College of Intensive Care Medicine of Australia and New Zealand
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GUIDELINES ON THE CLINICAL SUPERVISION OF VOCATIONAL TRAINEES IN INTENSIVE CARE MEDICINE

PURPOSE

The purpose of this document is to provide a practical framework for the clinical supervision of vocational trainees of the College of Intensive Care Medicine of Australia and New Zealand (CICM or the College).

SCOPE

This guideline applies to any individual who assumes responsibility for the clinical supervision of a CICM trainee. For the purposes of this policy document, this individual is referred to as a clinical supervisor. College requirements for clinical supervision, including a reference to this document, should be made explicit to trainees at the start of their training term. The clinical supervisors are encouraged to collaborate with the trainee's Supervisor of Training to enable feedback and assist in the completion of workplace-based assessments.

1 INTRODUCTION

Clinical supervision at the appropriate level must be available for vocational trainees in Intensive Care Medicine (ICM) at all times. This supervision should occur in all clinical situations, both within and external to the ICU (inclusive of medical emergency team and retrieval services). The level of supervision determined is particularly important for situations involving major procedures or sensitive communications with patients or their families/ whānau [1]. Supervision of trainees extends to record-keeping, research, audit and quality assurance programs.

The ultimate goal of ICM training is clinical competence i.e. fitness for independent practice. This entails supporting the trainee to attain the skills, knowledge and attitudes required of an ICM specialist as outlined in the curriculum documents[2]. The workplace is the context in which most of the learning occurs for trainees. An essential component of training is the graded transfer of responsibilities to the trainee if the situation allows, to facilitate the progressive development and independence of the trainee. This must occur while maintaining patient safety and quality of care. Determining the appropriate supervision level is a dynamic process.

[1] "family/whānau" is intended to include all those who are personally significant to the patient and are concerned with the patient's care, which may include family members, partners, caregivers, legal guardians, and substitute decision-makers.

[2] See T-30 Competencies, learning, teaching and assessments for training in general intensive care and T-36 Competencies, teaching, learning opportunities and assessments for training in paediatric intensive care medicine.

An entrustment decision as to the level of supervision a trainee needs is based on multiple considerations including trainee factors (which include reliability, honesty, competence and humility); clinical supervisor factors (which include experience with supervision and familiarity with the trainee); the context; task/patient; and clinical supervisor-trainee relationship. Ad hoc entrustment decisions are made almost continuously in the interactions between clinical supervisors and trainees in the workplace. Clinical supervisors should try to understand how these decisions are made (often subconsciously) and aim to make these decisions transparent.

2 LEVELS OF EDUCATIONAL SUPERVISION

Clinical supervision must be performed by an appropriate person as designated by the relevant jurisdiction in which the trainee works. The level of supervision required for each trainee is expected to evolve over the course of the training program from closer supervision to independent practice.

The clinical supervisor in conjunction with the trainee must determine the level of supervision appropriate in any given situation or context using the below table as a guide:

Level 1	**Direct supervision** The trainee requires direct observation by a clinical supervisor; prompting is required and/or the task/activity is performed collaboratively with the clinical supervisor as a coactivity.
Level 2	**Proactive supervision** The trainee requires the clinical supervisor to be in the clinical unit and physically available within minutes to provide assistance and consultation regarding findings and clinical decision making.
Level 3	**Responsive supervision** The trainee requires the clinical supervisor to be in the hospital and available for consultation and assistance; this includes availability by telephone for advice to discuss findings and clinical decision making.
Level 4	**Oversight** The trainee requires the clinical supervisor to be readily contactable, but the clinical supervisor does not need to be in the hospital. The trainee may require consultation for complex cases, complications or unexpected issues.
Level 5	**Independent*** The trainee performs at the level of newly graduated Fellow (FCICM). The trainee understands risks and performs tasks/activities safely. The trainee is able to provide supervision to junior trainees.

* Although the trainee is able to perform the task/activity independently, as a trainee of the CICM training program the clinical supervisor must assume overall responsibility for the trainee at all times.

3 MINIMUM SUPERVISION LEVELS

Supervision at the determined level for each trainee must be available at all times. Should the clinical supervisor be unavailable for the trainee for a period of time, there must be delegation of supervision to an appropriate person. Trainees and clinical supervisors must have a shared understanding of the level of supervision needed to provide safe patient care and the trainees must also feel safe and supported at all times.

4 SPECIAL CONDITIONS

There should be a shared mental model or understanding within each ICU whereby the clinical supervisor should be contacted by the trainee as required. The requirement for, and the timing of, the consultation may vary depending on the complexity of the clinical situation, the trainee's level of experience, and environmental factors. Examples include, but not limited to:

- admission of new patients into the department
- unplanned discharge of patients from the department
- unexpected or unexplained changes in a patient's condition
- performance of complex procedures or requirement for complex therapies
- management of children in a non-paediatric unit
- changes to management which have serious ethical implications (e.g. withdrawal of life support, certification of brain death and organ procurement)
- discussion with patients, their families, and referring clinicians regarding major treatment decisions
- proposed refusal of a request for admission to the department
- mobilisation of intensive care resources for inter-hospital transfer.

Notwithstanding the above, closer supervision and direct help must always be available when sought by the trainee.

References and sources

IC-3 Guidelines for Intensive Care Units seeking Accreditation for Training in Intensive Care Medicine.
T-10 The role of Supervisors of Training in Intensive Care Medicine.
T-32 Guide to CICM Training: Supervisors.
T-30 Competencies, learning, teaching and assessments for training in general intensive care.
T-36 Competencies, teaching, learning opportunities and assessments for training in paediatric intensive care medicine.

Acknowledgments

CICM Education Committee.

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Revision History

Date	Pages revised/ Brief explanation of revision
1994	Promulgated by FICANZCA

2010,2013	Republished by CICM
2020	Formulation of entrustment scale for levels of educational supervision, included definition of a clinical supervisor.

Further Reading

Not applicable.

Publishing Statement

Published by CICM: July 2020. This Professional Document has been prepared with regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case. The college's Professional Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Professional Documents have been prepared according to the information available at the time of their publication, 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 its Professional 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.