

CCT in ICM Portfolio guide

All trainees must keep a portfolio of training experience as a record of progress and as evidence of achievement of competencies. An electronic portfolio is not yet available and so all trainees should keep a paper record which should be presented to the ARCP panel each year at your annual review.

This should contain the following:

Section 1

Summary of Personal Details.

Up to date CV including previous experience before starting ICM CCT training

GMC registration

Medical indemnity

Health / probity declarations

Section 2 – Appraisals / educational meetings

a) Record of induction meeting

b) Training agreement

c) Record of mid-point review

d) End of attachment review

e) Previous appraisals / ARCP paperwork

Section 3 – logbook

Logbook summary including practical procedures.

No official guidance available from FICM yet but should include case mix, speciality breakdown, complications etc.

Section 4 – WPBA / assessments

a) CoBaTrICE competency progression spreadsheet including top 30 cases

b) WPBA undertaken

c) Case summaries with mark sheets.

Section 4 – other activities

a) Teaching / educational meetings attended

b) Morbidity and Mortality meetings

c) Audit undertaken

d) Research activities

Section 5

Reflective practice – to include reflection on educational activities, M&M and at least 1 case per year.

A Guide to your first 2 years – ST 3/4

During your first 2 years of ICM training you will be gaining experience in medicine, and / or anaesthetics and ICM to ensure that everyone has achieved a common standard before entering stage 2 training. Evidence from your core training (CAT, CMT or ACCS) may also be used. You may demonstrate achievement of these competencies using WPBA's, evidence from teaching attended (eg ATLS course) and reflective practice. The competencies that you have to achieve are as follows (more details on FICM website (core and common competencies):

Anaesthetics – not required if CAT completed.

- 3.1 Control of infection
- 3.2 Preoperative Assessment
- 3.3 Premedication
- 3.4 Induction of general anaesthesia
- 3.5 Intra-operative care
- 3.6 Postoperative and recovery room care
- 3.7 Introduction to anaesthesia for emergency surgery
- 3.8 Management of respiratory and cardiac arrest in adults and children
- 3.9 Airway management
- 3.10 Critical incidents
- 3.11 General, urological and gynaecological surgery
- 3.12 Non-theatre
- 3.13 Trauma and stabilisation

See FICM website ICM CCT curriculum – part IV Core and common competencies page 30 – 51 for detailed competency mapping.

Medicine – not required if CMT completed.

- 4.1 Cardio-Respiratory Arrest
- 4.2 Shocked Patient
- 4.3 Unconscious Patient
- 4.4 Anaphylaxis
- 'The Top 20' – Common Medical Presentations (CMT)*
- 4.5 Abdominal Pain
- 4.6 Blackout / Collapse
- 4.7 Breathlessness
- 4.8 Chest Pain
- 4.9 Confusion, Acute / Delirium
- 4.10 Fever
- 4.11 Fits / Seizure
- 4.12 Haematemesis & Melaena
- 4.13 Palpitations
- 4.14 Poisoning
- 4.15 Weakness and Paralysis
- 4.16 Medical Problems / Complications following Surgery
- 4.17 Medical Problems in Pregnancy

See FICM website ICM CCT curriculum – part IV Core and Common competencies page 52 – 61 for detailed competency mapping.

Intensive Care Medicine

These topics cover the whole syllabus and should be completed by the end of training in ICM. Each year, you and your Educational Supervisor should identify the topics which it is appropriate for you to cover during each attachment. You are not expected to cover all the topics each year. Some competencies will be covered several times as you demonstrate spiral learning and progression.

Domain 1: Resuscitation and management of the acutely ill patient
1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology
1.2 Manages cardiopulmonary resuscitation - ALS recommended
1.3 Manages the patient post resuscitation
1.4 Triage 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
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation
2.1 Obtains a history and performs an accurate clinical examination
2.2 Undertakes timely and appropriate investigations
2.3 Performs electrocardiography (ECG / EKG) and interprets the results
2.4 Obtains appropriate microbiological samples and interprets results
2.5 Obtains and interprets the results from blood gas samples
2.6 Interprets imaging studies
2.7 Monitors and responds to trends in physiological variables
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis
Domain 3: Disease Management
3.1 Manages the care of the critically ill patient with specific acute medical conditions
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient
3.3 Recognises and manages the patient with circulatory failure
3.4 Recognises and manages the patient with, or at risk of, acute renal failure
3.5 Recognises and manages the patient with, or at risk of, acute liver failure
3.6 Recognises and manages the patient with neurological impairment
3.7 Recognises and manages the patient with acute gastrointestinal failure
3.8 Recognises and manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS)
3.9 Recognises and manages the septic patient
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins
3.11 Recognises life-threatening maternal peripartum complications and manages care
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure
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 mechanical assist devices to support the circulation
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

Domain 5: Practical procedures
5.1 Administers oxygen using a variety of administration devices
5.2 Performs emergency airway management
5.3 Performs difficult and failed airway management according to local protocols
5.4 Performs endotracheal suction
5.5 Performs fiberoptic bronchoscopy and BAL in the intubated patient
5.6 Performs percutaneous tracheostomy
5.7 Performs chest drain insertion
5.8 Performs arterial catheterisation
5.9 Performs ultrasound techniques for vascular localisation
5.10 Performs central venous catheterisation
5.11 Performs defibrillation and cardioversion
5.12 Performs transthoracic cardiac pacing, describes transvenous
5.13 Describes how to perform pericardiocentesis
5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables
5.15 Performs lumbar puncture (intradural / 'spinal') under supervision
5.16 Manages the administration of analgesia via an epidural catheter
5.17 Performs abdominal paracentesis
5.18 Describes Sengstaken tube (or equivalent) placement
5.19 Performs nasogastric tube placement
5.20 Performs urinary catheterisation
Domain 6: Perioperative care
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
Domain 7: Comfort and recovery
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, including rehabilitation, 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
7.6 Co-ordinates patient follow up in hospital
7.7 Co-ordinates patient follow up and rehabilitation after hospital discharge
Domain 8: End of life care
8.1 Manages the process of withholding or withdrawing treatment with the multi-disciplinary 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
8.6 Manages donation following cardiac death
Domain 9: Paediatric care
9.1 Describes the recognition of the acutely ill child and initial management of paediatric emergencies
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care

Domain 10; Transport
10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU
Domain 11: Patient safety and health systems management
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 and 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 and administrative responsibilities of the ICM specialist
Domain 12: Professionalism
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
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
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
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 under supervision

Top 30 cases

The cases are chosen because they are both important and common. The exact clinical details will vary and trainees do not have to exactly match the cases. On average 5 of these cases should be covered each year by WBPA / case summaries. A total of 25 is required for completion of training.

1. Recognition, assessment and management of the acutely ill adult presenting with respiratory failure.
2. Acute exacerbation of COPD with type 2 respiratory failure. Requires ventilation: NIV or intubation and ventilation.
3. ARDS: titration of optimal ventilator strategies.
4. Shock due to acute severe haemorrhage e.g. upper GI bleed incorporating major haemorrhage management and definitive diagnosis and treatment
5. Low flow shock due to pulmonary embolism or acute MI: thrombolysis and /or PCI
6. Acute left ventricular failure: emergency department presentation or post-op surgical patient with fluid excess and recently stopped epidural. Could be in GI, vascular, cardiac surgical context
7. Post cardiac arrest, cooling and cardiorespiratory support
8. New atrial fibrillation in the ICU patient: assessment and management
9. Septic shock presenting de novo. Assessment, management, diagnostic work up
10. Acute GI perforation/sepsis including use of TPN.
11. Acute pancreatitis with pre-renal AKI.
12. Acute liver failure following paracetamol overdose
13. Acute meningitis/encephalitis
14. Traumatic brain injury in ED, low GCS needs intubated, ventilated, transfer to scan, acute SDH: evacuated and now in ICU, post-op management
15. Subarachnoid haemorrhage, coning, organ donation (BSD or following cardiac death).
16. Acute onset peripheral muscle weakness with respiratory failure: Guillain Barre Syndrome, myasthenia gravis, botulism, tetanus.
17. Status epilepticus
18. Paediatric - One week old baby collapse at home. Diagnosis, immediate management and stabilisation
19. Paediatric - 10 year with severe cerebral palsy, severe kyphoscoliosis. Respiratory deterioration despite maximal oxygen by facemask. Further management, including discussion with paediatricians/parents about appropriate management
20. Paediatric - Collapse of 18 month old ex-prem (24 weeks). Diagnosis and further management.
21. Cardiac - Patient post cardiac surgery on balloon assist with renal failure
22. Cardiac - Aortic dissection
23. Cardiac - Acute rhythm disturbance requiring pacemaker.
24. Thoracic - Post operative patient following lung resection surgery.
25. Thoracic - Cardiothoracic trauma case.
26. HELLP syndrome
27. Acquired immune deficiency
28. Diabetic ketoacidosis
29. Compartment syndrome / rhabdomyolysis
30. Neutropenic sepsis

ARCP requirements

Stage 1 training

Assessments	ST3	ST4
Log book procedures	A total of more than 15 to reflect choice of DOPS. Evidence of progression of skill.	A total of more than 15 to reflect choice of DOPS. Evidence of progression/successful completion.
Log book cases	Unit Admission data allows yearly learning outcomes to be fulfilled Individual cases provide suitable case mix to achieve yearly learning outcome.	
Log book Airway skills	A total of more than 15 cases with evidence of progression of skill.	A total of more than 15 cases with evidence of progression of skill.
Exam	Possession of one of the designated core exams is needed for entry to ST3.	
ES report	Satisfactory report.	Satisfactory report.
Competency progression	Demonstration of progression made in appropriate competencies	Demonstration of progression made in appropriate competencies
Audit	At least 1 audit completed per year or 1 complete cycle.	
Expanded Case summaries	4 cases (at least Level 2 standard) over the first 2 years.	
WPBA	At least 10 general 'Top 30' cases as CBDs , CEX or expanded case summaries. Up to 5 CoBaTrICE competencies can be covered in each assessment. DOPS: chosen to reflect agreed CoBaTrICE competency assessments. MSF: 1 per year.	
Morbidity and Mortality meetings	Attend at least 4 and evidence of reflection from 1 meeting per year	
Journal Club	Present at least once.	
External meetings as approved in PDP	Reflection on content	
Wessex ICM regional teaching	Attend at least 70%.	