

Curriculum for a CCT in **Intensive Care Medicine**

Part II

The Educational Training Record

Name:

NTN:

Revisions and comments:

Comments on the training programme are welcome from all, and should be directed to the Chair of the IBTICM. It will be kept under review and any changes to be implemented will come into effect six months following their publication.

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1. Introduction

This Educational Training Record is for the use of both the trainee and the trainer.

The aim of the Educational Training Record [ETR] is to provide a record of training in Intensive Care Medicine [ICM] and all trainees in ICM must maintain it. It complements the formal workplace-based assessments of trainees by their Educational Supervisors and ensures that adequate documentary evidence is obtained.

The Intercollegiate Board for Training in Intensive Care Medicine [IBTICM] will not approve training unless this record is properly completed. The ETR should be incorporated into a training portfolio which will inform the annual RITA /ARCP process. The trainee should begin to fill in the ETR as soon training in ICM commences.

An educational agreement should be drawn up with the trainer **within the first two weeks of starting a new attachment**. This is a collaborative document, in which the trainer and trainee agree specific educational goals that are appropriate, achievable and measurable. At Intermediate level, it should include a clear idea of which topics to cover in the expanded case summaries. These should be chosen to demonstrate reasonable breadth of experience within the curriculum. The agreement may need to be revised if progress is not satisfactory, the goals cannot be met, or the trainee's objectives change. It is therefore important that the trainee has regular reviews with the trainer and that the ETR is kept up to date.

The end-of-attachment assessment form describes the trainee's performance during a specific attachment and must be completed in addition to the workplace based assessment documents. A copy of each educational agreement and end-of-attachment assessment should be included in the ETR, together with other documents describing educational and professional development such as weekly meetings attended or organised, lectures and other presentations given, audit projects and any other material of educational value to the trainee. Examples of an educational agreement and end-of-attachment assessment are included in this document.

2. Workplace Based Assessments

The Curriculum documents include examples of appropriate tools to assess each competence. *The Handbook* describes the number of assessments normally required at each level of training. All the assessment tools can be downloaded from www.ibticm.org. It is important to ensure that assessments sample a variety of Domains.

It is the trainees' responsibility to ensure that the required number of assessments are performed at each level of training and that they are evenly spread throughout the attachment. The expanded case summaries, required for satisfactory completion of Intermediate Training, can be used as the basis for case based discussion.

3. Logbook

The trainee should keep a logbook of practical procedures. The IBTICM has produced an e-Logbook which can be downloaded via www.ibticm.org. It is also important to retain a record of the case-mix and degree of involvement of the trainee. See *The Handbook* for more on logbooks and portfolios.

4. Expanded case summaries

These case summaries should be completed by the end of Intermediate training.

A **total** of 10 case summaries are required. They should be discussed with the Educational Supervisor/Board Tutor and should cover a broad range of topics relevant to Intensive Care practice. They could be selected either to complement areas of particular interest or to help develop areas of weakness identified by the trainee or the trainee's supervisor, or simply to illustrate the learning points from a clinical case. Each expanded case summary should be between 750 and 1500 words long with a minimum of 4 and a maximum of 10 references and should be prepared on separate sheets using the following subheadings as a guide:

1. **Clinical problem**
2. **Relevant management**
3. **Further information and discussion**
4. **Learning points from this case**
5. **References**

The Board Tutor or Educational Supervisor must sign to confirm that each case summary is of an acceptable standard. They will be used as topics for discussion during Module 2 of the oral examinations if the UK Diploma in ICM is taken.

Guidance on expanded case summaries, along with a submission example, can be found at www.ibticm.org. More examples are available on the trainee division of the Intensive Care Society website: www.ics.ac.uk.

	Title of expanded case summary	Board Tutor's signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Educational Supervisor:

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

Name: Signature:



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:



END OF ATTACHMENT TRAINEE ASSESSMENT

Name: Date: / /

Attachment

Hospital & ICU:

ST Year: Duration of attachment: / / to / /

ETR Review

Achievements during attachment:

i). Competencies: Please sign domains achieved in table below

ii). Audit, research, presentations:

iii). Other:

iv). Critical Incidents:

v). Sickness:

Overall assessment of trainee:

Areas for development during next attachment:

Advice to trainee:

Recommendation to ARCP panel:

Signature Trainee: Signature Trainer:

COMPETENCY DOMAINS SUCCESSFULLY ACHIEVED

Competency Domain	Basic Level	Intermediate Level	Advanced Level
1. Resuscitation and initial management of the acutely ill patient	Sign	Sign	Sign
2. Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation	Sign	Sign	Sign
3. Disease Management	Sign	Sign	Sign
4. Therapeutic interventions / Organ system support in single or multiple organ failure	Sign	Sign	Sign
5. Practical procedures	Sign	Sign	Sign
6. Perioperative care	Sign	Sign	Sign
7. Comfort and recovery	Sign	Sign	Sign
8. End of life care	Sign	Sign	Sign
9. Paediatric care	Sign	Sign	Sign
10. Transport	Sign	Sign	Sign
11. Patient safety and health systems management	Sign	Sign	Sign
12. Professionalism	Sign	Sign	Sign

Competency Domains covered during attachment to be signed by supervising consultant. Please refer to IBTICM competency document.