



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

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## OBJECTIVES OF TRAINING:THE TRANSITION YEAR

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### 1. INTRODUCTION

The Transition Year (TY) refers to the final mandatory 12 months of intensive care training undertaken by a trainee in a unit approved by the College. This document is intended to be read in conjunction with Regulation 5.

The TY position must be prospectively approved by the College prior to the commencement of the term. A detailed position description must be included with the application for approval.

The TY position is a role between that of registrar and consultant, with flexibility and graded responsibility to allow increasing clinical autonomy, and development of skills in research and administration. It is aimed to assist the movement of the trainee into specialist practice and build on those skills and attributes acquired in the early years of training and which were assessed in the formal exams and in workplace-based assessments.

The TY can only be commenced after:

- Satisfactory completion of the required clinical training time and assessments for the core intensive care medicine, anaesthesia and medicine years
- Satisfactory completion of the Second Part Examination
- Satisfactory completion of all prescribed courses, learning packages and WBA.
- Submission of a Formal Project in the format prescribed in the guideline
- Satisfactory exposure to two out of the three sub-specialities in:
  - a) Cardiothoracic surgery intensive care
  - b) Neurological / Neurosurgery intensive care
  - c) Trauma intensive care

Completion of Fellowship following the TY will be dependent on:

- Two satisfactory In Training Evaluation Reports (ITER) for the TY
- Satisfactory completion of the CICM Management Skills Course or other approved transition course
- Successful completion of the Formal Project
- Satisfactory exposure to all sub-specialities, paediatrics (for general trainees) and the rural term
- All other required Workplace Based Assessments.

### 2. SPECIFIC OBJECTIVES OF THE TRANSITION YEAR

The CICM acknowledges that the intensive care workplace environment and acuity are variable across units. Where feasible, the College expects all of the following objectives to be met during the Transition Year.

**2.1 Clinical**

- 2.1.1 To be available for advice to the intern, the HMO and registrar staff where necessary in patient clerking, discharge summaries, maintaining charts, ordering and reviewing results and investigations
- 2.1.2 To assess and define clinical problems in the critically ill in the broader context and develop and facilitate a diagnostic and management plan
- 2.1.3 Assist in managing workflow of interns and registrars and ensure timely collation of results of investigations
- 2.1.4 Ensure continuity of care for all patients via appropriate handover procedure in the unit, including training of the junior registrar in these procedures
- 2.1.5 Modify management and treatment of patients initiated by junior staff to provide highest quality of care

**2.2 Teaching**

- 2.2.1 Be actively involved in registrar and nursing teaching
- 2.2.2 Provide tutorials to medical students
- 2.2.3 Organise tutorials and journal clubs

**2.3 Administration**

- 2.3.1 Involvement in interviews for registrar / intern positions
- 2.3.2 Preparation of junior registrar roster
- 2.3.3 Provide active support for consultants and acting up when required
- 2.3.4 Management of department and planning of developments
- 2.3.5 Attendance at senior staff meetings

**2.4 Quality assurance program**

- 2.4.1 Morbidity & Mortality reviews
- 2.4.2 Adverse event assessment
- 2.4.3 Familiarity with Root Cause Analysis

**2.5 College Activities**

- 2.5.1 Attendance at CICM hospital inspections in your region
- 2.5.2 Assistance with the CICM examinations when held in your hospital
- 2.5.3 Supervision or assistance with a registrar project
- 2.5.4 Attend the CICM ASM and other regional events

**3. GENERAL OBJECTIVES OF THE TRANSITION YEAR**

During the year the trainee will aim to achieve all the key competencies and enabling competencies expected of a specialist or expert, particularly those of:

- a) Medical (clinical) Expert
- b) Communicator
- c) Collaborator (team worker)
- d) Manager (leader)
- e) Health advocate
- f) Scholar (educator)
- g) Professional

**3.1 Medical (Clinical) Expert**

During the Transition Year the trainee is continuing to develop clinical skills, learn about medical advances and refinements in treatment and anticipates clinical problems. The trainee is able to assess and define clinical problems in the critically ill in the broader context and develop and facilitate a diagnostic and management plan, which has the highest probability of a satisfactory

outcome. The trainee continues to develop skills to make a timely, structured and accurate assessment of a comprehensive range of life threatening problems in a critically ill patient and apply life-supporting therapy and supervises junior doctors in the provision of safe care.

### **3.2 Communicator**

During the Transition Year the trainee is continuing to develop the ability to communicate effectively with patients and relatives in ICU, using active listening and appropriate language, adapting style to various contexts. The trainee develops rapport, trust and empathetic relationships with patients and families and accurately elicits and synthesises relevant information from patients and families and other available sources e.g. neighbours, ambulance officers and police. The trainee also accurately conveys relevant information and explanations to patients and families and respects patient confidentiality, privacy and autonomy.

The trainee effectively addresses challenging communication issues such as obtaining informed consent, delivering bad or catastrophic news, addressing anger, addressing requests for inappropriate therapy, confusion and misunderstanding, effectively communicates with complex families and angry colleagues, recognise where miscommunication has occurred and take steps to seek help and address it.

#### *Cultural competence*

The trainee is developing skills in effectively communicating with and understanding the needs, values and beliefs of patients and families from diverse cultures, taking these into account in caring for patients. The trainee is able to refrain from imposing own culture and values on others, challenge cultural bias of others, reject stereotypes, develop rapport with members of other cultures and elicit cultural issues which may impact on management. The trainee explores potential conflict among the existing cultural and legal environment and the individual's needs and works effectively with interpreters and seeks assistance to better understand other cultures.

#### *Professional communication: presentation skills and handover*

The trainee is developing skills in supervising the recording of accurate clinical information in medical records and ensures accurate verbal information is relayed. Also gives effective presentations to diverse medical and para-medical groups on clinical topics utilising audio-visual aids to facilitate message transfer

#### *End of life care*

The trainee is developing skills in managing the process of limiting, withholding or withdrawing treatment in conjunction and collaboration with the patient, the significant others and other medical teams.

#### *Organ donation*

The trainee is developing skills in ethically and sensitively managing the process of cadaveric organ donation, following the ANZICS Recommendations Concerning Brain Death and Organ Donation, respecting the wishes of the patient regarding organ donation, communicating sensitively and effectively with the patient's family and significant others, the multidisciplinary ICU team and other medical teams

### **3.3 Collaborator (team worker)**

During the Transition Year the trainee is developing skills in leading a multidisciplinary team. The trainee supports and supervises that team with empathy and with focus on the patients under the care of the team. The trainee is able to explain the principles of crisis resource management, feedback and debriefing and recognises a poorly functioning team and analyses causes of the problems and proposes solutions.

#### *Negotiation*

The trainee develops skills in negotiation to understand the needs of other parties and find solutions which prevent conflict and provide proper use of resources, safe patient care and

effective teamwork. The trainee demonstrates a respectful attitude to and understanding of other professionals' perspectives and understand the needs and backgrounds that other professionals bring to a negotiation

#### *Conflict resolution*

The trainee develops skills to anticipate sources of conflict, prevent escalation of conflict and effectively use available resources to defuse conflict.

### **3.4 Manager (leader)**

During the Transition Year the trainee is becoming familiar with the broader activities of an ICU specialist. These relate to the efficient running of a unit (administration, organisation, staffing, design and equipment), leadership, change management and the need for clinical audit and quality improvement programmes. The trainee demonstrates that unit practice is conducted according to ethical principles and fulfils medico legal requirements. The trainee understands that participation in hospital committees, the organisation of scientific meetings, and the activities of professional organisations, societies and colleges are also desirable.

The trainee will lead the daily multidisciplinary ward round, analyse, and where appropriate facilitate, the adoption of guidelines, protocols and care bundles, assist with ensuring unit compliance with infection control protocols, refer to the appropriate standards and know the physical requirements of Intensive Care Unit design, identify occupational and safety hazards and adopts measures to reduce them, recognise impaired performance in self and in professional colleagues, contribute to formal, professional meetings and understand their rules, structure and etiquette and explain the ethical and legal implications of intensive care practice .

#### *Leadership*

The trainee will be expected to lead under various circumstances. The trainee will frequently face situations in ICU, hospital wards and the Emergency Department, which require specific leadership skills. Leadership is learnt and may be described as the process of constructively influencing an organised group, e.g. ICU multidisciplinary team or ICU department, in goal setting and achievement of those goals. The trainee will understand that a good leader has clear vision, trust from the team, is organised, delegates appropriately and communicates effectively. The trainee will start to develop these skills.

#### *Quality assurance and improvement*

There are many aspects of quality management in ICU. Quality domains are varied and vitally important to ICU practice and patient outcome; they include safety (freedom from harm), effectiveness (use of evidence based therapy), efficiency (eliminating waste), patient centeredness (taking account of the patient's real needs), timeliness (care provided when needed) and equitability (care independent of wealth, race, religion or gender).

The trainee is able to organise a quality improvement program and run its components to ensure delivery of all quality domains. The trainee will undertake clinical audit and perform effective quality improvement activities including morbidity and mortality review, case conferences, root cause analysis, incident monitoring and adverse event assessment and ensure that the information gathered is used effectively to prevent subsequent events.

#### *Resource management*

Health resources (personnel, equipment, structures and intellectual property) are finite and require effective and efficient management to ensure maximum benefit to the hospital and community. Management includes securing maximum resources available and the efficient use of the resources.

The trainee will learn the basic principles of departmental budgeting, financial management and resource utilisation, the factors that determine the optimum staff establishment for specialist and junior medical staff, nurses, paramedical and secretarial staff, a process for selecting, ordering and

maintaining equipment and ways for attracting, selecting, appraising and encouraging effective staff

#### *Equipment assessment*

The trainee will be able to use and assess a broad range of equipment for diverse purposes in ICU, assessing questions of risks, advantages, disadvantages, compatibility, labelling, usability, cost, evidence of benefit, durability, usage and safety.

### **3.5 Health advocate**

#### *For the patient*

The trainee learns how to advance the health and wellbeing of individual patients beyond the care of the specific critical illness. Individuals need the expertise of intensive care specialists to address their general health issues. Identify the important determinants of health affecting patients including occupational and environmental exposures, socio-economic factors and lifestyle factors by assisting individual patients in navigating the healthcare system and accessing health care and resources

#### *For the community*

The trainee learns how intensive care specialists use their expertise and influence to advance the health and wellbeing of communities and populations beyond the walls of the ICU by public advocacy and committee membership and that their focus is on the interests and needs of society.

### **3.6 Scholar**

#### *Research & evidence based practice in intensive care*

The trainee evaluates the medical literature as a basis for continuing education, maintenance of professional standards and continuous quality improvement of patient care. The expert trainee contributes to the development of new knowledge and undertakes and fosters high quality clinical research. For this to be achieved, an extensive knowledge of scientific processes and ethics is required.

#### *Teaching*

Teaching of medical colleagues and other health professionals is both a responsibility for the trainee and a continuing learning experience. The trainee demonstrates a lifelong commitment to dissemination, application and translation of medical knowledge into appropriate practice. An understanding of adult education and assessment principles will support the process of continuing education throughout professional life.

#### *Clinical supervision and mentoring*

Supervision of junior colleagues and other health professionals is both a responsibility for the trainee and a continuing learning experience. The trainee demonstrates a commitment to reliable supervision not only in clinical situations but also in record keeping, audit and teaching or mentoring of junior doctors.

#### *Lifelong learning and reflection*

Learning all aspects of the practice of intensive care medicine is fundamental to becoming a competent specialist. As the practice of intensive care medicine is incrementally changing and the knowledge base rapidly increasing, it is important that the trainee learns, enquires and reflects regularly, developing a personal continuing education strategy.

### **3.7 Professional**

#### *Ethics and the law*

The trainee delivers the highest quality care with integrity, honesty and compassion and applies knowledge of ethics and law effectively and with cultural competence, applying the concepts of patient autonomy, beneficence, non-maleficence and justice (as it applies to fair distribution of resources). The trainee behaves with integrity and honesty and accepts responsibility for his/her personal physical and mental health, especially where impairment of health affects patient care

and professional conduct.

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