

CCT in Anaesthetics

Annex F Intensive Care Medicine

Contents

1. Principles of Assessment	3
2. Workplace Based Assessments	5
3. Competency Level Descriptors	6
4. Assessment Tools Key	7
5. Training Progression Grids for Anaesthetic ICM Training	8
Basic Level Training	9
Intermediate Level Training	17
Higher Level Training	26
ICM Module Educational Agreement	34

1. Principles of Assessment

- 1.1 The competencies in ICM required of an anaesthetist are the same as those required of a CCT intensivist albeit, ultimately, to a different level of achievement. In order to facilitate the smooth functioning of Dual CCT training the full competence schedule in ICM *for Anaesthetic trainees* is included in this Annex (*Annex F of The CCT in Anaesthetics*), along with a competence progression grid for each Domain of the ICM Syllabus. Whilst no trainee should view ICM attachments as the only place to acquire and demonstrate ICM competence, certification that a trainee has reached the required level must be by a Faculty of Intensive Care Medicine (FICM) Tutor. FICM Tutors must ensure they are able to certify that trainees have achieved appropriate levels for each competency as it relates to their stage of ICM training, within the requisite stage of anaesthesia training i.e. basic, intermediate or higher.
- 1.2 There are 99 competencies within the ICM curriculum. The ICM CCT has an assessment system that in some ways differs from that used in anaesthetic training. Anaesthetic assessment samples from its curriculum and has an indicative minimum number of workplace-based assessments (WPBA) in each training module. The ICM CCT requires trainees to demonstrate increasing competency in all domains of the curriculum. Sub-domain competence progression is judged on a descriptive scale of 1 to 4 (novice to independent practitioner); competencies are revisited throughout each of the three ICM Stages of training with increasing target levels of achievement.

Several competencies will be assessed by Multi-Source Feedback; an ICU is a particularly good place to observe a trainee's behaviour and attitudes which can be assessed using MSF. A MSF is to be completed for each block of ICM training at each level of training. An appropriate mix of respondents should be identified to provide feedback, e.g. nursing as well as medical staff.

- 1.3 Some competencies must be **mandatorily** assessed within the ICM block of training – these are the competencies pertaining to initial recognition, diagnosis, investigation and management of critically ill patients. These competencies, achieved in ICM, make a significant contribution to safe peri-operative anaesthetic practice. Such competencies **must** be signed-off by a FICM trainer.
- 1.4 Many ICM –related competencies are common to the anaesthesia curriculum and for these trainees can show supervisors, through their portfolio, that they have already demonstrated their abilities. These competences are **not** mandatorily assessed in the ICM block of training and can be signed-off by an **anaesthetic trainer**. Good examples are performance of many practical procedures such as lumbar puncture, central venous access and epidural analgesia. Less common occurrences such as knowledge of major incidents and mass casualties can be dealt with through private study, e-learning or group discussion/seminars. A few competencies relate to particular areas of practice such as cardiothoracic and neurosurgical postoperative care and these should be assessed during the relevant anaesthesia/critical care training modules. Skills required for management of emergencies in children should be achieved during the relevant paediatric anaesthesia modules.
- 1.5 An ICM Training Progression Grid (see section 5 below) should be issued to trainees at the start of their respective stage of training i.e. at CT1 (basic), ST3 (intermediate) and ST5 (higher). The Grids are divided into two sections for each stage of training. The first section of each Grid details those competencies which must be mandatorily assessed to the appropriate level of achievement during the ICM attachments. The second section indicates those competences where it is likely that an anaesthetic trainee, at the appropriate level, will be able to accumulate evidence of ICM competency during their wider anaesthetic practice. These competences have been cross-mapped to the Anaesthetic CCT Curriculum to indicate where they may be acquired.

Trainees are not expected to record evidence against every competency listed in the second section, but are strongly encouraged to map their cross-specialty competency achievement as and when they are acquired. This will enable easy demonstration of competency acquisition should a trainee later wish to dual accredit in ICM.

- 1.6 The Grid tables also suggest acceptable sources of other evidence for completion of competences e.g. educational event.

The Grid for each level of training is to be used by trainees to record their **mandatory** competence acquisition, and then uploaded to their personal library in the e-Portfolio system as evidence for sign-off of the ICM unit of training in e-Portfolio, using the 'Completion of Unit of ICM Training' form.

'Completion of Unit of ICM Training' paperwork may only be completed by a FICM Tutor, or designated ICM Educational Supervisor.

- 1.8 **Trainees undertaking, or contemplating undertaking, Dual CCTs in Anaesthesia and ICM are strongly advised to consult the FICM Curriculum and Assessment guidance provided by the FICM (see <http://www.ficm.ac.uk/>).**

2. Workplace Based Assessments

2.1 As with all modules of the *CCT in Anaesthetics*, a minimum of one of each of the listed assessment types or the School mandated minimum, whichever is greater, should be completed before the unit of training can be considered completed.

Core Training (3 months)	Intermediate ST (3 months)	Higher ST (3 months)	Advanced (6 months)
1 x DOPS	1x DOPS		
1 x ICM -CEX	1 x ICM -CEX	1 x ICM -CEX	2 x ICM -CEX
1 x CBD	1 x CBD	1 x CBD	2 x CBD
1 x ACAT	1 x ACAT	1 x ACAT	2 x ACAT

2.2 The number of assessments which must be mandatorily assessed to the appropriate level during ICM attachments varies slightly with training level.

2.3 Each piece of evidence can potentially be used to support multiple competencies. A single patient encounter involving a history, examination, differential diagnosis and construction and implementation of a management plan could assess many of the competencies together. For example, a trainee may see a patient in the acute admission unit, assess them, start investigations, diagnose their pneumonia, start the patient on antibiotics and bring them to the ICU where they may need respiratory support. In such a scenario the trainee can, via the use of CBD, DOPS or CEX, bundle together assessment of competencies such as:

- **1.1** Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology;
- **2.1** Obtains a history and performs an accurate clinical examination;
- **2.2** Undertakes timely and appropriate investigations;
- **2.5** Obtains and interprets the results of blood gas samples;
- **3.1** Manages the care of the critically ill patient with specific acute medical conditions;
- **4.2** Manages antimicrobial drug therapy;
- **5.1** Administers oxygen using a variety of administration devices;
- **5.8** Performs arterial catheterisation

2.4 Using this approach it is estimated that a trainee will need to produce **a minimum of 4 separate WBPAs per 3 month ICM module** to fulfil training requirements during each attachment. This is an indicative number only; the final tally will be guided by the trainees mapping of assessments against the curriculum competencies.

3 Competency Level Descriptors

3.1 Both trainees and trainers need to ensure that training is comprehensive and progressing at a satisfactory rate. The level of attainment descriptors are as follows:

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

3.2 The syllabus for each of the Domains is broken down into knowledge, skills and attitudes for the Basic, Intermediate, and Higher levels.

3.3 It is envisaged that in future all trainees who wish to achieve advanced level ICM training will do so via Dual Anaesthesia/ICM CCT programmes. However it is acknowledged that there may be a small number of trainees who wish to achieve additional experience and competences other than the mandatory blocks of ICM training in the Basic, Intermediate and Higher level anaesthetic training program, to compliment advanced level training in specialty areas of anaesthetic practice.

The learning needs in this situation are likely to vary and so trainees in conjunction with their trainers should refer to the ICM curriculum (<http://www.ficm.ac.uk/curriculum-and-assessment>) and identify the competences that they plan to achieve within the period of additional ICM training. Prospective approval must then be sought by application to the RCoA Training Department. The application should detail the rationale for completing additional ICM training, the planned location, a named ICM

Educational Supervisor, and the competences to be achieved together with confirmation of support from the Head of the School of Anaesthesia and the relevant FICM Regional Adviser. The duration of additional ICM training would not normally be expected to exceed six months, and the trainee must have completed the mandatory Higher level block of ICM training prior to undertaking additional experience.

Trainees and trainers should be aware that additional ICM experience is not a substitute, either in part or in whole, for an ICM CCT training programme, nor does it confer official FICM training recognition. Any further queries regarding training in Intensive Care Medicine (including CESR applications) should be directed to the Faculty of Intensive Care Medicine (ficm@rcoa.ac.uk).

4 Assessment Tools Key

Each competence is mapped to the relevant assessment tools as follows:

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

Additional Assessment tools are also suggested as follows:

Code	Full name
EE	Educational Event
G	Logbook page ... [<i>include page ref, i.e. G22</i>]
L	Anaesthetic List Management Tool [ALMAT]

5 Training Progression Grid for Anaesthetic ICM Training

- 5.1 The following grids demonstrate the level of achievement expected of anaesthetic trainees in the various domain competencies of ICM training, at each stage of anaesthetic training (Basic, Intermediate, Higher). These are adapted from the Training Progression Grid which appears in *Part II of The CCT in Intensive Care Medicine* (2011). The grids acknowledge that trainees will reach Level 4 in some fundamental competencies earlier in their training (e.g. infection control, aspects of professionalism), but will not reach Level 4 at all in some highly specialised areas of intensive care (e.g. Paediatric Intensive Care Medicine, burns management).
- 5.2 The Training Record Matrices are to be issued to trainees at the start of their respective stage of training i.e. at CT1 (basic), ST3 (intermediate) and ST5 (higher). The Stage Record for each level of training is to be used by trainees to record their competence acquisition, and then uploaded to their personal library in e-Portfolio as evidence for sign-off of that unit of training in e-Portfolio.

The overall sign-off of the ICM unit of training will be undertaken by the local FICM Tutor/Educational Supervisor. The 'Completion of Unit of ICM Training' form will be used for this purpose.

All anaesthesia trainees will complete a block of Basic level ICM training at core level but, trainees who have completed ACCS (Anaesthesia) will have developed a higher level of competency in some areas due to their exposure to Acute and Emergency Medicine.

- 5.3 The possible assessment methods which can be used for anaesthetic trainees completing blocks of ICM within their anaesthetic CCT are denoted alongside each competency. One assessment can be used to cover multiple curriculum competencies, and other types of evidence may be used to demonstrate competence, as described in 'Additional Assessment Tools Key' below. The assessment tools used are:

Workplace-Based Assessment Tools Key	
C	Case-Based Discussion [CBD]
D	Direct Observation of Procedural Skills [DOPS]
I	ICM Mini-Clinical Evaluation Exercise [I-CEX]
M	Multi-source Feedback [MSF]
S	Simulation
T	Acute Care Assessment Tool [ACAT]
Additional Assessment Tools Key	
EE	Educational Event
G	Logbook page ... [include page ref, i.e. G22]
L	Anaesthetic List Management Tool [ALMAT]

Basic Level Intensive Care Medicine:

Number each assessment in your ICM portfolio (e.g. for DOPS D1, D2 etc). Complete the table columns ‘Trainee Evidence’ by identifying the relevant item(s) of evidence in your portfolio by its code (D1, D2 etc).

At least one piece of suitable evidence is required for each of the relevant competencies. One assessment can be used to cover multiple curriculum competencies. The ‘Assessment Tools’ column describes what type of workplace-based assessment is suitable for each competency. Other types of evidence may be used to demonstrate competencies, as described in ‘Additional Assessment Tools Key’ below. Please ensure that the numbering of evidence items in this table matches that in your portfolio.

‘CAT Target Level’ indicates the final competency level for this stage of training. Trainees should **not normally** be marked higher than these levels at the end of CAT unless in exceptional circumstances with accompanying evidence. **Please see the full ICM Syllabus for details of the knowledge, skills and behaviours which make up each competency.**

Those competencies which **must** be achieved in the 3/12 Basic ICM block are delineated below. ICM curriculum competencies which have been cross-mapped as achievable either within the 3/12 Basic ICM module or elsewhere in Core Anaesthesia Training are shown separately in the second section of the Grid. These competencies are **not** mandatorily assessed in the 3/12 Basic ICM module **but Core Anaesthesia trainees are encouraged to map their cross-specialty competency achievement.** This will enable easy demonstration of competency acquisition should they later wish to Dual accredit in ICM.

Competency Level Descriptors			
Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and

	complications, has a good understanding of contraindications and alternatives.	Will be able to assess evidence critically.	manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

Workplace-Based Assessment Tools Key			
D	Direct Observation of Procedural Skills [DOPS]	C	Case-Based Discussion [CBD]
I	ICM Mini-Clinical Evaluation Exercise [I-CEX]	M	Multi-source Feedback [MSF]
Additional Assessment Tools Key			
L	Anaesthetic List Management Tool [ALMAT]		
EE	Educational Event		
G	Logbook page ... <i>[include page ref, i.e. G22]</i>		

These competencies **must be mandatorily assessed** during 3/12 block of Basic ICM during Basic Level Anaesthetic Training:

ICM Domain and Competencies	CAT Target Level	Level Achieved	Assessment Tools	Trainee Evidence	ICM Educational Supervisor	
					Sign-off	Date
Domain 1: Resuscitation and 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	1		I, C, M, T, S			
1.4 Triage and prioritises patients appropriately, including timely admission to ICU	1		C, M, T			
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation						
2.1 Obtains a history and performs an accurate clinical examination	1		I, M			
2.2 Undertakes timely and appropriate investigations	1		I, C, M			
2.4 Obtains appropriate microbiological samples and interprets results	1		D, C			
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis	1		I, C, T, S			
Domain 3: Disease Management						
3.1 Manages the care of the critically ill patient with specific acute medical conditions	1		D, I, C, M, T, S			
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient	1		C			
3.3 Recognises and manages the patient with circulatory failure	1		I, C, T, S			
3.4 Manages the patient with, or at risk of, acute renal failure	1		I, C, T			
3.6 Recognises and manages the patient with neurological impairment	1		I, C, T, S			

3.9	Recognises and manages the septic patient	1		I, C, T		
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure						
4.2	Manages antimicrobial drug therapy	2		I, C, M		
4.6	Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	1		D, C, T		
4.8	Recognises and manages electrolyte, glucose and acid-base disturbances	1		I, C, T, S		
Domain 5: Practical procedures						
<i>Domain 5 competencies can be covered elsewhere in CAT or not assessed at this level</i>						
Domain 6: Perioperative care						
6.1	Manages the pre- and post-operative care of the high risk surgical patient	1		C, M, T		
Domain 7: Comfort and recovery						
7.1	Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families	1		M, C		
7.2	Manages the assessment, prevention and treatment of pain and delirium	2		D, I, C, M, T		
7.4	Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives	1		M, T, S		
7.5	Manages the safe and timely discharge of patients from the ICU	1		M, T		
Domain 8: End of life care						
8.1	Manages the process of withholding or withdrawing treatment with the multi-disciplinary team	1		C, M		
Domain 9: Paediatric care						
9.2	Describes national legislation and guidelines relating to child protection and their relevance to critical care	1		C		
Domain 10: Transport						
10.1	Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	1		D, I, C, M		
Domain 11: Patient safety and health systems management						
11.2	Complies with local infection control measures	3		C, M		
Domain 12: Professionalism						
12.8	Ensures continuity of care through effective hand-over of clinical information	2		C, M, T, S		

Basic ICM module sign-off: *To be completed following 3/12 CAT Basic ICM module and acquisition of mandatory competencies*

Trainer Signature: _____
(ICM Educational Supervisor or FICM Tutor)

Trainer Name (Print): _____

Date (DD/MM/YYYY)

Trainee Signature: _____

Trainee Name (Print): _____

Date (DD/MM/YYYY)

Comments:

Additional Basic level Intensive Care Medicine Competencies

These competencies are **not mandatory** for assessment within the 3/12 ICM block in Basic Level Anaesthesia. However, trainees **may** acquire them during their Basic ICM module or via the cross-mapped Anaesthetic CCT competencies detailed below – this table provides the opportunity to demonstrate this competency acquisition. Due to the competency-sampling nature of *The CCT in Anaesthetics*, trainees may not be exposed to all of the areas of practice detailed below; therefore trainees are **not** expected to record evidence against every competency listed below, only those competencies which they have acquired.

All Core level trainees are encouraged to record their cross-specialty competencies to remain pluri-potential for Dual CCTs ICM recruitment at ST3 level. Trainees who do not record cross-competency acquisition during CAT are **fully eligible** for entry to ST3 ICM, but the portfolio-mapping exercise may be useful when first entering ICM CCT and working with TPDs and trainers to determine the rest of their Stage 1 requirements.

ICM Domain and Competencies	CAT Target Level	Level Achieved	Assessment Tools	Anaesthesia CCT Competency	Trainee Evidence	ICM Educational Supervisor	
						Sign-off	Date
Domain 1: Resuscitation and management of the acutely ill patient							
1.2 Manages cardiopulmonary resuscitation – ALS recommended	3		I, M, T, S	RC_BS_01			
1.3 Manages the patient post resuscitation	1		I, M, T, S	RC_BK_21			
1.5 Assesses and provides initial management of the trauma patient	1		D, I, M, T, C, S	MT_BS_01 MT_BS_02 MT_BS_06			

Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation					
2.3 Performs electrocardiography (ECG / EKG) and interprets the results	2		D, I, C	OA_BS_03	
2.5 Obtains and interprets the results from blood gas samples	2		D, C	OA_BS_04	
2.6 Interprets imaging studies	1		I, C	OA_BS_05	
2.7 Monitors and responds to trends in physiological variables	2		I, T, S	CI_BS_02 CI_BS_03 IG_BK_03 GU_BK_03 MT_BK_03	
Domain 3: Disease Management					
3.5 Recognises and manages the patient with, or at risk of, acute liver failure	1		I, C, T	IO_BS_10 PB_BK_78 PB_BK_79	
3.7 Recognises and manages the patient with acute gastrointestinal failure	1		I, C, T	PR_BK_55 GU_BK_05	
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	1		I, C, S	RC_BK_01 RC_BK_02 RC_BK_16 RC_BK_18	
3.11 Recognises life-threatening maternal peripartum complications and manages care	1		I, C, S	OB_BK_06 OB_BS_11 OB_BS_12	
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure					
4.1 Prescribes drugs and therapies safely	2		D, C, M	Annex A Domain 2: CC_D2_02 PM_BS_02 OA_BK_08 IG_BK_01 PO_BS_07 PD_BS_01	
4.3 Administers blood and blood products safely	2		D, C, M	GU_BK_06 GU_BK_07 CI_BK_24 OB_BK_06 IO_BS_09	
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	2		I, C	ES_BK_02 MT_BK_06 PR_BK_41 PR_BK_42 PR_BK_43	

4.9 Co-ordinates and provides nutritional assessment and support	2		I, C, T	PB_BK_82 PB_BK_84 PB_BK_85 GU_BK_08 OA_BS_02			
Domain 5: Practical procedures							
5.1 Administers oxygen using a variety of administration devices	2		D, S	PO_BK_05 AM_BK_08 IAC_C06			
5.2 Performs emergency airway management	2		D, S				
5.3 Performs difficult and failed airway management according to local protocols	2		D, S	Airway Management IAC_D06 IG_BS_12			
5.4 Performs endotracheal suction	2		D	AM_BS_11 IG_BS_11			
5.7 Performs chest drain insertion	1		D	MT_BS_04			
5.8 Performs arterial catheterisation	1		D, C	MT_BK_07			
5.9 Performs ultrasound techniques for vascular localisation	1		C	AN_BK_39			
5.10 Performs central venous catheterisation	1		D, C	MT_BK_07			
5.11 Performs defibrillation and cardioversion	2		D, C, S	RC_BS_08			
5.13 Describes how to perform pericardiocentesis	1		C	RC_BK_16			
5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables	1		D, C				
5.15 Performs lumbar puncture (intradural / 'spinal') under supervision	2		D, S	OB_BS_05			
5.16 Manages the administration of analgesia via an epidural catheter	1		I	OB_BS_04 PM_BS_03			
5.18 Describes Sengstaken tube (or equivalent) placement	1		C				
5.19 Performs nasogastric tube placement	3		D				
5.20 Performs urinary catheterisation	3		D	PO_BK_06			
Domain 6: Perioperative care							
6.5 Manages the pre- and post-operative care of the trauma patient	1		C, T	MT_BS_06 MT_BK_17			
Domain 7: Comfort and recovery							
7.3 Manages sedation and neuromuscular blockade	2		D, I, C, M, T	IO_BS_04, CS_BS_01/02			
Domain 8: End of life care							

8.2 Discusses end of life care with patients and their families / surrogates	1		C, M, D	Annex A Domain 1b: CC_D1_07 CC_D1_08 Domain 10: CC_D10_01			
Domain 9: Paediatric care							
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	1		C	Child Protection CP_BK_02 CP_BK_03 PA_BK_18			
Domain 10: Transport							
<i>Domain 10 competencies are covered in 3/12 Basic ICM module or not assessed at this level</i>							
Domain 11: Patient safety and health systems management							
11.3 Identifies environmental hazards and promotes safety for patients and staff	2		C, M	Annex A Domain 8: CC_D8_01 CC_D8_02 CC_D8_05 IF_BK_01 IF_BS_04 DI_BK_03			
11.4 Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	1		C, M	Annex A Domain 8: CC_D8_03 CC_D8_04 CC_D8_06 CI_BK_32 CI_BK			
11.6 Critically appraises and applies guidelines, protocols and care bundles	2		C	Annex A Domain 8: CC_D8_03 CC_D8_06 AR_BS_02 AR_BS_03 AR_BS_04			
11.7 Describes commonly used scoring systems for assessment of severity of illness, case mix and workload	1		C	-			

Domain 12: Professionalism								
12.1 Communicates effectively with patients and relatives	2		D, M, T, S	Annex A Domain 10				
12.2 Communicates effectively with members of the health care team	2		D, M, S	Annex A Domain 3: TF_BK_15				
12.3 Maintains accurate and legible records / documentation	2		D, M, T	Annex A Domain 1a: CC_D1_03 IO_BS_06				
12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment	1		C, M, T	Annex A Domain 10				
12.5 Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	2		C, M, T	Annex A Domain 1e				
12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data	2		C, M	Annex A Domain 9				
12.7 Collaborates and consults; promotes team-working	2		M	Annex A Domain 3				
12.9 Supports clinical staff outside the ICU to enable the delivery of effective care	2		C, M, T	Annex A Domain 4				
12.10 Appropriately supervises, and delegates to others, the delivery of patient care	1		C, M, T	Annex A Domain 8: CC_D8_01				
12.11 Takes responsibility for safe patient care	2		D, C, M, T	Annex A Domain 9 and 11				
12.12 Formulates clinical decisions with respect for ethical and legal principles	1		C, M, T	Annex A Domains 2 and 8				
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	2		M	Annex G				
12.14 Participates in multidisciplinary teaching	3		M	Annex G				
12.15 Participates in research or audit under supervision	2		M	Annex A Domain 3				

Intermediate Level Intensive Care Medicine:

Number each assessment in your ICM portfolio (e.g. for DOPS D1, D2 etc). Complete the table columns 'Trainee Evidence' by identifying the relevant item(s) of evidence in your portfolio by its code (D1, D2 etc).

At least one piece of suitable evidence is required for each of the relevant competencies. One assessment can be used to cover multiple curriculum competencies. The 'Assessment Tools' column describes what type of workplace-based assessment is suitable for each competency. Other types of evidence may be used to demonstrate competencies, as described in 'Additional Assessment Tools Key' below. Please ensure that the numbering of evidence items in this table matches that in your portfolio.

'INT Target Level' indicates the final competency level for this stage of training. Trainees should **not normally** be marked higher than these levels at the end of Intermediate training unless in exceptional circumstances with accompanying evidence. 'Entry Levels' shows the levels at which trainees will enter Intermediate level training from Core Anaesthetics (CAT). **Please see the full ICM Syllabus for details of the knowledge, skills and behaviours which make up each competency.** Achievement Levels for some competencies may not change between training stages – these have been highlighted. In these instances Educational Supervisors must still sign-off each competency but trainees need not provide additional WPBA or assessment evidence if trainers are satisfied they have demonstrated maintenance of their skills and knowledge in these specific competencies. Further assessments in these competencies may be conducted if required. Competencies not assessed at this stage (level 0) have been removed.

Those competencies which **must** be achieved in the 3/12 Intermediate ICM block are delineated below. ICM curriculum competencies which have been cross-mapped as achievable either within the 3/12 Intermediate ICM module or elsewhere in Anaesthesia training are shown separately. These competencies are **not** mandatorily assessed in the 3/12 Intermediate ICM module **but Anaesthesia trainees are encouraged to map their cross-specialty competency achievement.** This will enable easy demonstration of competency acquisition should they later wish to Dual accredit in ICM. **Anaesthesia trainees already undertaking Dual CCTs with ICM should use the ICM curriculum Stage 2 Training Record instead of this form to demonstrate their continued competency development.**

Competency Level Descriptors			
Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.

3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

Workplace-Based Assessment Tools Key			
D	Direct Observation of Procedural Skills [DOPS]	C	Case-Based Discussion [CBD]
I	ICM Mini-Clinical Evaluation Exercise [I-CEX]	M	Multi-source Feedback [MSF]
Additional Assessment Tools Key			
L	Anaesthetic List Management Tool [ALMAT]		
EE	Educational Event		
G	Logbook page ... <i>[include page ref, i.e. G22]</i>		

These competencies **must be mandatorily assessed** during 3/12 block of ICM during Intermediate Level Anaesthetic training:

Domain and Competencies	Entry Level	INT Target Level	Level Achieved	Assessment Tools	Trainee Evidence	Educational Supervisor	
						Sign-off	Date
Domain 1: Resuscitation and 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	1	2		I, C, M, T, S			
1.4 Triage and prioritises patients appropriately, including timely admission to ICU	1	2		C, M, T			
1.5 Assesses and provides initial management of the trauma patient	1	2		D, I, M, T, C, S			
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation							
2.1 Obtains a history and performs an accurate clinical examination	1	2		I, M			
2.2 Undertakes timely and appropriate investigations	1	2		I, C, M			
2.4 Obtains appropriate microbiological samples and interprets results	1	2		D, C			
2.6 Interprets imaging studies	1	2		I, C			
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis	1	2		I, C, T, S			
Domain 3: Disease Management							
3.1 Manages the care of the critically ill patient with specific acute medical conditions	1	2		D, I, C, M, T, S			
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient	1	2		C			
3.3 Recognises and manages the patient with circulatory failure	1	2		I, C, T, S			

3.4	Recognises and manages the patient with, or at risk of, acute renal failure	1	2		I, C, T		
3.6	Recognises and manages the patient with neurological impairment	1	2		I, C, T, S		
3.8	Recognises and manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS)	1	2		I, C, T		
3.9	Recognises and manages the septic patient	1	2		I, C, T		
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure							
4.2	Manages antimicrobial drug therapy	2	2		I, C, M		
4.6	Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	1	2		D, C, T		
4.7	Initiates, manages and weans patients from renal replacement therapy	0	1		D, I, C, T		
Domain 5: Practical procedures							
5.5	Performs fiberoptic bronchoscopy and BAL in the intubated patient	0	2		D, M		
Domain 6: Perioperative care							
6.1	Manages the pre- and post-operative care of the high risk surgical patient	1	3		C, M, T		
6.5	Manages the pre- and post-operative care of the trauma patient	1	2		C, T		
Domain 7: Comfort and recovery							
7.1	Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families	1	2		M, C		
7.2	Manages the assessment, prevention and treatment of pain and delirium	2	2		D, I, C, M, T		
7.3	Manages sedation and neuromuscular blockade	2	3		D, I, C, M, T		
7.4	Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives	1	2		M, T, S		
7.5	Manages the safe and timely discharge of patients from the ICU	1	2		M, T		
Domain 8: End of life care							
8.1	Manages the process of withholding or withdrawing treatment with the multi-disciplinary team	1	1		C, M		
8.2	Discusses end of life care with patients and their families / surrogates	1	2		C, M, D		
8.3	Manages palliative care of the critically ill patient	0	1		C, M, T		
8.4	Performs brain-stem death testing	0	1		D, S		
8.5	Manages the physiological support of the organ donor	0	1		I, C		
8.6	Manages donation following cardiac death	0	1		C, T, S		
Domain 9: Paediatric care							
<i>Domain 9 competencies can be covered elsewhere in Anaesthesia or entered below if achieved within ICM module</i>							
Domain 10: Transport							
10.1	Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	1	2		D, I, C, M, S		
Domain 11: Patient safety and health systems management							
11.1	Leads a daily multidisciplinary ward round	0	1		M, T		

11.2 Complies with local infection control measures	3	3		C, M		
11.7 Describes commonly used scoring systems for assessment of severity of illness, case mix and workload	1	2		C		
11.8 Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist	0	1		C, M		
Domain 12: Professionalism						
12.8 Ensures continuity of care through effective hand- over of clinical information	2	3		C, M, T, S		

Intermediate ICM module sign-off: *To be completed following 3/12 Anaesthetic Intermediate ICM module and acquisition of mandatory competencies*

Trainer Signature: _____
(ICM Educational Supervisor or FICM Tutor)

Trainer Name (Print): _____

Date (DD/MM/YYYY)

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Trainee Signature: _____

Trainee Name (Print): _____

Date (DD/MM/YYYY)

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Comments:

Additional Intermediate level Intensive Care Medicine Competencies

These competencies are **not mandatory** for assessment within the 3/12 ICM block in Intermediate Level Anaesthesia. However, trainees **may** acquire them during their Intermediate ICM module or via the cross-mapped Anaesthetic CCT competencies detailed below – this table provides the opportunity to demonstrate this competency acquisition. Due to the competency-sampling nature of *The CCT in Anaesthetics*, trainees may not be exposed to all of the areas of practice detailed below; therefore trainees are **not** expected to record evidence against every competency listed below, only those competencies which they have acquired.

All trainees are **encouraged** to record their **cross-specialty competencies** to remain pluri-potential for Dual CCTs ICM recruitment at ST3 level. Trainees who do not record additional cross-competency acquisition during Intermediate Anaesthesia are **fully eligible** for entry to ST3 ICM, but the below portfolio-mapping exercise may be useful when first entering ICM CCT and working with TPDs and trainers to determine the rest of their Stage 1 requirements.

Domain and Competencies	Entry Level	INT Target Level	Level Achieved	Assessment Tools	Anaesthesia CCT Competency	Trainee Evidence	ICM Educational Supervisor	
							Sign-off	Date
Domain 1: Resuscitation and management of the acutely ill patient								
1.2 Manages cardiopulmonary resuscitation – ALS recommended	3	3		I, M, T, S	RC_IS_05			
1.3 Manages the patient post resuscitation	1	2		I, M, T, S	RC_BK_21			
1.6 Assesses and provides initial management of the patient with burns	0	1		D, I, M, T, C	PL_IS_03 MT_IK_05			
1.7 Describes the management of mass casualties	0	1		C				
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation								
2.3 Performs electrocardiography (ECG / EKG) and interprets the results	2	3		D, I, C	OA_BS_03			
2.5 Obtains and interprets the results from blood gas samples	2	2		D, C	OA_BS_04			
2.7 Monitors and responds to trends in physiological variables	2	2		I, T, S	MT_IS_04			
Domain 3: Disease Management								
3.5 Recognises and manages the patient with, or at risk of, acute liver failure	0	1		I, C, T	PB_IK_16 PB_IK_17			
3.7 Recognises and manages the patient with acute gastrointestinal failure	1	2		I, C, T	PB_IK_31 PB_IK_32			
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	1	2		I, C, S	RC_IS_02 PR_IK_17			
3.11 Recognises life-threatening maternal peripartum complications and manages care	1	2		I, C, S	OB_IK_04 OB_IK_05 OB_IK_06 OB_IK_07 OB_IK_08 OB_IS_11			
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure								

4.1 Prescribes drugs and therapies safely	2	3		D, C, M	Annex A Domain 2: CC_D2_02 PA_IS_07 PM_BS_02 PM_IS_02 PM_IS_03			
4.3 Administers blood and blood products safely	2	3		D, C, M	GU_IS_03			
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	2	3		I, C	CT_IK_16 CT_IS_05 CT_IS_06 PA_IS_01 PR_IK_06			
4.8 Recognises and manages electrolyte, glucose and acid-base disturbances	1	2		I, C, T, S	PA_IK_14 PB_IK_10 PB_IK_15 PB_IK_38 NA_IK_20			
4.9 Co-ordinates and provides nutritional assessment and support	2	2		I, C, T	PA_IS_05 PR_IK_15 NU_IK_01 NU_IK_02 NU_IK_03 NU_IK_04 NU_IK_05 NU_IK_06 NU_IK_07 NU_IK_08			
Domain 5: Practical procedures								
5.1 Administers oxygen using a variety of administration devices	2	3		D, S	EN_IS_10 EN_IS_03			
5.2 Performs emergency airway management	2	3		D, S				
5.3 Performs difficult and failed airway management according to local protocols	2	3		D, S	Airway Management			
5.4 Performs endotracheal suction	2	2		D	AM_BS_11			
5.7 Performs chest drain insertion	1	2		D	MT_BS_04			
5.8 Performs arterial catheterisation	1	3		D, C	NA_IS_10 CT_IS_05			
5.9 Performs ultrasound techniques for vascular localisation	1	3		C	CT_IS_05			
5.10 Performs central venous catheterisation	1	3		D, C	CT_IS_05			

5.11 Performs defibrillation and cardioversion	2	2		D, C, S	RC_BS_08 CT_IS_07 RC_IS_02			
5.12 Performs transthoracic cardiac pacing, describes transvenous	0	1		D, C	RC_IK_04 RC_IS_01			
5.13 Describes how to perform pericardiocentesis	1	1		C				
5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables	1	3		D, C	CT_IS_05			
5.15 Performs lumbar puncture (intradural / 'spinal') under supervision	2	3		D, S	RA_IS_02			
5.16 Manages the administration of analgesia via an epidural catheter	1	3		I	OB_IS_06			
5.18 Describes Sengstaken tube (or equivalent) placement	1	1		C				
5.19 Performs nasogastric tube placement	3	4		D				
5.20 Performs urinary catheterisation	3	3		D				
Domain 6: Perioperative care								
6.2 Manages the care of the patient following cardiac surgery	0	1		C	CT_IS_03 CT_IS_04			
6.3 Manages the care of the patient following craniotomy	0	1		C, T	NA_IS_03 NA_IS_05 NA_IS_14			
Domain 7: Comfort and recovery								
<i>Domain 7 competencies assessed mandatorily within ICM module</i>								
Domain 8: End of life care								
<i>Domain 8 competencies assessed mandatorily within ICM module</i>								
Domain 9: Paediatric care								
9.1 Describes the recognition of the acutely ill child and initial management of paediatric emergencies	1	2		I, C, S	PA_IK_14			
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	1	2		C	Child Protection			
Domain 10: Transport								
<i>Domain 10 competencies assessed mandatorily within ICM module</i>								
Domain 11: Patient safety and health systems management								
11.3 Identifies environmental hazards and promotes safety for patients and staff	2	2		C, M	Annex A Domain 8: CC_D8_01 CC_D8_02 CC_D8_05			

11.4 Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	1	2		C, M	Annex A Domain 8: CC_D8_03 CC_D8_04 CC_D8_06 CI_IK_01			
11.6 Critically appraises and applies guidelines, protocols and care bundles	2	3		C	Annex A Domain 8: CC_D8_03C C_D8_06 AR_IS_01			
Domain 12: Professionalism								
12.1 Communicates effectively with patients and relatives	2	3		D, M, T, S	Annex A Domain 10			
12.2 Communicates effectively with members of the health care team	2	3		D, M, S	Annex A Domain 3			
12.3 Maintains accurate and legible records / documentation	2	3		D, M, T	Annex A Domain 1a: CC_D1_03			
12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment	1	2		C, M, T	Annex A Domain 10			
12.5 Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	2	2		C, M, T	Annex A Domain 1e			
12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data	2	3		C, M	Annex A Domain 9			
12.7 Collaborates and consults; promotes team-working	2	2		M	Annex A Domain 3			
12.9 Supports clinical staff outside the ICU to enable the delivery of effective care	2	2		C, M, T	Annex A Domain 4			
12.10 Appropriately supervises, and delegates to others, the delivery of patient care	1	2		C, M, T	Annex A Domain 8: CC_D8_01			
12.11 Takes responsibility for safe patient care	2	3		D, C, M, T	Annex A Domain 9 and 11			
12.12 Formulates clinical decisions with respect for ethical and legal principles	1	2		C, M, T	Annex A Domains 2 and 8			

12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	2	3		M	Annex G,			
12.14 Participates in multidisciplinary teaching	3	3		M	Annex G			
12.15 Participates in research or audit under supervision	2	2		M	Annex A Domain 3			

Higher Level Intensive Care Medicine:

Number each assessment in your ICM portfolio (e.g. for DOPS D1, D2 etc). Complete the table columns 'Trainee Evidence' by identifying the relevant item(s) of evidence in your portfolio by its code (D1, D2 etc).

At least one piece of suitable evidence is required for each of the relevant competencies. One assessment can be used to cover multiple curriculum competencies. The 'Assessment Tools' column describes what type of workplace-based assessment is suitable for each competency. Other types of evidence may be used to demonstrate competencies, as described in 'Additional Assessment Tools Key' below. Please ensure that the numbering of evidence items in this table matches that in your portfolio.

'HIGHER Target Level' indicates the final competency level for this stage of training. Trainees should **not normally** be marked higher than these levels at the end of Higher training unless in exceptional circumstances with accompanying evidence. 'Entry Levels' shows the levels at which trainees will enter Higher level training from Intermediate Anaesthesia. **Please see the full ICM Syllabus for details of the knowledge, skills and behaviours which make up each competency.** Achievement Levels for some competencies may not change between training stages – these have been highlighted. In these instances Educational Supervisors must still sign-off each competency but trainees need not provide additional WPBA or assessment evidence if trainers are satisfied they have demonstrated maintenance of their skills and knowledge in these specific competencies. Further assessments in these competencies may be conducted if required. Please note that there are no level 0 competencies at this stage of training.

Those competencies which **must** be achieved in the 3/12 Higher ICM block are delineated below. ICM curriculum competencies which have been cross-mapped as achievable either within the 3/12 Intermediate ICM module or elsewhere in Anaesthesia training are shown separately. These competencies are **not** mandatorily assessed in the 3/12 Intermediate ICM module **but Anaesthesia trainees are encouraged to map their cross-specialty competency achievement.** This will enable easy demonstration of competency acquisition should they later wish to Dual accredit in ICM. **Anaesthesia trainees already undertaking Dual CCTs with ICM should use the ICM curriculum Stage 2 Training Record instead of this form to demonstrate their continued competency development.**

Competency Level Descriptors			
Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.

3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

Workplace-Based Assessment Tools Key			
D	Direct Observation of Procedural Skills [DOPS]	C	Case-Based Discussion [CBD]
I	ICM Mini-Clinical Evaluation Exercise [I-CEX]	M	Multi-source Feedback [MSF]
Additional Assessment Tools Key			
L	Anaesthetic List Management Tool [ALMAT]		
EE	Educational Event		
G	Logbook page ... [include page ref, i.e. G22]		

Higher level ICM within *The CCT in Anaesthetics*

These competencies **must be mandatorily assessed** during 3/12 block of ICM during Higher Level Anaesthetic training:

ICM Domain and Competencies	Entry Level	HIGHER Target Level	Level Achieved	Assessment Tools	Trainee Evidence	Educational Supervisor	
						Sign-off	Date
Domain 1: Resuscitation and 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	2	3		I, C, M, T, S			
1.4 Triage and prioritises patients appropriately, including timely admission to ICU	2	3		C, M, T			
1.5 Assesses and provides initial management of the trauma patient	2	3		D, I, M, T, C, S			
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation							
2.1 Obtains a history and performs an accurate clinical examination	2	3		I, M			
2.2 Undertakes timely and appropriate investigations	2	3		I, C, M			
2.4 Obtains appropriate microbiological samples and interprets results	2	3		D, C			
2.6 Interprets imaging studies	2	3		I, C			

2.8	Integrates clinical findings with laboratory investigations to form a differential diagnosis	2	2		I, C, T, S		
Domain 3: Disease Management							
3.1	Manages the care of the critically ill patient with specific acute medical conditions	2	2		D, I, C, M, T, S		
3.2	Identifies the implications of chronic and co-morbid disease in the acutely ill patient	2	2		C		
3.3	Recognises and manages the patient with circulatory failure	2	3		I, C, T, S		
3.4	Recognises and manages the patient with, or at risk of, acute renal failure	2	3		I, C, T		
3.6	Recognises and manages the patient with neurological impairment	2	3		I, C, T, S		
3.8	Recognises and manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS)	2	3		I, C, T		
3.9	Recognises and manages the septic patient	2	3		I, C, T		
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure							
4.2	Manages antimicrobial drug therapy	2	3		I, C, M		
4.5	Describes the use of mechanical assist devices to support the circulation	0	1		C		
4.6	Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	2	3		D, C, T		
4.7	Initiates, manages and weans patients from renal replacement therapy	1	2		D, I, C, T		
Domain 5: Practical procedures							
5.5	Performs fiberoptic bronchoscopy and BAL in the intubated patient	2	3		D, M		
Domain 6: Perioperative care							
6.1	Manages the pre- and post-operative care of the high risk surgical patient	3	4		C, M, T		
6.5	Manages the pre- and post-operative care of the trauma patient	2	3		C, T		
Domain 7: Comfort and recovery							
7.1	Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families	2	3		M, C		
7.2	Manages the assessment, prevention and treatment of pain and delirium	2	3		D, I, C, M, T		
7.3	Manages sedation and neuromuscular blockade	3	3		D, I, C, M, T		
7.4	Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives	2	3		M, T, S		
7.5	Manages the safe and timely discharge of patients from the ICU	2	2		M, T		
Domain 8: End of life care							
8.1	Manages the process of withholding or withdrawing treatment with the multi-disciplinary team	1	2		C, M		
8.2	Discusses end of life care with patients and their families / surrogates	2	3		C, M, D		
8.3	Manages palliative care of the critically ill patient	1	2		C, M, T		
8.4	Performs brain-stem death testing	1	2		D, S		
8.5	Manages the physiological support of the organ donor	1	2		I, C		

8.6	Manages donation following cardiac death	1	2		C, T, S		
Domain 9: Paediatric care							
<i>Domain 9 competencies can be covered elsewhere in Anaesthesia or entered below if achieved within ICM module</i>							
Domain 10: Transport							
10.1	Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	2	3		D, I, C, M, S		
Domain 11: Patient safety and health systems management							
11.1	Leads a daily multidisciplinary ward round	1	2		M		
11.2	Complies with local infection control measures	3	4		C, M		
11.7	Describes commonly used scoring systems for assessment of severity of illness, case mix and workload	2	3		C		
11.8	Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist	1	2		C, M		
Domain 12: Professionalism							
12.8	Ensures continuity of care through effective hand- over of clinical information	3	4		C, M, T, S		

Higher ICM module sign-off: *To be completed following 3/12 Anaesthetic Higher ICM module and acquisition of mandatory competencies*

Trainer Signature: _____ Trainer Name (Print): _____ Trainer GMC Number: _____ Date (DD/MM/YYYY)

(ICM Educational Supervisor or FICM Tutor)

Trainee Signature: _____ Trainee Name (Print): _____ Trainee GMC Number: _____ Date (DD/MM/YYYY)

Comments:

Additional Higher level Intensive Care Medicine Competencies

These competencies are **not mandatory** for assessment within the 3/12 ICM block in Higher Level Anaesthesia. However, trainees **may** acquire them during their Higher ICM module or via the cross-mapped Anaesthetic CCT competencies detailed below – this table provides the opportunity to demonstrate this competency acquisition. Due to the competency-sampling nature of *The CCT in Anaesthetics*, trainees may not be exposed to all of the areas of practice detailed below; therefore trainees are **not** expected to record evidence against every competency listed below, only those competencies which they have acquired.

All trainees are encouraged to record their cross-specialty competencies to remain pluri-potential for Dual CCTs ICM recruitment at ST3 level. Trainees who do not record additional cross-competency acquisition during Intermediate Anaesthesia are **fully eligible** for entry to ST3 ICM, but the below portfolio-mapping exercise may be useful when first entering ICM CCT and working with TPDs and trainers to determine the rest of their Stage 1 requirements.

ICM Domain and Competencies	Entry Level	HIGHER Target Level	Level Achieved	Assessment Tools	Anaesthesia CCT Competency	Trainee Evidence	ICM Educational Supervisor	
							Sign-off	Date
Domain 1: Resuscitation and management of the acutely ill patient								
1.2 Manages cardiopulmonary resuscitation – ALS recommended	3	4		I, M, T, S	RC_HS_02			
1.3 Manages the patient post resuscitation	2	3		I, M, T, S	RC_HS_02			
1.6 Assesses and provides initial management of the patient with burns	1	2		D, I, M, T, C	PL_IS_03 PL_HS_03 PL_HS_04			
1.7 Describes the management of mass casualties	1	2		C	MT_HK_01 MT_HK_03			
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation								
2.3 Performs electrocardiography (ECG / EKG) and interprets the results	3	4		D, I, C	OA_BS_03			
2.5 Obtains and interprets the results from blood gas samples	2	3		D, C	OA_BS_04			
2.7 Monitors and responds to trends in physiological variables	2	3		I, T, S	MT_HK_02			
Domain 3: Disease Management								
3.5 Recognises and manages the patient with, or at risk of, acute liver failure	1	2		I, C, T				
3.7 Recognises and manages the patient with acute gastrointestinal failure	2	2		I, C, T				
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	2	3		I, C, S				
3.11 Recognises life-threatening maternal peripartum complications and manages care	2	3		I, C, S	Annex B, C, D			
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure								
4.1 Prescribes drugs and therapies safely	3	4		D, C, M	Annex A Domain 2: CC_D2_02			
4.3 Administers blood and blood products safely	3	4		D, C, M	GU_HS_03 GU_HS_04			
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	3	4		I, C	GU_IS_03			

4.8	Recognises and manages electrolyte, glucose and acid-base disturbances	2	3		I, C, T, S	PA_HS_05 PI_HK_04		
4.9	Co-ordinates and provides nutritional assessment and support	2	2		I, C, T	PA_IS_05 PR_IK_15 NU_IK_01 NU_IK_02 NU_IK_03 NU_IK_04 NU_IK_05 NU_IK_06 NU_IK_07 NU_IK_08 EN_HK_05		
Domain 5: Practical procedures								
5.1	Administers oxygen using a variety of administration devices	3	4		D, S			
5.2	Performs emergency airway management	3	4		D, S	RC_HS_01		
5.3	Performs difficult and failed airway management according to local protocols	3	4		D, S	Airway Management RC_HS_01		
5.4	Performs endotracheal suction	2	4		D	AM_BS_11		
5.6	Performs percutaneous tracheostomy	0	1		D, M, S			
5.7	Performs chest drain insertion	2	3		D	MT_BS_04 MA_HS_02 CT_HS_17		
5.8	Performs arterial catheterisation	3	4		D, C			
5.9	Performs ultrasound techniques for vascular localisation	3	4		C			
5.10	Performs central venous catheterisation	3	4		D, C			
5.11	Performs defibrillation and cardioversion	2	3		D, C, S	RC_BS_08		
5.12	Performs transthoracic cardiac pacing, describes transvenous	1	2		D, C			
5.13	Describes how to perform pericardiocentesis	1	1		C			
5.14	Demonstrates a method for measuring cardiac output and derived haemodynamic variables	3	4		D, C			
5.15	Performs lumbar puncture (intradural / 'spinal') under supervision	3	4		D, S			
5.16	Manages the administration of analgesia via an epidural catheter	3	4		I			
5.17	Performs abdominal paracentesis	0	1		D, S			
5.18	Describes Sengstaken tube (or equivalent) placement	1	1		C			
5.19	Performs nasogastric tube placement	4	4		D			
5.20	Performs urinary catheterisation	3	3		D			
Domain 6: Perioperative care								

6.2	Manages the care of the patient following cardiac surgery	1	2		C	CT_HS_07		
6.3	Manages the care of the patient following craniotomy	1	2		C, T	NA_IS_03 NA_IS_14		
6.4	Manages the care of the patient following solid organ transplantation	0	1		C			
Domain 7: Comfort and recovery								
<i>Domain 7 competencies assessed mandatorily within ICM module</i>								
Domain 8: End of life care								
<i>Domain 8 competencies assessed mandatorily within ICM module</i>								
Domain 9: Paediatric care								
9.1	Describes the recognition of the acutely ill child and initial management of paediatric emergencies	2	2		I, C, S	PA_HS_10 PA_HS_11		
9.2	Describes national legislation and guidelines relating to child protection and their relevance to critical care	2	3		C	Child Protection		
Domain 10: Transport								
<i>Domain 10 competencies assessed mandatorily within ICM module</i>								
Domain 11: Patient safety and health systems management								
11.3	Identifies environmental hazards and promotes safety for patients and staff	2	3		C, M	Annex A Domain 8: CC_D8_01 CC_D8_02 CC_D8_05		
11.4	Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	2	3		C, M	Annex A Domain 8: CC_D8_03 CC_D8_04 CC_D8_06		
11.5	Organises a case conference	0	1		C, M	MN_HS_01		
11.6	Critically appraises and applies guidelines, protocols and care bundles	3	3		C	Annex A Domain 8: CC_D8_03C C_D8_06		
Domain 12: Professionalism								
12.1	Communicates effectively with patients and relatives	3	3		D, M, T, S	Annex A Domain 10		
12.2	Communicates effectively with members of the health care team	3	3		D, M, S	Annex A Domain 3		
12.3	Maintains accurate and legible records / documentation	3	4		D, M, T	Annex A Domain 1a: CC_D1_03		

12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment	2	3		C, M, T	Annex A Domain 10			
12.5 Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	2	3		C, M, T	Annex A Domain 1e			
12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data	3	4		C, M	Annex A Domain 9			
12.7 Collaborates and consults; promotes team-working	2	3		M	Annex A Domain 3			
12.9 Supports clinical staff outside the ICU to enable the delivery of effective care	2	3		C, M, T	Annex A Domain 4			
12.10 Appropriately supervises, and delegates to others, the delivery of patient care	2	3		C, M, T	Annex A Domain 8: CC_D8_01			
12.11 Takes responsibility for safe patient care	3	4		D, C, M, T	Annex A Domain 9 and 11			
12.12 Formulates clinical decisions with respect for ethical and legal principles	2	3		C, M, T	Annex A Domains 2 and 8			
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	3	4		M	Annex G			
12.14 Participates in multidisciplinary teaching	3	4		M	Annex G			
12.15 Participates in research or audit under supervision	2	3		M	Annex A Domain 3			

ICM Module Educational Agreement

Trainee: Educational Supervisor:

Attachment

Hospital & ICU:

Level of Training aiming towards: Date: / /

Objectives

Clinical management:

Practical procedures:

ICU management: Examinations:

Audit, research, presentations:

Teaching:

Number of assessments during attachment:

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 on to my next training supervisor.

Date of review of progress in achieving educational goals: / /

Signature Trainee: Signature Trainer: