



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

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## OBJECTIVES OF TRAINING FOR THE MEDICAL TERM

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### 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 management.

The Medical Term requires the trainee to work as part of a multidisciplinary team, supervised by a medical specialist. This excludes 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 6 months of **Acute Care Medicine** (in a role equivalent to an RACP accredited position that entails initial assessment and management of patients with acute undifferentiated illness), **Emergency Medicine** (in a role equivalent to an ACEM accredited position) or **Retrieval Medicine** in a role that meets the retrieval medicine term guideline outlined in T - 39.

The 'longitudinal' component of the medical term can be satisfied in either a **General Medicine**, or a **Medical Subspecialty** role with appropriate continuity of patient care over the course of the patient's hospital admission (see 'Supplementary information' below).

An RACP accredited 12-month general medicine registrar position that includes an acute medicine component will satisfy the requirements of the 12-month Medical term.

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.

At least 6 months of the medical term is required to be in a registrar position that is approved by the College. A registrar position is a position which involves supervision of junior medical officers and supervision by Medical Specialists. The registrar time can be in either acute or longitudinal terms or a combination of both.

### 1. ACUTE MEDICINE TERM

#### *Learning Requirements*

##### **Knowledge**

- The diagnosis and management of undifferentiated illness in patients presenting or referred within 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.

- Understanding of the importance of socio-economic factors that contribute to illness and vulnerability.
- Understanding of the roles of other specialties and the multi-disciplinary team when working in the acute emergency or medical service.

### **Skills**

- Demonstrable 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.
- Demonstrable ability to communicate effectively and sensitively with patients and their families, colleagues and other allied health professionals.
- Performance of effective post-acute handover to a consultant, with peer-review of patient assessment and management.
- Ability to undertake appropriate discharge planning and communication for patients not requiring admission.

### **Attitudes**

- Awareness of and sensitivity to the special needs of patients from culturally and linguistically diverse backgrounds.
- Collaborative approach to working with the range of acute and subspecialty teams in the context of acute patient referral.
- Affirmative approach to working with the multi-disciplinary team when taking and making referrals.

## **2. LONGITUDINAL CARE TERM**

### *Learning Requirements*

#### **Knowledge**

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

#### **Skills**

- Effective application of history, examination findings and specialty diagnostic tests in the acute care setting.
- Ability to provide detailed and informative correspondence to colleagues following patient consultation.
- Effective utilisation of multidisciplinary, team-based approaches to the assessment, management and care of patients with complex needs.
- Effective provision of care and communication to patients, their families and GP's.

## Attitudes

- Recognition of the need for (and development of) appropriate patient advocacy skills within the sub-specialty area.
- Recognition of one's limitations of knowledge and expertise in the subspecialty area and preparedness to seek guidance where appropriate.

### 3. SUPPLEMENTAL INFORMATION

#### *Medical Sub-specialty Opportunities*

Apart from General Medicine there is a wide range of medical subspecialty experiences that might realise the desired learning outcomes. However, the list below includes specialties that would potentially be of greatest value to an ICU trainee.

#### *Medical Specialties*

- Cardiology
- Diabetes / Endocrinology
- Gastroenterology
- Haematology
- Infectious Diseases
- Medical Oncology
- Nephrology
- Neurology
- Palliative Medicine
- Respiratory Medicine
- Rheumatology

## NOTES

*Relevant sections of the CICM Regulations:*

5.3.11 Clinical Medicine Training

5.3.14 Rural Experience

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