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**College of Intensive Care Medicine
of Australia and New Zealand**

Guide to CICM Training: for Supervisors

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About this Guide

This guide has been developed specifically for Supervisors working with the College of Intensive Care Medicine. The role of the Supervisor of Training can be both challenging and rewarding. This guide is designed to support Supervisors as they assist trainees through their training.

This guide contains information applicable to all trainees (pre-2014 curriculum and current curriculum). Sections of this guide that relate to a specific type of trainee have been clearly designated.

What is the Purpose of this Guide?

This training guide has been designed to:

- Assist Supervisors to guide trainee learning and assessment
- Provide answers to questions that may arise during training
- Provide contact details of relevant individuals and organisations

Conventions



Suggested resource



Reflection point



Important Information

Expectations of Supervisors

Overview

The training of a CICM Fellow extends over a minimum period of six years. During this period a trainee is expected to develop into a Fellow who is capable of working as an independent medical consultant.

Supervisors are a vital and central contributor to the delivery of the CICM training program. Supervisors are both an advocate for the trainee in matters related to organisation of clinical duties and the link to the College to ensure that training requirements are met.

General Responsibilities

In this role Supervisors will:

- Liaise with registered trainees and hospital authorities on matters related to training, as well as with education officers, rotational Supervisors and the College administration
- Oversee each trainee's clinical performance
- Provide regular targeted feedback to trainees on their performance
- Complete workplace-based assessments
- Confirm progression of trainees through the various stages of the training program.

Support for Supervisors

It is expected that Supervisors will be provided with appropriate departmental resources including clinical support time. On occasion, the requirement for providing optimal training may be in conflict with the administrative goals of the department. For this reason (as well as workload) the positions of Director and Supervisor of Training should preferably be separate. Supervisors will work closely with the Director to ensure that both educational and administrative goals of the department are achieved.



Detailed information can be found in *T-10 Role of Supervisors of Training in Intensive Care Medicine* which is available on the College website.

About the CICM Training Program

Broad Aims of the CICM Training Program

CICM trainees are expected to:

1. Acquire such knowledge, problem solving ability, practical skills and attitudes appropriate for the safe and effective practice of intensive care medicine. This extends to patients, equipment and the intensive care environment.
2. Develop the ability to respond rapidly and appropriately to life threatening problems and establish the priorities of management.
3. Be able to act appropriately as a member or leader of a team.
4. Acquire knowledge in those aspects of medicine, surgery, paediatrics, obstetrics, anaesthesia and other disciplines, which are relevant to the practice of intensive care medicine.
5. Develop the ethic that the patient's welfare always takes precedence in the event of medical, political or ethical conflicts.
6. Provide patients with the best possible care considering available resources.
7. Learn to identify and modify the stresses which the intensive care environment places upon the patients, their relatives and hospital staff.
8. Participate in the processes of clinical audit and quality improvement activities.
9. Enquire into clinical and scientific problems, adopting systematic and critical appraisal of available information.
10. Contribute to the education of medical, nursing and paramedical staff.
11. Develop a process of regular self-assessment so that limitations can be identified and deficiencies corrected.
12. Be aware of current College policies on professional issues and act in ways consistent with these policies.

Competencies

The competencies to be achieved cover the various roles of a medical specialist. These are based on the CanMeds Framework which defines the seven domains of medical practice; Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional. All aspects of the program (learning, teaching, training and assessment) are aligned with this framework to ensure that the educational program is comprehensive and properly focused.



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA | CANMEDS



For further information please visit the Royal College of Physicians and Surgeons website (<http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework>)



For further information please refer to *Competencies, Teaching, Learning Opportunities and Assessments for Training in General Intensive Care Medicine* available in the Training Program Resources section of the College website.

Overview of the Current Training Program



The following information is applicable to trainees who registered after January 1st 2014.

The training program in intensive care medicine is a minimum of six years, with prescribed terms in intensive care units, anaesthetics and medicine.

General Intensive Care Medicine

42 months of Intensive Care Medicine training time; consisting of

- 6 months Foundation training (pre-registration)
- 24 months of Core training
- 12 months of Transition training

Additional training includes:

- 12 months of anaesthesia
- 12 months of medicine (including 6 months emergency/acute medicine)
- 6 months of elective

Training must also include:

- 3 months in a rural hospital
- Exposure to paediatrics in an approved unit

Paediatric Intensive Care Medicine

42 months of Intensive Care Medicine training time; consisting of

- 6 months Foundation training (pre-registration)
- 24 months of Core training (18 months of which must be undertaken in paediatric intensive care)
- 12 months of Transition training

Additional training includes:

- 12 months of anaesthesia
- 12 months of paediatric medicine (including 6 months emergency/acute medicine)
- 6 months of elective

Training must also include:

- 3 months in a rural hospital



For further information please refer to section 5 of the regulations available in the Regulations and Constitution section of the College website.

Training Time

Foundation Training (6 months)

This 6 month term provides a foundational experience in intensive care medicine and is undertaken in units approved by the College and will be completed prior to entry into the training program.

Core Training (24 months)

Core training takes place in units approved by the College and in order to commence, trainees must satisfactorily complete the CICM First Part Examination (unless exempted). Of these 24 months, at least 12 months must be continuous and undertaken on one campus.

Transition Training (12 months)

All trainees must spend their final year of training in an intensive care unit approved by the College.

- Entry into the Transition Year requires successful completion of the CICM Second Part Examination in either General or Paediatric intensive care medicine and all other assessment tasks during Core intensive care medicine training, anaesthetics and medicine.
- Trainees must have submitted their Formal Project for assessment prior to commencing the Transition Year.
- Transition training must be continuous and undertaken in one unit.



For further information please refer to *Objectives of Training: The Transition Year* available in the Training Program Resources section of the College website.

Anaesthesia (12 months)

Training in clinical anaesthesia consists of 12 months undertaken in positions approved by the College. During this training trainees will acquire knowledge and skills in those aspects of anaesthesia and peri-operative management that are relevant to the practice of an intensivist.



For further information please refer to *Objectives of Training for the Anaesthesia Term* available in the Training Program Resources section of the College website.

Medicine (12 months)

Clinical medicine training consists of 12 months undertaken in positions approved by the College. Six months must be in acute medicine (e.g. Emergency) and six months with responsibility for longitudinal care of medical patients. It is not expected that this period of training will provide trainees with experience in, or knowledge of all medical conditions.



For further information please refer to *Objectives of Training for the Medicine Term* available in the Training Program Resources section of the College website.

Elective Training (6 months)

Trainees are required to undertake an elective period of six months in a position approved by the College for training in one of the following disciplines:

- Intensive care medicine
- Clinical anaesthesia
- General medicine (adult and paediatric)
- Specialist medicine
- Emergency medicine
- Surgery
- Pain medicine
- Research
- Other disciplines related to intensive care medicine.



Other requirements may be applicable however can only be determined after a full assessment has been conducted.

Required clinical experience during training

Intensive Care sub specialties

Terms must be completed in units that provide adequate experience in each of the following:

- Cardiothoracic surgery intensive care
- Neurological/neurosurgery intensive care
- Trauma intensive care

Paediatric experience

Trainees in general intensive care medicine are required to gain experience in paediatrics. This requirement may be retrospectively approved and can be in any discipline related to intensive care.



For further information on intensive care units that provide exposure to paediatrics please refer to the Hospital Accreditation section of the College website.

Rural Experience

The aim of this requirement is to expose trainees to the unique benefits and challenges of working in rural and remote settings. Trainees must spend at least 3 months in a rural hospital in any approved discipline and this requirement may be retrospectively approved.



For further information please refer to *Rural Term Guidelines* available in the Training Program Resources section of the College website.

Overview of Pre-2014 Training Program



The following information is applicable to trainees who registered before January 1st 2014.

The training program in intensive care medicine is a minimum of six years, with prescribed terms in intensive care units, anaesthetics and medicine.

General Intensive Care Medicine

36 months of Intensive Care Medicine training time; consisting of

- 12 months of non-Core training
- 24 months of Core training

Additional training includes up to:

- 12 months of anaesthesia
- 12 months of elective
- 12 months of medicine

Paediatric Intensive Care Medicine

36 months of Intensive Care Medicine training time; consisting of

- 12 months of non-core training
- 24 months of Core training (18 months of which must be undertaken in paediatric intensive care)

Additional training includes up to:

- 12 months of anaesthesia
- 12 months of elective
- 12 months of paediatric medicine (including 6 months emergency/acute medicine)



For further information please refer to section 5 of the 2013 regulations available in the Regulations and Constitution section of the College website.

Training Time

Basic Training Years (36 months)

Basic Training comprises of a minimum period of three years (Full-time equivalent). 12 months of intensive care training must be undertaken during Basic Training in an approved unit. Trainees may choose to fulfil the minimum requirements in anaesthesia and/or medicine before commencing Advanced Training.

Advanced Training Years (36 months)

Advanced Training comprises a minimum period of three years and can only commence if all the requirements of Basic Training have been satisfied and an approved First Part (Primary) examination has been completed.

Intensive care training classified as Advanced must satisfy the following:

- At least 12 continuous months in a unit approved for Core training as C12 or C24
- At least 12 months (not necessarily continuous) must be undertaken in an intensive care unit in Australia, New Zealand or Hong Kong accredited as C24
- Minimum of six months must be undertaken as a 'Senior Registrar'

Anaesthesia (12 months)

Training in clinical anaesthesia consists of 12 months undertaken in positions approved by the College. During this training trainees will acquire knowledge and skills in those aspects of anaesthesia and peri-operative management that are relevant to the practice of an intensivist.



For further information please refer to *Objectives of Training for the Anaesthesia Term* available in the Training Program Resources section of the College website.

Medicine (12 months)

Clinical medicine training consists of 12 months undertaken in positions approved by the College. It is not expected that this period of training will provide trainees with experience in, or knowledge of, all medical conditions.



For further information please refer to *Objectives of Training for the Medicine Term* available in the Training Program Resources section of the College website.

Elective Training (up to 12 months)

Trainees may be required to undertake an elective period of up to 12 months in a position approved by the College for training in one of the following disciplines:

- Intensive care medicine
- Clinical anaesthesia
- General medicine (adult and paediatric)
- Specialist medicine
- Emergency medicine
- Surgery
- Pain medicine
- Research
- Other disciplines related to intensive care medicine.



Other training requirements may be applicable however can only be determined after a full assessment has been conducted.

Approval of Training

All training must be approved by the College. For training to be approved, registered trainees must submit an Application for Approval of Vocational Training (AVT) form to the College whenever taking up an appointment. Such information must be submitted to the College office within 30 days of commencing the appointment.

Trainees may apply for retrospective approval of previous training in anaesthetics, medicine and elective training. Core intensive care training and Transition Year training must be prospectively approved.



Applications must be lodged via the CICM Members portal.

Interrupted Training

Regulation 5.9 in the College Regulations covers this issue. Extended periods of interrupted training may require additional training time to be undertaken.

Overseas Training Experience

At least two years of the total program must be spent in approved posts in Australia, New Zealand, or Hong Kong. However, normally most of the training time will be spent in Australian or New Zealand posts. When a local graduate wants to spend training time overseas prospective approval must be obtained from the Censor. This should be sought well in advance of the appointment.

Part-Time Training

Part-time training can take place at any time under the rules set out in Regulation 5.6. The training must comprise a minimum of 0.4 of the commitment of a full time trainee, including both in-hours and out-of-hours duties.

Research

The College encourages research by trainees and may allow time spent in research to count towards elective training. Prior approval from the Censor is necessary for any significant period which alters the nature of normal clinical duties. A designated supervisor of the research is necessary. This supervisor must report on the outcome of the trainee's participation. Some trainees have worked towards research degrees such as MD and PhD concurrently with their intensive care training.

Assessment Processes and Requirements

Contemporary approaches to assessment in medical education emphasise a programmatic approach where multiple measures of trainees' knowledge, skill and abilities over time are aggregated to inform judgements about progress.



Educational research has demonstrated that assessment (linked to feedback and reflection) is the contextual factor which most strongly influences learning.

With this in mind, assessment throughout the training program has four main components:

1. Examinations:
 - The First Part Examination
 - The Second Part Examination
2. A number of Workplace Based Assessments (WBAs)
3. Assessment within required courses
4. Formal Project

Examinations

The First Part Examination

The First Part Examination is a written and oral test of knowledge and understanding of the basic sciences applied to the clinical practice of intensive care medicine. The First Part Examination is held twice each year.

To be eligible to present for the First Part Examination, candidates must:

- Be a registered trainee with the College
- Have submitted full documentation
- Have paid the appropriate registration fees



For further details please refer to the First Part Examination section of the College website.

Exemption for the First Part Examination



Exemption from the First Part examination is individually assessed and is based on a combination of training, qualifications and experience.

Enrolment	Criteria
Prior to 1 st January 2014	<p>Successful completion of an ANZCA, ACEM, RACP or RACS Primary;</p> <p>OR</p> <p>Completion of an equivalent training and examinations program (overseas Colleges).</p>
After 1 st January 2014	<p>Successful completion of Fellowship with the ANZCA, ACEM or RACP;</p> <p>OR</p> <p>Trainees who have completed an equivalent training and examinations program (overseas Colleges).</p> <p>Trainees undertaking a training program with another College and who have completed the First or Primary component of that program may be granted conditional entry into CICM Core Training (i.e. exemption from the First Part exam). Conditional Core Training will only be ratified on completion of the other College's training program including award of Fellowship.</p>

The Second Part Examination (General and Paediatric)

The Second Part Examination comprises written and oral sections covering the theory and practice of intensive care medicine, including relevant aspects of the basic sciences, anaesthesia and clinical medicine. The General Second Part Examination is held twice each year and the Paediatric Second Part Examination is held once a year.

To be eligible to present for the Second Part Examination, candidates must satisfactorily complete:

- 12 months of Core training in intensive care medicine (Conditional Core not accepted)
- Two Observed Clinical Encounters (OCE) for each six months of Core training (current training program only)
- The Hot Case Assessment Form
- Payment of appropriate fees

These requirements must be satisfied by the date on which the written section of the examination commences.



For further details on the eligibility criteria please refer to the Second Part Examination section of the College website.

Workplace Based Assessment (WBA)

WBA's form an essential component of the assessment system to complement the formal written and oral examinations. This combination of assessment approaches will enable a more comprehensive assessment of skills, knowledge and behaviours. The assessment process follows current assessment theory, is blueprinted to the curriculum, competency based and continuous.

Objectives

The objectives of the WBA process are to:

- Provide a basis for feedback of strengths and areas of clinical practice requiring improvement
- Develop skills of self-evaluation and reflective practice
- Facilitate the development of strategies to improve performance
- Monitor and record progress within and across clinical terms
- Provide ongoing formative feedback to inform subsequent learning activities

Overall the assessment process aims to encourage reflection and the development of self-directed and self-managed lifelong learning.

Online In-Training Evaluation Report (ITER)

The ITER is an invaluable assessment tool that facilitates the ongoing education of trainees. It complements other methods of evaluation, such as the examinations.

The ITER covers seven domains of intensive care practice: medical (clinical) expert, communicator, collaborator, manager, health advocate, scholar and professional. These domains of practice are based on the CanMeds standards. There are 23 items spread across the seven domains.

Each item has a list of performance indicators which provide examples of observable behaviours that indicate competency for each particular item. Supervisors will use these and other relevant examples to provide feedback on the behaviours they are looking for as evidence of competence on a particular item.

The ITER is a joint process of evaluation and goal setting between trainee and supervisor and requires active participation by both parties. The ITER offers the opportunity for prospective goal setting for trainees and for a review of any relevant matters related to previous terms. The process is a collaborative one between supervisor and trainee.

At the end of each six month period of training, Supervisors in conjunction with their colleagues will submit a completed ITER to the College. Completed ITER's are required to be submitted for every approved term of training, including anaesthetics, medicine and elective training. Trainees are encouraged to complete an ITER with their Supervisor at the mid-point of each six month term as part of the formative process. This ITER is not required to be submitted to the College.

The ITER form is made up of two sections:

- Section 1 is related to longitudinal performance
- Section 2 relates to the trainees performance relative to their stage of training.

Each item listed in section 1 on the ITER form has a subset of performance indicators which provide examples of observable behaviours that indicate competency for each particular item. For example:

Domain: Medical (Clinical) Expert

Item 1: Completes an appropriate patient assessment

Performance Indicators:

- Effectively elicits information from patient, relatives and other sources
- Performs a comprehensive examination appropriate to the clinical setting
- Identifies and clarifies inconsistencies

Supervisors will use these indicators and other relevant examples to provide feedback to trainees.

Section 2 of the ITER form (Global Rating) lists a number of questions about the trainee's overall performance.

Self-assessment by Trainees

Trainees need to make judgments about their own learning capacity. To encourage their active involvement in the assessment process, trainees should self-assess using the ITER form and discuss discrepancies or similarities with the Supervisor. Observation of differences between a Supervisor's ITER and the trainee's self-assessment provides opportunities for discussion and a path towards consensus about specific expectations of performance during the rotation and strategies for achieving this.

It is recommended that trainees reflect on their performance and self-assess at least every 3 months.

If a trainee is experiencing difficulty progressing through the rotation, the ITER may be completed more regularly in conjunction with a learning plan to assist their progression.



The following information on Workplace Competency Assessments, Observed Clinical Encounters and Courses is only applicable to trainees who enrolled after January 1st 2014.

Workplace Competency Assessment (WCA)

The WCA's have been developed to provide specific feedback and assessment based on direct observation of key procedural skills. In total there are seven WCA's to be successfully completed prior to entry into the Transition Year. Each WCA can be signed off by any Fellow of CICM.

- Basic and Advanced Life Support
- Brain death certification
- Central venous catheter insertion
- Communication
- Pleural Drain
- Tracheostomy
- Ventilator set-up

To be assessed as competent in each WCA, trainees must demonstrate adequate knowledge, skill and behaviour in all of the performance indicators related to the WCA.



Assessment forms are available on the WCA section of the College website.

Observed Clinical Encounter (OCE)

The OCE provides Supervisors with a structured assessment and feedback format for the relevant clinical knowledge (including reasoning and understanding), skills (technical and non-technical) and behaviours related to a trainee's management of a single clinical case.

Trainees should regularly perform structured examinations under observation of the Supervisor or a Fellow of CICM with the goal of improving clinical knowledge and skills.

Trainees are required to satisfactorily complete and submit two OCE's for each six months of Core Training.

To achieve a satisfactory standard trainees are required to;

- Perform an appropriate clinical assessment of a critically ill patient
- Present their clinical findings to their assessor with an appropriate discussion of relevant management issues (suggested time = 20 minutes)

Feedback is an important aspect of the process. An additional ten minutes should be set aside to allow for relevant discussion regarding the clinical scenario and the trainee's performance. It is important to note that obtaining a satisfactory assessment may often mean trainees will undertake more than one clinical assessment. Additionally to ensure competency in a broad area of intensive care medicine, submitted OCE's should focus on different organ systems;

- Cardiovascular
- Extra-mural care
- Gastrointestinal
- Haematological
- Neurological
- Renal
- Respiratory
- Trauma



OCE forms are available under the Observed Clinical Encounter section of the College website.

Courses

To supplement clinically based learning and ensure all aspects of competency required of an intensivist are covered, trainees are required to complete specified face to face and online courses. Completion of these courses is staged across the six years of training and aligned with the development of competencies required.



A list of required online and face to face courses is available on the Training Courses section of the College website.

Formal Project

All trainees are required to complete a Formal Project. The report must be based on a project in which the trainee has participated to a significant extent. Examples of possible projects include (but are not limited to):

- A quality assurance audit or a quality improvement project with a 'before and after' evaluation as for a typical 'Plan, Do, Study, Act' iterative quality cycle.
- An observational study reviewing an aspect of practice or the management of a group of patients. Such case series could be conducted prospectively or retrospectively.
- A prospective scientific study. This might entail a randomised or pseudo randomised evaluation of a treatment or a process. Other possibilities include a before and after evaluation of the introduction of a new treatment or process.
- A study of a particular aspect of management of patients involved in a multi-centre trial. This will likely require the assent of the principal investigator for the study.
- A systematic review of the literature pertaining to a clinically relevant subject.

Supervisor responsibilities

In order to maximise the quality of the project and the likelihood for timely success, it is recommended the Supervisor encourage the trainees to commence planning for their project early in their training program.

The Supervisor of Training may not necessarily be the Project Supervisor.
Project supervisors are responsible for:

- Providing advice, supervision and support for trainees planning, executing and presenting the Formal Project.
- Critically reviewing the final manuscript to ensure its suitability for submission.



Trainees on the current program must submit the Formal Project before commencing Transition Year training. Trainees on the pre-2014 program must complete the Formal Project prior to applying for Fellowship.



For further information please refer to the Formal Project section of the College website.

Helping Trainees Get the Most out of the Training Program

Introduction

Predominantly, education and training occurs in the work environment. While much of the learning will be self-directed and related to educational objectives, Supervisors and other unit staff play key roles in trainee education.

In the competency based approach to learning, trainees learn best when they observe Supervisors demonstrating appropriate skills, abilities and attitudes and then have numerous opportunities to continually apply their learning.

What we know about assessment and learning in competency based education:

- Focus is on outcomes with a need to assess a broad range of competencies.
- Assessment looks at performance and application of knowledge and skills that are needed in practice and is the contextual factor which most strongly affects student learning.
- Feedback is critical to learning and is the primary driver of improvement.
- Every trainee is expected to achieve explicit standards for all competencies. Competencies are criterion referenced.
- Assessment facilitates the developmental progression of competence.
- Differences in trajectory of progress during training are expected.
- Learner responsibility and accountability are stressed.
- Assessment in authentic clinical situations is not only desirable but is achievable.
- Programs of workplace based assessment can be valid and reliable - heavily reliant on training of users.

(Van der Vleuten et al, 2011, 12; Holmboe et al 2010)



Assessment linked with targeted feedback and reflection are acknowledged as the key influences on trainee learning

Supervisor Responsibilities

Overview

With the knowledge that assessment and feedback are the most important drivers of learning it is essential that Supervisors and colleagues within the unit are prepared to assist trainees to maximise their learning. Achieving this can be viewed from three perspectives, before, during and at completion of the clinical rotation.

Before the clinical rotation commences

- Become familiar with the specific clinical unit learning objectives and associated assessments.
- Organise the trainee's orientation to the facility and the unit.
- Compile a timetable for the trainee's learning opportunities during the unit.
- Allocate time to meet with the trainee early in the rotation to discuss their learning objectives and outline expectations of the unit.
- Become familiar with all the assessment forms, and with the process of assessment required for the rotation.
- Check on CICM website for any updates to training requirements and relevant policies and contact CICM if further information is required.

Orientation

An orientation program should take place as early as possible in the clinical rotation and include:

- An introduction to all relevant personnel
- A tour of facilities, including all equipment
- Clear delineation of duties
- Explanation of hospital communication systems, administrative requirements etc.
- Details on local work practices
- Outline of the expectations of trainees
- Planning of learning opportunities
- Discussion of feedback and assessment processes and expectations



A well-planned orientation prevents confusion and misunderstandings, facilitates trainee learning, and improves safe, effective patient care.

During the Clinical Rotation

Encourage active learning. Supervisors can provide a positive learning environment in a number of ways by:

- Providing time for learning and opportunities to practice new skills
- Discussing with the trainee their learning objectives for the rotation
- Providing opportunities to talk through anxieties related to the clinical unit as they occur
- Discussing with trainees how feedback will be provided, questions will be handled and clearly outline expectations of the trainee
- Encouraging active participation in their clinical learning experience
- Ensuring trainees are incorporated into the unit team
- Giving positive feedback where warranted

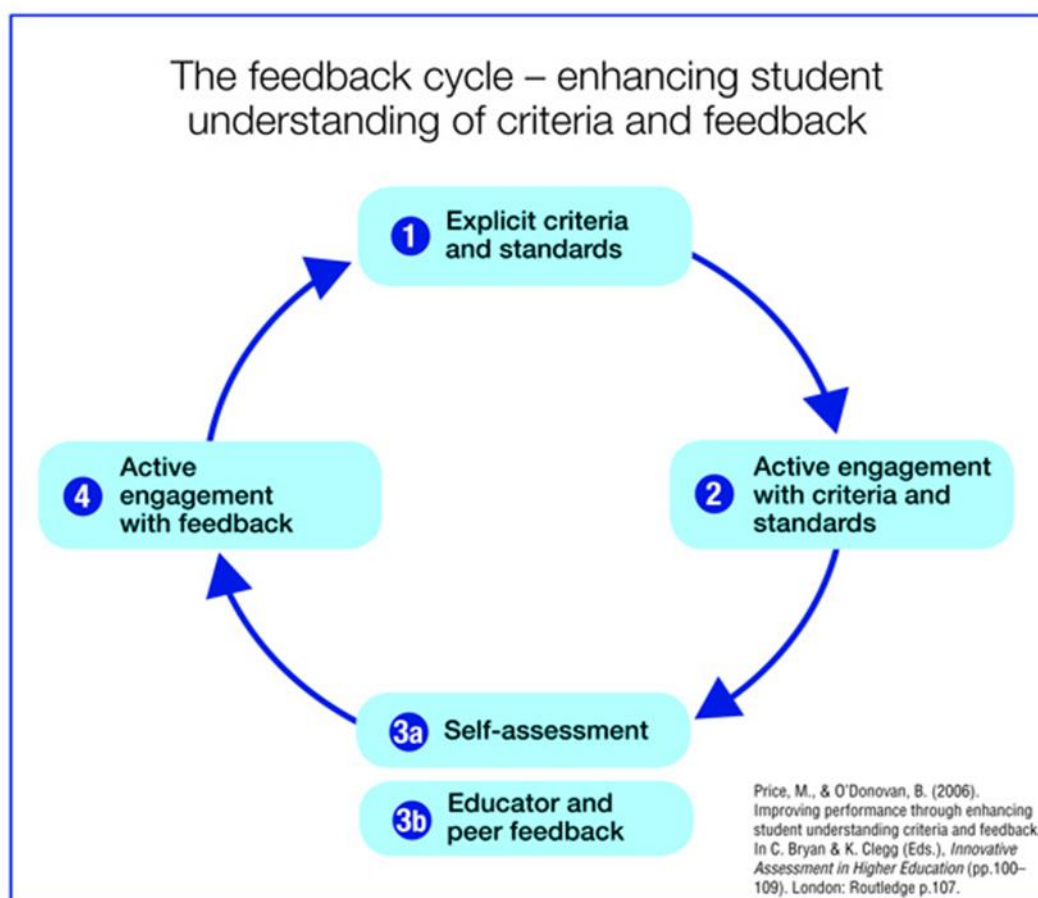
Provide Trainees with a Professional Role Model

Supervisors are professional role models for trainees. Dedication to professionalism, quality patient care, and respect for the patient as a person are intangibles that the trainees will follow by example. Supervisors can also provide an example of enthusiasm for life-long learning and active participation in the learning process.

Provide Effective Feedback

Timely, specific, constructive feedback is the single most important element required for a trainee to learn and improve their performance.

- Providing effective feedback takes time
- Deliver feedback as close to the event as possible
- Engage the trainee in a dialogue about their performance
- Provide specific examples of patient care to support feedback
- Be constructive and collaboratively develop strategies that will guide improvement in the trainee's performance.
- Ensure discussions with the trainee are conducted in an appropriate setting
- Listen to what the trainee has to say in relation to their performance. There may be good reasons behind their decisions or actions that were not initially apparent
- Link feedback to the competencies and performance indicators provided on the assessment tools



Start Early with Formative Feedback

Take opportunities to provide early feedback to trainees so they can make the necessary modifications to achieve the required improvement.

Schedule Time for Sessions of Formal Feedback with Trainees

While most formative feedback will occur on the spot during normal work routines, it is also important to schedule time for sessions of formal feedback with trainees. This should be done early in the rotation, e.g.; 2-4 weeks into a rotation and again at the midpoint of the rotation. These formal sessions allow time for the Supervisor and trainee to reflect on performance and collaboratively develop strategies for improvement.

Formative feedback is not only to facilitate improvement in a trainee's performance but also to positively reinforce those behaviours the trainee is already performing at or above the standard expected.

Early Signs that a Trainee may be Experiencing Difficulty

- Poor demonstration of competencies
- Staff or patient complaints
- Juniors and peers don't consult them
- Hard to track down
- Inappropriate behaviour
- Avoidance of assessments
- High absentee rate

At Completion of the rotation

- Gather all documented feedback on the trainee's performance from all personnel involved
- Consult with colleagues regarding the trainee's performance
- Complete the ITER electronically and submit to the College within 30 days of completion of the rotation. This assessment must clearly reflect the trainee's performance in relation to the items and their performance indicators
- Discuss the completed ITER with the trainee prior to submission to College
- Request feedback from the trainee on their learning experience
- Reflect on and evaluate the rotation and initiate any changes to the supervisory processes for future trainees.



The quality of supervision makes a difference to the quality of safe patient care.

Managing a Trainee Experiencing Difficulty

Having identified a trainee who is experiencing difficulty, Supervisors will be responsible for initiating and overseeing the review and remediation process, which should be appropriately documented. Such documented consensus processes support the Supervisor if further action is required. It is important that the College is kept informed of relevant issues and that documentation of all processes are as complete as possible.



For further information please refer to *Guidelines for Assisting Trainees with Difficulties* which is available on the Supervisors section of the College website.

Tips for the Teaching Supervisor

1. **Every little bit helps:** Seize the teaching moment. Even if you don't have the whole package worked out, it's still worthwhile sharing what you can, as best you can. Don't have time to run through a process or procedure in full? Draw the staff member's attention to one key aspect of the task. No time for a complete debrief immediately after a difficult case? Ask a few key questions to check the staff member's understanding of what occurred and give quick feedback. Follow up later when there is time.
2. **Teach by guided questioning:** Ask questions to discover the state of the trainee's knowledge and understanding. Encourage independent thinking and problem-solving. Effective questioning uncovers misunderstandings and reinforces and extends existing knowledge. Questions keep staff engaged, "on their toes", listening and thinking.
3. **Teach Invite trainees to input into the agenda:** Adult learners should be involved in decisions about the direction and content of their learning. Your ultimate objective as a Supervisor is to foster the trainee's ability for self-directed lifelong learning.
4. **Encourage questions:** Questions from Trainees should always be treated with respect. You may be shocked at what they do not know, but on closer inspection, may discover that others are just keeping quiet. The three most important words in teaching and learning are "I don't know".
5. **Focus the learner:** Start any teaching by setting up the importance of the session. Teaching is more effective if it is tailored to learners' interests, ambitions and current level of knowledge and ability. Answer the question: why should they pay attention to what you are about to teach them?
6. **Focus the learning:** Don't try to teach too much at once. Try not to repeat what is already known. Clinical situations are complex but limit the learning to the key aspects that form the learning edge of your trainee's knowledge base. Procedures and processes can be broken down into steps, not all of which have to be covered at once.
7. **Encourage independent learning:** Don't try to teach everything – give enough information to set the trainee on track, then ask them to complete the task themselves. Set tasks that require the trainee to act on the information you have provided. Keep learning open ended. Encourage Trainees to seek other educational opportunities and report back on their learning.
8. **Teach evidence-based practice:** Build a lifelong learning attitude in your Trainees. Even more important than knowing the current best answer to a clinical problem is having the skills to identify a clinical question, search the clinical literature, appraise the evidence and form an evidence-based plan.
9. **Check the understanding:** Have Trainees actually understood what has been taught? Can they demonstrate clinical reasoning and put knowledge and skills into practice? If not, perhaps revisit specific topics or skill areas until they feel confident and can show that they have learned.
10. **Evaluate your own practice as a teacher:** How well did your Trainees learn from the information you provided? Every time you teach you have a chance to learn how to do it better (and more easily) next time. Try different methods and compare outcomes. Seek feedback from your Trainees. Compare notes with your peers.



For more helpful information refer to the Superguide: A handbook for supervising doctors in training, available from: <http://www.heti.nsw.gov.au/Global/HETI-Resources/prevocational/news/the-superguide.pdf>

Trainee Welfare

Trainee support and mentoring

Trainees are exposed to numerous sources of stress including:

- Examinations
- Time management issues
- Information overload
- Lack of time for relationships
- Financial and career concerns.

Intensive care trainees are also exposed to sources of stress not common to most other students, such as end of life care, grieving relatives and the serious consequences of clinical decisions. Supervisors should view relationships with trainees as an essential opportunity to nurture the development of a junior colleague rather than only focusing upon academic concerns.

It is important to realise that it is not possible for a Supervisor to be all things to all trainees or be able to solve every problem that may arise. It is important that Supervisors are able to identify and nominate specific personnel, counsellors or organisations best able to deal with trainee problems.

Mentors

Mentors are a combination of role model, advocate, friend and confidante. The most effective mentors are those who are committed to trainees and the profession of intensive care medicine, are self-motivated, enthusiastic, readily accessible, sensitive to the needs of trainees, and have a genuine desire to facilitate the growth of a trainee. Perhaps their most important attribute is that of an effective listener as, in many cases, this will be what the trainee needs most.

Mentors need a comprehensive understanding of the hospital and clinical environment. It is important that mentors understand that their primary role is to serve as a point of contact and support for trainees. It is preferable that a trainee's mentor and Supervisor are not the same person.

Early Identification of Trainees Experiencing Difficulty

In 2014 the College introduced a secure online training portfolio for all trainees. This will allow Supervisors to access information on a trainee's performance during previous rotations.

All trainees should meet with the Supervisor at the beginning of the term for a formal interview in order to explore and document training goals, with specific learning needs and areas for development identified by the trainee. On commencement of the rotation, departments should have regular, structured and accountable processes for gathering feedback on trainee performance, in a sensitive manner. This may be achieved for example by including trainee progress as a regular agenda item at unit meetings. In this way, trainees experiencing difficulties can be identified early.

As outlined earlier, Supervisors will have informal interactions and formal meetings with all trainees during the term. The formal meetings include the opportunity to gather feedback from the trainee on their training experience and provide feedback to the trainee on their performance.

Other Training Issues

Training, like many aspects of life, can be exciting and rewarding, but also has its ups and downs. Trainees are exposed to numerous sources of stress similar to those encountered by all students. This includes formal assessments, time management issues, information overload, paucity of time for personal relationships and/or recreation, financial and career concerns. Moreover trainees are also exposed to sources of stress not common to non-medical professionals. These include death and dying, relating to other health professionals and the potential fatal consequences of making a mistake. This is a fertile environment for the generation of problems as well as learning and

positive experiences. Problems encountered by trainees typically fall into one of five types; professional, academic, administrative, career and personal.

Family Needs

Trainees must seek help with the planning of parental leave – particularly when the need arises during the later stages of training. The College is as flexible as is possible with applying the regulations in an effort to minimise disruptions to training. It is important to seek **prospective** approval for all parental leave and trainees should be encouraged to discuss their circumstances with the College as early as possible.

Illness and Disability

If a trainee is ill or unable to continue studying, the College will assess this on an individual basis with the intention of minimising its effect on training. Supervisors should be aware of document 'Examination Candidates Suffering from Illness, Accident or Disability (Section 5)'.



For more details, see *IC-5 Guidelines on the Health of Specialists and Trainees*. This can be found on the Professional Documents - Resources section of the CICM website.

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