

Higher Specialist Training in Paediatric Critical Care



Clinical Fellowship in Paediatric Critical Care Medicine

Year 1 Clinical Fellowship & Year 2 Post CSCST Advanced Clinical Fellowship

Senior Clinical Fellowship in Paediatric Critical Care Medicine applicants must:

1. Have achieved/ be eligible for CSCST or equivalent in base specialty by commencement of post or be eligible for a recognised year out of programme from base specialty (RCPI/Faculty of Paeds/RCSI).
2. Wish to advance their interest, training and experience in Paediatric Critical Care Medicine.
- 3.

Post CSCST Advanced Fellowship in Paediatric Critical Care Medicine applicants must:

1. Have achieved CSCST or equivalent in base specialty by commencement of post.
2. Have completed two years of paediatric critical care medicine training (one year may be accredited through base specialist scheme in relevant specialty e.g. Adult critical care, neonatal critical care, paediatric anaesthesia, and one-year core PICM training).



Paediatric Critical Care Medicine (PCCM) 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 Anaesthesiology, Paediatrics and associated subspecialties, 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 of core supra-specialty paediatric critical care training plus 1 year of accredited training in a complimentary speciality e.g. Adult ICU, Paediatric Anaesthesiology within the base speciality scheme. The overall training programme is that of a higher specialist training programme. At the successful completion of higher specialist training in PCCM, a doctor will have acquired the additional knowledge and competencies to allow consultant practice in PCCM – in addition to the competencies (already attained) in his / her base-specialty. Such a doctor will have achieved a standardised set of PCCM competencies, compatible with the RCPCH UK (Royal College of Paediatrics and Child’s Health) and the FICM UK (Faculty of Intensive Care Medicine UK) and JFICMI (Joint Faculty of Intensive Care Medicine in Ireland).

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 paediatric critical care medicine comprises base specialties (Anaesthesiology, Paediatrics and associated subspecialties, Emergency Medicine and Surgery) and 3 years supraspecialty PCCM training. Base specialty training is commonly 5-7 years. Up to year of PCCM training can be accredited from complimentary specialties e.g. Adult ICU, Neonatal ICU and Paediatric Anaesthesiology. This training has to be undertaken in a recognised tertiary training centre. One year of JFICMI-supervised core PCCM 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 PCCM training are outlined below in accordance with the particular specialty background of the prospective post-graduate trainee doctor.

Children's Health Ireland Paediatric Critical Care Unit has 32 beds currently. It provides the National Tertiary paediatric critical care service. There are approximately 1600 admissions annually. The case mix includes congenital cardiac disease, which includes cardiology patients, post cardiac surgical patients, cardiac catheterisation and Extra-corporeal life support, neuro-critical care, haematology/oncology, metabolic disease, renal transplant, general surgical (including neonatal surgery) and general medical admissions.

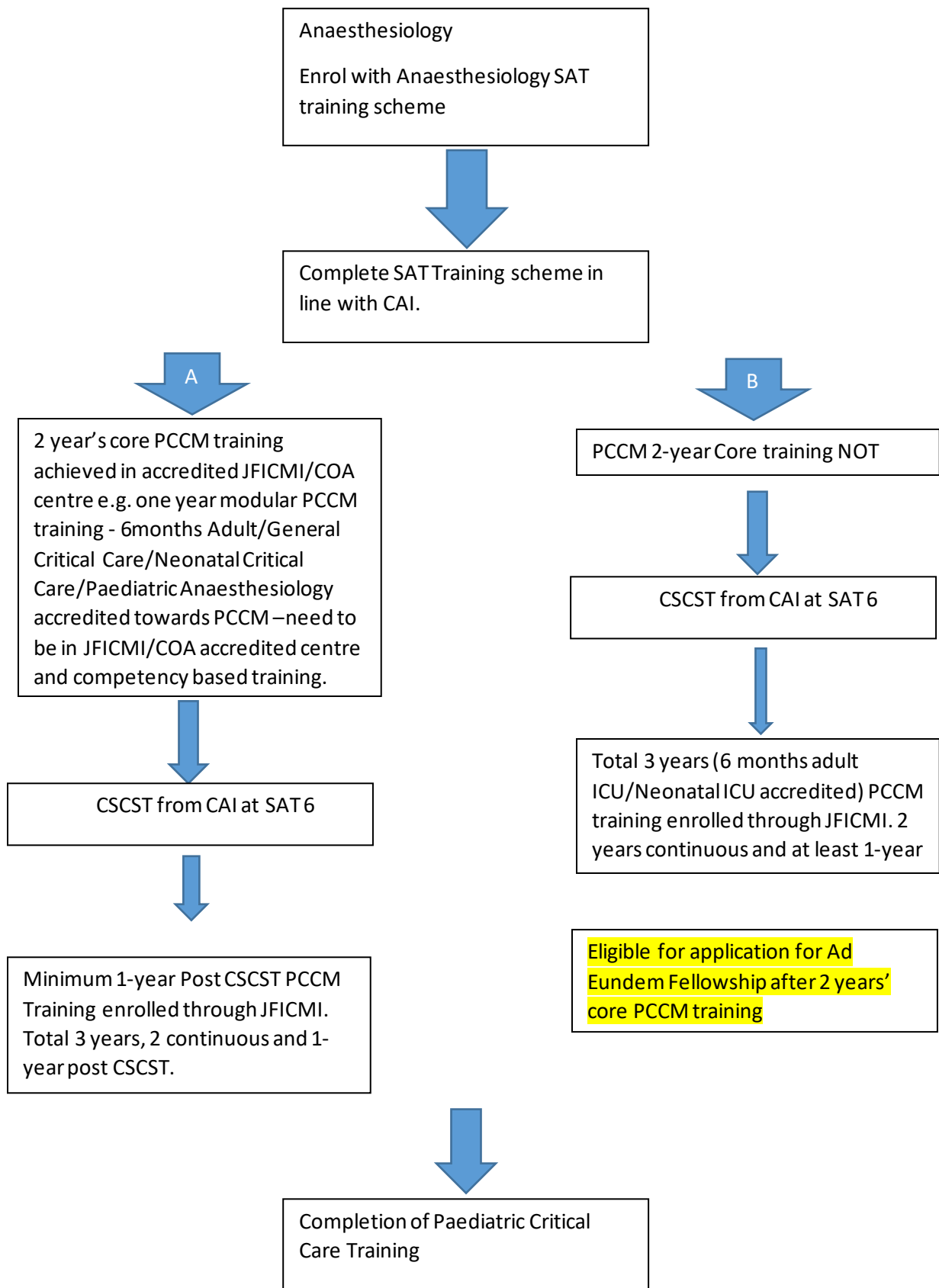
Application Process:

Trainees are appointed to supervised training posts through a central applications process under the auspices of the JFICMI.

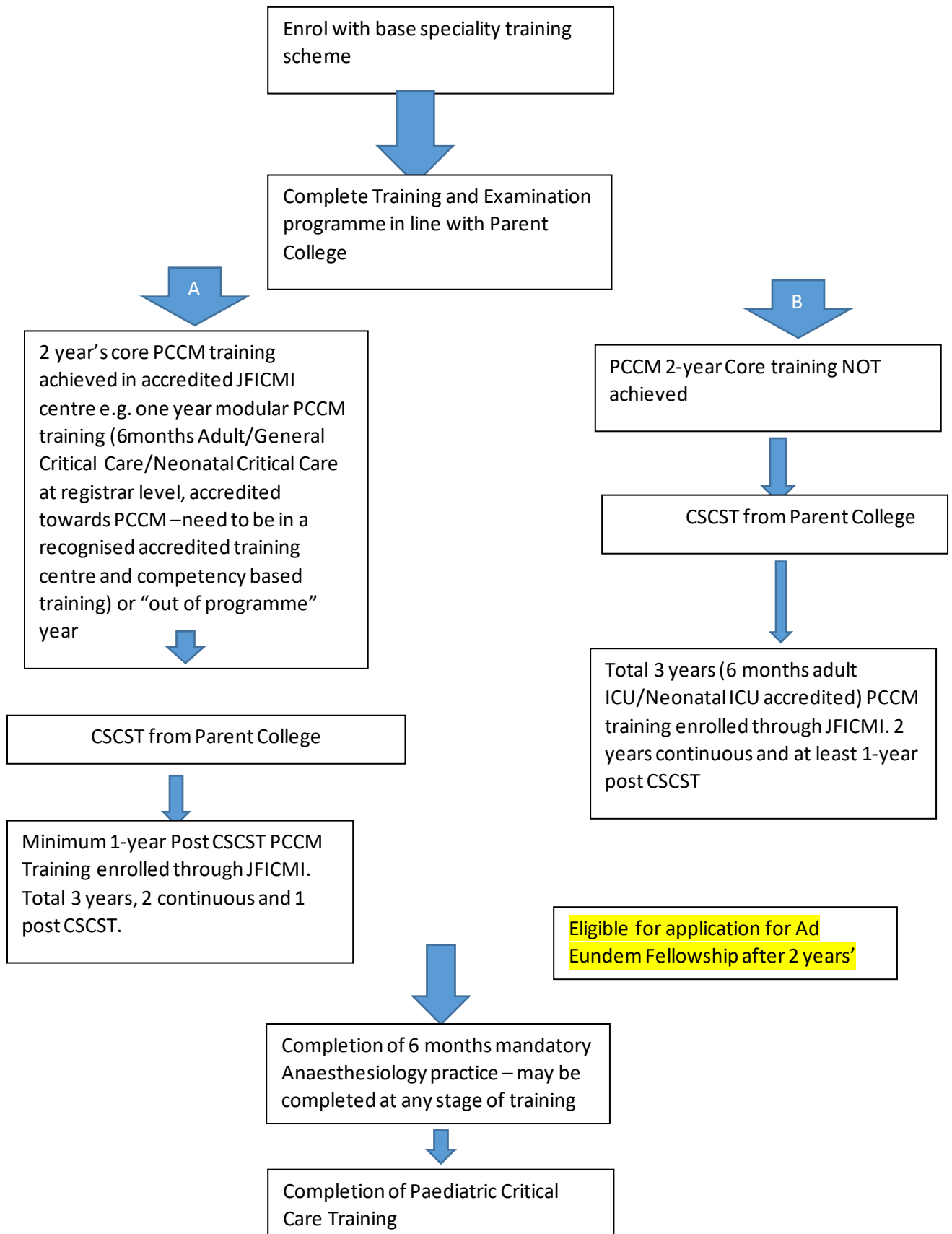
Training Outcomes and Career Structure:

1. The successful completion of two years of PCCM training (as above), entails completion of core training PCCM. It allows eligibility, in Ireland, for a 'Consultant with a Special Interest in PCCM' position and eligibility to apply for AdEundem Fellowship with the Joint Faculty of Intensive Care Medicine.
2. The successful completion of a pre-approved minimum further specialist year of PCCM training will allow **dual CSCST** and accreditation as a completed advanced trainee in PCCM and thus eligible for a Consultant in Paediatric Critical Care Medicine position. Total training time 3 years of which two must be continuous and at least one post CSCST.
3. Time may be spent in an international centre to address other areas of PCCM that are not practiced in Ireland e.g. cardiac or liver transplantation.

PCCM Training Pathway Overview with Anaesthesiology as base speciality



PCCM Training Pathway Overview with Paediatrics/Neonatology/Emergency Medicine as base speciality





Curriculum

The curriculum and relevant competencies have been mapped to the CoBaTrICE, UK Faculty of Intensive Care Medicine (FICM) for a CCT in Intensive Care Medicine and The Royal College of Paediatric and Child Health, sub-specialty for Paediatric 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 JFICMI has articulated the syllabus in such a way to link the competencies to assessment methodology and to the Medical Council Domains of Good Professional Practice.

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.

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 PCCM 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.
- 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.

Courses:

A number of courses are desirable 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).
- APLS
- Irish Donor Awareness Programme course (JFICMI): a mandatory course for the professionalism and skills related to organ donation
- Transport Medicine course (HSE National Transport Medicine Programme)
- BASIC course (Intensive Care Society of Ireland)
- Beyond BASIC: Mechanical Ventilation course (Intensive Care Society of Ireland)
- Beyond BASIC: Nephrology course (Intensive Care Society of Ireland)
- National Patient Safety Conference attendance (College of Anaesthetists of Ireland).



Research

Completion of an audit or research project is a requirement of the two years of PCCM 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 PCCM 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.