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

## **THE ROLE OF SUPERVISORS OF TRAINING IN INTENSIVE CARE MEDICINE**

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### **PURPOSE**

The purpose of this training document is to describe the Supervisor of Training's (SOT) role in the College of Intensive Care Medicine of Australia and New Zealand. This document will outline their responsibilities and the resources required to successfully facilitate the College of Intensive Care Medicine's (CICM) training program. The College acknowledges the heavy workload and high level of responsibility required of a SOT and recommends that SOTs have a mentor for support and to seek advice and assistance from the College when needed.

### **INTRODUCTION**

The SOT is the CICM's representative for training in accredited intensive care units (ICU). The role is an important one, as the SOT has a significant input into the education and professional development of trainees. CICM recognises that SOTs are crucial to the success of CICM's training program and that it takes considerable time and training to perform the role effectively. The Supervisor must have a broad understanding of College affairs, the training programs and relevant policy documents. The Supervisor will be required to liaise between trainees and both the hospital authorities (regarding training matters) and CICM. Support from health service administration must be available to provide adequate time for trainee related supervision, feedback and assessments, attendance at SOT workshops and other relevant training activities.

The primary role of the Supervisor is to provide coordination of assessment for learning (formative assessment and feedback) to the trainee. In order to do this, the Supervisor should provide, as required, direct or indirect supervision and liaise with other relevant specialist consultants and health service staff within and outside of the ICU. The Supervisor will provide regular feedback to the trainee via formal and informal meetings. The frequency of meetings will be determined by the Supervisor and trainee, based on the trainee's performance, stage of training and need.

The Supervisor also has the responsibility to provide assessment of learning (summative assessment). This involves coordinating the completion of Workplace Competency Assessments (WCA) and Observed Clinical Encounters (OCE) by specialists within the department. An In-Training Evaluation Report (ITER) will be generated from collaborative data in consultation with the ICU Director, ICU Specialists and other relevant healthcare staff; with this data informing a structured, documented conversation with the trainee to guide their learning. An ITER must be completed for each 6 month term of approved training, and at the

end of any term of approved training lasting less than 6 months.<sup>1</sup> An approved term of training is assessed by the College for each trainee on an individual basis, considering factors such as recognition of prior learning and deferred training. Supervisors are also encouraged to use the ITER to guide performance feedback midway through the approved training term.

Although it is preferable that mentors do not assess trainees, the SOT may sometimes assume a mentor role. This may involve discussions with the trainee regarding their future training and employment. It may also involve assisting the trainee to recognise, manage and encourage to seek assistance with personal problems, including aspects of inadequate performance.

## **1 APPOINTMENT**

- 1.1 The SOT will be nominated by the Director of the relevant ICU, who is responsible for notifying the Board of the nomination via the CICM Education Committee. The Supervisor will be ratified by the Board and both the Supervisor and Director will be advised of the appointment.
- 1.2 The appointee is required to be a Fellow of the College.
- 1.3 The SOT is required to be an intensive care specialist other than the Director of the ICU, and to have been appointed to a position as a specialist in Intensive Care for a minimum of three years.
- 1.4 Selection criteria for appointment  
Supervisors of training are appointed based on a range of criteria. These selection criteria support the appointment of Fellows who are able to fulfil the requirements of the SOT role to a high standard.

The Education Committee will make a recommendation for appointment based on the following:

- Essential criteria
- Capabilities

### 1.4.1 Essential criteria:

- Clinical involvement in intensive care practice (at least 0.5 FTE)
- Current CPD certification
- Display clinical competence and be of high professional standing
- A minimum of three years of time as a CICM Fellow, except in the circumstances whereby a new Fellow acts in an SOT role under the guidance of a more experienced SOT
- Evidence of involvement in education for postgraduate intensive care trainees. This may include activities such as leading examination study schedules, departmental educational activities, conducting regular tutorials or bedside teaching, completion of WBA's and leading feedback conversations.

### 1.4.2 Capabilities

Applicants should demonstrate the ability to:

- Consistently display a high degree of professionalism
- Show respect and empathy for others, consider alternative viewpoints to their own, and treat others in an equitable manner

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<sup>1</sup> Approved terms are generally for 6 months but this may vary for example, an anaesthesia term may be for 9 months in which two (2) ITERs are required – one after six (6) months and one after three (3) months. Short approved terms will require a SOT.

- Effectively advocate for, and monitor the wellbeing of others
- Communicate and collaborate with others effectively
- Create an environment in which trainees feel safe and supported
- Act as an appropriate role model for others
- Engage actively in all aspects of supervision, including active listening, supporting learners, goal setting, leading feedback conversations, conducting assessments and supporting remediation
- Develop knowledge of the CICM curriculum, regulations, and training requirements
- Provide guidance about CICM curriculum, training requirements and processes to others
- Engage with CICM as needed.

1.5 Information provided by the Director of the ICU to CICM regarding the nomination of an SOT must include:

1.5.1 Nomination information

1.5.1.1. The curriculum vitae of the Fellow nominated.

1.5.1.2 An explanation of reasons for nominating the Fellow, including the attributes that make the individual suitable.

1.5.1.3 An indication that one Supervisor will be appointed for no more than 10 supervised vocational trainees of any college.

1.5.1.4 A commitment that the new Supervisor will attend a Supervisor's Workshop within one year of starting the role.

1.5.1.5 An indication of the non-clinical time allowed for the Supervisor(s) to perform their role. The actual time required will vary according to the number of trainees, but should be at least 8 hours per week for each Supervisor.

1.5.1.6 Confirmation that the SOT will be substantially present in the ICU where they are supervising training (a minimum appointment of 0.5 FTE or equivalent is required).

1.5.2 The names and contact details of two referees who can comment on the applicant's capability as a supervisor/ educator. The referees can be nominated by the applicant and/or the ICU director. One referee should be either a trainee or a colleague from outside the discipline of intensive care medicine. CICM will contact the referees to obtain a confidential written reference. The applicant is recommended to contact CICM directly if they have difficulties sourcing suitable referees.

Suitable referees include:

- Medical, nursing or allied health colleagues from a current or recent hospital of employment. A recent hospital of employment is one whereby the applicant has been employed within the last 12 months.
- CICM or other specialist medical trainees

1.5.3 A brief statement (maximum 500 words) from the applicant regarding their capabilities and interests that will support them in the SOT role.

1.6 When making a decision to appoint an SOT, the Education Committee will consider all information relevant to the suitability of the nominated Fellow for the role, including the number of years the Fellow has worked as a specialist in Intensive Care and the ICU in which they practice. The Committee is authorised to reject, postpone or to make an appointment conditional.

1.7 The appointment will be for a period of 12 months. During this time the SOT must complete the essential SOT workshop (unless an instance of extenuating circumstances). During the initial appointment, ideally the SOT will receive feedback and

support from more experienced SOT's either within or external to the unit. Tenure will include a review and rollover of duties on a five yearly basis (following the initial 12 month period), however the term of tenure is not limited. Following the initial appointment period, if no concerns are identified, and if the SOT has completed the workshop, the appointment is upheld.

1.8 Regular feedback from multiple sources to facilitate the ongoing professional development of all SOT's is recommended.

1.9. Termination of Appointment

A SOT appointment may be terminated for the following reasons:

a. At the request of the SOT

b. If, in the opinion of the Education Committee, the SOT is unable or unwilling to fulfill the obligations and duties as outlined in this document.

c. If, in the opinion of the Education Committee or the Board, the SOT's conduct is incongruent with the expectations outlined in IC 21 (Code of Conduct for College Members acting in College Roles) and IC 27 (Guidelines for CICM Fellows on College and External Committees).

The termination of an SOT appointment will be determined in collaboration with the SOT's intensive care unit. If a SOT appointment is terminated, any trainees supervised by that SOT will be supervised and supported by another experienced intensive care specialist from the unit or from the region until another SOT is appointed. SOT's have the right to appeal termination of appointment.

1.10 If the nominated Fellow is less than 3 years post Fellowship, approval is at the discretion of the Board. The Director should explain how support will be offered to help the nominated SOT. Co-appointment with a suitable experienced Fellow would generally be acceptable; the experienced Intensive Care Specialist should retain the role as principal SOT. In the absence of a co-appointment, a 12-month handover from the immediate past Supervisor should be provided. The previous Supervisor should act as a mentor to the new Supervisor and arrange frequent meetings to provide guidance on the educational and professional development of trainees and to discuss any issues that arise. If the immediate past Supervisor is not available, an experienced Fellow may be considered suitable.

## **2 DUTIES OF SUPERVISORS**

### **Responsibilities to Trainees**

The SOT is responsible for overseeing the trainee's development throughout his or her training. This will involve one on one meetings with the trainee(s) throughout the term, and often as needed for trainees requiring additional support.

While Specialists and other SOTs can share tasks, such as work based assessments and tutorials, the overall responsibility sits with the SOT to ensure the following responsibilities to the Trainees are met:

2.5 To provide supervision, feedback and guidance to trainees for the purposes of development as an intensive care specialist.

2.6 To be familiar with the College's Regulations relating to Training and Assessment.

2.7 To advise potential and current trainees on their training, registration requirements, fee payments, examination dates and dates of closure for entries.

- 2.8 To be aware of dates and other matters relevant to appropriate courses and to ensure that trainees receive this information.
- 2.9 To monitor supervision, experience and fair allocation of duties for trainees and, if necessary, to advocate for them and facilitate appropriate changes.
- 2.10 To liaise with the Director of the Department with respect to trainee duties, supervision, working hours, study time and release for approved courses and relevant training activities.
- 2.11 To ensure an adequate orientation program is available for trainees.
- 2.12 To ensure that there is a structured educational program for trainees both within the institution and as part of available external programs.
- 2.13 To provide advice, supervision and support for trainees planning, executing and presenting the Formal Project. The Supervisor also has a responsibility to critically review the final manuscript to ensure its suitability for submission. This responsibility may require the involvement of other suitable Specialists according to the nature of the Formal Project.
- 2.14 To advise and assist candidates regarding the First and Second Part Examinations by coordinating tutorials and trial examinations. This may also be delegated to other Specialists.
- 2.15 To provide feedback from the Chair of Examinations after the Examination(s) to a candidate who has failed and to ensure that the trainee formulates and submits a Trainee Action Plan well in advance of subsequent examination attempts.
- 2.16 To complete WCAs, OCEs and ITERs in accordance with T-32 Guide to CICM Training: for Supervisors.
- 2.17 To coordinate the completion of in-training assessments for trainees who are working in Intensive Care on vocational training programs other than the CICM program. Documentation may be on forms specific to the particular training program.
- 2.18 To assist in the identification and counselling of trainees requiring additional support and to initiate remedial action as required.
- 2.19 To monitor and promote trainee wellbeing and encourage trainees to seek assistance if required.

All forms of discrimination, harassment, bullying, vilification and/or victimisation of trainees by supervisors will not be tolerated. CICM expects that the behaviour of SOT's will not fall below the standards outlined in the IC 20 Prevention of Bullying, Discrimination and Harassment in the Workplace.

### **Responsibilities to the College**

The responsibilities of the SOTs to the College are:

- 2.20 To liaise with other SOT's and engage in College educational resources.
- 2.21 To report any difficulties with training or trainees to the College.
- 2.22 To ensure the Board is aware of any senior staffing or other changes in the ICU likely to impact on training or supervision via the Hospital Accreditation Committee.
- 2.23 To attend a Supervisors of Training workshop during the first year of being a SOT and at least every 5 years subsequently or when there are significant updates to the CICM training program. SOTs in general accredited units are recommended to attend workshops more frequently.
- 2.24 To attend relevant educational meetings (such as regional meetings or the College exams as an observer) on a regular basis and based on availability as recommended by the Board.

## Responsibilities to Self

2.30 Monitor and maintain the capabilities outlined in 1.4.2 through formal and informal learning opportunities. The ICU in which the SOT is employed should support SOT's in their professional development as an SOT.

2.3.1 Monitor workload and wellbeing related to the SOT role, and seek assistance when necessary.

## 3 RESOURCES

The SOT requires resources that will be provided by the ICU to fulfil his or her responsibilities.

Each SOT should have access to:

- A private space for meeting with trainees.
- Appropriate administrative assistance.
- Appropriate information technology.
- Appropriate office equipment, including a secure cabinet to store trainee data.

These guidelines should be interpreted in conjunction with the following CICM professional and training documents:

IC-3 *Minimum Standards for Intensive Care Units Seeking Accreditation for Training in Intensive Care Medicine*

IC-4 *Guidelines on the Supervision of Vocational Trainees in Intensive Care Medicine*

T-32 *Guide to CICM Training: for Supervisors*

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### References and sources

T-32 Guide to CICM Training: for Supervisors

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### Acknowledgments

Not applicable

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### Document Control

Promulgated by FICANZCA	1994
Revision frequency	5 years
Document revisions	1995, 2001, 2008, 2009, 2011, 2012
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### Revision History

Date	Pages revised/ Brief explanation of revision
1995, 2001, 2008 (JFICM), 2009	Reviewed
2010	Republished by CICM
2011, 2012	Reviewed
2019	Included purpose section, updated ITER timeframes, clarified College engagement, feedback, mentor role, clarified the role of SOTs, including task-sharing with other specialists and mandating attendance of workshop.
2022	Appointment requirements updated, details regarding termination of appointment added and addition of responsibilities to self added.

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### Further Reading

IC-3	Minimum Standards for Intensive Care Units Seeking Accreditation for Training in Intensive Care Medicine
IC-4	Guidelines on the Supervision of Vocational Trainees in Intensive Care Medicine
T-13	Guidelines for Assisting Trainees Identified as Requiring Additional Support
T-32	Guide to CICM Training: for Supervisors

### **Publishing Statement**

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Published by CICM: May 2020. This Training 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 Training Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Training 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 training 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.

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