of assessment is multi-source feedback, but the observations made whilst using the other three tools should not be overlooked.

| 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
……………………………………………………………………………………………………………………..…
…………………………………………………………………………………………………………..…………
…………………………………………………………………………………………………………..…….…

Name of trainer……………………………………..… Signed……………………………………..….……

Date………………………….

Name of trainee……………………………………..……… Signed……………………………………………

Date………………………….

## 5(f) Cardiopulmonary resuscitation (CPR) – Notes

## 5(f) 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.