Joint Faculty of
Intensive Care Medicine of Ireland

College of Anaesthetists of Ireland • Intensive Care Society of Ireland
Royal College of Physicians of Ireland • Royal College of Surgeons in Ireland

Higher Specialist Training
in
Intensive Care Medicine

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Introduction

Intensive Care Medicine (ICM) training is structured in Ireland as a 'supra-specialty', competency based, training programme. Supra-specialty training comprises training which is undertaken in addition to the achievement of full accredited training in a post-graduate medical 'base-specialty'. Currently, these base specialties are Anaesthesia, Internal and Emergency Medicine and Surgery. As a supra-specialty programme, knowledge, skill and competency from the base specialty of the trainee is enhanced and focussed with 2 years supra-specialty intensive care training. The overall training programme is that of a higher specialist training programme.

At the successful completion of higher specialist training in ICM, a doctor will have acquired the additional knowledge and competencies to allow consultant practice in ICM – in addition to the competencies (already attained) in his / her base-specialty. Such a doctor will have achieved a standardised set of ICM competencies, compatible with European Board of Intensive Care Medicine-approved Competency Based Training Programme in Intensive Care Medicine for Europe (CoBaTrICE).

Mission Statement of JFICMI

"To promote excellence in the practice of Intensive care medicine through a continuum of education, training, accreditation of specialists and research to meet the needs of the critically ill patients in Ireland."

Entry Requirements

As per the introduction, specialty training in intensive care medicine comprises base specialties (Anaesthesia, Internal and Emergency Medicine and Surgery) and 2 years supra-specialty intensive care training.

Base specialty training is commonly 6 years. One year of JFICMI-supervised intensive care training is allowed within the base specialty programme, either as a year out-of-programme or a special interest year. A second year is undertaken post base specialty CSCST. Hence the total duration of training is between 6 and 7 years for many trainees. The corresponding pathways to ICM training are outlined below in accordance with the particular specialty background of the prospective Intensive Care Medicine post-graduate trainee doctor.

Application Process

Trainees are appointed to supervised training posts through a central applications process under the auspices of the JFICMI. Currently there is an annual intake of trainees, with variable training numbers contingent on the numbers of applicants for special interest year posts and those eligible for post-CST appointment. The numbers of each is approximately 8 at special interest year and 4 at post CSCST year in 2017.

Application process is advertised in October, interviews in November / December, and appointments generally commence in July of the following year.

All training posts are in intensive care units accredited via the JFICMI visitation process (see website for accredited hospital list, www.jficmi.ie).

Training Pathways

a) Current Training pathways and regulations

Year 1 of specialty ICM training is characterised by the acquisition of the competencies specified within the curriculum, technical and procedural expertise (see Logbook / Procedures) and success at a summative Fellowship exam (Written, Clinical plus Viva) which is undertaken (FJFICMI) at the end of year 1. Intensive Care training at Year 1 may be achieved as a special interest year (SIY) in ICM, as per the established CAI training programme. Completion of Year 1 shall be in the senior years of advanced training for all base specialties (i.e. SAT 5/6 for anaesthesia trainees and equivalent for other base specialties). Where this year of intensive care training is not completed within the anaesthesia or other training programme, the trainee will need to complete 2 years of ICM training post base specialty CSCST.

During year 2 of specialty training, there is no further exam in ICM but publications / project or other accreditation (for example in critical care echocardiography) is required - as is suitable to a pre-consultant year of training. Competencies to be attained are as outlined in the JFICMI Curriculum document, with a particular focus on professionalism, and clinical leadership.

By the end of training, year 2 trainees will have completed 24 months of dedicated ICM training to include:

- Completion of all the 12 domains of ICM competency
- Basic Critical Care echocardiography competence
-Attendance at a BASIC course
- Attendance at an IDAP (Donor Awareness Programme) course
- Completion of a prospectively approved audit or research project with associated presentations and publication(s)
- Specific advanced training in critical care echocardiography or extra-corporeal life support (ECLS) training and accreditation or an alternative pathway to research (duration of training would preclude satisfactory completion of both research and specific advanced training modules).

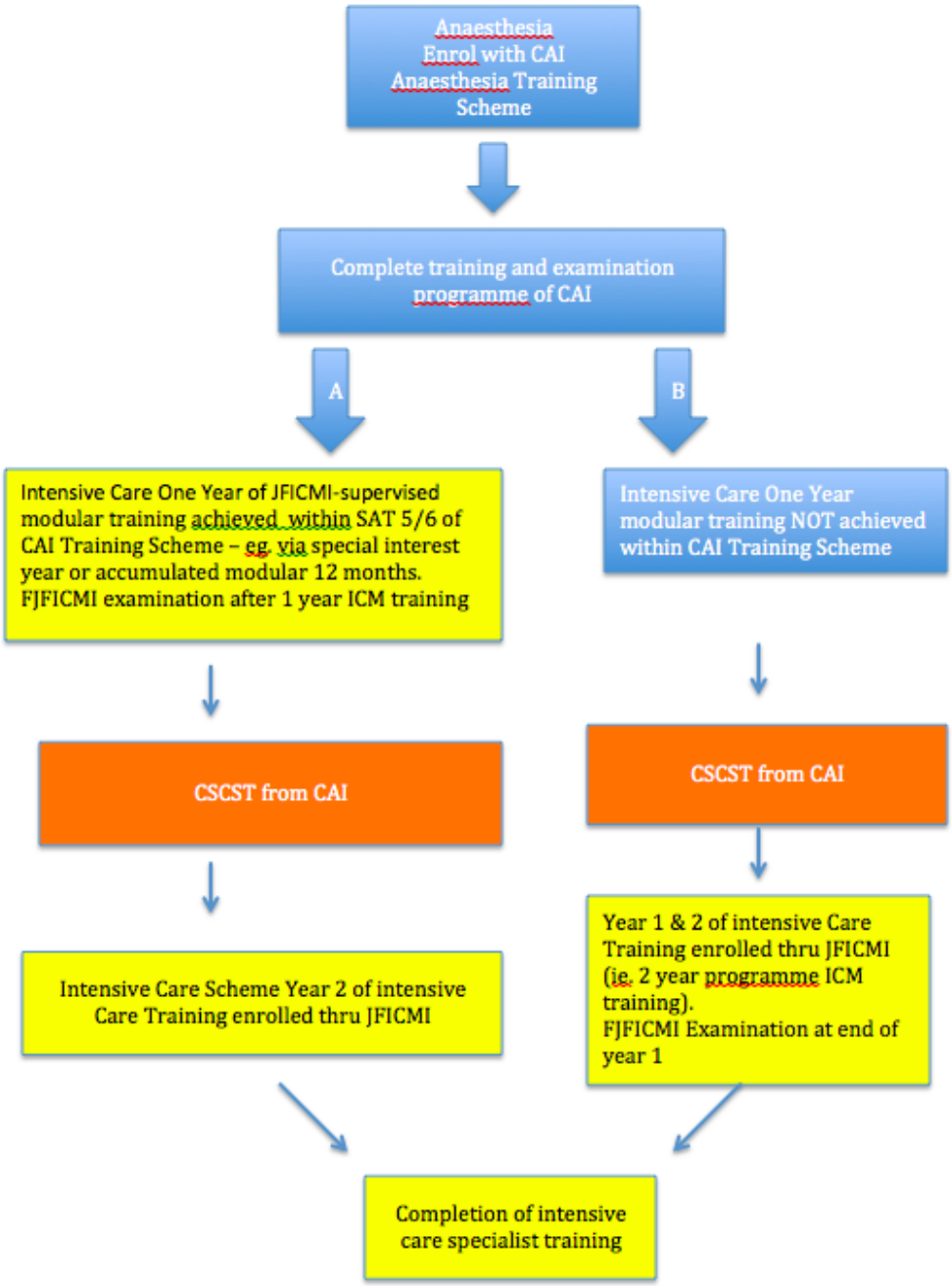
b) Current Training Outcomes and Career Structure:

The successful completion of one year of ICM training (as above), which includes success at the FJFICMI exam, allows eligibility (in Ireland) for a 'consultant with a special interest in ICM' position provided also that CSCST in base specialty is achieved. This career option is only utilised / available in Anaesthesia at present.

The successful completion of a pre-approved second 'supra-specialist' year of ICM training (see guidance above) will allow accreditation as a completed trainee in ICM. Such status will allow eligibility for specialist registration in ICM with the Medical Council of Ireland and eligibility to apply for a Consultant in Intensive Care Medicine position.

Overview of Training Pathways

I. ICM Trainees with Anaesthesia as base-specialty:



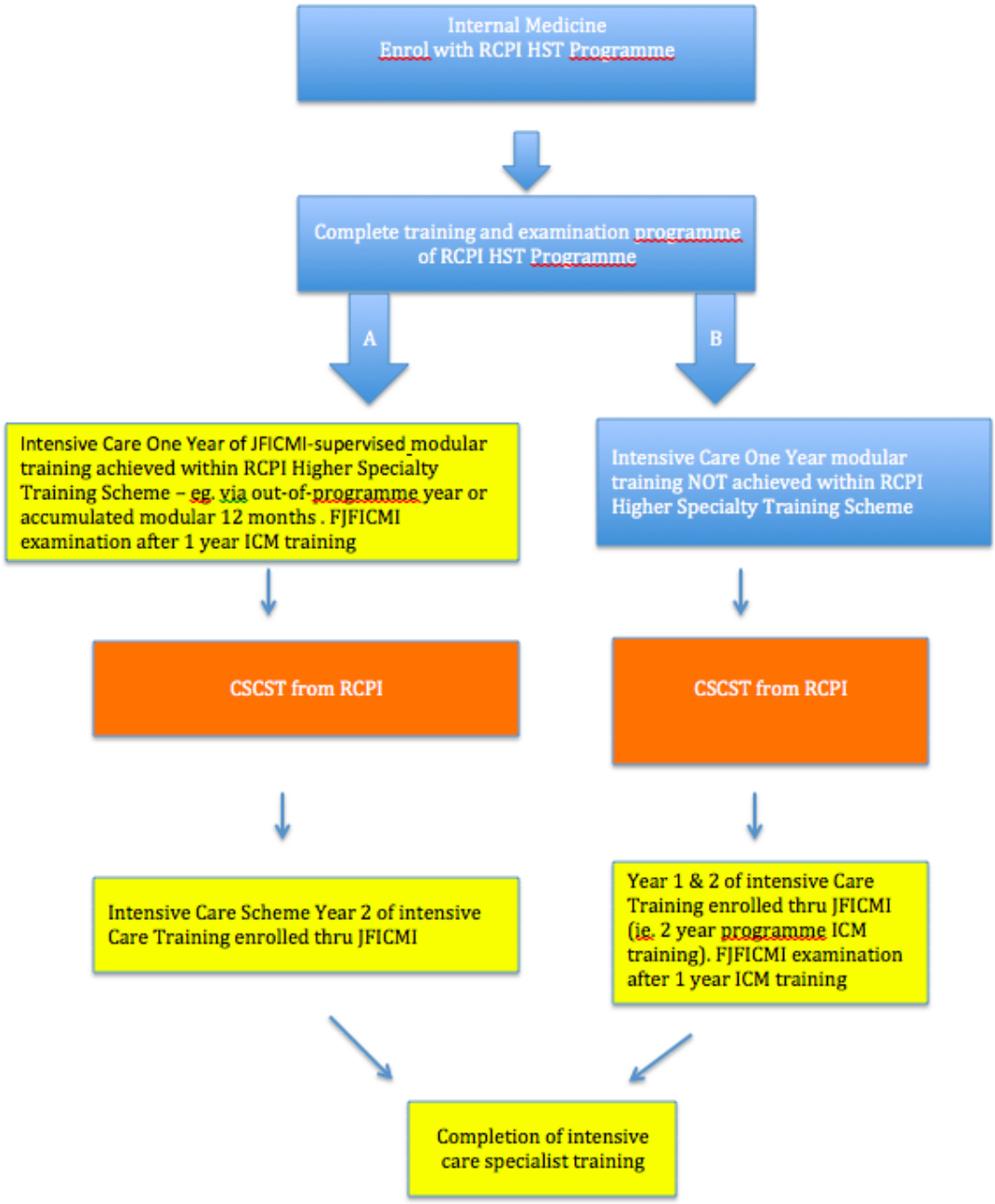
A JFICMI-accredited ICU and Hospital training position will provide the trainee with exposure to a broad range of medical disciplines within a suitable teaching environment while undergoing ICM training. Their programme of continuing medical education must include a wide range of general medicine topics and access to the

Medicine specialty PCS / CME programme as applies to Internal Medicine training in the Hospital. Specific access to certain skills and training opportunities (e.g. bronchoscopy, echocardiography, laboratory microbiology) may also be incorporated as relevant.

Duration of Training:

The duration of training for an anaesthesia trainee who wishes to complete specialty accreditation in intensive care medicine shall be 7 years for those who follow pathway (A) in the above organogram. For those who follow pathway (B) in the above organogram the duration of training shall be 8 years.

II. ICM Trainees with Internal Medicine as base-specialty:



Internal Medicine trainees:

An accredited centre for ICM training must include one day per week (or equivalent) of dedicated anaesthesia training. The trainee, over the course of year 1 of ICM training must achieve 100 intubations (2 per week approx.). Of these 100 intubations, at least 20 must be undertaken in emergency circumstances (emergency anaesthesia, emergency department, cardio-pulmonary resuscitation, intensive care patients). Competence with general airway management is required and attendance at a Difficult Airway course is mandatory.

Duration of Training / Internal Medicine:

The duration of training for an internal medicine trainee who wishes to complete specialty accreditation in intensive care medicine shall be governed by the duration of training of the choice of Higher Specialty Training scheme with the RCPI, with the added supra-specialty intensive care medicine training duration.

There is some variability in HST durations.

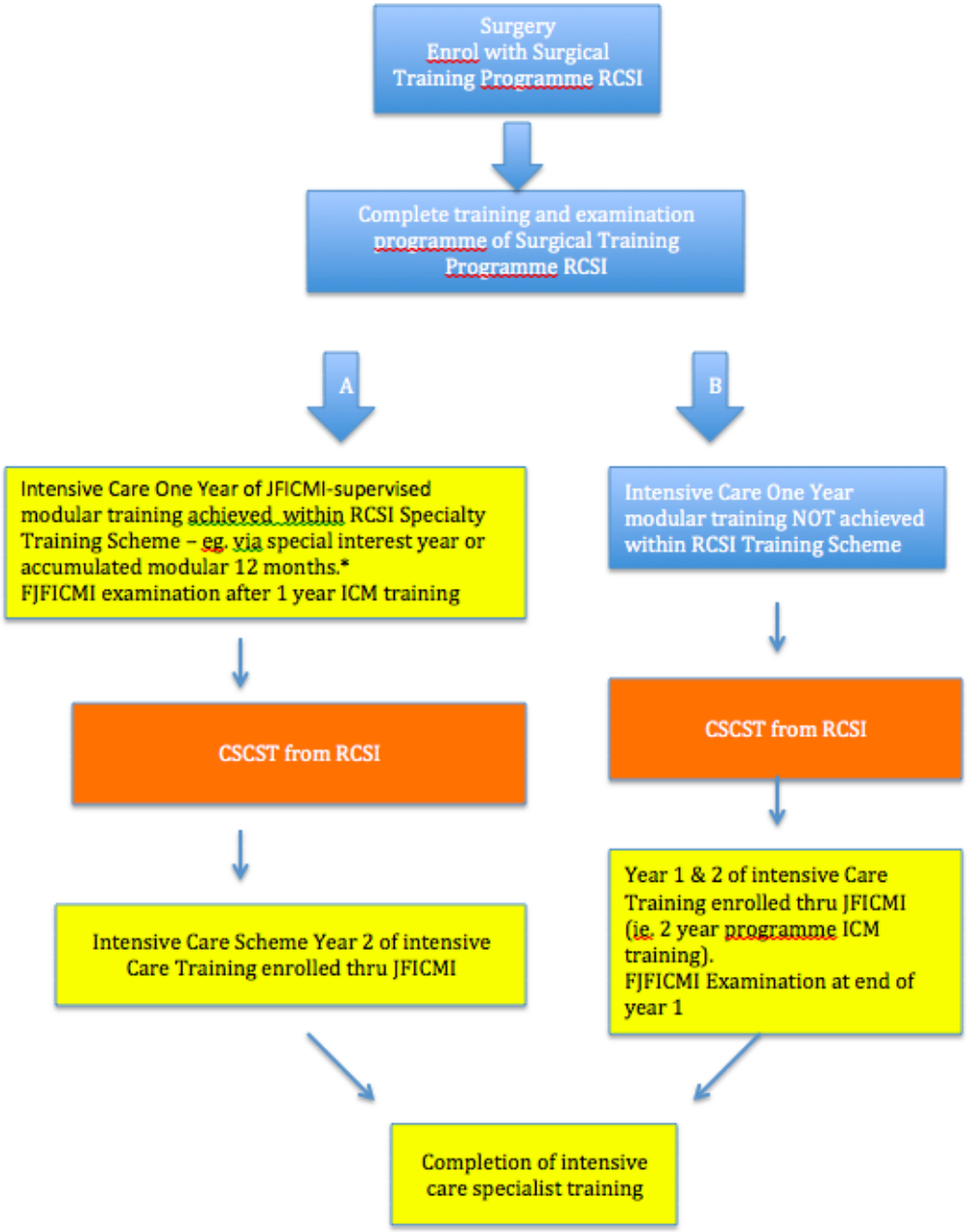
Example 1. Respiratory Medicine:
This is a 5 year HST programme within which is allowed one out-of-programme year. This out-of-programme year has been allowed to date to be a year in intensive care medicine. Hence via pathway (A) in the above organogram, the trainee would have a duration of training of 2 years at BST, 5 years HST including one year ICM, then a final year of ICM, giving a total of 8 years training.

For those who follow pathway (B) in the above organogram the duration of training shall be 9 years.

Example 2. Infectious Diseases:
Eight or nine years same as above

Example 3. Medical Oncology:
This is a 4-year programme within which is allowed one out-of-programme year.
Pathway (A) therefore is 7 years.
Pathway (B) therefore is 8 years.

iii. ICM Trainees with Surgery or Emergency Medicine as base-specialty:



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general airway management is required and attendance at a Difficult Airway course is mandatory.

A JFICMI accredited ICU and Hospital training position will provide the trainee with exposure to a broad range of medical disciplines within a suitable teaching environment while undergoing ICM training. Their programme of continuing medical education must include a wide range of general medicine topics and access to the Medicine specialty PCS / CME programme as applies to Internal Medicine training in the Hospital. Specific access to certain skills and training opportunities (e.g. bronchoscopy, echocardiography, laboratory microbiology) may also be incorporated as relevant.

Duration of Training / Surgery:

The National Surgical Training Programme is an 8-year programme.
* The RCSI Specialty Training Scheme currently is unable to provide a year out of programme or special interest year in intensive care medicine, and hence for surgical trainees wishing to follow a career in intensive care medicine the current pathway is (B), and therefore 10 years duration.

Emergency Medicine trainees:

Core specialist training in Emergency Medicine (CSTEM) includes a mandatory module of 6 months Anaesthesia / Intensive Care Medicine. For those progressing to intensive care training recognised by the JFICMI, the trainee, over the course of year 1 of ICM training must achieve 100 intubations (2 per week approx.). Of these 100 intubations, at least 20 must be undertaken in emergency circumstances (emergency anaesthesia, emergency department, cardio-pulmonary resuscitation, intensive care patients). Competence with general airway management is required and attendance at a Difficult Airway course is mandatory.

Duration of Training / Emergency Medicine:

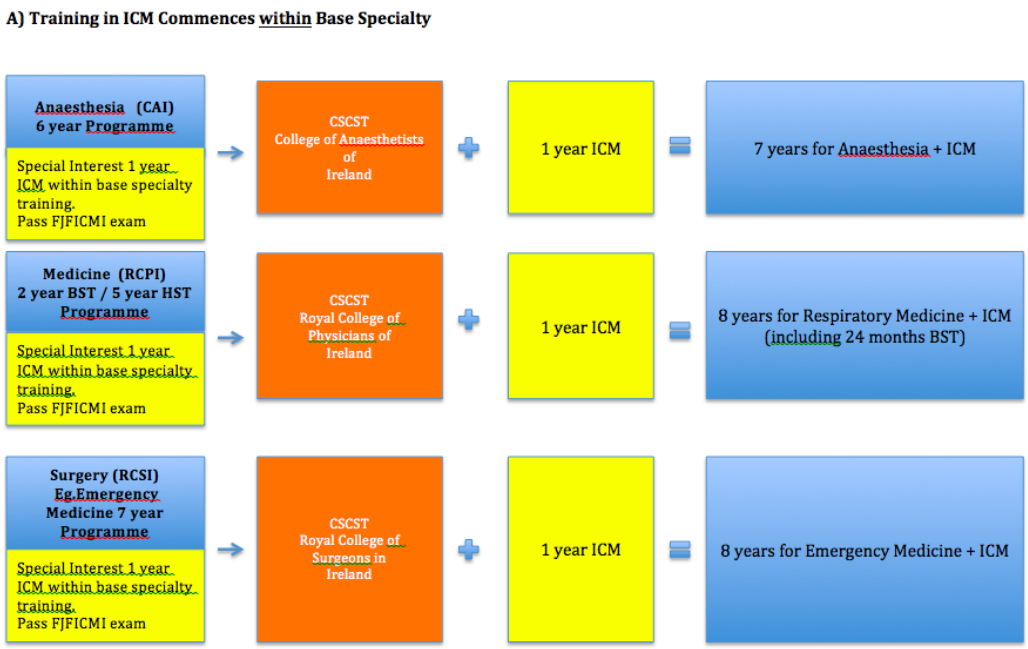
The National Emergency Medicine Training Programme is a 7-year programme. Approval for Pathway (A) above would therefore allow the trainee to complete training in an 8-year period. Year 3 of Core Specialist Training in Emergency Medicine currently has a structure 6-month period of Anaesthesia and/or Critical Care Medicine. On an individual basis to date a longer period of intensive care training has been recognized. This provision requires on-going engagement with the Irish Committee for Emergency Medicine Training.

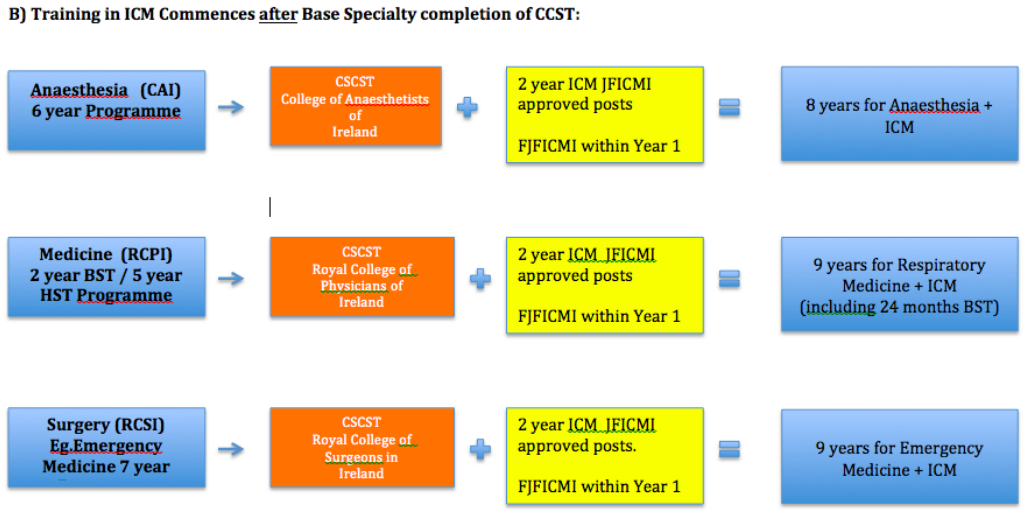
Pathway (B) would allow a duration of training over a 9-year period.

iv. ICM Monospecialty Training:

There is no approved programme for monospecialty training in intensive care medicine in Ireland.

Summary of Training Duration per Base Specialty





Curriculum

CoBaTrICE is an international partnership of training organisations under the aegis of the European Society of Intensive Care Medicine. The programme has developed an internationally acceptable competency-based training programme by using consensus techniques (Delphi and Nominal Group) to develop minimum core competencies for specialists in intensive care medicine.

The competencies have been developed as the roles and skills of the intensivist develop and change over the years and are informed by advances in medical education. The CoBaTrICE curriculum is endorsed by the European Board of Intensive Care Medicine and the national training organisations of 28 European countries. A number of countries have adopted the CoBaTrICE curriculum directly, e.g. Netherlands. In others, e.g. UK Faculty of Intensive Care Medicine, the relevant competencies have been mapped to the CoBaTRICE competencies.

The JFICMI has adopted the CoBaTrICE curriculum, though similar to the FICM UK, has articulated the syllabus in such a manner to map the competencies to assessment methodology and to the Medical Council Domains of Good Professional Practice

The full curriculum for the JFICMI is available on the JFICMI website - www.jficmi.ie

The competency based training structure is designed to make available to trainees the required practical skills, clinical experience, and theoretical knowledge through clinically based education programmes and exam preparation.

The curriculum outlines the elements of knowledge, skills, and competencies mapped to the Medical Council 8 domains of Good Professional Practice.

Assessment

Progression through training is predicated on satisfactory participation and performance in the following assessments:

- Consultant feedback at interim ("in-term") training assessment. This is a structured meeting between the trainee and their training supervisor to discuss the trainee's performance to date as well as to update the trainee's learning goals for the remainder of their ICM module. Feedback delivered to the trainee is derived from observation of their daily performance by the training supervisor and by other consultants within the clinical department. This process seeks feedback from the trainee and is signed off by both parties.

- Workplace-based assessments:
  - Direct observation of procedural skills (DOPS): a real-time observation of a trainee-patient interaction which involves a clinical procedure. This is followed by structured feedback from an ICM consultant observer.

  - Mini-clinical examination exercise (Mini-CEX): a real-time observation of a trainee-patient clinical interaction followed by structured feedback from an ICM consultant observer.

  - Case-based discussion (CbD): a retrospective discussion between the trainee and an ICM consultant about a clinical case managed by the trainee in the course of their daily practice.

  - Entrustable professional activities (EPAs): discrete tasks or competencies of high importance in intensive care medicine. Trainees are rated from 1-5 (increasing order of competence) based on their performance as assessed by DOPS, Mini-CEX or CbD.

- Review of eLogbook at www.jficmi.ie website. This enables the training supervisor to view a trainee's record of clinical time spent in the ICU, the case mix of patients managed during this time as well as the procedural skills undertaken during the module.

- Consultant feedback on involvement in departmental audit and journal club activities

- Clinical microbiology / infectious disease multidisciplinary ward rounds – all trainees participate and present cases at these rounds. These are a mandatory part of the JFICMI hospital accreditation as a training site and part of the assessment of knowledge as per the Curriculum

- ICU/Radiology multidisciplinary rounds – all trainees participate and present cases at these rounds. These are a mandatory part of the JFICMI hospital accreditation as a training site and part of the assessment of knowledge as per the Curriculum

- Trainee clinical and educational presentations and feedback.

- Trainee participation in ICU Multidisciplinary rounds with physiotherapy, occupational therapy, nutritional and speech therapy services.

Mandatory Courses:

A number of courses are deemed mandatory by the JFICMI, all of which include a completion assessment:

- Intensive Care Simulation Course: a mandatory course that assesses clinical reasoning as well as non-technical skills such as task management, team working, situation awareness and decision making

- Difficult airway workshop (College of Anaesthetists).

- ACLS

- Basic Critical Care Echocardiography training (JFICMI) and logbook: basic transthoracic echocardiography is now an essential skill for those practicing in the field of intensive care medicine and is a mandatory course for trainee completing year 2 of ICM training.

- Irish Donor Awareness Programme course (JFICMI): a mandatory course for the professionalism and skills related to organ donation

Desirable Courses

A number of courses are recommended as desirable by the JFICMI, all of which include a completion assessment. Some of these courses are delivered by the JFICMI, others as listed below.

- BASIC course (Intensive Care Society of Ireland)
- Critical Care Refresher course (JFICMI)
- ATLS
- Beyond BASIC: Mechanical Ventilation course (Intensive Care Society of Ireland)
- Beyond BASIC: Nephrology course (Intensive Care Society of Ireland)
- JFICMI Examination short course (JFICMI)
- APLS / PALS or equivalent
- Transport Medicine course (HSE National Transport Medicine Programme)
- National Patient Safety Conference attendance (College of Anaesthetists of Ireland)
- Quality Improvement Changing Healthcare for the Better course (RCPI)

Summative assessment tools for ICM training are as follows:

- Consultant feedback at final ("end-of-term") training assessment. This is a structured meeting between the trainee and their training supervisor and at least one other consultant colleague at the end of an ICM module. The purpose of this assessment is to review a trainee's performance and thereby decide to either (a) recommend trainee progression to the next stage of their training or (b) to highlight any concerns about the trainee's performance that might delay progression to the next stage of their training. The latter information is transmitted to the JFICMI Training Committee via an online link on the www.jficmi.ie website. This process seeks feedback from the trainee and is signed off by both parties.
- JFICMI Fellowship examination:
  - Short answer questions: 8 SAQs in written format
  - Multiple choice questions: 100 questions with a combination of single-best-answer questions (type A) and complex multiple-answer questions (type K)
  - Bedside clinical examination: one-hour process comprising one long case and two short case clinical assessments
  - Data interpretation: a combination of laboratory and radiology intensive care tests presented in an electronic format

        - Viva examination: cross-table discussion about a combination of clinical, non-clinical, administrative, professional and ethical topics relevant to intensive care medicine
    - Review of eLogbook on www.jficmi.ie website
    - Confirmation of attendance at mandatory JFICMI educational courses
    - Confirmation of satisfactory participation in ICM educational and research activities during training modules
    - Evidence of completion of advanced training course (e.g.Transthoracic echocardiography)

Final "sign-off" process: A final interview between the trainee and members of JFICMI Training Committee to ensure that all training requirements have been satisfied. This is followed by a recommendation made to the JFICMI Board about whether the trainee has achieved satisfactory completion of ICM training or not.

The table below summarises the key components of training in intensive care medicine and the assessment methods used to ensure that a trainee has satisfied these components of training. They represent an abbreviated version of the 12 domains of training and assessment contained in the JFICMI Curriculum.

Key training component	Formative assessment method(s)	Summative assessment method(s)
Knowledge of critical illness	• Consultant feedback in the workplace • Interim "in-term" assessment with SOT • CbDs, Mini-CEX • Participation in clinical and educational presentations • Courses – mandatory and desirable	• JFICMI examination – MCQs, SAQs and Vivas • eLogbook showing case mix of patients managed • "End-of-term" assessment with SOT • "Sign-off" interview with Trainee Committee members • Attendance at mandatory courses
Diagnostic evaluation and investigation of patient with critical illness	• Consultant feedback in the workplace • Interim "in-term" assessment with SOT • CbDs, Mini-CEX, DOPS, EPAs • Participation in ICU clinical rounds (radiology, microbiology rounds) • Courses – mandatory and desirable	• JFICMI examination – MCQs, SAQs, data interpretation, bedside examination, Vivas • eLogbook showing case mix of patients managed • "End-of-term" assessment with SOT • "Sign-off" interview with Trainee Committee members

Procedural skills	• Consultant feedback in the workplace • Interim "in-term" assessment with SOT • eLogbook showing procedures performed in clinical practice • DOPS, EPAs • Courses – mandatory and desirable	• eLogbook showing case mix of patients managed • "End-of-term" assessment with SOT • "Sign-off" interview with Trainee Committee members • Attendance at mandatory courses
Critical disease management (including peri-operative care)	• Consultant feedback in the workplace • Interim "in-term" assessment with SOT • CbDs, Mini-CEX, DOPS, EPAs • Participation in clinical and educational presentations • Courses – mandatory and desirable	• JFICMI examination – MCQs, SAQs, Vivas • eLogbook showing case mix of patients managed • "End-of-term" assessment with SOT • "Sign-off" interview with Trainee Committee members
Managing patient comfort and recovery	• Consultant feedback in the workplace • Interim "in-term" assessment with SOT • CbDs, Mini-CEX, DOPS, EPAs • Participation in ICU multidisciplinary meetings (physio, OT etc.)	• JFICMI examination – bedside examination, Vivas • eLogbook showing case mix of patients managed • "End-of-term" assessment with SOT • "Sign-off" interview with Trainee Committee members
End of life care	• Consultant feedback in the workplace • Interim "in-term" assessment with SOT • CbDs, Mini-CEX	• JFICMI examination – Vivas • eLogbook showing case mix of patients managed • "End-of-term" assessment with SOT • "Sign-off" interview with Trainee Committee members • Attendance at mandatory donor awareness course
Transport of the critically ill patient	• Consultant feedback in the workplace • Interim "in-term" assessment with SOT • DOPS • eLogbook review of intra- and inter-hospital transfers • Transport medicine course – desirable	• JFICMI examination – Vivas • eLogbook showing patient transfers managed • "End-of-term" assessment with SOT • "Sign-off" interview with Trainee Committee members
Patient safety and healthcare management	• Consultant feedback in the workplace • Interim "in-term" assessment with SOT	• JFICMI examination – SAQs, Vivas • eLogbook showing patient transfers managed

	• eLogbook review • Consultant feedback on management and leadership skills • Involvement in organizational, administrative and committee activities in hospital and ICU • Consultant feedback on involvement in departmental audit and journal club • Courses - desirable	• "End-of-term" assessment with SOT • "Sign-off" interview with Trainee Committee members
Professionalism	• Consultant feedback in the workplace • Interim "in-term" assessment with SOT • CbDs, EPAs • eLogbook review • Consultant feedback on ICU educational, research and audit activities	• JFICMI examination – SAQs, Vivas • eLogbook showing patient transfers managed • "End-of-term" assessment with SOT • "Sign-off" interview with Trainee Committee members

Table legend: Assessment tools mapped to components of training. For more details about courses, see section 5.1.1 or appended Curriculum document. [SOT: Supervisor of Training, MCQs: multiple choice questions, SAQs: short answer questions, DOPS: direct observation of procedural skills, CbDs: case based discussions, Mini-CEX: mini clinical examination exercises, EPAs: Entrustable professional activities]

Examination

1. General

The Fellowship exam (FJFICMI) is a summative examination process within the global training of a postgraduate doctor in Intensive Care Medicine (ICM) and is fundamental to the role of the Joint Faculty of Intensive Care Medicine of Ireland (JFICMI) in the overall supervision of Training in ICM in Ireland. The responsibility of the JFICMI to conduct a Fellowship exam is entrusted to its Examination and Training Committees and their Chairs.

The exam has 2 parts: part 1 (written: MCQ and SAQ) and part 2 (clinical and viva exams).

2. Setting the Exam

The exam is set by the Examination Committee three months in advance of it being held: the written exam being normally conducted in April-May.

Exam of six sections

	Section	**Content**	**Time allowed**
Part 1			
- MCQ	1	Type A and K Questions	60 mins
- SAQ	2	8 short answer (SAQ)	90 mins
Part 2			
- Clinic 1	3	Major Case x 1	30 mins
- Clinic 2	4	Minor Cases x 2	30 mins
- Viva 1	5	ECGs, Radiology, Labs, Traces	20 mins
- Viva 2	6	Intensive Care Topics	20 mins

Having 6 distinct sections ensures the candidate is examined by differing examination techniques and exposes each candidate to many examiners making it a balanced and fair process.

The part 1 exam consists of 100 multiple choice questions and 8 short answer questions. The MCQ are divided into 20 single best answer and 80 multiple choice questions each carrying 1 mark and the time allowed is 60 minutes. The MCQs are derived from an extensive bank housed at the JFICMI secretariat and is renewed annually by practising intensivists. With each new sitting some old questions and some new questions are used thus standardising the difficulty to previous years. MCQs are set by JFICMI examiners and then vetted by the examination committee for content, quality and accuracy. The MCQ paper is mapped to the syllabus of the training program ensuring the candidate is examined across all aspects of intensive care medicine.

Both the MCQ and written (SAQ) paper seeks to set a balance of medical, surgical and general critical care questions which are mapped to the syllabus of the training program ensuring the candidate is examined across all aspects of intensive care medicine.

3. Dates and venues

Exam: Once the date for the written exam (part 1) is set, the hospital(s) which will host the clinical exam (part 2) is (are) agreed, usually on a rotational system. The Clinical / Viva exam is conducted over one day and is usually in May.

Course: The pre-exam course is run by the JFICMI over three days in the March before the exam. Positions are limited and preference is given to registered ICM trainees who are eligible to take the JFICMI fellowship exam. The course is normally conducted in three Dublin hospitals.

Closing date for applications: This is set to allow time for administrative organisation and for review of applications by the Chair of the Examination committee to ensure compliance with exam eligibility.

4. Candidates

See Training Pathway for individual specialty backgrounds.

Applicants are also required to have attained at least one year of approved training in ICM, up to 6 months of which may have been in 'complementary discipline training'. Candidates are required to become registered trainees with the JFICMI and to have their training prospectively approved.

5. Arbitration on Candidate performance in the Exam

a) Standard of the Examination

The standard required in the JFICMI Fellowship examination is that of a consultant specialist or senior trainee who has satisfactorily completed at least one year of specific, supervised Intensive Care Medicine training. The candidate should show evidence of skills, attitudes and knowledge that should allow him / her to take charge of an ICU (and the management of its patients) for a period.

The candidate will be expected to show consistent evidence of competence to practise independently in intensive care medicine. This will include evidence of a capacity to consult other services appropriately and in general to maximise the multidisciplinary environment of critical care for optimum patient benefit.

b) Marking system

With reference to the six-section format of the exam (see below and also the JFICMI's Exam Format document), each of the six sections is marked with equal importance i.e. a maximum of 5 marks (range 0 – 5) per section. However, the Fellowship exam is a clinical exam primarily and a premium is attached to passing the clinical sections of the exam. A pass mark (6), between the two clinical components of the exam, is a requirement to pass the exam.

c. Assessment on which marking is based:

A six point 'closed' marking system is used, the marks being:

Bad Fail / Veto	**0**
Fail	**1**
Bare Fail	**2**
Pass	**3**
Good Pass	**4**
Excellent	**5**

The marking system is designed as a closed marking system.

Each section of the exam (apart from the MCQ) is scored by a pair of examiners.

i.e.: All written SAQ papers are exchanged between a pair of examiners
2 examiners for each clinic
2 examiners for each viva

The scores awarded to each candidate at all interactive sections of the exam must be agreed and recorded by the examiner pair at the end of each section of the exam – before beginning to examine another candidate. It is anticipated that the Extern will examine with different pairs of examiners throughout the day, and may act at times as an observer, at his/her discretion.

d. Application of the marking system to various sections of the Exam

1. **MCQ Section:**

The MCQ is marked as

1 mark = correct answer
0 mark = incorrect answer or no answer
i.e. there is no negative marking in the MCQ

2. Paper (SAQs) section:

The SAQ paper is sat 1 hour after the MCQ has been completed. The candidates have 90 minutes for this paper. The model answers are vetted by the examination committee for content, quality and accuracy.

There are usually four paper-marking examiners, who are divided into two marking pairs.

Each question is to be marked in accordance with JFICMI standard marking system (0 – 5).

Examiners are requested to use the 0 (zero: i.e. veto) mark only in extreme circumstances. If it is used, the examiners will be asked to justify their mark at either the script review or call-over meetings.

At the end of the SAQ marking process, the total marks for the SAQs for each candidate are collated by the Chairman of the Examination, the composite marks being addressed as follows. In the event of the composite score being other than a whole number (e.g. 2.4), the mark (for this section of the exam) will be rounded to the nearest whole number

e.g. < 2.5 shall be rounded to 2
≥ 2.5 shall be rounded to 3

Admission to Part 2 (Clinical / Viva Exam):

The marks from section 1 and 2 of the exam are added for each candidate. A mark of ≥ 5 is required in these two sections to qualify for admission to the clinical / viva sections of the exam. On receipt of his/her results the candidate can apply to present to part 2 of the exam. If a candidate scores a mark of ≥ 5 (i.e. pass), he/she may defer presenting to part 2 for one year only. If he/she does not apply for and present at the subsequent part 2 exam, then he/she forfeits the original results of part 1 and must represent for part 1.

Part 2 of exam – Clinics x 2 and Vivas x 2

Part 2 consists of 4 parts: 2 clinical sections and 2 cross-table viva sections. The clinical sections consist of one major case which carries a maximum of 5 marks and 2 minor cases which together carry a maximum of 5 marks. Each viva carries a maximum of 5 marks. Part 2 in total carries 20 marks. The candidate is examined in each section of part 2 by a minimum of 2 and often 3 examiners. The candidate is examined by different examiners in each section of part 2. The clinical cases (both major and minor) have a Performa set of clinical findings that the examiners are given prior to examining each candidate, thus standardising the exam. The viva sections have pre-written model answers that have been scrutinised by the examination committee, thus standardising this section of the exam.

Overall Exam Marking – court of examiners' 'call-over'.

Once the marks from the Clinical / Viva section of the exam are collated, attention is given to the overall results from the exam. The 'call over' is the forum of the examiners where all the marks are collated and the final adjudication is agreed by all present – in accordance with the 'marking' regulations outlined.

Veto marks (0) will be the subject of discussion and issues of counselling may need to be addressed.

Overall examination result

Pass 18 marks

Provided

a) The combined mark achieved in clinical sections (3 and 4) is 6 or greater
b) The candidate has no mark of 0 (veto) in any section of the exam

Faculty Medal

The candidate who achieves first place in the exam provided the mark awarded is ≥ 25 marks.

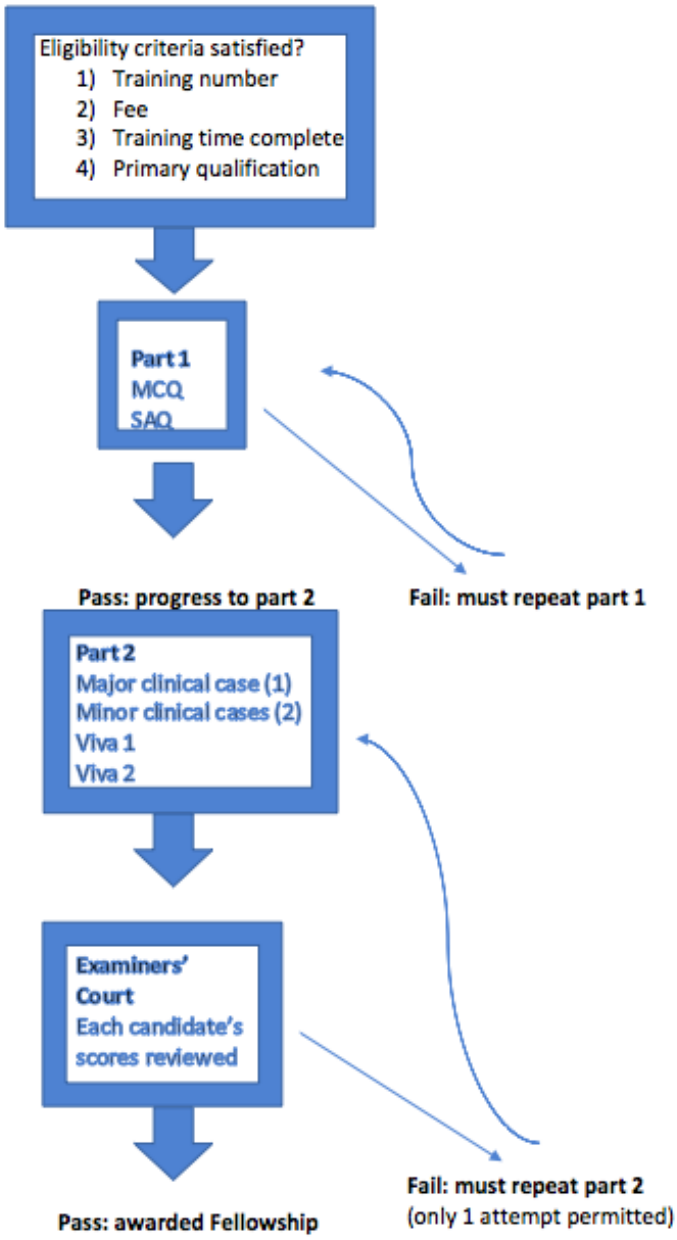
Although the overall pass mark is 18 (with provisions - see below), candidates whose composite mark is 17 shall be reviewed, provided the composite score for the clinical sections (major and minor cases) is ≥ 6.

If the highest marked candidate has achieved a mark of 25 or over, (s)he is considered for the award of the JFICMI medal and a recommendation for the awarding of the Medal should go to the next Board meeting. The medal is normally awarded at the time of the conferral of the Fellowship.

Announcement of Results to Candidates

The results are announced immediately after the call-over and the successful candidates are invited to meet the examiners.

The candidates who were not successful are offered the opportunity for exam feedback on their exam performance and for advice / counselling.



Organogram for Joint Faculty of Intensive Care Medicine Fellowship Examination

Research

Completion of an audit or research project is a requirement of the two years of ICM specialist training. Trainees are encouraged to acquire research training and competence and the achievement of a successful (preferably published) research work during training is recognised for credit and accolades towards certification of completion of specialist training. Those who have pursued a research pathway in their base specialty training will also be encouraged to continue their academic research.

The post-CSCST year (Year 2 ICM Training) is strongly clinical in focus. A non-clinical day is built into the working week, thereby affording approximately 20% of time towards research or audit. A submission for a dedicated period of training devoted to research will be considered by the Training Committee on a case by case basis, informed by the prior research opportunities and research product of the candidate as well as cumulative intensive care and complementary training to date.

Training Progress Report

The Supervisor of Training is required to review with each trainee their knowledge and training experience. All trainees are required to acquire proficiency in the 12 competencies presented here.

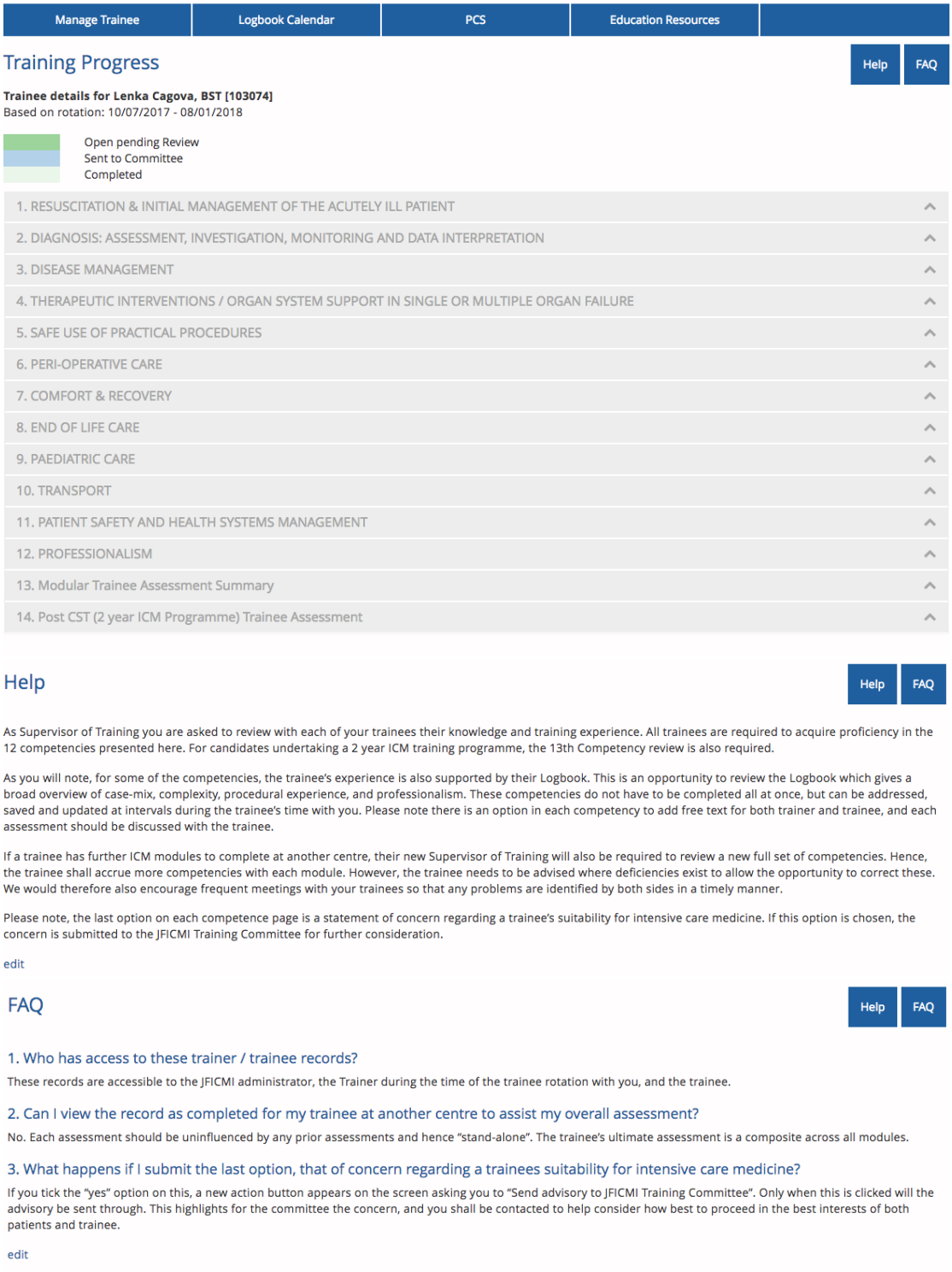
The trainee's experience is also supported by their eLogbook. This is an opportunity to review the eLogbook which gives a broad overview of case-mix, complexity, procedural experience, and professionalism.

These competencies do not have to be completed all at once, but can be addressed, saved and updated at intervals during the trainee's time with you. Please note there is an option in each competency to add free text for both trainer and trainee, and each assessment should be discussed with the trainee.

If a trainee has further ICM modules to complete at another centre, their new Supervisor of Training will also be required to review a new full set of competencies. Hence, the trainee shall accrue more competencies with each module. However, the trainee needs to be advised where deficiencies exist to allow the opportunity to correct these. We would therefore also encourage frequent meetings with trainees so that any problems are identified by both sides in a timely manner.

Please note, the last option on each competence page is a statement of concern regarding a trainee's suitability for intensive care medicine. If this option is chosen, the concern is submitted to the JFICMI Training Committee for further consideration.

The Training Progress Report overview in the following pages is available on-line through the JFICMI website using a Supervisor of Training login.


Manage Trainee
Logbook Calendar
PCS
Education Resources
Training Progress
Help
FAQ
Trainee details for Lenka Cagova, BST [103074]
Based on rotation: 10/07/2017 - 08/01/2018
Open pending Review
Sent to Committee
Completed
1. RESUSCITATION & INITIAL MANAGEMENT OF THE ACUTELY ILL PATIENT
2. DIAGNOSIS: ASSESSMENT, INVESTIGATION, MONITORING AND DATA INTERPRETATION
3. DISEASE MANAGEMENT
4. THERAPEUTIC INTERVENTIONS / ORGAN SYSTEM SUPPORT IN SINGLE OR MULTIPLE ORGAN FAILURE
5. SAFE USE OF PRACTICAL PROCEDURES
6. PERI-OPERATIVE CARE
7. COMFORT & RECOVERY
8. END OF LIFE CARE
9. PAEDIATRIC CARE
10. TRANSPORT
11. PATIENT SAFETY AND HEALTH SYSTEMS MANAGEMENT
12. PROFESSIONALISM
13. Modular Trainee Assessment Summary
14. Post CST (2 year ICM Programme) Trainee Assessment
Help
Help
FAQ
As Supervisor of Training you are asked to review with each of your trainees their knowledge and training experience. All trainees are required to acquire proficiency in the 12 competencies presented here. For candidates undertaking a 2 year ICM training programme, the 13th Competency review is also required.
As you will note, for some of the competencies, the trainee's experience is also supported by their Logbook. This is an opportunity to review the Logbook which gives a broad overview of case-mix, complexity, procedural experience, and professionalism. These competencies do not have to be completed all at once, but can be addressed, saved and updated at intervals during the trainee's time with you. Please note there is an option in each competency to add free text for both trainer and trainee, and each assessment should be discussed with the trainee.
If a trainee has further ICM modules to complete at another centre, their new Supervisor of Training will also be required to review a new full set of competencies. Hence, the trainee shall accrue more competencies with each module. However, the trainee needs to be advised where deficiencies exist to allow the opportunity to correct these. We would therefore also encourage frequent meetings with your trainees so that any problems are identified by both sides in a timely manner.
Please note, the last option on each competence page is a statement of concern regarding a trainee's suitability for intensive care medicine. If this option is chosen, the concern is submitted to the JFICMI Training Committee for further consideration.
edit
FAQ
Help
FAQ
1. Who has access to these trainer / trainee records?
These records are accessible to the JFICMI administrator, the Trainer during the time of the trainee rotation with you, and the trainee.
2. Can I view the record as completed for my trainee at another centre to assist my overall assessment?
No. Each assessment should be uninfluenced by any prior assessments and hence "stand-alone". The trainee's ultimate assessment is a composite across all modules.
3. What happens if I submit the last option, that of concern regarding a trainees suitability for intensive care medicine?
If you tick the "yes" option on this, a new action button appears on the screen asking you to "Send advisory to JFICMI Training Committee". Only when this is clicked will the advisory be sent through. This highlights for the committee the concern, and you shall be contacted to help consider how best to proceed in the best interests of both patients and trainee.
edit

1. RESUSCITATION & INITIAL MANAGEMENT OF THE ACUTELY ILL PATIENT

	Satisfactory	Unsatisfactory	Pending
1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology.	○	○	○
1.2 Manages cardiopulmonary resuscitation	○	○	○
1.3 Manages the patient post-resuscitation	○	○	○
1.4 Triages and prioritises patients appropriately, including timely admission to ICU	○	○	○
1.5 Assesses and provides initial management of the trauma patient	○	○	○
1.6 Assesses and provides initial management of the patient with burns	○	○	○
1.7 Describes the management of mass casualties / major incident plan	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

2. DIAGNOSIS: ASSESSMENT, INVESTIGATION, MONITORING AND DATA INTERPRETATION

	Satisfactory	Unsatisfactory	Pending
2.1 Obtains a history and performs an accurate clinical examination	○	○	○
2.2 Undertakes timely and appropriate investigations	○	○	○
2.3 Performs and interprets focused transthoracic echocardiography	○	○	○
2.3b Performs and interprets general critical care ultrasonography (thoracic, abdominal, vascular)	○	○	○
2.4 Performs electrocardiography (ECG / EKG) and interprets the results	○	○	○
2.5 Obtains appropriate microbiological samples and interprets results	○	○	○
2.6 Obtains and interprets the results from blood gas samples	○	○	○
2.7 Interprets chest x-rays	○	○	○
2.8 Liaises with radiologists to organise and interpret clinical imaging	○	○	○
2.9 Monitors and responds to trends in physiological variables	○	○	○
2.10 Integrates clinical findings with laboratory investigations to form a differential diagnosis	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

3. DISEASE MANAGEMENT

	Satisfactory	Unsatisfactory	Pending
ACUTE DISEASE			
3.1 Manages the care of the critically ill patient with specific acute medical conditions Including the following disorders: Respiratory, Cardiovascular, Neurological, Renal & Genito-urinary, Gastrointestinal, Haematological & Oncological, Infections, Metabolic, Endocrine	○	○	○
CHRONIC DISEASE			
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient Including the following disorders: Respiratory, Cardiovascular, Neurological, Renal, Gastrointestinal, Haematological & Oncological, Endocrine, Psychiatric	○	○	○
ORGAN SYSTEM FAILURE			
3.3 Recognises and manages the patient with circulatory failure Including the following disorders: Cardiovascular, Renal	○	○	○
3.4 Recognises and manages the patient with, or at risk of, acute renal failure Including the following disorders: Renal & Genito-urinary, Cardiovascular, Metabolic	○	○	○
3.5 Recognises and manages the patient with, or at risk of, acute liver failure Including the following disorders: Gastrointestinal, Cardiovascular, Neurological, Haematological, Metabolic	○	○	○
3.6 Recognises and manages the patient with neurological impairment Including the following disorders: Neurological, Metabolic	○	○	○
3.7 Recognises and manages the patient with acute gastrointestinal failure Including the following disorders: Gastrointestinal, Metabolic	○	○	○
3.8 Recognises and manages the patient with acute lung injury syndromes (ARDS) Including the following disorders: Respiratory, Metabolic	○	○	○
3.9 Recognises and manages the septic patient Including the following disorders: Infections	○	○	○
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins including the following disorders: Respiratory, Cardiovascular, Neurological, Renal, Metabolic, Gastrointestinal, Haematological	○	○	○
3.11 Recognises life-threatening maternal peripartum complications and manages care Including the following disorders: Cardiovascular, Haematological, Metabolic	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

4. THERAPEUTIC INTERVENTIONS / ORGAN SYSTEM SUPPORT IN SINGLE OR MULTIPLE ORGAN FAILURE

	Satisfactory	Unsatisfactory	Pending
4.1 Prescribes drugs and therapies safely	○	○	○
4.2 Manages antimicrobial drug therapy	○	○	○
4.3 Administers blood and blood products safely	○	○	○
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	○	○	○
4.5 Describes the use of devices to support the cardio-pulmonary system	○	○	○
4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	○	○	○
4.7 Initiates, manages and weans patients from renal replacement therapy	○	○	○
4.8 Recognises and manages electrolyte, glucose and acid-base disturbances	○	○	○
4.9 Co-ordinates and provides nutritional assessment and support	○	○	○

This assessment is based upon:

	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:

	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

5. SAFE USE OF PRACTICAL PROCEDURES

	Satisfactory	Unsatisfactory	Pending
RESPIRATORY SYSTEM			
5.1 Administers oxygen using a variety of administration devices	○	○	○
5.2 Performs fibreoptic laryngoscopy	○	○	○
5.3 Describes emergency surgical airway management	○	○	○
5.4 Performs videolaryngoscopy or fibreoptic intubation	○	○	○
5.5 Performs endotracheal suction	○	○	○
5.6 Performs fibreoptic bronchoscopy and BAL in the intubated patient	○	○	○
5.7 Performs percutaneous tracheostomy	○	○	○
5.8 Performs thoracocentesis via a chest drain	○	○	○
CARDIOVASCULAR SYSTEM			
5.9 Performs peripheral venous catheterisation	○	○	○
5.10 Performs arterial catheterisation	○	○	○
5.11 Describes a method for surgical isolation of vein / artery	○	○	○
5.12 Performs ultrasound for vascular localization	○	○	○
5.13 Performs central venous catheterisation	○	○	○
5.14 Performs defibrillation and cardioversion	○	○	○
5.15 Performs cardiac pacing (transvenous, transthoracic, epicardial)	○	○	○
5.16 Describes how to perform pericardiocentesis	○	○	○
5.17 Demonstrates a method for measuring cardiac output and derived haemodynamic variables	○	○	○
CENTRAL NERVOUS SYSTEM			
5.18 Performs lumbar puncture	○	○	○
5.19 Manages the administration of analgesia via an epidural catheter	○	○	○
GASTROINTESTINAL SYSTEM			
5.20 Performs nasogastric tube placement	○	○	○
5.21 Performs abdominal paracentesis	○	○	○
5.22 Describes Sengstaken tube (or equivalent) placement	○	○	○
5.23 Describes indications for, and safe conduct of gastroscopy	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

6. PERI-OPERATIVE CARE

	Satisfactory	Unsatisfactory	Pending
6.1 Manages the pre- and post-operative care of the high risk surgical patient	○	○	○
6.2 Manages the care of the patient following cardiac surgery	○	○	○
6.3 Manages the care of the patient following craniotomy	○	○	○
6.4 Manages the care of the patient following solid organ transplantation	○	○	○
6.5 Manages the pre- and post-operative care of the trauma patient	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

7. COMFORT & RECOVERY

	Satisfactory	Unsatisfactory	Pending
7.1 Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families	○	○	○
7.2 Manages the assessment, prevention and treatment of pain and delirium	○	○	○
7.3 Manages sedation and neuromuscular blockade	○	○	○
7.4 Communicates the continuing care requirements of patients at ICU discharge to health care professionals, patients and relatives	○	○	○
7.5 Manages the safe and timely discharge of patients from the ICU	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

8. END OF LIFE CARE

	Satisfactory	Unsatisfactory	Pending
8.1 Manages the process of witholding or withdrawing life sustaining treatment with the multidisciplinary team	○	○	○
8.2 Discusses end of life care with patients and their families / surrogates	○	○	○
8.3 Manages palliative care of the critically ill patient	○	○	○
8.4 Performs brain-stem death testing	○	○	○
8.5 Manages the physiological support of the organ donor	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

9. PAEDIATRIC CARE

	Satisfactory	Unsatisfactory	Pending
9.1 Describes the recognition of the acutely ill child and initial management of paediatric emergencies including transfer of critically ill child	○	○	○
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	○	○	○

This assessment is based upon:

	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:

	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

10. TRANSPORT

	Satisfactory	Unsatisfactory	Pending
10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

11. PATIENT SAFETY AND HEALTH SYSTEMS MANAGEMENT

	Satisfactory	Unsatisfactory	Pending
11.1 Leads a daily multidisciplinary ward round	○	○	○
11.2 Complies with local infection control measures	○	○	○
11.3 Identifies environmental hazards and promotes safety for patients & staff	○	○	○
11.4 Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	○	○	○
11.5 Organises a case conference	○	○	○
11.6 Critically appraises and applies guidelines, protocols and care bundles	○	○	○
11.7 Describes commonly used scoring systems for assessment of severity of illness, case mix and workload	○	○	○
11.8 Demonstrates an understanding of the managerial & administrative responsibilities of the ICM specialist	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

12. PROFESSIONALISM

	Satisfactory	Unsatisfactory	Pending
COMMUNICATION SKILLS			
12.1 Communicates effectively with patients and relatives	○	○	○
12.2 Communicates effectively with members of the health care team	○	○	○
12.3 Maintains accurate and legible records / documentation	○	○	○
PROFESSIONAL RELATIONSHIPS WITH PATIENTS AND RELATIVES			
12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment	○	○	○
12.5 Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	○	○	○
12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data	○	○	○
PROFESSIONAL RELATIONSHIPS WITH PATIENTS AND RELATIVES			
12.7 Collaborates and consults; promotes team-working	○	○	○
12.8 Ensures continuity of care through effective hand-over of clinical information	○	○	○
12.9 Supports clinical staff outside the ICU to enable the delivery of effective care	○	○	○
12.10 Appropriately supervises, and delegates to others, the delivery of patient care	○	○	○
SELF GOVERNANCE			
12.11 Takes responsibility for safe patient care	○	○	○
12.12 Formulates clinical decisions with respect for ethical and legal principles	○	○	○
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	○	○	○
12.14 Participates in multidisciplinary teaching	○	○	○
12.15 Participates in research or audit	○	○	○

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome:	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
There are concerns related to the suitability of this trainee to ICM	○

Outcome of advisory evaluation:

If you have sent an advisory email please make a note here

Assessor's Name:

Save

13. Modular Trainee Assessment Summary

13.1 Dates of module being assessed

From:

To:

13.2 Logbook and Competence Assessment

The final decision about a trainee's modular assessment is based on a combination of their clinical exposure during their module (guided by the on-line logbook record) and the results of their Competence Assessment.

Logbook and Clinical Exposure

The trainee must demonstrate a satisfactory record of clinical exposure to ICM in their JFICMI on-line logbook. The Supervisor of Training must be satisfied that the logbook represents a reasonable record of casemix and procedural exposure during this module (ie. that the record reasonably reflects casemix and patient throughput for your intensive care service) and that the trainee's attendance allowed satisfactory opportunity for clinical training. Where sick leave or other resulted in reduced clinical training time, please comment as to whether you can sign off on this assessment or wish the JFICMI to review further.

	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
Logbook	○	○	**Attendance**	○	○

Competence Assessment

Please review the list of 12 Competence Assessments. Any highlighted in blue indicate a concern, based on that Competence Assessment, that the trainee may be an unsuitable candidate for training in ICM. If this concern has been raised, please tick the relevant assessment category below and send an advisory email to the JFICMI through the "Send advisory to JFICMI" link below. This ensures that the trainee's overall progress will be reviewed by the JFICMI training committee.

1	2	3	4	5	6	7	8	9	10	11	12
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Send advisory to JFICMI training committee

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

13.3 Outcome of trainee assessment for this module	Yes
It is the opinion of the assessor that this trainee has successfully completed this module of training and should progress with his/her training.	○
It is the opinion of the assessor that this trainee has specific areas for improvement which will require ongoing review in future assessments, but should nonetheless progress with his/her training.	○
It is the opinion of the assessor that major deficiencies have been identified in this trainee's assessment and that he/she may not be a suitable candidate for ICM training. (Please send advisory email to JFICMI as described above).	○

Assessor's Name:

Date of this assessment:

14. Post CST (2 year ICM Programme) Trainee Assessment

A) Review of Competencies 1 -12 with particular emphasis on

	Satisfactory	Unsatisfactory	Pending
14.1 Competency 3. Disease Management	○	○	○
14.2 Competency 8. End of Life Care	○	○	○
14.3 Competency 11. Patient Safety & Health Systems Management	○	○	○
14.4 Competency 12. Professionalism	○	○	○

B) Complementary Training (Optional Module)

If a candidate has not undertaken a 6 month or greater module of complementary training, the supervisor of training must make an assessment that for anaesthesia and surgical trainees their knowledge of internal medicine and disease management is equivalent to that achieved with a complementary module in internal medicine. For an internal medicine trainee, the same assessment must be made regarding anaesthesia and airway competencies.

	Yes	No		Yes	No
Anaesthesia	○	○	Satisfactory Completion Assessment	○	○
Internal Medicine	○	○	Satisfactory Completion Assessment	○	○

C) Research and Publication Completion (mandatory)

Evidence of at at least one project with evidence of completion of the following where indicated: observational v interventional study : ethics application, protocol design, data collection, consent form design, data management and cleaning, data analysis, presentation at recognised meeting(s) and peer reviewed publication

	Yes	No
	○	○

At least one audit relevant to the field of intensive care medicine for each of the two years of ICM training.

	Yes	No
	○	○

D) Advanced training

	Yes	No
Echocardiography (TOE or TTE) – accredited and recognised by JFICMI	○	○
Extracorporeal techniques	○	○
Neurocritical Care	○	○

Other. Specify in free text box below:

	Yes	No
	○	○

E) Completion of JFICMI mandatory courses (eg. Beyond BASIC, IDAP, others)

This assessment is based upon:	Yes
1. Personal Observation	☐
2. Feedback from other consultant mentors / supervisors of training	☐
3. Logbook overview	☐

Additional Comments:

	Yes
Discussed with Trainee: (mandatory)	☐

Trainee Feedback:

Outcome	Yes
It is the opinion of the assessor that this competence has overall been achieved consistent with level of training (this form will then be saved as a completed competence).	○
It is the opinion of the assessor that this competence requires on-going review (this form will remain "open" for completion with on-going assessment)	○
A concern for this senior trainee mandates an email from you to the Chair of Education and Training Committee	○

Outcome of advisory evaluation:

Assessor's Name:

Save

eLogbook

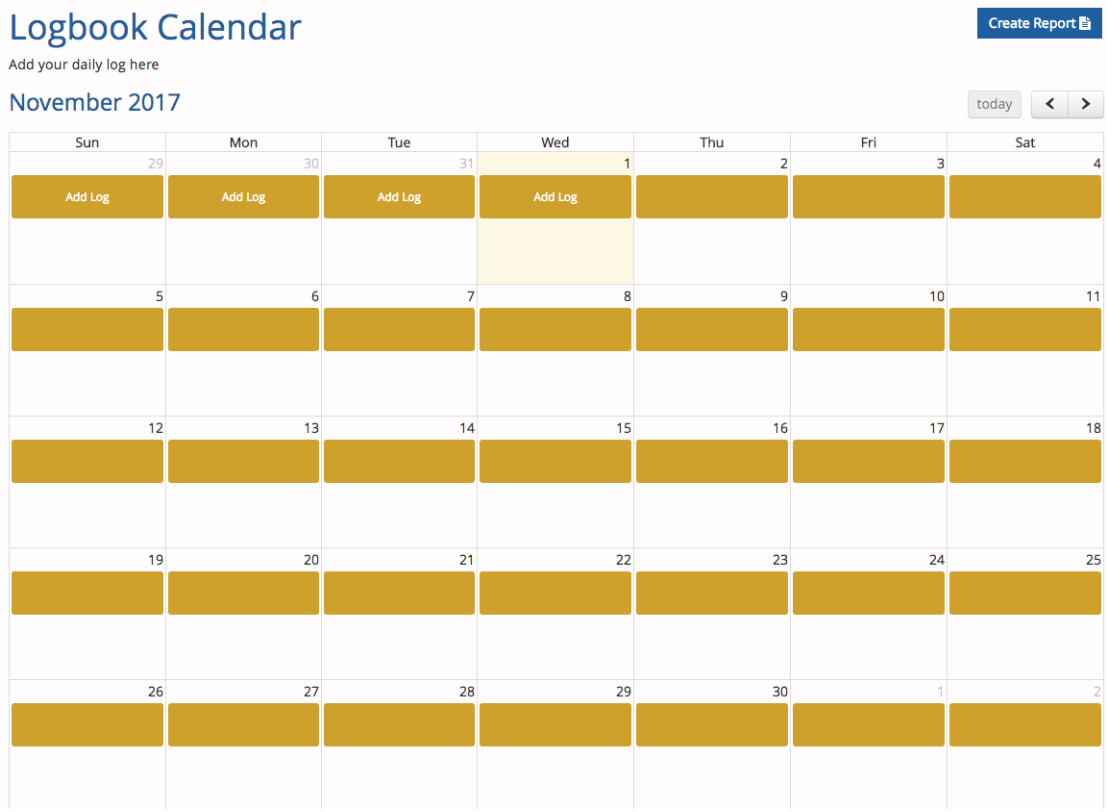
Every trainee is required to maintain an eLogbook. This is accessible to every registered trainee with the JFICMI using their secure login detail.

The eLogbook is used as supporting evidence of exposure to a wide range of intensive care exposure, case-mix, professional interactions, and procedural activities.

The Help section and FAQ helps guide the User in the use of this logbook. The option to create a report is described and this allows the trainee, and JFICMI, re develop and retain the eLogbook portfolio.

Please be aware the eLogbook is required for review of competencies and training progress with both the Supervisor of Training and the JFICMI Training Committee.

The eLogbook overview of content in the following pages is available on-line through the JFICMI website using your User login.


Logbook Calendar
Create Report
Add your daily log here
November 2017
today
Sun
Mon
Tue
Wed
Thu
Fri
Sat
29
30
31
1
2
3
4
Add Log
Add Log
Add Log
Add Log
5
6
7
8
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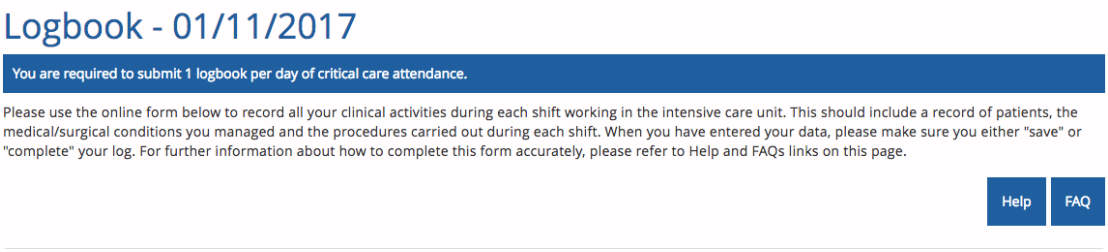
1
2


Logbook - 01/11/2017
You are required to submit 1 logbook per day of critical care attendance.
Please use the online form below to record all your clinical activities during each shift working in the intensive care unit. This should include a record of patients, the medical/surgical conditions you managed and the procedures carried out during each shift. When you have entered your data, please make sure you either "save" or "complete" your log. For further information about how to complete this form accurately, please refer to Help and FAQs links on this page.
Help
FAQ

Logbook Help

Help FAQ

The following guidance should help you complete your logbook record

Please enter logbook data for each date of your Critical Care attendance. All data is specific to the date entered, and not entered as a sum total over a period of time.

Patients in unit: some ICUs organize their rounds such that there is a consultant and a number of NCHDs assigned to different parts of the ICM practice. The "Patients in the Unit" for the trainee is the number of patients seen in your ward round with your consultant.

Patients directly assigned to you: this is the number of patients within that ward round cohort that you the trainee are tasked with looking after.

Disease Specific: The format of this logbook is to enable you, the User, to log cases under your care into related groups. Each patient has ONLY one primary diagnosis. So, for example, under the domain of cardiovascular, you may have been caring for 1 patient with an ST Elevation Myocardial Infarction (therefore enter "1") and 2 patients with Cardiogenic Shock (enter "2"). Thus you will enter that, during that working shift, you cared for 3 patients whose disease is best represented by a cardiovascular diagnosis.

A patient may have respiratory failure and acute kidney injury secondary to the cardiogenic shock. These are not primary diagnoses and therefore are not entered.

Therefore: the sum of diagnoses entered per day should equal the sum of the patients assigned to you.

Acute Kidney Injury: This is a little confusing. The idea of these rows is to capture the number of patients admitted to the ICU solely for dialysis, either as an acute event (eg. Hyperkalaemia) or due to lack of other dialysis facility in the hospital. This is a diagnostic section. The "procedure" of IHD / CRRT is listed under procedures. So, you might have both an admission diagnosis of Acute Kidney Injury and also a procedural entry of managing CRRT.

Some of your patients may be under your care for scheduled ICU admission after major surgery. These are to be listed in the Peri-operative Care section of the logbook, and are not entered under a domain of specific organ failures.

Procedures / Interventions:

Procedural interventions are a simple sum of the interventions on a given day – eg. 3 arterial lines placed by you plus 2 central venous catheters.

For some interventions, the daily interpretation and adjustment / prescription based on that continuous intervention is reflected. This applies to ventilation, CRRT, and advanced haemodynamic monitoring (eg. Pulmonary Artery Catheter, PICCO or equivalent)

Some of your patients may be under your care for scheduled ICU admission after major surgery. These are to be listed in the Peri-operative Care section of the logbook, and are not entered under a domain of specific organ failures.

End-of-Life Care and Transport sections:

These are simple totals of each of those activities on the date of the log.

Save function:

When you have logged data for a specific date , click **Save log and Review**,

When this is clicked the data will be provisionally saved to the database but this will not be the final record.

Only when the **Complete your Log** is used will the final log be created in the database. It can then no longer be edited.

Once you have clicked **Complete your Log**, you, as the registered user, should receive an email confirming the log has been saved and completed.

View your Logbook Calendar:

You can view your logbook calendar at any time to see that you have entered a log for each of your ICU days.

The logbook calendar displays all completed logs, incomplete logs and relevant dates where you have had an ICU presence but failed to submit a log. Clicking on a date (incomplete logs/not logged) will take you to a logbook (empty or partially complete) for that date. The log can then be completed or created for that date

Logbook FAQ

Help FAQ

FAQ 1. What happens if I am entering a log and I lose wifi signal?

As long as you have 3G or 4G signal, the data will be saved on your mobile device. It will only be entered as a completed data-set once you click "Complete".

FAQ 2. How can I review my logbook?

There are two mechanisms to review logbook. The first is on the date of entry of data, when you press Save log and Review you can review the data on your mobile or desktop device. If you submit for a report, this will also be sent as an excel spreadsheet to your registered email address.

FAQ 3. How can I check whether I have entered patient data for specific dates?

Again, there are two mechanisms. The first is to view your Logbook Calendar within the logbook pages. The second is to review your report which is presented in date format.

FAQ 3. How can I get a full report of logbook over time?

When you submit for a Logbook Report, the report is emailed to you structured around the dates you have requested.

Hospital *

Choose Hospital

Please select a hospital. All form fields will be disabled otherwise.

Consultant on Duty

John Smyth

Working Hours

Day Shift On-call/Overnight Both

Patients in Unit

0

Patients Directly assigned to you

0

Number of Ward rounds/day

0 Consultant Led 0 Led by you (trainee) 0 Multi-disciplinary

New Admissions

0 Elective 0 Emergency

Out of ICU assessments

0 Ward 0 A & E

Disease Specific

- Cardiovascular failure
- Respiratory Failure
- Acute Severe Sepsis/Septic Shock
- Acute gastrointestinal failure
- Acute kidney injury
- Neurological impairment
- Acute liver failure
- Injury due to environmental hazards
- Obstetric Critical Illness
- Haematology / Oncology critical illness
- Polytrauma, Musculoskeletal, Dermatology
- Metabolic / Endocrine / Rheumatology

Procedures / Interventions

- Procedures / Interventions

Peri-Operative Care

- Post -Operative Care

End of Life

- End of life discussion with patient and/or their families/surrogates

Transport of the Critically Ill Patient

- Transport of the Critically Ill Patient

Save Your Log Complete Your Log

Disease Specific

Cardiovascular failure

ST ELEVATION MYOCARDIAL INFARCTION	0
CARDIAC ARREST	0
POST-CARDIAC ARREST MANAGEMENT	0
CARDIOGENIC SHOCK - LV FAILURE	0
UNSTABLE TACHY-ARRHYTHMIA	0
HYPERTENSIVE EMERGENCY	0
RV FAILURE	0
UNSTABLE BRADY-ARRHYTHMIA	0
ACUTE CARDIOGENIC PULMONARY OEDEMA	0
OTHER CVS DIAGNOSIS	0

Respiratory Failure

ISOLATED ARDS	0
ARDS WITH MULTI-SYSTEM ORGAN FAILURE	0
ACUTE SEVERE ASTHMA	0
COPD	0
VENTILATOR ASSOCIATED PNEUMONIA	0
HAEMOTHORAX / PNEUMOTHORAX	0
OTHER RESP DIAGNOSIS	0

Acute Severe Sepsis/Septic Shock

COMMUNITY ACQUIRED PNEUMONIA	0
INTRA-ABDOMINAL SEPSIS	0
SEVERE SOFT TISSUE INFECTION	0
INFECTIVE ENDOCARDITIS	0
URINARY TRACT SEPSIS	0
CATHETER-RELATED BLOODSTREAM INFECTION	0
NEUTROPAENIC SEPSIS	0
BILIARY SEPSIS	0
OPPORTUNISTIC INFECTION IN IMMUNOCOMPROMISED PATIENT	0
BACTERAEMIA UNKNOWN ORIGIN	0
OTHER SEPSIS	0

Acute gastrointestinal failure

SEVERE ACUTE PANCREATITIS	0
ACUTE GASTRO-INTESTINAL BLEED (UPR/LWR)	0
SEVERE ENTERITIS (COLITIS / TYPHLITIS)	0
ISCHAEMIC BOWEL	0
ABDOMINAL COMPARTMENT SYNDROME	0
BOWEL DYSFUNCTION AFTER MAJOR SURGERY	0
ACUTE OESOPHAGEAL PERFORATION (BOERHAAVE'S)	0
OTHER GI DIAGNOSIS	0

Disease Specific

- Cardiovascular failure
- Respiratory Failure
- Acute Severe Sepsis/Septic Shock
- Acute gastrointestinal failure
- Acute kidney injury

AKI - RENAL RESUSCITATION	0
AKI REQUIRING RRT	0

- Neurological impairment
- Acute liver failure
- Injury due to environmental hazards
- Obstetric Critical Illness
- Haematology / Oncology critical illness
- Polytrauma, Musculoskeletal, Dermatology
- Metabolic / Endocrine / Rheumatology

Neurological impairment

CRITICAL ILLNESS MYOPATHY/NEUROPATHY	0
THROMBOTIC OR EMBOLIC STROKE	0
HAEMORRHAGIC STROKE	0
SPINAL CORD DISEASE	0
STATUS EPILEPTICUS	0
MENINGITIS / ENCEPHALITIS	0
MYASTHENIA GRAVIS	0
GUILLAIN BARRE SYNDROME	0
OTHER NEURO DIAGNOSIS	0

Acute liver failure

ACUTE FULMINANT LIVER FAILURE	0
ACUTE DECOMPENSATION OF CHRONIC LIVER FAILURE	0
OTHER LIVER FAILURE	0

Injury due to environmental hazards

DRUG OVERDOSE	0
SEVERE BURN (INCLUDING AIRWAY BURN)	0
HYPOTHERMIA / HYPERTHERMIA	0
OTHER POISONING	0

Obstetric Critical Illness

ECLAMPSIA/PRE-ECLAMPSIA	0
SEVERE SEPSIS/SEPTIC SHOCK IN PREGNANCY	0
MASSIVE OBSTETRIC HAEMORRHAGE	0
HELLP SYNDROME	0
OTHER OBSTETRIC DIAGNOSIS	0

Haematology / Oncology critical illness

DIC	0
TUMOUR LYSIS SYNDROME	0
COMPLICATIONS AFTER BONE MARROW TRANSPLANT	0
HAEMATOLOGICAL FAILURE	0
ACUTE LEUKAEMIA	0
HITS	0
OTHER HAEM/ ONC DIAGNOSIS	0

Polytrauma, Musculoskeletal, Dermatology

SEVERE MULTITRAUMA	0
SEVERE HEAD TRAUMA	0
SEVERE CHEST TRAUMA	0
SEVERE ABDOMINAL / PELVIC TRAUMA	0
SEVERE SPINAL INJURY	0
RHABDOMYOLYSIS	0
SEVERE PRIMARY DERMATOLOGY DISORDER	0
OTHER MUSCULOSKELETAL DIAGNOSIS	0

Metabolic / Endocrine / Rheumatology

DIABETIC KETOACIDOSIS	0
SEVERE HYPO / HYPERNATRAEMIA	0
SEVERE HYPO / HYPERKALAEMIA	0
OTHER SEVERE ELECTROLYTE DISORDER	0
ACUTE ADRENAL CRISIS	0
ACUTE AUTOIMMUNE EMERGENCY	0
ACUTE THYROID EMERGENCY	0
OTHER EMERGENCY INCLUDING RHEUMATOLOGICAL	0

Procedures / Interventions

Standard tracheal intubation	0
Difficult and failed airway management according to local protocols	0
Ventilation - invasive mechanical	0
Ventilation - non invasive	0
Fibreoptic bronchoscopy +/- BAL	0
Chest drain insertion	0
Arterial catheterisation	0
Ultrasound techniques for vascular localisation	0
Central venous catheterisation	0
Defibrillation and / or cardioversion	0
Transthoracic cardiac pacing - Transthoracic or transvenous	0
Advanced invasive haemodynamic monitoring	0
Continuous renal replacement therapy	0
Lumbar puncture	0
Placement of epidural	0
Abdominal paracentesis	0
Sengstaken tube (or equivalent) placement or management	0
Emergency airway access and cricothyroidotomy	0
Percutaneous tracheostomy	0
Transthoracic echocardiography	0
Trans-oesophageal echocardiography	0
Extracorporeal Life Support (ECLS)	0

Peri-Operative Care

Post -Operative Care

HIGH RISK SURGERY	0
CARDIAC SURGERY	0
NEUROSURGERY (NON-TRAUMATIC)	0
HEART TRANSPLANT	0
LUNG TRANSPLANT	0
LIVER TRANSPLANT	0

End of Life

End of life discussion with patient and/or their families/surrogates

Manages the process of Brain death in ICU including the performance of brain-stem death testing.	0
Manages the discussion of Organ Donation with a potential deceased donor's relative's and manages physiological support of the organ donor.	0
Manages palliative care of the critically ill patient.	0

Transport of the Critically Ill Patient

Transport of the Critically Ill Patient

INTRA-hospital patient transfer	0
INTER-hospital patient transfer	0

Save Your Log | Complete Your Log