



College of Intensive Care Medicine
 of Australia and New Zealand
 ABN: 16 134 292 103

Document type: Training
Date established: 2007
Date last reviewed: 2014

OBJECTIVES OF TRAINING FOR THE MEDICAL TERM

INTRODUCTION

Trainees in Intensive Care Medicine are required to complete 12 months of clinical medicine training.

The purpose of the Medical Term is to combine attachments in acute care and longitudinal roles to gain experience in acute, episodic, undifferentiated physical disorders; encompassing their acute presentation, in-hospital management, discharge planning and longitudinal (outpatient) management.

The Medical Term requires the trainee to work as part of a multidisciplinary team, supervised by a consultant Physician. This precludes predominantly research, laboratory or interventional positions.

How to Satisfy the Medical Term Requirements:

Trainees can satisfy the objectives of the 'acute' component of the medical term by completing either **6 months of Acute Care Medicine** (in a role equivalent to an RACP accredited position), **or Emergency Medicine** (in a role equivalent to a ACEM accredited position).

The 'longitudinal' component of the medical term can be satisfied in either a **General Medicine post** with appropriate continuity and outpatient exposure, or in a **Medical Subspecialty post** (see 'Supplementary information' below).

The two required components of the Medical Term will develop specific knowledge, skills, and attitudes. The information below outlines the learning opportunities expected of the medical terms.

1. ACUTE MEDICINE TERM

Learning Requirements

Knowledge

- The diagnosis and management of undifferentiated illness in patients presenting or referred to hospital. Whilst the full spectrum of Internal Medicine cannot be covered in a 6-month term, it is expected that problems presenting commonly to the 'Acute Medical Take' would be encountered.
- The application of history, examination findings and targeted basic diagnostic tests in narrowing a formulated differential diagnosis.
- Understand the importance of socio-economic factors that contribute to illness and vulnerability.
- Understand the roles of other specialties and the multi-disciplinary team when working in the acute emergency or medical service.

Skills

- Demonstrate competence in history taking, clinical examination, diagnosis, clinical reasoning and therapeutics as related to acute general or emergency medical disorders in the context of an acute admitting shift.
- Demonstrate the ability to communicate effectively and sensitively with patients and their families, colleagues and other allied health professionals.
- Perform post-acute handover to a consultant, with peer-review of patient assessment and management.
- Demonstrate appropriate discharge planning and communication for patients not requiring admission.

Attitudes

- Be aware of and sensitive to the special needs of patients from culturally and linguistically diverse backgrounds.
- Work positively with the range of acute and subspecialty teams in the context of acute patient referral.
- Work positively with the multi-disciplinary team when taking and making referrals.

2. LONGITUDINAL CARE TERM

Learning Requirements

Knowledge

- Acquire the theoretical knowledge required for competent supervised practice (at registrar level or equivalent) within the sub-specialty.
- Understand the scope and benefits of the sub-specialty area to patient care.

Skills

- Demonstrate the application of history, examination findings and specialty diagnostic tests in the outpatient setting.
- Provide detailed and informative correspondence to colleagues following outpatient consultation.
- Work within, and fully utilize multidisciplinary team-based approaches to the assessment, management and care of patients with complex needs.
- Provide effective care and communication to patients, their families and GP's.

Attitudes

- Recognise the need for, and be able to work with appropriate patient advocacy skills within the sub-specialty area.
- Recognise limitations of knowledge and expertise in the subspecialty and seek guidance where appropriate.

3. SUPPLEMENTAL INFORMATION

Medical Sub-specialty Opportunities

There are a wide range of medical subspecialty experiences which would usually satisfy the learning outcomes, however the annotated upper list presents those specialties which would be of highest benefit to an ICU trainee.

Medical Specialties

- General Medicine- Recommended if combining with Emergency Medicine
- Geriatric Medicine- Recommended if combining with Emergency Medicine
- Infectious Diseases- Core knowledge will be utilised throughout ICU practice
- Medical Oncology- Deeper appreciation of patients increasingly referred to ICU
- Palliative Medicine- Valuable experience in holistic end-of life cares
- Respiratory Medicine- Deeper appreciation of patients increasingly referred to ICU
- Cardiology- Requires largely inpatient and outpatient duties rather than 'echo role'
- Diabetes / Endocrinology
- Gastroenterology
- Haematology
- Nephrology
- Neurology
- Rheumatology

NOTES

Relevant sections of the CICM Regulations:

5.3.11 Clinical Medicine Training

- 5.3.11.1 12 months clinical medicine training; 6 months of this term must be acute medicine (which may be in an Emergency Department) and 6 months must involve responsibility for longitudinal care of medical patients.
- 5.3.11.2 At least 6 months should be undertaken in a registrar position that is approved by the College. A registrar position is considered by the Censor to be equivalent to a position accredited by the RACP (or where appropriate by the ACEM) and which involves supervision of junior medical officers and supervision by registered specialist physicians.
- 5.3.11.3 Satisfactory In-Training Evaluation Reports (ITER) are required for all prospectively approved clinical medicine training.
- 5.3.11.4 Clinical medicine training may be accredited retrospectively at the discretion of the Censor.

5.3.14 Rural Experience

- 5.3.14.1 Trainees must spend at least 3 months in a rural hospital (defined by the Hospital Accreditation Committee) in any approved discipline.
- 5.3.14.2 The above requirement may be retrospectively accredited with approval from the Censor.

*Promulgated: March 2007
Republished by CICM: 2010, 2014*

Training Documents are prepared based on information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently. Whilst the College endeavours to ensure that documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

www.cicm.org.au

© This document is copyright and cannot be reproduced in whole or in part without prior permission.