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Guidance notes

The intermediate and advanced training terms described in anaesthetic curriculum differs from the ICM joint curriculum description

|  |  |
| --- | --- |
| **ICM 2010 Joint curriculum Training Terms** | **Anaesthetic Training Terms** |
| **Basic ICM training**  3 months block as a CT | **3 months basic ICM module -**-compulsory for all core anaesthetic trainees |
| **Joint Intermediate ICM training**  6 months block as a specialist ICM trainee (can also the made up of two 3 month modules) | **Intermediate anaesthetic ICM module**  First 3 month module as ST3-ST4  **Higher anaesthetic ICM module** Second three month block as ST5-ST  All above compulsory for all anaesthetic trainees |
| **Complementary speciality training**  6 months of medicine for anaesthetists and 6 months of anaesthesia for medicine trainees | Necessary for joint intermediate ICM training. |
| **Joint Advanced ICM training**  1 year as a senior specialist trainee | **Advanced anaesthetic ICM module**  Additional 6 months ICM training as a senior specialist trainee. |

**Note**

Competencies achieved by anaesthesia trainees at the end of higher ICM training should be the same as those needed for the completion of intermediate training described by the FICM /IBTICM curriculum apart from complementary medicine.

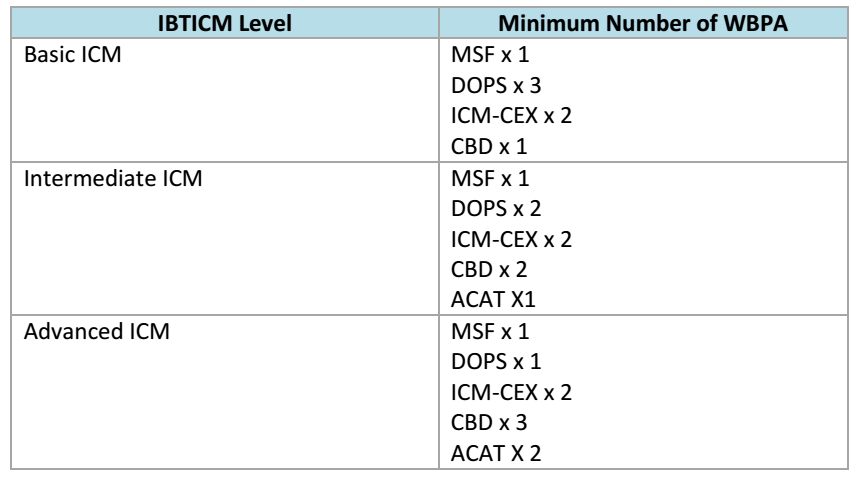
**Basic/Intermediate and Advanced Training in Intensive Care medicine (joint programme)**

ICM has a spiral curriculum .This means that the trainees achieve most of the 97 competencies 3 times over to different competency levels) during their three training stages. The portfolio therefore needs to cover the evidence supporting the achievement of these competencies at each stage of their training.

# Workplace based assessments

Below is a list of **Minimum number of workplace based assessments** that are required for trainees on the joint curriculum. It is expected that trainees will demonstrate more than the minimum number.

**WPBA for ICM**



**WPBA for Complimentary Medicine Module:**

|  |  |
| --- | --- |
| **Minimum workplace based assessments for complimentary medicine module in ICM joint programme** | |
| MSF summarise details in WPBA and educational activity attachment | 1 |
| DOPS summarise details in WPBA and educational activity attachment | 3 |
| mini CEX summarise details in WPBA and educational activity attachment | 3 |
| CBD summarise details in WPBA and educational activity attachment | 1 |

**WPBA for Complimentary Anaesthetics Module:**

|  |  |
| --- | --- |
| **Minimum workplace based assessments for complimentary anaesthetic module in ICM joint programme** | |
| MSF summarise details in WPBA and educational activity attachment | 1 |
| DOPS summarise details in WPBA and educational activity attachment | 3 |
| mini CEX summarise details in WPBA and educational activity attachment | 3 |
| CBD summarise details in WPBA and educational activity attachment | 3 |
|  |  |

# Summary ARCPs requirements

**Below is a summary list of documents that joint trainees are expected to present to the ARCP panels for various stages of joint ICM training.**

**For more details see Joint ICM ARCP requirements training page later in this document.**

|  |  |  |
| --- | --- | --- |
| **Joint Stage of training** | **ARCP documents** | **Number of minimum WPBA** |
| **Basic ICM Training** | Educational agreement ETR  Educational supervisors report  Competency progression sheet -detail ARCP  ICM ARCP log book summary -attachment 1  CPR skills or valid ALS certification | MSF x 1 DOPS x 3 ICM CEX x 2 CBD x 1  Log Book |
| **Intermediate ICM Training I** | Educational agreement ETR  Educational supervisors report  Competency progression sheet  ICM ARCPs logbook summary attachment1  ICM ARCPs WPBA summary attachment 2  CPR skills or valid ALS certification | MSF x 1 DOPS x 2 ICM-CEX x 2 CBD x2  ACAT X1 Log Book  Ten case summaries. |
| **Advanced ICM Training** | Educational agreement ETR  Educational supervisors report  Competency progression sheet  ICM ARCP log book summary-attachment 1  ICM ARCP educational activities -attachment 2  CPR skills or valid ALS certification | MSF x1:  DOPS x1  mini CEX x 2  CBD x 3  ACATx2  Log Book |
| **Complementary specialty Training** | | |
| **Medicine for anaesthetic trainees** | Educational agreement ETR  educational supervisors report  Competency progression sheet  ARCPs logbook summary attachment 1  ARCPs educational activity attachment 2  CPR skills or valid ALS certification | MSF x 1 DOPS x 3 mini CEX x 3 CBD x 1  Log Book |
| **Anaesthesia for medicine trainees** | Educational agreement ETR  educational supervisors report  Competency progression sheet  ARCPs logbook summary attachment 1  ARCPs WPBA summary attachment 2  CPR skills valid ALS | MSF x 1 DOPS x 3 mini CEX x 3 CBD x3  Log Book |

# Competency mapping and competencies

**(Also see document in section 2 of the joint ARCPs requirement table. This document sets out the competencies and the workplace based assessments required.)**

It is also important that both trainees and trainers understand the structure of the CoBaTrICE syllabus and competencies to inform their discussion. The CoBaTrICE structure is not designed to replicate a traditional textbook of ICM and must be understood as a description of the final goal of training.

The trainee and assessor should agree on the CoBaTrICE competences that will be covered by a WPBA before the assessment is undertaken. This should be a trainee driven process.

If required, to help JOINT trainees decide what type of competencies can be covered by various cases, in the new curriculum (Not Joint) FICM have prepared 30 illustrative cases (see Part II), with CoBaTrICE mapping, to assist in this process. “Over the course of New ICM training Programme at least 25 of these 30 cases should be covered as WPBA of various types to further ensure a comprehensive coverage of the curriculum. The cases are chosen because they are both important and common. The exact clinical details will vary and trainees do not have to exactly match the cases. In addition, the CoBaTrICE mapping (labelled competencies in the table) is only a suggestion and other mapping can be performed as appropriate for the assessment of progress. Paediatric ICM, Cardiac ICM and Neuro ICM cases are best undertaken during those designated training modules”.

The above can be used by JOINT trainees to decide and guide what competencies can be covered by such typical cases to aid in competency mapping.

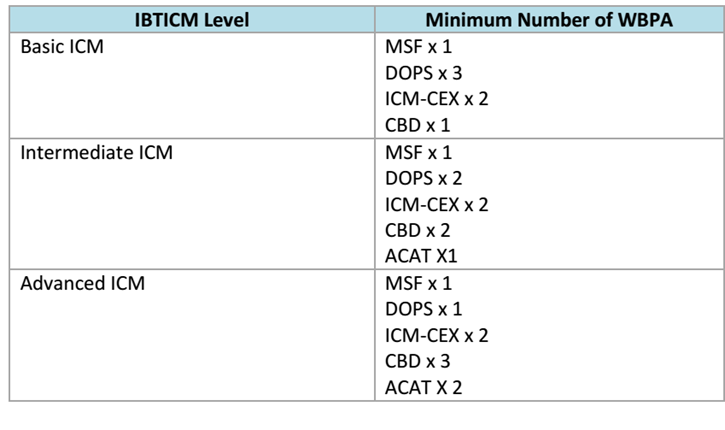
# CCT in intensive care medicine August 2010 version 2 - Curriculum , Competency and WPBA Mapping

Detailed requirements of competencies and WPBAs for all types of Joint trainee can be found in the following document.



Part 3 syllabuses Pages III-1-III-17 are relevant dependant on stage of training. The following extracts are to help guide you to the relevant sections of this document.

**You MUST check the document to ensure that these are complete and correct as it is your responsibility to complete the correct competencies and WPBAs appropriate for your level of training.**



|  |  |
| --- | --- |
| **Workplace Based Assessment Tools** | |
| **Code** | **Full name** |
| **D** | Direct Observation of procedural Skills (DOPS) |
| **I** | ICM Mini- Clinical Evaluation Exercise (ICM-CEX) |
| **C** | Case Based Discussion (CBD) |
| **M** | Multisource Feedback (MSF) |
| **T** | Acute Care Assessment Tool (ACAT) |
| **S** | Simulation |

# INTENSIVE CARE MEDICINE – BASIC LEVEL

**Training objectives:**

During Basic training in ICM the trainee will be working under direct supervision for the majority of the time, being introduced to the knowledge and skills required for ICM. A broad-based outline knowledge of the wide range of problems which are seen in ICM is necessary at Basic level. Greater understanding and expertise can be built upon this during higher stages of training so the trainee can become a progressively more autonomous practitioner.

The composite competencies for Basic level ICM are outlined here by Domain, mapped to the relevant assessment tools and Good Medical Practice. The components that make up each competence are listed in the full syllabus below.

**After Basic level training (i.e. after 3 months of post-Foundation training) a trainee should:**

* + - Appreciate the factors involved in the decision to admit to the ICU
    - Identify a sick patient at an early stage
    - Be able to undertake immediate resuscitation of patients with cardiac arrest and sepsis
    - Have an outline understanding of the pathology, clinical features and the management of common problems which present to ICU
    - Understand the principles and place of the common monitoring and interventions in ICU
    - Be able to follow a management plan for common ICU problems and recognise developing abnormalities, but appreciate that they will need assistance in deciding on an appropriate action.
    - Be able to continue the management, with distant supervision, of, for example:
      * a resuscitated patient
      * a stable post-operative patient
      * a patient established on non-invasive ventilation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Competence* | *Description* | *Level*  *Achieved* | *Assessment Methods* | *ES/ Tutor Sign* | *GMP* |
|  | **Domain 1: Resuscitation and initial management of the acutely ill patient** | | | | | |
| 1.1 | Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology |  | I, C, M, T, S |  | 1 |
| 1.2 | Manages cardiopulmonary resuscitation |  | I, M, T, S |  | 1 |
| 1.3 | Manages the patient post resuscitation |  | I, M, T |  | 1 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation** | | | | | | | |
| 2.1 | | Obtains a history and performs an accurate clinical examination | |  | I, M |  | 1 |
| 2.2 | | Undertakes timely and appropriate investigations | |  | I, C, M |  | 1 |
| 2.3 | | Performs electrocardiography (ECG / EKG) and interprets the results | |  | D, I, C |  | 1 |
| 2.4 | | Obtains appropriate microbiological samples and interprets results | |  | D, C |  | 1 |
| 2.5 | | Obtains and interprets the results from blood gas samples | |  | D, C |  | 1 |
| 2.6 | | Interprets imaging studies | |  | I, C |  | 1 |
| 2.7 | | Monitors and responds to trends in physiological variables | |  | I, T |  | 1 |
| 2.8 | | Integrates clinical findings with laboratory investigations to form a differential diagnosis | |  | I, C, T |  | 1 |
| **Domain 3: Disease Management** | | | | | | | |
| 3.1 | | Manages the care of the critically ill patient with specific acute medical conditions | |  | D, I, C, M, T |  | 1 |
| 3.2 | | Identifies the implications of chronic and co-morbid disease in the acutely ill patient | |  | C, E |  | 1 |
| 3.3 | | Recognises and manages the patient with circulatory failure | |  | I, C, T |  | 1 |
| 3.4 | | Recognises and manages the patient with, or at risk of, acute renal failure | |  | I, C, T |  | 1 |
| 3.5 | | Recognises and manages the patient with, or at risk of, acute liver failure | |  | I, C, T |  | 1 |
| 3.6 | | Recognises and manages the patient with neurological impairment | |  | I, C, T |  | 1 |
| 3.7 | | Recognises and manages the patient with acute gastrointestinal failure | |  | I, C, T |  | 1 |
| 3.8 | | Recognises and manages the patient with acute lung injury syndromes (ALI / ARDS) | |  | I, C, T |  | 1 |
| 3.9 | | Recognises and manages the septic patient | |  | I, C, T |  | 1 |
| 3.10 | | Recognises and manages the patient following intoxication with drugs or environmental toxins | |  | I, C |  | 1 |
| **Domain 4: Therapeutic interventions / Organ system support in single or multiple organ failure** | | | | | | | |
| 4.1 | | Prescribes drugs and therapies safely | |  | D, C, M |  | 1 |
| 4.2 | | Manages antimicrobial drug therapy | |  | I, C, M |  | 1 |
| 4.3 | | Administers blood and blood products safely | |  | D, C, M |  | 1 |
| 4.4 | | Uses fluids and vasoactive / inotropic drugs to support the circulation | |  | I, C |  | 1 |
| 4.6 | | Initiates, manages, and weans patients from invasive and non-invasive ventilatory support | |  | D, C, T |  | 1 |
| 4.8 | | Recognises and manages electrolyte, glucose and acid-base disturbances | |  | I, C, T |  | 1 |
| 4.9 | | Co-ordinates and provides nutritional assessment and support | |  | I, C, T |  | 1 |
|  |  | | **Domain 5: Practical procedures** | | | | | |
| 5.1 | | Administers oxygen using a variety of administration devices | |  | D |  | 1 |
| 5.2 | | Performs emergency airway management | |  | D |  | 1 |
| 5.4 | | Performs endotracheal suction | |  | D |  | 1, 4 |
| 5.7 | | Performs chest drain insertion | |  | D |  | 1, 4 |
| 5.8 | | Performs arterial catheterisation | |  | D |  | 1, 4 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5.9 | | Performs ultrasound techniques for vascular localisation | |  | D |  | 1, 4 |
| 5.10 | | Performs central venous catheterisation | |  | D |  | 1, 4 |
| 5.11 | | Performs defibrillation and cardioversion | |  | D |  | 1, 4 |
| 5.14 | | Demonstrates a method for measuring cardiac output and derived haemodynamic variables | |  | D, C |  | 1 |
| 5.15 | | Performs lumbar puncture (intradural / 'spinal') under supervision | |  | D |  | 1, 4 |
| 5.19 | | Performs nasogastric tube placement in the intubated patient | |  | D |  | 1, 4 |
| 5.20 | | Performs urinary catheterisation | |  | D |  | 1 |
|  |  | | **Domain 6: Peri-operative care** | | | | | |
| 6.1 | | Manages the pre- and post-operative care of the high risk surgical patient | |  | C, M, T |  | 1 |
|  |  | | **Domain 7: Comfort and recovery** | | | | | |
| 7.1 | | Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families | |  | C, M |  | 1, 3 |
| 7.2 | | Manages the assessment, prevention and treatment of pain and delirium | |  | D, I, C, M, T |  | 1 |
| 7.3 | | Manages sedation and neuromuscular blockade | |  | D, I, C, M, T |  | 1 |
| 7.4 | | Communicates the continuing care requirements of patients at ICU discharge to health care professionals, patients and relatives | |  | M, T |  | 3 |
|  |  | | **Domain 8: End of life care** | | | | | |
| 8.2 | | Discusses end of life care with patients and their families / surrogates | |  | D, C, M |  | 3, 4 |
|  |  | | **Domain 9: Paediatric care** | | | | | |
|  |  | | *See Intermediate level competencies, below* | | | | | |
|  |  | | **Domain 10: Transport** | | | | | |
|  |  | | *See Intermediate level competencies, below* | | | | | |
|  |  | | **Domain 11: Patient safety and health systems management** | | | | | |
| 11.2 | | Complies with local infection control measures | |  | C, M |  | 2 |
| 11.3 | | Identifies environmental hazards and promotes safety for patients and staff | |  | C, M |  | 2 |
| 11.4 | | Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness | |  | C, M |  | 2 |
| 11.6 | | Critically appraises and applies guidelines, protocols and care bundles | |  | C |  | 1 |
| 11.7 | | Describes commonly used scoring systems for assessment of severity of illness, case mix and workload | |  | C |  | 1 |
|  |  | | **Domain 12: Professionalism** | | | | | |
| 12.1 | | Communicates effectively with patients and relatives | |  | D, M, T |  | 3 |
| 12.2 | | Communicates effectively with members of the health care team | |  | D, M |  | 3 |
| 12.3 | | Maintains accurate and legible records / documentation | |  | D, M, T |  | 1 |
| 12.6 | | Respects privacy, dignity, confidentiality and legal constraints on the use of patient data | |  | C, M |  | 1, 4 |
| 12.7 | | Collaborates and consults; promotes team-working | |  | M |  | 3 |
| 12.8 | | Ensures continuity of care through effective hand-over of clinical information | |  | C, M, T |  | 1 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 12.11 | Takes responsibility for safe patient care |  | D, C, M, T |  | 1, 3 |
| 12.13 | Seeks learning opportunities and integrates new knowledge into clinical practice |  | M |  | 1 |
| 12.14 | Participates in multidisciplinary teaching |  | M |  | 1 |
| 12.15 | Participates in research or audit under supervision |  | M |  | 1, 4 |

# INTENSIVE CARE MEDICINE – INTERMEDIATE LEVEL

**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. At completion of Intermediate training and base specialty training the trainee would be able to undertake a consultant role with on-call commitment to an intensive care unit with support from colleagues for more complex problems.

The composite competencies for Intermediate level ICM are outlined here by Domain, mapped to the relevant assessment tools and Good Medical Practice. The components that make up each competence are listed in the full syllabus below.

**After Intermediate level training (i.e. after completing 3 months Basic ICM, 6 months ICM training post-ST2, completing complementary specialty training, and reaching at least ST4 in their primary specialty, and completing 10 case summaries) a trainee should:**

* Recognise and manage the factors which may lead to deterioration in sick patients
* Be able to undertake post-resuscitation management and be able to manage the initial resuscitation of more complex specialist patients.
* Have an understanding of the pathology, clinical features and prognosis of the majority of problems presenting to ICU, and be able to initiate management of them, with distant supervision.
* Be able to appropriately request and interpret (in discussion with appropriate specialists) investigations such as CT, ultrasound, and microbiology.
* Be able to make a critical appraisal of the evidence for treatment and investigations.
* Appreciate that ICUs are complex systems which require management and leadership skills.
* Be able to lead a ward round, planning care for the next 24 hours.

During Intermediate training the trainee will be expected to expand and develop competencies gained at Basic level.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Competence* | | *Description* | | *Level*  *Achieved* | *Assessment Methods* | *ES/ Tutor Sign* | *GMP* |
|  |  | | **Domain 1: Resuscitation and initial management of the acutely ill patient** | | | | | |
| 1.4 | | Triages and prioritises patients appropriately, including timely admission to ICU | |  | C, M, T |  | 1 |
| 1.5 | | Assesses and provides initial management of the trauma patient | |  | D, I, C, M, T |  | 1 |
| 1.6 | | Assesses and provides initial management of the patient with burns | |  | D, I, C, M, T |  | 1 |
|  |  | | **Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation** | | | | | |
|  |  | | *See Basic level competencies, above* | | | | | |
|  |  | | **Domain 3: Disease Management** | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3.11 | | Recognises life-threatening maternal peripartum complications and manages care under supervision | |  | I, C |  | 1 |
|  |  | | **Domain 4: Therapeutic interventions / Organ system support in single or multiple organ failure** | | | | | |
| 4.7 | | Initiates, manages and weans patients from renal replacement therapy | |  | D, I, C, T |  | 1, 4 |
|  |  | | **Domain 5: Practical procedures** | | | | | |
| 5.3 | | Performs difficult and failed airway management according to local protocols | |  | D |  | 1, 4 |
| 5.5 | | Performs fibreoptic bronchoscopy and BAL in the intubated patient under supervision | |  | D |  | 1, 4 |
| 5.12 | | Performs transthoracic cardiac pacing; describes transvenous | |  | D, C |  | 1, 4 |
| 5.13 | | Describes how to perform pericardiocentesis | |  | C, |  | 1, 4 |
| 5.16 | | Manages the administration of analgesia via an epidural catheter | |  | I |  | 1, 4 |
| 5.17 | | Performs abdominal paracentesis | |  | D |  | 1, 4 |
| 5.18 | | Describes Sengstaken tube (or equivalent) placement | |  | C |  | 1, 4 |
|  |  | | **Domain 6: Peri-operative care** | | | | | |
| 6.5 | | Manages the pre- and post-operative care of the trauma patient under supervision | |  | C, T |  | 1 |
|  |  | | **Domain 7: Comfort and recovery** | | | | | |
| 7.5 | | Manages the safe and timely discharge of patients from the ICU | |  | M, T, C |  | 1, 3 |
|  |  | | **Domain 8: End of life care** | | | | | |
| 8.1 | | Manages the process of withholding or withdrawing treatment with the multidisciplinary team | |  | C, M |  | 1, 3, 4 |
| 8.3 | | Manages palliative care of the critically ill patient | |  | C, M, T |  | 1, 3, 4 |
| 8.4 | | Performs brain-stem death testing | |  | D |  | 1 |
| 8.5 | | Manages the physiological support of the organ donor | |  | I, C |  | 1 |
|  |  | | **Domain 9: Paediatric care** | | | | | |
| 9.1 | | Describes the recognition of the acutely ill child and initial management of paediatric emergencies | |  | I, C |  | 1 |
| 9.2 | | Describes national legislation and guidelines relating to child protection and their relevance to critical care | |  | C |  | 1 |
|  |  | | **Domain 10: Transport** | | | | | |
| 10.1 | | Undertakes transport of the mechanically ventilated critically ill patient outside the ICU | |  | D, I, C, M |  | 1, 3 |
|  |  | | **Domain 11: Patient safety and health systems management** | | | | | |
| 11.1 | | Leads a daily multidisciplinary ward round | |  | M, T |  | 1, 2, 3, 4 |
| 11.5 | | Organises a case conference | |  | M, C |  | 3 |
|  |  | | **Domain 12: Professionalism** | | | | | |
| 12.4 | | Involves patients (or their surrogates if applicable) in decisions about care and treatment | |  | C, M, T |  | 3, 4 |
| 12.5 | | Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making | |  | C, M, T |  | 3, 4 |
| 12.9 | | Supports clinical staff outside the ICU to enable the delivery of effective care | |  | C, M, T |  | 1 |
| 12.10 | | Appropriately supervises and delegates to others, the delivery of patient care | |  | C. M, T |  | 1 |

# INTENSIVE CARE MEDICINE – ADVANCED LEVEL

**Training objectives:**

Advanced training is for clinicians who will take on a consultant role with a significant commitment to an intensive care unit. During this training they will be able to progressively increase their level of autonomy so they are capable of becoming an independent practitioner. Whilst knowledge and skills gained during Basic and Intermediate training will be consolidated, education of others, management and leadership assume a greater importance.

***The composite competencies for Advanced level ICM are outlined here by Domain, mapped to the relevant assessment tools and Good Medical Practice. The components that make up each competence are listed in the full syllabus below.***

***After Advanced training (i.e. completing Intermediate training and a further 12 months of ICM and are thus in the last year of training in their primary specialty) a trainee should:***

* ***Have a detailed knowledge of the majority of conditions presenting to ICU***
* ***Have a wide experience of ICM in varied situations.***
* ***Be able to manage initial resuscitation and stabilisation of any acutely ill patient, adult or child, prior to transfer to an appropriate specialist centre.***
* ***Be able to operate unsupervised and take on a management and leadership role in an ICU.***

***During Advanced training the trainee will be expected to expand and develop competencies gained at Basic and Intermediate level.***

# ADVANCED LEVEL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Competence* | | *Description* | | *Level*  *Achieved* | *Assessment Methods* | *ES/ Tutor Sign* | *GMP* |
|  |  | | **Domain 1: Resuscitation and initial management of the acutely ill patient** | | | | | |
| 1.7 | | Describes the management of mass casualties | |  | C |  | 1, 3 |
|  |  | | **Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation** | | | | | |
|  |  | | *See Basic level competencies, above* | | | | | |
|  |  | | **Domain 3: Disease Management** | | | | | |
|  |  | | *See Basic and Intermediate level competencies, above* | | | | | |
|  |  | | **Domain 4: Therapeutic interventions / Organ system support in single or multiple organ failure** | | | | | |
| 4.5 | | Describes the uses of mechanical assist devices to support the circulation | |  | C |  | 1 |
|  |  | | **Domain 5: Practical procedures** | | | | | |
| 5.6 | | Performs percutaneous tracheostomy | |  | D |  | 1, 4 |
|  |  | | **Domain 6: Peri-operative care** | | | | | |
| 6.2 | | Manages the care of the patient following cardiac surgery | |  | C |  | 1 |
| 6.3 | | Manages the care of the patient following craniotomy under supervision | |  | C, T |  | 1 |
| 6.4 | | Manages the care of the patient following solid organ transplantation | |  | C |  | 1 |
|  |  | | **Domain 7: Comfort and recovery** | | | | | |
|  |  | | *See Basic and Intermediate level competencies, above* | | | | | |
|  |  | | **Domain 8: End of life care** | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *See Basic and Intermediate level competencies, above* | | | | | | |
| 8.6 | | Manages non heart beating organ donation |  | C, T |  | 1, 3, 4 |
|  | **Domain 9: Paediatric care** | | | | | | |
|  | *See Intermediate level competencies, above* | | | | | | |
|  | **Domain 10: Transport** | | | | | | |
|  | *See Intermediate level competencies, above* | | | | | | |
|  | **Domain 11: Patient safety and health systems management** | | | | | | |
| 11.8 | | Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist |  | C |  | 1, 3 |
|  | **Domain 12: Professionalism** | | | | | | |
| 12.12 | | Formulates clinical decisions with respect for ethical and legal principles |  | C, M, T |  | 1 |

# Birmingham Stoke and Coventry School of Anaesthesia Intensive Care Module Curriculum 2010 For Comparison for Anaesthetic Trainees Only

As some trainees have done anaesthesia and then proceeded to do joint training I have attached the 2010 anaesthesia curriculum for training in ICM for comparison, this is different in some ways to the joint ICM curriculum.

I have attached it so you can check the competency mapping( if you so wish ). You may already have some of the workplace based assessments pertaining to the ICM competencies completed through the anaesthetic ICM training. This will allow you to focus on achieving the other competencies at the appropriate levels



# ARCP Requirements Joint Intensive Care Medicine training

|  |  |
| --- | --- |
| **This Section contains the following forms and attachments:** | |
| **Educational Supervisors structured report to be filled** | **Included** |
| **Logbook summary** | **(Attachment 1)** |
| **Workplace based assessment (WPBA) and teaching activity summary** | **(Attachment 2)** |
| **Changes to CV summary** | **(Attachment 3)** |
| **An embedded copy of the FICM assessment document (CCT in ICM 2010) in section 2 which has the competencies summary.** | **The Competencies form (for the relevant stage) needs to be printed form the document, mapped, and then signed by the educational supervisor** |

## Preparation for ARCPs .

This document provides guidance about the evidence required in the preparation for ARCPs.

The trainee requirements for ARCP are laid out below. It is important that the portfolio is submitted ***on paper*** and is laid out as below in order that the ARCP panel is both efficient and does not miss vital information. Portfolios which have not been laid out ***exactly*** as detailed below will be rejected.

Section 2 contains the document CCT in intensive care medicine, which should be used to map competencies .The appropriate competencies for the relevant stage can be printed out from the document, mapped and signed by the educational supervisor. Each workplace based assessment can be used to map up to 5 competencies.

Sections 3, 4 and, 5 require completion of the embedded forms by the Educational Supervisor.

Section 5 contains a suggested format for a MSF but other formats are acceptable. However, the panel do not wish to see the original feedback forms.

The panel require seeing the ***Educational Supervisors Summary of the feedback and all relevant comments***.

Where specific numbers of pieces of evidence are required e.g. 15 DOPS etc. this is prescriptive and all 15 must be available to the panel for a successful outcome.

To have a successful ARCP outcome trainees are required to submit every item of evidence listed below. If ***any*** piece of evidence is not available to the panel on the day an unsuccessful outcome will be issued.

# Detailed ARCP Requirements

|  |  |
| --- | --- |
| **Assessments/activities:** | **Number of minimum ICM WPBA:** |
| **Section 1:**  **Personal Details** | Summary of Personal Details/Curriculum Vitae and changes  This needs summarised in attachment 3 |
| **Section 2:**  **Workplace Based Assessments – are listed in the link below along with the suggested Cobatrice Competencies for completion**  **( referred to joint 2010 document below)** | **CBDs**, **CEX ,ACAT** . Up to 5 CoBaTrICE competencies can be covered in each assessment. The should be mapped to the competency document and the evidence for these needs to be confirmed by the Educational Supervisor  These need summarised in the workplace based assessment attachment-- **attachment 2**  The relevant documents and competencies appropriate to the level of training from this attachment need mapped and signed by the educational supervisor. |
| **Section 3:**  **Core Common Competencies**  **A list of these is included above for completion**  **( refer to attachment above)** | The competencies need to be completed and evidenced in order that by the end of training all have been achieved.  The evidence for these needs to be confirmed by the Educational Supervisor |
| **Section 4:**  **Expanded Case summaries** | 10 case summaries need to be completed and by the end of the intermediate module marked by the Educational Supervisor. Guidance for this is included below along with the marking system  also summarise in attachment 2 |
| **Section 5:**  **MSF**  **One per year** | The educational supervisors summary of the multi-source feedback should be presented here to include the anonymised comments **also need summarised in attachment 2**  **Multi-source Feedback – blank form attached below** |
| **Section 6:**  **Record of appraisals (ETR)**  **Included are ETR forms for**   * **Joint medicine module** * **joint anaesthesia module** * **Advanced training** * **can use the faculty or old-style ETR s** | 1. Record of induction meeting 2. Record of mid-point review 3. End of attachment review 4. Training agreement   Also need summarised in the educational supervisors report |
| **Section 7:**  **Logbook of cases – to comply with data governance requirements** | Unit Admission data allows yearly learning outcomes to be fulfilled  Individual cases provide suitable case mix to achieve yearly learning outcome.  Also need summarised in the logbook attachment 1 |
| **Section 8:**  **Log book procedure/DOPS as evidenced by DOPS** | Also need summarised in the logbook attachment.1 .  DOPS in WBA attachment 2 |
| **Section 4:**  **Logbook of Airway skills – as evidenced by DOPS/mini-CEX** | A total of more than 15 cases with evidence of progression of skill.  Also need summarised in logbook attachment 1 and attachment 2 |
| **Section 5:**  **Quality Assurance Feedback** | a)GMC Survey Completion Certificate  b) JEST Completion Certificate |
| **Section 6:**  **ES Structured Training Report – for blank form click link below** | Satisfactory report  Previously you may have used the powerpoint report (previously attached) – Previous reports using that form do not need to be re-done but for all future reports please use these document. |
| **Section 7:**  **Audit** | Evidence of at least 1 audit completed in the year  this will be summarised in the educational activity attachment 2 |
| **Section 8:**  **Morbidity and Mortality meetings** | Attend least 4 and reflect on at least one of them  These need summarised in the educational activity attachment 2 |
| **Section 9:**  **Journal Clubs** | Evidence of at least 1 presentation /year. Attendance log as well  These need summarised in the educational activity attachment2 |
| **Section 10:**  **Teaching attendance** | Evidence of teaching attendance at regional teaching  These need summarised in the educational activity attachment 2 |
| **Section 11:**  **Teaching delivered** | Delivered or organised teaching sessions  Attach feedback.  These need summarised in the educational activity attachment 2 |
| **Section 12:**  **Management meetings** | Attend at least 2 in advanced training (COMPULSORY FOR ADVANCED)  otherwise attendance encouraged,  These need summarised in the WPBA educational attachment 2 |
| **Section 13:**  **External Meetings as Approved in Personal Development Plan.** | Evidence of attendance and reflection on content  This needs summarised in the WPBA educational activity  Attachment 2 |
| **Section 14:**  **Research and publications** | Include summary of experience, skills and publications.  These need summarised in the educational activity attachment 2 |
| **Valid ALS evidence** | Valid ALS completion certificate |
| **Section 15:**  **Enhanced Form R** | Completed and signed Enhanced Form R |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trainee details** | Educational Supervisors Structured Report | | **Dates covered** | **Dates** |
| Trainee’s surname | | Surname | Forename | |
| Specialist Training Year: | | Training year | ICM Training no | ICM training no |
| Trainee’s GMC number | | GMC number | FICM number | FICM number |
| Other Dual Specialty (if applicable) | | Other specialty | Other training no |  |
| **ICM Training Stage:(please circle):** | | | | |
| Basic/Core ICM | | Step 1 (Intermediate) | Step2 (Advanced) |  |
| Specialist skills year | | Stage 1 ICM | Stage 2 ICM | Stage 2 ICM |
| Complimentary Anaesthesia | | Complementary Medicine | EM | PHEM |
| **Total Training to date in MONTHS in a training post:(please write):** | | | | |
| Emergency medicine | | Anaesthesia | Medicine | ICM |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hospital Training placements** | **Block** | **From** | **To** | **Tutor/ES** |
|  | ICM/Medicine/Anaesthesia | Date | Date |  |
|  |  | Date | Date |  |
|  |  | Date | Date |  |
|  |  | Date | Date |  |
| **Educational Supervisor name** | **Surname** | **Forename** | **GMC no** |  |
| **FICM tutor** | Surname | Forename |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Practice** | **Satisfactory?** | | **Comments** |
| Clinical care | YES | NO |  |
| Maintaining professionalism | YES | NO |  |
| Relationships with patients | YES | NO |  |
| Relationships with colleagues | YES | NO |  |
| Probity | YES | NO |  |
| Teaching and training | YES | NO | Included in WPBA and teaching activities attachment |
| Management and leadership skills development | YES | NO | Has the trainee developed any specific management or leadership skills comments? Included in WPBA attachment |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evidence and outcomes** | **Dates** | **Satisfactory?** | | **Comments (details will be summarised in CV, WPBA and logbook attachments)** |
| Curriculum vitae |  | YES | NO | CV also attach CV attachment |
| PDP Plan & educational agreement achieved satisfactorily?-Attach |  | YES | NO | ETR, educational meetings, PDP achieved? |
| Summary of work place assessments |  | YES | NO | Attach WPBA attachment |
| FICM Competency progression (sheet)-attach |  | YES | NO | Mapped competency progression sheet  NA FOR JOINT TRAINEES See next below |
| IBTICM competency assessments |  | YES | NO | For joint trainees |
| Expanded case summaries -attach |  | YES | NO | For joint, dual, single CCT attach WPBA attachment |
| MSF summary-attach |  | YES | NO | MSF summary ( need 12 or more responses) |
| Record of appraisals /meetings |  | YES | NO | Initial ,mid-point and end meeting reports ETR |
| Logbook cases summary(attach) |  | YES | NO | Logbook summary attachment |
| Logbook procedures (see guide notes) |  | YES | NO | Log book procedures DOPS in WPBA attachment |
| Logbook airway skills (see guide) |  | YES | NO | Attach WPBA attachment |
| Exams taken |  | YES | NO | EDIC FRCA Final ,FF ICM, MRCP ,Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Record of educational activities:** | **Satisfactory?** | | **Comments (all below summarised in WPB A and educational activity attachment)** | |
| Top 30 cases (see guide notes) | NA | NA | Top 30 for Dual /single CCT only .Joint can use as a guide for case summaries and competency completion. |
| Audits (min 1 per stage of training) | YES | NO | Summarised in WPB a and educational attachment |
| M&M meetings (see guide notes) | YES | NO | Evidence of attendance at meetings-see guide |
| Journal club presentations (1/year) | YES | NO | Evidence of at least 1 presentation per year |
| Teaching attendance | YES | NO | Evidence of attendance at regional teaching |
| Teaching delivered | YES | NO | Delivered any organise teaching sessions? Feedback |
| Management meetings | YES | NO | Attend 2 in Advance or stage 3 module |
| External meetings as approved in PDP & reflection on each | YES | NO | For Joint And Dual/single |
| Research and publications | YES | N/A | Include a summary of experience, skills and publications in WPBA documentation |

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Record** | | | |
| Any significant health issues? | YES | NO |  |
| If so, please give details: | | | |
| How many days off sick in this placement? | No of days off | | |
| Has any essential training been missed? | YES | NO |  |
| If so, please give details: | | | |

|  |  |  |
| --- | --- | --- |
| **Details of concerns/investigations:** | | |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/Significant Event Investigation or named in any complaint? | YES | NO |
| If so, are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee’s fitness to practice or conduct? | YES | NO |
| Is the trainee in need of professional support? | YES | NO |
| **Details of concerns/investigations:** | | |
| Comments, if any: | | |
| **Trainees strengths** | | |
|  | | |
| **Recommended personal development for remainder of training year:** | | |
| Development needs  Objectives for next year-include exams, research study leave/courses | | |

|  |  |  |
| --- | --- | --- |
| **Is the trainee fulfilling your expectations for a trainee at this level?** | | |
| Well above expectations | YES | NO |
| Above expectations | YES | NO |
| Meets expectations | YES | NO |
| Below expectations | YES | NO |
| **Do you have any concerns about this trainee?** | YES | NO |
| **If yes, please comment below detailing any specific evidence and documentation :** | | |
| Comments, if any: | | |

|  |
| --- |
| **Supervisor/Tutor statement:** |
|  |

|  |  |
| --- | --- |
| Signed by: **Trainee** | Signed by: **Faculty Tutor/educational supervisor** |
|  |  |
| Date | Date |

# Logbook Summary (Attachment 1)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Joint Trainee Details** | | **Dates: from: To** | **Dates** | |
| Trainee’s surname | Surname | Forename | | |
| Trainee’s GMC number | GMC number | FICM number | | FICM number |
| Specialist Training Year: | ST | ICM Deanery Training no | |  |
| Other Dual Specialty (if applicable) |  | Deanery training no | |  |
| **ICM Training Stage:(please circle):** | | | | |
| Basic/Core ICM | Step 1 intermediate | Step2 advanced | |  |
| Specialist skills year | Stage 1 ICM | Stage II ICM | | Stage III ICM |
| Complimentary Anaesthesia | Complementary Medicine | EM | | PHEM |
| **Total Training to date in Months in a training post:(please write):** | | | | |
| Emergency medicine | Anaesthesia | Medicine | | ICM |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Logbook** | **Items** | **Number** | **Assessor** | **Satisfactory**  **(Y/N)** |
| 1. | No of Logbook procedures | Number |  |  |
| 2. | No. of logbook cases  (expected to be >100 at least per year) |  |  |  |
| Consultation-Resuscitation and admissions |  |  |  |
| Major ICU involvement |  |  |  |
| 3. | Log book Airway skills 15 |  |  |  |
| 4 | Intra-hospital Transfers |  |  |  |
| 5 | Inter-hospital transfers |  |  |  |
| 6 | Discussion with relatives |  |  |  |
| 7 | End of life care/organ donation |  |  |  |
| 8 | Leading ward rounds |  |  |  |
| 9 | Cardiac arrest |  |  |  |
| 10 | Trauma team |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Procedure** | **Number** | **Local supervision** | **Distant supervision** | **Teaching** |
| **Airway & Lungs** | Emergency intubation |  |  |  |  |
| Percutaneous tracheostomy |  |  |  |  |
| Bronchoscopy-Lavage |  |  |  |  |
| Chest drain - seldinger |  |  |  |  |
| Chest drain – blunt dissection |  |  |  |  |
| Lung ultrasound |  |  |  |  |
| High frequency oscillator ventilation |  |  |  |  |
| Prone Ventilation |  |  |  |  |
| **Cardiovascular** | Arterial cannulation |  |  |  |  |
| Central venous access – IJV |  |  |  |  |
| Central venous access – Subclavian |  |  |  |  |
| Central venous access – Femoral |  |  |  |  |
| Pulmonary artery catheter |  |  |  |  |
| Non-invasive/Invasive CO monitoring |  |  |  |  |
| Echocardiogram |  |  |  |  |
| **GI** | Ascitic drain/tap |  |  |  |  |
| Sengstaken tube placement |  |  |  |  |
| Abdominal ultrasound/FAST |  |  |  |  |
| **CNS** | Lumbar puncture |  |  |  |  |
| Brainstem death testing |  |  |  |  |
| Intra cranial pressure monitoring |  |  |  |  |

Please attach this summary of your logbook, relating to the year under review.

Trainee’s signature:……………………………………………… Date:………………………

FICM Tutor / Educational Supervisor signature:…………………………Date:………………………

# ICM WPBA and Educational Activity Summary (Attachment 2)

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee details joint** | | **Date** | |
| Trainee’s surname | Surname | Forename | |
| Trainee’s GMC number | GMC number | FICM number | FICM number |
| Specialist Training Year: |  | ICM Deanery Training no |  |
| Other Dual Specialty (if applicable) |  | Deanery training no |  |
| **ICM Training Stage:(please circle):** | | | |
| Basic/Core ICM | Step 1 intermediate | Step2 advanced |  |
| Specialist skills year | Stage 1 ICM | Stage II ICM | Stage III ICM |
| Complimentary Anaesthesia | Complementary Medicine | EM | PHEM |
| **Total Training to date in Months in a training post:(please write):** | | | |
| Emergency medicine | Anaesthesia | Medicine | ICM |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Educational Supervisor name** | **Surname** | **Forename** | **GMC** | Number |
| **FICM tutor** | Surname | Forename | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Stage of training** | **Completion date** | **Trust(s) where training achieved** | | | **Competent / signed** |
| Basic training |  |  | | |  |
| Complementary specialty training circle Anaesthesia/Medicine |  |  | | |  |
| Step one training (joint intermediate) |  |  | | |  |
| Step 2 training (joint advanced) |  |  | | |  |
| Base specialty Anaesthesia Medicine circle |  |  | | |  |
| Research OOPetc if appropriate |  |  | | |  |
|  | | | | | |
| **Competency Domains** | **Date** | | **Stage of training: Basic Intermediate Advanced** | **Competency level achieved:** | |
| 1. Resuscitation and initial management of the acutely ill patient |  | |  |  | |
| 2.Diagnosis, Assessment, Investigation, Monitoring and data interpretation |  | |  |  | |
| 3.Disease Management |  | |  |  | |
| 4. Therapeutic Interventions/Organ Support in single or multiple organ support |  | |  |  | |
| 5. Practical Procedures |  | |  |  | |
| 6. Perioperative Care |  | |  |  | |
| 7.Comfort and Recovery |  | |  |  | |
| 8. End of life care |  | |  |  | |
| 9. Paediatric care |  | |  |  | |
| 10. Transport |  | |  |  | |
| 11. Patient safety and health systems management |  | |  |  | |
| 12. Professionalism |  | |  |  | |

Comments ……………………………………………………………………………………………………………………………………………………………………………….

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| --- | --- | --- | --- | --- | --- |
| **Expanded case summary** | **Title of the case**  **to be completed during intermediate module total 10** | **Date** | **Level achieved** | **Satisfactory**  **(Y/N)** | **Assessor** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

|  |  |
| --- | --- |
| **M.S.F Date from – to** | Date |
| **Attach copy of MSF (One MSF per year) 2 in stage 1 2 in stage 2 2 in stage 3** | |
| Comments | |

**Summary of assessments:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ICM DOPs** | **Procedure Description/Document Where** | **Date** | **Setting**  **ICU ED theatre other** | **Assessor** | **Satisfactory**  **(Y/N)** |
| 1. | E.g. airway UHB |  | ICU |  | Yes |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| **ICM CBD** | **Procedure**  **Description/Document Where (hospital** | **Date** | **Setting**  **ICU ED theatre other** | **Assessor** | **Satisfactory**  **(Y/N)** |
| 1 | E.g. airway UHB |  | ICU |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7 |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ICM DOPs**  **/CEX** | **Skills Description.** | **Date** | **Setting**  **ICU ED theatre other** | | | **Assessor** | | **Satisfactory**  **(Y/N)** | |
| 1.DOPS/  CEX |  |  |  | | |  | |  | |
| 2. |  |  |  | | |  | |  | |
| 3. |  |  |  | | |  | |  | |
| 4. |  |  |  | | |  | |  | |
| 5. |  |  |  | | |  | |  | |
| 6. |  |  |  | | |  | |  | |
| 7. |  |  |  | | |  | |  | |
| 8. |  |  |  | | |  | |  | |
| 9. |  |  |  | | |  | |  | |
| ICM | **Competency description document**  **Print RELEVANT pages from competency** | **Date** | **Setting** | | | **Assessor** | | **Satisfactory** | |
| 1 | Transfer course mapped competencies |  | Transfer | | |  | | Yes no | |
| 2 |  |  |  | | |  | |  | |
| 3 |  |  |  | | |  | |  | |
| 4 |  |  |  | | |  | |  | |
| 5 |  |  |  | | |  | |  | |
| 6 |  |  |  | | |  | |  | |
| 7 |  |  |  | | |  | |  | |
| 8 |  |  |  | | |  | |  | |
| **ACAT** | **Case/ procedure/ domains** | **Date** | **Setting** | | | **Assessor** | | **Satisfactory**  **yes /no** | |
| 1. |  |  |  | | |  | |  | |
| 2. |  |  |  | | |  | |  | |
| 3.. |  |  |  | | |  | |  | |
| 4. |  |  |  | | |  | |  | |
| 5. |  |  |  | | |  | |  | |
| **Local meetings** | **Departmental ,Governance, Quality Improvement, Grand Rounds, Tutorials** | **Date** | | **Where** | **Reflection present** | | **Assessor** | |
| 1. |  |  | |  |  | |  | |
| 2. |  |  | |  |  | |  | |
| 3. |  |  | |  |  | |  | |
| 4. |  |  | |  |  | |  | |
| 5. |  |  | |  |  | |  | |
| 6. |  |  | |  |  | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Audits** | **(At least 1 per year of training)** | **Date** | **Completed & presented** | **Satisfactory**  **(Y/N)** | **Assessor** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **M&M meetings** | **Title of cases discussed/presented(At least 4 and reflect on at least 2 of those meetings)** | **Date** | **Presented or attended** | **Reflection present** | **Assessor** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Journal Clubs** | **Title of papers presented/discussed**  **(Presentation at least once per year)** | **Date** | **Presented or attended** | **Reflection present** | **Assessor** |
| 1. |  |  | Presented |  |  |
| 2. |  |  | Attended |  |  |
| 3. |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| **Teaching attended** | **Teaching regional and local attendance: Topic/title** | **Date** | **Where** | **Reflection present** | **Assessor** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
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| **Teaching delivered** | **Teaching delivered: Topic/title** | **Date** | **Where** | **Feedback present** | **Audience delivered to** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

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| **External meetings** | **Title of the meeting (regional national courses and meetings)(all these should be accompanied by reflection)** | **Date/s** | **Reflection present** | **Assessor/supervisor** |
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| 2. |  |  |  |  |
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| 4. |  |  |  |  |
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| **Management meetings** | **Nature of meeting** | **Date** | **Trust Where it occurred** |
| 1. | 2 meetings compulsory for advanced trainees |  |  |
| 2. |  |  |  |
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| **Research and Publications** | **`Details** | **Date** | **Current stage/Published /completed** | **Assessor/supervisor** |
|  | Study into ARDS |  | Published |  |
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| **ALS certification date:** | **Date** |
| Other life-support courses |  |
| Other courses |  |
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**Trainee’s signature**:…………................................................................. Date: …………………………………………….

**FICM Tutor / Educational Supervisor’ signature…………………………………………………….** Date ………………………………

# JOINT ICM CV Changes (Attachment 3)

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| **Joint Trainee details CV changes** | | **Date** | **Date from** | **Date to** |
| Trainee’s surname | Surname | Forename | | |
| Trainee’s GMC number | GMC number | FICM number | | FICM number |
| Specialist Training Year: |  | ICM Deanery Training no | |  |
| Other Dual Specialty (if applicable) |  | Deanery training no | |  |

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| **1. Where have you worked in the last year?** | | | | | |
|  | **Trust** | **Relevant ICM component of training** | **College tutor / Educational Supervisor** | **Start date** | **End date** |
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| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

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| **2. Achievements since last review**: | | | |
|  | | **Date** | **Please comment briefly** |
| 1 | **Progress with ICM curriculum competencies** |  |  |
| 2. | **Progress with exams** |  |  |
| 3. | **Courses attended** |  |  |
| 4. | **Progress with audit** |  |  |
| 5. | **Publications and Presentations** |  |  |
| 6. | **Progress with research** |  |  |
| 7 | **Other** |  |  |

**Trainee’s signature**:………………………………………………………………………………………….  **Date**:…………………………………

**FICM Tutor / Educational supervisor’s signature**:…………………………………………………………**Date:…………………………………**

# JOINT ICM EDUCATIONAL AGREEMENT (Complementary Medicine Module)

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| **Trainee details** | | **Date** | **DD/MM/YYYY** |
| Trainee’s surname | Surname | Forename | |
| Trainee’s GMC number | GMC number | FICM number | FICM number |
| Specialist Training Year: |  | ICM Deanery Training no |  |
| OtherDual Specialty (if applicable) |  | Deanery training no |  |
| **ICM Training Stage:(please circle):** | | | |
| Basic/Core ICM | Step 1 | Step2 |  |
| Specialist skills year | Stage 1 ICM | Stage II ICM | Stage III ICM |
| Complimentary Anaesthesia | Complementary Medicine | EM | PHEM |
| **Total Training to date in Months in a training post:(please write):** | | | |
| Emergency medicine | Anaesthesia | Medicine | ICM |
| Tutor /ES/CS | Surname | Forename | GMC NO |
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| **Minimum Assessments to be completed:** | | **Minimum assessments** | **Completed?** | |
| Educational Agreement and summary of three meetings | |  |  | |
| Educational training record (section 2 of the joint CCT documents) | |  |  | |
| Log Book summary attachment | |  |  | |
| Educational supervisors report attachment | |  |  | |
| MSF summarise details in WPBA and educational activity attachment | | 1 |  | |
| DOPS summarise details in WPBA and educational activity attachment | | 1 |  | |
| mini CEX summarise details in WPBA and educational activity attachment | | 3 |  | |
| CBD summarise details in WPBA and educational activity attachment | | 3 |  | |
| **Basic training in Internal medicine as part of ICM (CCT in ICM section III)** | | | | | |
| 3.2.a | General aspects of clinical history taking, examination and investigation of patients |  | |  | |
| 3.2.b | Initial assessment of competence in the management of the acutely ill patient |  | |  | |
| 3.2.c | Cardiopulmonary resuscitation assessment (use 6a) |  | |  | |
| 3.2(d) | Clinical judgement, attitudes and behaviour |  | |  | |

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| First Meeting Objectives**(Can use previous ETR)** | | |
| **Clinical management:** | | |
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| **Practical procedures:** | | |
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| **ICU management:** | | |
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| **Examinations:** | | |
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| **Audit, research, presentations:** | | |
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| **Teaching:** | | |
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| **Assessments to be held at**: **months** | | |
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| **I agree to complete and keep up to date the appropriate training documents relevant to this ICM attachment and that the result of any assessment of this attachment can be passed to my next training supervisor.** | | |
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| **Date of review of progress in achieving education goals:** |  |  |
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| **Signature Trainee:** |  |  |
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| **Signature Trainer** |  |  |
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| JOINT MIDPOINT REVIEW FORM | | | | | | | | | |
| **Trainee Name:** | **Surname** | | | | | **Forename** | | | |
| **Attachment: Hospital & ICU** | | | |  | | **ICU Type** | | **DGH /Teaching** | |
| **Duration of attachment** | | | |  | |  | | | |
| **Date:** | | | |  | | **ST year:** | | | **ST year** |
| **FICM tutor/ES** | | | **Surname** | | | **Forename** | | | |
| **Trainee’s concerns:** | | | | | | | | | |
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| **Feedback to trainee:** | | | | | | | | | |
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| **Progress with ETR:** | | | | | | | | | |
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| **Educational objectives:** | | | | | | | | | |
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| **Date of next appraisal:** | | | | | | | | | |
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| **Signature Trainer:** | |  | | | **Date** | |  | | |
| **Signature Trainee:** | |  | | | **Date** | |  | | |

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| JOINT ICM END OF ATTACHMENT TRAINEE ASSESSMENT | | | | | | | | | | | | |
| **Trainee Name:** | **Surname** | | | | | | | **Forename** | | | | |
| **Attachment: Hospital & ICU** | | | | |  | | | **ICU Type** | | | **DGH /Teaching** | |
| **Duration of attachment** | | | | |  | | |  | | | | |
| **Date:** | | | | |  | | | **ST year:** | | | | **ST year** |
| **FICM tutor/ES** | | | | **Surname** | | | | **Forename** | | | | |
| **ETR Review:** | | | | | | | | | | | | |
| **Achievements during attachment:** | | | | | | | | | | | | |
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| **Competencies completed? Details** | | | | | | |  | | | | | |
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| **Audit, Research, Presentations:** | | | | | | | | | | | | |
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| **WPBA completed** | | | | | | | | | | | | |
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| **Serious untoward issues/critical incidents** | | | | | | | **Resolved** | | **Yes** | **No** | | |
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| **Sick leave** | | | **Yes** | | | **No** | **Days** | | **Days** | | | |
| **Other** | | | | | | | | | | | | |
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| **Overall assessment of trainee:** | | | | | | | | | | | | |
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| **Areas for development during next attachment:** | | | | | | | | | | | | |
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| **Advice to trainee:** | | | | | | | | | | | | |
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| **Signature Trainer:** | |  | | | | | **Date** | |  | | |  |
| **Signature Trainee:** | |  | | | | | **Date** | |  | | |  |

# JOINT ICM EDUCATIONAL AGREEMENT (Complementary ICM module in Anaesthesia)

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| **Trainee details** | | **Date** | **DD/MM/YYYY** |
| Trainee’s surname | Surname | Forename | |
| Trainee’s GMC number | GMC number | FICM number | FICM number |
| Specialist Training Year: |  | ICM Deanery Training no |  |
| OtherDual Specialty (if applicable) |  | Deanery training no |  |
| **ICM Training Stage:(please circle):** | | | |
| Basic/Core ICM | Step 1 | Step2 |  |
| Specialist skills year | Stage 1 ICM | Stage II ICM | Stage III ICM |
| Complimentary Anaesthesia | Complementary Medicine | EM | PHEM |
| **Total Training to date in Months in a training post:(please write):** | | | |
| Emergency medicine | Anaesthesia | Medicine | ICM |
| Tutor /ES/CS | Surname | Forename | GMC NO |
|  |  |  |  |

**OBJECTIVES**

|  |  |  |  |  |
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| **Minimum Assessments to be completed:** | | **Minimum assessments** | **Completed?** | |
| Educational Agreement and summary of three meetings | |  |  | |
| Educational training record (section 2 of the joint CCT documents) | |  |  | |
| Log Book summary attachment | |  |  | |
| Educational supervisors report attachment | |  |  | |
| MSF summarise details in WPBA and educational activity attachment | | 1 |  | |
| DOPS summarise details in WPBA and educational activity attachment | | 3 |  | |
| mini CEX summarise details in WPBA and educational activity attachment | | 3 |  | |
| CBD summarise details in WPBA and educational activity attachment | | 1 |  | |
| **Basic training in Internal medicine as part of ICM (CCT in ICM section III)** | | | | | |
| 3.i.a | Preoperative assessment. |  | |  | |
| 3.i .b | General anaesthesia for ASA I or II patients (including equipment and anaesthetic machine check.) |  | |  | |
| 3.i .c | Rapid sequence induction. |  | |  | |
| 3.i .d | CPR skills |  | |  | |
| 3.i .e | Clinical judgement, attitudes and behaviour |  | |  | |
| 3.i .f | Confirmation of satisfactory completion of training in anaesthetic module |  | |  | |

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| INITIAL MEETING OBJECTIVES | | |
| **Clinical management:** | | |
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| **Practical procedures:** | | |
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| **ICU management:** | | |
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| **Examinations:** | | |
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| **Audit, research, presentations:** | | |
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| **Teaching:** | | |
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| **Assessments to be held at**: **months** | | |
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| **I agree to complete and keep up to date the appropriate training documents relevant to this ICM attachment and that the result of any assessment of this attachment can be passed to my next training supervisor.** | | |
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| **Date of review of progress in achieving education goals:** |  |  |
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| **Signature Trainee:** |  |  |
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| **Signature Trainer** |  |  |
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| JOINT MIDPOINT REVIEW FORM | | | | | | | | | |
| **Trainee Name:** | **Surname** | | | | | **Forename** | | | |
| **Attachment: Hospital & ICU** | | | |  | | **ICU Type** | **DGH /Teaching** | | |
| **Duration of attachment** | | | |  | |  | | | |
| **Date:** | | | |  | | **ST year:** | | | **ST year** |
| **FICM tutor/ES** | | | **Surname** | | | **Forename** | | | |
| **Trainee’s concerns:** | | | | | | | | | |
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| **Feedback to trainee:** | | | | | | | | | |
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| **Progress with ETR:** | | | | | | | | | |
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| **Educational objectives:** | | | | | | | | | |
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| **Date of next appraisal:** | | | | | | | | | |
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| **Signature Trainer:** | |  | | | **Date** | | |  | |
| **Signature Trainee:** | |  | | | **Date** | | |  | |

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| JOINT ICM END OF ATTACHMENT TRAINEE ASSESSMENT | | | | | | | | | | | | |
| **Trainee Name:** | **Surname** | | | | | | | **Forename** | | | | |
| **Attachment: Hospital & ICU** | | | | |  | | | **ICU Type** | | | **DGH /Teaching** | |
| **Duration of attachment** | | | | |  | | |  | | | | |
| **Date:** | | | | |  | | | **ST year:** | | | | **ST year** |
| **FICM tutor/ES** | | | | **Surname** | | | | **Forename** | | | | |
| **ETR Review:** | | | | | | | | | | | | |
| **Achievements during attachment:** | | | | | | | | | | | | |
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| **Competencies completed? Details** | | | | | | |  | | | | | |
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| **Audit, Research, Presentations:** | | | | | | | | | | | | |
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| **WPBA completed** | | | | | | | | | | | | |
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| **Serious untoward issues/critical incidents** | | | | | | | **Resolved** | | **Yes** | **No** | | |
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| **Sick leave** | | | **Yes** | | | **No** | **Days** | | **Days** | | | |
| **Other** | | | | | | | | | | | | |
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| **Overall assessment of trainee:** | | | | | | | | | | | | |
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| **Areas for development during next attachment:** | | | | | | | | | | | | |
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| **Advice to trainee:** | | | | | | | | | | | | |
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| **Signature Trainee:** | |  | | | | | **Date** | |  | | |  |
| **Signature Trainer:** | |  | | | | | **Date** | |  | | |  |

# JOINT INTERMEDIATE ICM EDUCATIONAL AGREEMENT

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| **Trainee details** | | **Date** | **DD/MM/YYYY** |
| Trainee’s surname | Surname | Forename | |
| Trainee’s GMC number | GMC number | FICM number | FICM number |
| Specialist Training Year: |  | ICM Deanery Training no |  |
| OtherDual Specialty (if applicable) |  | Deanery training no |  |
| **ICM Training Stage:(please circle):** | | | |
| Basic/Core ICM | Step 1 | Step2 |  |
| Specialist skills year | Stage 1 ICM | Stage II ICM | Stage III ICM |
| Complimentary Anaesthesia | Complementary Medicine | EM | PHEM |
| **Total Training to date in Months in a training post:(please write):** | | | |
| Emergency medicine | Anaesthesia | Medicine | ICM |
| Tutor /ES/CS | Surname | Forename | GMC NO |
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| **Intermediate training in ICM (CCT in ICM section III) OBJECTIVES** | | |
| **Component** | **Number** | **Comments** |
| Educational Agreement and summary of three meetings |  |  |
| Log Book |  |  |
| Educational supervisors report - attach |  |  |
| MSF also summarise in WPBA and educational activity attachment 2 | 1 |  |
| DOPS also summarise in WPBA and educational activity attachment 2 | 2 |  |
| mini CEX also summarise in WPBA and educational activity attachment 2 | 2 |  |
| CBD also summarise in WPBA and educational activity attachment 2 | 2 |  |
| ACAT summarise in WPBA and educational activity attachment 2 | 1 |  |
| (ICM ARCP ( WPBA & Educational activities)- attachment 2 |  |  |
| ICM changes to CV - attachment 3 |  |  |
| (ICM ARCP-logbook summary) attachment 1 |  |  |
| [Competency progression sheet](http://www.merseydeanery.nhs.uk/images/Documents/Forms/Specialities/Anaesthesia/ICM/ICM%20ARCP%20Documents/ICM%20ARCP%20document%20WPBA-doc%202.doc) attach see ARCP guidelines |  |  |
| FFICM |  |  |
| EDICM |  |  |

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| INTERMEDIATE JOINT INITIAL MEETING OBJECTIVES | | | |
| **Initial meeting objectives** | | | |
| **Clinical management:** | | | |
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| **Practical procedures:** | | | |
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| **ICU management:** | | | |
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| **Examinations:** | | | |
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| **Audit, research, presentations:** | | | |
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| **Teaching:** | | | |
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| **Assessments to be held at**: **months** | | | |
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| **I agree to complete and keep up to date the appropriate training documents relevant to this ICM attachment and that the result of any assessment of this attachment can be passed to my next training supervisor.** | | | |
|  |  |  | |
| **Date of review of progress in achieving education goals:** |  |  | |
| **Signature Trainee:** |  | **Date** |  |
| **Signature Trainer** |  | **Date** |  |

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| INTERMEDIATE JOINT MIDPOINT REVIEW FORM | | | | | | | | | |
| **Trainee Name:** | **Surname** | | | | | **Forename** | | | |
| **Attachment: Hospital & ICU** | | | |  | | **ICU Type** | **DGH /Teaching** | | |
| **Duration of attachment** | | | |  | |  | | | |
| **Date:** | | | |  | | **ST year:** | | | **ST year** |
| **FICM tutor/ES** | | | **Surname** | | | **Forename** | | | |
| **Trainee’s concerns:** | | | | | | | | | |
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| **Feedback to trainee:** | | | | | | | | | |
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| **Progress with ETR:** | | | | | | | | | |
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| **Educational objectives:** | | | | | | | | | |
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| **Date of next appraisal:** | | | | | | | | | |
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| **Signature Trainer:** | |  | | | **Date** | | |  | |
| **Signature Trainee:** | |  | | | **Date** | | |  | |

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| INTERMEDIATE JOINT ICM END OF ATTACHMENT TRAINEE ASSESSMENT | | | | | | | | | | | | |
| **Trainee Name:** | **Surname** | | | | | | | **Forename** | | | | |
| **Attachment: Hospital & ICU** | | | | |  | | | **ICU Type** | | | **DGH /Teaching** | |
| **Duration of attachment** | | | | |  | | |  | | | | |
| **Date:** | | | | |  | | | **ST year:** | | | | **ST year** |
| **FICM tutor/ES** | | | | **Surname** | | | | **Forename** | | | | |
| **ETR Review:** | | | | | | | | | | | | |
| **Achievements during attachment:** | | | | | | | | | | | | |
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| **Competencies completed? Details** | | | | | | |  | | | | | |
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| **Audit, Research, Presentations:** | | | | | | | | | | | | |
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| **WPBA completed** | | | | | | | | | | | | |
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| **Serious untoward issues/critical incidents** | | | | | | | **Resolved** | | **Yes** | **No** | | |
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| **Sick leave** | | | **Yes** | | | **No** | **Days** | | **Days** | | | |
| **Other** | | | | | | | | | | | | |
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| **Overall assessment of trainee:** | | | | | | | | | | | | |
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| **Areas for development during next attachment:** | | | | | | | | | | | | |
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| **Advice to trainee:** | | | | | | | | | | | | |
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| **Signature Trainee:** | |  | | | | | **Date** | |  | | |  |
| **Signature Trainer:** | |  | | | | | **Date** | |  | | |  |

# JOINT ADVANCED ICM EDUCATIONAL AGREEMENT

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| **Trainee details** | | **Date** | **DD/MM/YYYY** |
| Trainee’s surname | Surname | Forename | |
| Trainee’s GMC number | GMC number | FICM number | FICM number |
| Specialist Training Year: |  | ICM Deanery Training no |  |
| OtherDual Specialty (if applicable) |  | Deanery training no |  |
| **ICM Training Stage:(please circle):** | | | |
| Basic/Core ICM | Step 1 | Step2 |  |
| Specialist skills year | Stage 1 ICM | Stage II ICM | Stage III ICM |
| Complimentary Anaesthesia | Complementary Medicine | EM | PHEM |
| **Total Training to date in Months in a training post:(please write):** | | | |
| Emergency medicine | Anaesthesia | Medicine | ICM |
| Tutor /ES/CS | Surname | Forename | GMC NO |
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| **Advanced training in ICM (CCT in ICM section III) OBJECTIVES** | | |
| **Component** | **Number** | **Comments** |
| Educational Agreement and summary of three meetings |  |  |
| Log Book |  |  |
| Educational supervisors report - attach |  |  |
| MSF also summarise in WPBA and educational activity attachment 2 | 1 |  |
| DOPS also summarise in WPBA and educational activity attachment 2 | 1 |  |
| mini CEX also summarise in WPBA and educational activity attachment 2 | 2 |  |
| CBD also summarise in WPBA and educational activity attachment 2 | 4 |  |
| ACAT summarise in WPBA and educational activity attachment 2 | 2 |  |
| (ICM ARCP ( WPBA & Educational activities)- attachment 2 |  |  |
| ICM changes to CV - attachment 3 |  |  |
| (ICM ARCP-logbook summary) attachment 1 |  |  |
| [Competency progression sheet](http://www.merseydeanery.nhs.uk/images/Documents/Forms/Specialities/Anaesthesia/ICM/ICM%20ARCP%20Documents/ICM%20ARCP%20document%20WPBA-doc%202.doc) attach see ARCP guidelines |  |  |
| FFICM |  |  |
| EDICM |  |  |

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| ADVANCED JOINT INITIAL MEETING OBJECTIVES | | | |
| **Initial meeting objectives** | | | |
| **Clinical management:** | | | |
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| **Practical procedures:** | | | |
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| **ICU management:** | | | |
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| **Examinations:** | | | |
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| **Audit, research, presentations:** | | | |
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| **Teaching:** | | | |
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| **Assessments to be held at**: **months** | | | |
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| **I agree to complete and keep up to date the appropriate training documents relevant to this ICM attachment and that the result of any assessment of this attachment can be passed to my next training supervisor.** | | | |
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| **Date of review of progress in achieving education goals:** |  |  | |
| **Signature Trainee:** |  | **Date** |  |
| **Signature Trainer** |  | **Date** |  |

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| ADVANCED JOINT MIDPOINT REVIEW FORM | | | | | | | | | |
| **Trainee Name:** | **Surname** | | | | | **Forename** | | | |
| **Attachment: Hospital & ICU** | | | |  | | **ICU Type** | **DGH /Teaching** | | |
| **Duration of attachment** | | | |  | |  | | | |
| **Date:** | | | |  | | **ST year:** | | | **ST year** |
| **FICM tutor/ES** | | | **Surname** | | | **Forename** | | | |
| **Trainee’s concerns:** | | | | | | | | | |
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| **Feedback to trainee:** | | | | | | | | | |
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| **Progress with ETR:** | | | | | | | | | |
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| **Educational objectives:** | | | | | | | | | |
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| **Date of next appraisal:** | | | | | | | | | |
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| **Signature Trainer:** | |  | | | **Date** | | |  | |
| **Signature Trainee:** | |  | | | **Date** | | |  | |

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| ADVANCED JOINT ICM END OF ATTACHMENT TRAINEE ASSESSMENT | | | | | | | | | | | | |
| **Trainee Name:** | **Surname** | | | | | | | **Forename** | | | | |
| **Attachment: Hospital & ICU** | | | | |  | | | **ICU Type** | | | **DGH /Teaching** | |
| **Duration of attachment** | | | | |  | | |  | | | | |
| **Date:** | | | | |  | | | **ST year:** | | | | **ST year** |
| **FICM tutor/ES** | | | | **Surname** | | | | **Forename** | | | | |
| **ETR Review:** | | | | | | | | | | | | |
| **Achievements during attachment:** | | | | | | | | | | | | |
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| **Competencies completed? Details** | | | | | | |  | | | | | |
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| **Audit, Research, Presentations:** | | | | | | | | | | | | |
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| **WPBA completed** | | | | | | | | | | | | |
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| **Serious untoward issues/critical incidents** | | | | | | | **Resolved** | | **Yes** | **No** | | |
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| **Sick leave** | | | **Yes** | | | **No** | **Days** | | **Days** | | | |
| **Other** | | | | | | | | | | | | |
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| **Overall assessment of trainee:** | | | | | | | | | | | | |
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| **Areas for development during next attachment:** | | | | | | | | | | | | |
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| **Advice to trainee:** | | | | | | | | | | | | |
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| **Signature Trainee:** | |  | | | | | **Date** | |  | | |  |
| **Signature Trainer:** | |  | | | | | **Date** | |  | | |  |