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**College of Intensive Care Medicine
of Australia and New Zealand**

Guide to CICM Training: Trainees

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About this Guide

This guide has been developed for registered trainees of the College of Intensive Care Medicine of Australia and New Zealand.

This guide contains information applicable to all trainees (pre-2014 curriculum and current curriculum). Sections of this guide that relate to a specific type of trainee have been clearly designated.

Information contained within the guide is correct at the time of publication. However, due to the constant updating and modification of regulations, professional documents and procedures within the College, some information will change with time. Hence the guide will be updated periodically. You are therefore advised to check with the College before making any decision that may affect your training.

Purpose

This training guide is designed to:

- assist you as you progress through your training
- provide answers to questions that may arise during training
- provide contact details of relevant individuals and organisations

Conventions



Suggested resource



Frequently asked question



Important information

Introduction

Welcome to the College of Intensive Care Medicine (CICM)

As a trainee of the CICM you have elected to participate in a demanding and rigorous training program. Success in your training and assessment requirements will allow you to graduate as a Fellow of the College of Intensive Care Medicine (FCICM).

Before this can occur there is a great deal for you to achieve. While you will receive lots of support, and have access to a number of excellent resources, the responsibility for your learning rests with you. You are encouraged to make use of all the training and educational opportunities that are available.

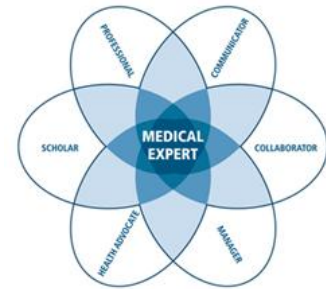
Broad Aims of the CICM Training Program

During your time as a trainee you will:

1. Acquire such knowledge, problem solving ability, practical skills and attitudes appropriate for the safe and effective practice of intensive care medicine. This extends to patients, equipment and the intensive care environment.
2. Develop the ability to respond rapidly and appropriately to life threatening problems and establish the priorities of management.
3. Be able to act appropriately as a member or leader of a team.
4. Acquire knowledge in those aspects of medicine, surgery, paediatrics, obstetrics, anaesthesia and other disciplines, which are relevant to the practice of intensive care medicine.
5. Develop the ethic that the patient's welfare always takes precedence in the event of medical, political or ethical conflicts.
6. Provide patients with the best possible care considering available resources.
7. Learn to identify and modify the stresses which the intensive care environment places upon the patients, their relatives and hospital staff.
8. Participate in the processes of clinical audit and quality improvement activities.
9. Enquire into clinical and scientific problems, adopting systematic and critical appraisal of available information.
10. Contribute to the education of medical, nursing and paramedical staff.
11. Develop a process of regular self-assessment so that limitations can be identified and deficiencies corrected.
12. Be aware of current College policies on professional issues and act in ways consistent with these policies.

Competencies

The competencies to be achieved cover the various roles of a medical specialist. These are based on the CanMeds Framework which defines the seven domains of medical practice; Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional. All aspects of the program (learning, teaching, training and assessment) are aligned with this framework to ensure that the educational program is comprehensive and properly focused.



 ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA | CANMEDS



For further information please visit the Royal College of Physicians and Surgeons website (<http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework>)



For further information please refer to *Competencies, Teaching, Learning Opportunities and Assessments for Training in General Intensive Care Medicine* available in the Training Program Resources section of the College website.

Overview of the current Training Program



The following information is applicable to trainees who registered after January 1st 2014.

The training program in intensive care medicine is a minimum of six years, with prescribed terms in intensive care units, anaesthetics and medicine.

General Intensive Care Medicine

42 months of Intensive Care Medicine training time; consisting of

- 6 months Foundation training (pre-registration)
- 24 months of Core training
- 12 months of Transition training

Additional training includes:

- 12 months of anaesthesia
- 12 months of medicine (including 6 months emergency/acute medicine)
- 6 months of elective

Training must also include:

- 3 months in a rural hospital
- Exposure to paediatrics in an approved unit

Paediatric Intensive Care Medicine

42 months of Intensive Care Medicine training time; consisting of

- 6 months Foundation training (pre-registration)
- 24 months of Core training (18 months of which must be undertaken in paediatric intensive care)
- 12 months of Transition training

Additional training includes:

- 12 months of anaesthesia
- 12 months of paediatric medicine (including 6 months emergency/acute medicine)
- 6 months of elective

Training must also include:

- 3 months in a rural hospital



For further information please refer to section 5 of the regulations available in the Regulations and Constitution section of the College website.

Training Time

Foundation Training (6 months)

This 6 month term provides a foundational experience in intensive care medicine and is undertaken in units approved by the College and will be completed prior to entry into the training program.

Core Training (24 months)

Core training takes place in units approved by the College and in order to commence, trainees must satisfactorily complete the CICM First Part Examination (unless exempted). Of these 24 months, at least 12 months must be continuous and undertaken on one campus.

Transition Training (12 months)

All trainees must spend their final year of training in an intensive care unit approved by the College.

- Entry into the Transition Year requires successful completion of the CICM Second Part Examination in either General or Paediatric intensive care medicine and all other assessment tasks during Core intensive care medicine training, anaesthetics and medicine.
- Trainees must have submitted their Formal Project for assessment prior to commencing the Transition Year.
- Transition training must be continuous and undertaken in one unit.



For further information please refer to *Objectives of Training: The Transition Year* available in the Training Program Resources section of the College website.

Anaesthesia (12 months)

Training in clinical anaesthesia consists of 12 months undertaken in positions approved by the College. During this training you will acquire knowledge and skills in those aspects of anaesthesia and peri-operative management that are relevant to the practice of an intensivist.



For further information please refer to *Objectives of Training for the Anaesthesia Term* available in the Training Program Resources section of the College website.

Medicine (12 months)

Clinical medicine training consists of 12 months undertaken in positions approved by the College. Six months must be in acute medicine (e.g. Emergency) and six months with responsibility for longitudinal care of medical patients. It is not expected that this period of training will provide you with experience in, or knowledge of all medical conditions.



For further information please refer to *Objectives of Training for the Medicine Term* available in the Training Program Resources section of the College website.

Elective Training (6 months)

Trainees are required to undertake an elective period of six months in a position approved by the College for training in one of the following disciplines:

- Intensive care medicine
- Clinical anaesthesia
- General medicine (adult and paediatric)
- Specialist medicine
- Emergency medicine
- Surgery
- Pain medicine
- Research
- Other disciplines related to intensive care medicine.



Other requirements may be applicable however can only be determined after a full assessment has been conducted.

Required clinical experience during training

Intensive Care sub specialties

Terms must be completed in units that provide adequate experience in each of the following:

- Cardiothoracic surgery intensive care
- Neurological/neurosurgery intensive care
- Trauma intensive care

Paediatric experience

Trainees in general intensive care medicine are required to gain experience in paediatrics. This requirement may be retrospectively approved and can be in any discipline related to intensive care.



For further information on intensive care units that provide exposure to paediatrics please refer to the Hospital Accreditation section of the College website.

Rural Experience

The aim of this requirement is to expose trainees to the unique benefits and challenges of working in rural and remote settings. Trainees must spend at least 3 months in a rural hospital in any approved discipline and this requirement may be retrospectively approved.



For further information please refer to *Rural Term Guidelines* available in the Training Program Resources section of the College website.

Overview of Pre-2014 Training Program



The following information is applicable to trainees who registered before January 1st 2014.

The training program in intensive care medicine is a minimum of six years, with prescribed terms in intensive care units, anaesthetics and medicine.

General Intensive Care Medicine

36 months of Intensive Care Medicine training time; consisting of

- 12 months of non-Core training
- 24 months of Core training

Additional training includes up to:

- 12 months of anaesthesia
- 12 months of elective
- 12 months of medicine

Paediatric Intensive Care Medicine

36 months of Intensive Care Medicine training time; consisting of

- 12 months of non-core training
- 24 months of Core training (18 months of which must be undertaken in paediatric intensive care)

Additional training includes up to:

- 12 months of anaesthesia
- 12 months of elective
- 12 months of paediatric medicine (including 6 months emergency/acute medicine)



For further information please refer to section 5 of the 2013 regulations available in the Regulations and Constitution section of the College website.

Training Time

Basic Training Years (36 months)

Basic Training comprises of a minimum period of three years (Full-time equivalent). 12 months of intensive care training must be undertaken during Basic Training in an approved unit. Trainees may choose to fulfil the minimum requirements in anaesthesia and/or medicine before commencing Advanced Training.

Advanced Training Years (36 months)

Advanced Training comprises a minimum period of three years and can only commence if all the requirements of Basic Training have been satisfied and an approved First Part (Primary) examination has been completed.

Intensive care training classified as Advanced must satisfy the following:

- At least 12 continuous months in a unit approved for Core training as C12 or C24
- At least 12 months (not necessarily continuous) must be undertaken in an intensive care unit in Australia, New Zealand or Hong Kong accredited as C24
- Minimum of six months must be undertaken as a 'Senior Registrar'

Anaesthesia (12 months)

Training in clinical anaesthesia consists of 12 months undertaken in positions approved by the College. During this training you will acquire knowledge and skills in those aspects of anaesthesia and peri-operative management that are relevant to the practice of an intensivist.



For further information please refer to *Objectives of Training for the Anaesthesia Term* available in the Training Program Resources section of the College website.

Medicine (12 months)

Clinical medicine training consists of 12 months undertaken in positions approved by the College. It is not expected that this period of training will provide you with experience in, or knowledge of, all medical conditions.



For further information please refer to *Objectives of Training for the Medicine Term* available in the Training Program Resources section of the College website.

Elective Training (up to 12 months)

Trainees may be required to undertake an elective period of up to 12 months in a position approved by the College for training in one of the following disciplines:

- Intensive care medicine
- Clinical anaesthesia
- General medicine (adult and paediatric)
- Specialist medicine
- Emergency medicine
- Surgery
- Pain medicine
- Research
- Other disciplines related to intensive care medicine.



Other training requirements may be applicable however can only be determined after a full assessment has been conducted.

Important information for all trainees

Approval of Training

Once registered, all proposed training must be approved by the College. For training to be approved, trainees must submit an Application for Approval of Vocational Training (AVT) form to the College within 30 days of commencing the appointment.



Applications must be lodged via the CICM Members portal.

Recognition of Prior Learning

Trainees may apply for retrospective approval of previous training in anaesthetics, medicine and elective training. Advanced Training, Core intensive care training and Transition Year training must be prospectively approved.

Interrupted Training

The College regulations cover this issue and must be prospectively approved by the Censor. Extended periods of interrupted training may require additional training time to be undertaken.

Overseas Training Experience

At least two years of the total program must be spent in approved posts in Australia, New Zealand, or Hong Kong. When a local graduate wants to spend training time overseas prospective approval must be obtained from the Censor. This should be sought well in advance of the appointment.

Part-Time Training

Part-time training can take place at any time under the rules set out in section 5 of the regulations. The training must comprise a minimum of 0.4 of the commitment of a full time trainee, including both in-hours and out-of-hours duties.

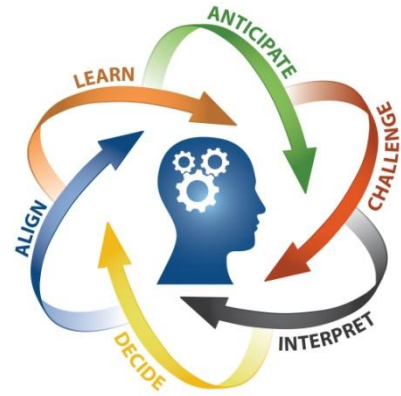
Research

The College encourages research by trainees and may allow time spent in research to count towards elective training. Prior approval from the Censor is necessary for any significant period which alters the nature of normal clinical duties. A designated supervisor of the research is necessary and they must report on the outcome of the trainee's participation. Some trainees have worked towards research degrees such as MD and PhD concurrently with their intensive care training.

Assessment Processes and Requirements

Contemporary approaches to assessment in medical education emphasise a programmatic approach where multiple measures of trainees' knowledge, skill and abilities over time are aggregated to inform judgements about progress.

Educational research has demonstrated that assessment (linked to feedback and reflection) is the contextual factor which most strongly influences learning.



With this in mind, assessment throughout your training program has four main components:

1. Examinations
2. A number of Workplace Based Assessments (WBAs)
3. Assessment within required courses
4. Formal Project

Examinations

The First Part Examination

The First Part Examination is a written and oral test of knowledge and understanding of the basic sciences applied to the clinical practice of intensive care medicine. The First Part Examination is held twice each year.

To be eligible to present for the First Part Examination, candidates must:

- be a registered trainee with the College
- have submitted full documentation
- have paid the appropriate registration fees



For further details please refer to the First Part Examination section of the College website.

Exemption for the First Part Examination



Exemption from the First Part examination is individually assessed and is based on a combination of training, qualifications and experience.

Enrolment	Criteria
Prior to 1 st January 2014	<p>Successful completion of an ANZCA, ACEM, RACP or RACS Primary;</p> <p>OR</p> <p>Completion of an equivalent training and examinations program (overseas Colleges).</p>
After 1 st January 2014	<p>Successful completion of Fellowship with the ANZCA, ACEM or RACP;</p> <p>OR</p> <p>Trainees who have completed an equivalent training and examinations program (overseas Colleges).</p> <p>Trainees undertaking a training program with another College and who have completed the First or Primary component of that program may be granted conditional entry into CICM Core Training (i.e. exemption from the First Part exam). Conditional Core Training will only be ratified on completion of the other College's training program including award of Fellowship.</p>

The Second Part Examination (General and Paediatric)

The Second Part Examination comprises written and oral sections covering the theory and practice of intensive care medicine, including relevant aspects of the basic sciences, anaesthesia and clinical medicine. The General Second Part Examination is held twice each year and the Paediatric Second Part Examination is held once a year.

To be eligible to present for the Second Part Examination, candidates must satisfactorily complete:

- 12 months of Core training in intensive care medicine (Conditional Core not accepted)
- two Observed Clinical Encounters (OCE) for each six months of Core training (current training program only)
- the Hot Case Assessment Form
- payment of appropriate fees

These requirements must be satisfied by the date on which the written section of the examination commences.



For further details on the eligibility criteria please refer to the Second Part Examination section of the College website.

Workplace Based Assessment (WBA)

WBA's form an essential component of the assessment system to complement the formal written and oral examinations. This combination of assessment approaches will enable a more comprehensive assessment of skills, knowledge and behaviours. The assessment process follows current assessment theory and is blueprinted to the curriculum.

Objectives

The objectives of the WBA process are to:

- provide a basis for feedback of strengths and areas of clinical practice requiring improvement
- develop skills of self-evaluation and reflective practice
- facilitate the development of strategies to improve performance
- monitor and record progress within and across clinical terms
- provide ongoing formative feedback to inform subsequent learning activities

Overall the assessment process aims to encourage reflection and the development of self-directed and self-managed lifelong learning.

Online In-Training Evaluation Report (ITER)

The ITER is an invaluable assessment tool that facilitates the ongoing education of trainees. It complements other methods of evaluation, such as examinations. The ITER is applicable to all trainees, regardless of the curriculum.

The ITER covers seven domains of intensive care practice: medical (clinical) expert, communicator, collaborator, manager, health advocate, scholar and professional. These domains of practice are based on the CanMeds standards. There are 23 items spread across the seven domains.

Each item has a list of performance indicators which provide examples of observable behaviours that indicate competency for each particular item. Supervisors will use these and other relevant examples to provide feedback on the behaviours they are looking for as evidence of competence on a particular item.

The ITER is a joint process of evaluation and goal setting between trainee and supervisor and requires active participation by both parties. The ITER offers the opportunity for prospective goal setting for trainees and for a review of any relevant matters related to previous terms. The process is a collaborative one between supervisor and trainee.

At the end of each block of training, Supervisors in conjunction with their colleagues will submit a completed ITER to the College. Completed ITER's are required to be submitted for every approved term of training, including anaesthetics, medicine and elective training. Trainees are encouraged to complete an ITER with their Supervisor at the mid-point of each six month term as part of the formative process. This ITER is not required to be submitted to the College.

Formative Self-Assessment by Trainees

Unless you develop the capacity to make judgments about your own learning you cannot be effective learners now or in the future. To foster active involvement, you are encouraged to **'self-assess'** using the ITER form. Discussion of discrepancies or similarities when self-assessment compared to the assessment of your supervisor is also encouraged. Observation of differences provides opportunities for discussion and a path towards consensus about specific expectations and strategies for achieving this.



An example of the form and user guide is available in the In Training Evaluation Report section of the College website.



The following information on Workplace Competency Assessments, Observed Clinical Encounters and Courses is only applicable to trainees who enrolled after January 1st 2014.

Workplace Competency Assessment (WCA)

The WCA's are an assessment of key skills required of an intensive care specialist. One purpose of this assessment is to determine if the trainee has reached a standard of practice in these skills required of an intensive care specialist. The other purpose of this assessment is for the trainee to be observed and to engage in feedback regarding their clinical performance, in order to improve their practice. Knowledge, skills and behaviours assessed are from the medical expert, communicator, collaborator and professional domains of practice.

The 8 WCA's are:

- Brain Death
- Ventilation
- Pleural drain
- CVC insertion
- Percutaneous Tracheostomy
- Anaesthesia for percutaneous tracheostomy
- Communication: Standard (conducting a family meeting in circumstances of low complexity)
- Communication: Advanced (conducting a family meeting in circumstances of high complexity)

The WCA's can be assessed by any Fellow of the College. In order for the trainee to successfully complete this assessment, the trainee must complete and submit a minimum of one of each WCA, rated by a Fellow on the entrustment scale as oversight or independent¹. If the trainee does not obtain a rating of oversight or independent, the form is submitted, and the trainee is able to complete further assessments until they are successful.



Assessment forms are available on the WCA section of the College website.

Observed Clinical Encounter (OCE)

The primary purpose of the OCE is for trainees to engage in structured observation in the workplace and engage in feedback regarding their clinical performance, in order to improve their practice. The OCE focuses on the ability to conduct an assessment, engage in diagnostic reasoning, and formulate a management plan. Knowledge, skills and behaviours assessed are from the medical expert, communicator, collaborator and professional domains of practice. OCE's can be assessed by any Fellow of the College.

Trainees are required to:

- Perform an appropriate clinical assessment of a critically ill patient (suggested time = 20 minutes)
- Present clinical findings with an appropriate discussion of relevant patient management issues (suggested time = 5- 10 minutes)
- Engage in a feedback conversation about their performance and finalise the OCE form (suggested time = 5-10 minutes)

¹ Tracheostomy Insertion and Management' and 'Providing Anaesthesia for Percutaneous Tracheostomy WCAs can be completed at any rating level including direct supervision, proactive supervision, responsive supervision.

Trainees may complete both WCAs in a simulation environment or during real patient care.

Trainees are required to submit a minimum of eight OCE's to the College, one every 3 months of intensive care core training time, however trainees are encouraged to complete multiple OCE's throughout training. Completion of the OCE form includes narrative feedback and a rating on an entrustment scale. Attaining a specific rating on the entrustment scale is not required for every OCE. However, trainees are required to submit four OCE's which have been rated as oversight or independent by a College Fellow when applying for the second part exam.



OCE forms are available under the Observed Clinical Encounter section of the College website.

Courses

To supplement clinically based learning and ensure all aspects of competency required of an intensivist are covered, you are required to complete specified face to face and online courses. Completion of these courses is staged across the six years of training and aligned with the development of competencies required.



A list of required online and face to face courses is available on the Training Courses section of the College website.

Formal Project

All trainees are required to complete a Formal Project. The report must be based on a project in which you have participated to a significant extent. Examples of possible projects include (but are not limited to):

- A quality assurance audit or a quality improvement project with a 'before and after' evaluation as for a typical 'Plan, Do, Study, Act' iterative quality cycle.
- An observational study reviewing an aspect of practice or the management of a group of patients. Such case series could be conducted prospectively or retrospectively.
- A prospective scientific study. This might entail a randomised or pseudo randomised evaluation of a treatment or a process. Other possibilities include a before and after evaluation of the introduction of a new treatment or process.
- A study of a particular aspect of management of patients involved in a multi-centered trial. This will likely require the assent of the principal investigator for the study.
- A systematic review of the literature pertaining to a clinically relevant subject.

Careful planning prior to the commencement of the project will maximise the likelihood of success. One of the duties of the supervisor is to provide advice and support for trainees planning, executing and presenting the Formal Project. Your supervisor also has the responsibility to critically review the final manuscript to ensure its suitability for submission.



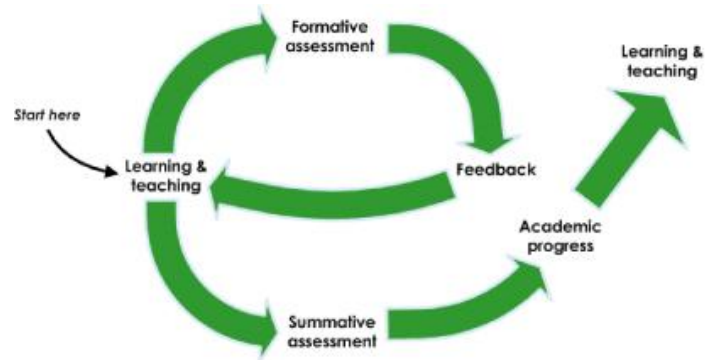
Trainees on the current program must submit the Formal Project before commencing Transition Year training. Trainees on the pre-2014 program must complete the Formal Project prior to applying for Fellowship.



For further information please refer to the Formal Project section of the College website.

How do I get the most out of the Training Program?

Factors underpinning successful learning for trainees



Characteristics of Successful Learners in the Clinical Environment

In the clinical setting successful learning depends on a collaborative relationship between the trainee and their educators. The onus for creating effective and successful relationships during clinical learning is the responsibility of both the trainee and supervisors.

From the literature of health professional education a range of characteristics required for successful learning have been identified. It is important to note that the key characteristics are not possession of adequate knowledge, skills or understanding but rather a willingness to learn, seek out feedback and learning opportunities, complete tasks, effective communication and interaction with others and taking responsibility for learning.

In order of priority the characteristics and associated behaviours are as follows:

Willingness

Trainee is willing to:

- seek and act on feedback
- work as a team member with peers, colleagues and other health professionals
- ask questions and clarify to ensure understanding
- try new techniques
- discuss and exchange ideas to maximise patient care
- complete all tasks requested of them
- take responsibility for their own learning
- self-reflect and evaluate

Professionalism

The trainee:

- respectfully engages with people from a wide range of cultures and backgrounds
- is prepared to learn
- maintains an appropriate appearance, is punctual, and has a clear understanding of their role
- complies with professional matters such as confidentiality, ethical and legal requirements
- maintains appropriate professional boundaries
- has a self-awareness of own limitations and is honest about their current level of knowledge and skills

Personal Attributes

The trainee:

- has an internal locus of control (i.e. they believe that events in their life derive primarily from their own actions rather than blaming external factors)
- demonstrates enthusiasm and interest in their work
- is able to manage stress levels
- demonstrates a desire to learn
- is polite, helpful, self-directed, proactive, curious and asks questions
- is sensitive and empathetic to patient and family's needs and concerns

Communication and Interaction

The trainee:

- communicates professionally with members of the health team
- demonstrates respectful and non-judgemental communication
- demonstrates effective written and verbal communication skills
- appreciates non-verbal communication
- has the capacity to adjust their communication style to meet the needs of the audience be they colleagues, patients, or others

Knowledge, Understanding and Skills

The trainee:

- demonstrates basic knowledge relevant to clinical area (including basic sciences and key features of common conditions)
- is able to access information when a gap in knowledge or need for further knowledge is identified
- is able to access and apply knowledge to clinical situations
- demonstrates effective organisational skills
- demonstrates effective problem solving skills

(Chipchase et al 2012)

Characteristics that Differentiate Successful from Unsuccessful Students

Looking at successful and unsuccessful students together, three categories describing these two types of students seemed to be opposites of each other: communication, preparation, and functioning in the clinical area.

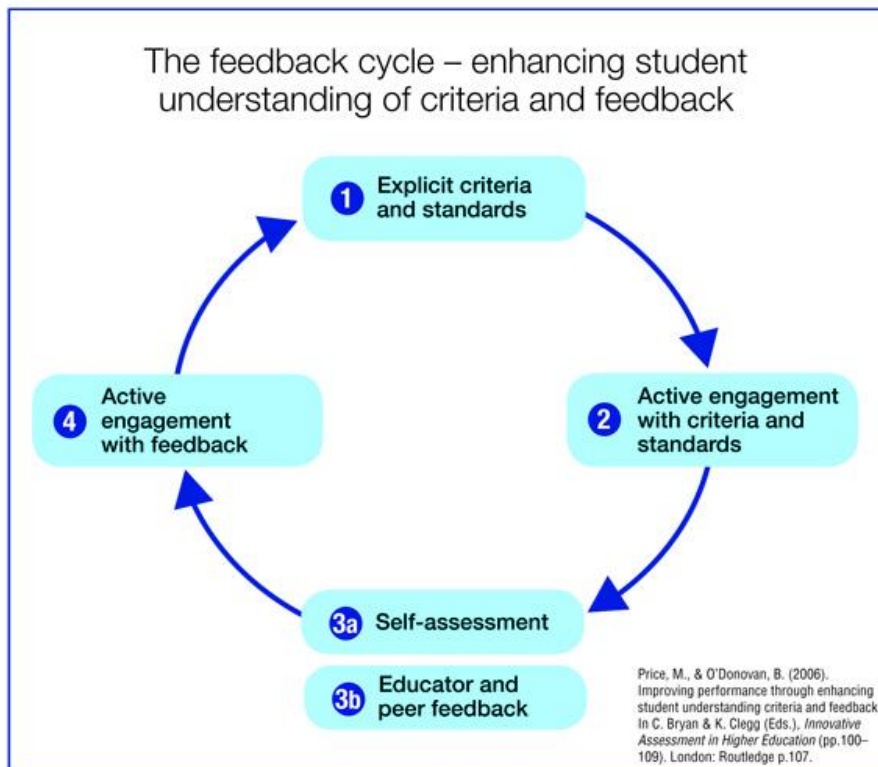
Communication. Successful students could build relationships and communicate with faculty, staff, patients, and peers. Unsuccessful students had difficulty communicating with patients, faculty, peers, and clinical staff.

Preparation for the Clinical Experience and Use of Feedback. Successful students were prepared for the clinical experience. They showed progress, accepted feedback, and adapted easily in the clinical experience. Unsuccessful students were not prepared and did not show improvement.

Functioning in the Clinical Area. Successful students could think critically, integrating theory into clinical experiences, developing a plan of care for patients, and providing safe care. Unsuccessful students could not function in the fast-paced clinical environment. Successful students had a positive attitude with an eagerness to learn. Unsuccessful students jeopardized patient safety, committed legal-ethical violations and their attitudes to learning were often criticised by their supervisors.

(Chipchase et al 2012; Lewallen and DeBrew 2012)

Giving and Receiving Feedback



Since feedback is the key component to learning and changing performance, it is appropriate to understand how to effectively give and receive feedback.

Effective feedback answers 3 questions:

1. *Where am I going? (the goals)* **FEED UP** ↑
2. *How am I going?* **FEED BACK** ←
3. *Where to next?* **FEED FORWARD** →

When you receive feedback, be prepared that it is often uncomfortable but if you proactively engage in the process the outcome will be positive.

“If learners are provided with information that they have to wrestle with, reflect on, experiment with, this can act as a potent stimulus for learning and for reconsidering new ways of knowing and doing”

(Molloy, Borrell-Carrió, Epstein 2013 p. 51)

Tips for Receiving Feedback

Listen candidly: This means not interrupting. Hear the person out, and listen to what they are really saying, not what you assume they are going say. You can absorb more information if you are concentrating on listening and understanding than if you are being defensive and focusing on your response.

Be open: This means being receptive to new ideas and different opinions. Often, there is more than one way of doing something, and other people may have a completely different viewpoint on a topic. Remain open, and you may learn something worthwhile. You don't have to believe it or act on it, but you must listen openly.

Be aware of your non-verbal responses: Your body language and tone of voice can speak louder than words. Looking distracted and bored sends a negative message and can create unnecessary barriers. Attentiveness, on the other hand, indicates that you value what someone has to say, and puts both of you at ease.

Know what you want: Alert your feedback sources (your SOT and others) to the specific feedback you want.

Place clear boundaries around the feedback: Let people know what you want and how much feedback you want to hear at one time. If you fail to define precisely what you want, you run the risk of hearing too much. Once that happens, it's easy to get defensive.

Clarify detail and ask for specifics: Ask questions to make sure you understand. "I'd like to understand what behaviours you saw so that I can better understand what to do differently next time."

Be accepting: Accept the impact of your behaviour as reality for the other person. You don't have to agree with it.

Focus on the future: Ask for specific advice on what to do differently and what to repeat going forward. Agree on an action plan.

Reflect and decide what to do: Take time to reflect on the feedback and consider the consequences of using it or ignoring it, and then decide what you want to do.

Follow up: There are many ways to follow up on feedback. Sometimes, your follow-up will simply be to implement the suggestions you've been given. In other situations, you might want to set up another meeting to discuss the feedback or to request your supervisor to review your performance in another similar situation.

Ask for feedback early and often: Giving effective feedback takes time and isn't often at the front of people's minds. We know that it's easier to respond to feedback early when you have an opportunity to change something. As the person receiving feedback, it often helps to invite people to give you feedback as this alleviates the fear most people have when giving feedback.

Tips for Giving Effective Feedback

1. Invite the person you are giving feedback to, to self-evaluate (may need further probing-ask for examples)
2. Emphasise decisions and actions rather than assumed intentions
3. Ask learners to summarise key points
4. Clarify or check for shared interpretation of content
5. Encourage learners to record key points gained from the session
6. Be specific: Avoid general comments that may be of limited use to the receiver. Include specific examples to illustrate your statements
7. Be realistic: Feedback should focus on behaviours that can be changed
8. Be timely: Find an appropriate time to communicate your feedback. Being prompt is key because feedback loses its impact if it is delayed too long
9. Negotiate when and where feedback will be discussed
10. Own the feedback: When offering evaluative comments, use the pronoun “I” rather than “they” or “one”, which would imply that your opinion is universally agreed on. Remember that the feedback you provide is merely your opinion
11. Offer continuing support: Feedback should be a continuous process, not a one-time event. After offering feedback, make a conscious effort to follow up

Trainee Welfare and Support

Overview

Training, like many aspects of life, can be exciting and rewarding, but also has its ups and downs. As a trainee you are exposed to numerous sources of stress similar to those encountered by all students. This includes formal assessments, time management issues, information overload, paucity of time for personal relationships and/or recreation, financial and career concerns. Moreover you are also exposed to sources of stress not common to non-medical professionals. These include death and dying, relating to other health professionals and the potential fatal consequences of making a mistake. This is a fertile environment for the generation of problems as well as learning and positive experiences. Problems encountered by trainees typically fall into one of five types; professional, academic, administrative, career and personal.

Professional

Some trainees encounter problems with professional or ethical conduct. To be effective, an intensive care specialist must be able to interrelate successfully with medical staff and colleagues. Patients increasingly and appropriately demand to be treated politely and with consideration. They also expect medical practitioners to be honest, trustworthy and empathic. As a trainee you may require support in these areas. This support may need to extend to professional counselling to enable you to develop appropriate attitudes and conduct yourself in a professional manner. This is particularly true for trainees who are unaware of personal limitations or who have a limited capacity for self-audit. Identification and correction of a problem in this area is of paramount importance as the majority of medico-legal problems have communication difficulties as a basic cause.

Academic

This is perhaps the most obvious problem area for trainees. The academic challenge of the CICM Fellowship is high and you are encouraged to seek out avenues of support. You can seek out advice and feedback on exam preparation, study skills, time management and elective periods of study even though you may have addressed these issues during your medical course. It is important for you to realise that no single individual is ideally placed to undertake all the above and thus it is important to identify suitable personnel to assist in these areas.

Administrative

Trainees often encounter problems of a “when”, “who”, “where”, “what” or “how” nature relating to the administrative aspects of their department, hospital or College. Although these questions may seem trivial to non-trainees they are often the cause of considerable unnecessary angst. Fortunately they are also among those most easy to address and the supervisor should be consulted in the first instance.

Career

The wise trainee will seek guidance about their career path. Supervisors, Head of Department, other Specialist Intensivists and trainees are potentially useful sources of career information.

Personal

Personal problems can have an enormous impact on your overall performance during your clinical rotations. Relationship difficulties, financial worries, accommodation concerns and interpersonal conflicts are just some of the many problems that may arise. These problems must also be dealt with urgently in a sensitive and confidential manner. You are encouraged to seek assistance with these (and all) problems from supervisors and other appropriate personnel.

Family Needs

A number of trainees seek help with the planning of parental leave. The College aims to be as flexible as is possible within the regulations governing training and will do all that it can to minimise disruptions to training. It is usually possible to give prospective approval to proposals for parental leave. On occasions there may need to be late changes to plans because of individual circumstances before and after the birth. Trainees are encouraged to discuss their circumstances with the College as early as possible.

Illness and disability

The College will remain flexible for trainees suffering from illness or disability in order to minimise disruptions to training and or completing examinations. The College will assess this on an individual basis and trainees are encouraged to discuss their circumstances with the College as early as possible.



For further information please refer to *IC-5 Guidelines on the Health of Specialists and Trainees* available in the Professional Documents section of the College website.



For further examination related information please refer to *Examination Candidates Suffering from Illness, Accident or Disability* in the Examination section of the College website.

Experiencing Difficulties during Training

Should a trainee experience difficulty, they are urged to seek advice early. The primary focus should always be to overcome any difficulty in a supportive, constructive and collaborative manner. It is important for trainees to be aware of what is expected of them at each stage in their training. Difficulties encountered by trainees include difficulties with examinations, clinical performance below expectation, personal or family problems, personality traits and rarely, substance abuse.

Formal or informal advice is an important component of trainee guidance. Early and effective advice can play an invaluable role in the successful professional development of a trainee. Most trainees will need advice at some time during their training, though some may need more than others. Possible sources of advice may include:

- Supervisor of Training
- A mentor
- A senior member in the department
- The College
- A spouse, partner or family member

It may be appropriate for the trainee to seek professional counselling. Sources may include:

- The trainee's General Practitioner
- An appropriate medical specialist
- A psychologist or psychiatrist
- A cleric or other religious office holder
- A member of the Doctors' Health Advisory Service
- A member of an Alcohol and Drug Dependency Agency
- A medical careers advisor

Trainees who encounter difficulty in clinical or academic areas will usually benefit from specific remedial learning experiences focused upon the area(s) of difficulty. It may be appropriate for either the supervisor or Head of Department to arrange specific learning experiences for trainees. These may be arranged as one-on-one tuition for a trainee or as group learning for several trainees.

Difficulties that can be readily addressed in this way may include the acquisition of definite clinical skills, interpersonal skills development, examination presentation, viva practice, etc. It is important for the trainee to be aware that they have a shared responsibility, and a vested interest, in making these experiences effective.

Difficulties with Examinations

Difficulties with examinations may be an occasion when trainees need specific counselling. The First Part Examination may be the first major hurdle encountered by many trainees. Educational psychologists can often assist with the coaching of trainees in matters such as optimising performance in a stressful situation. As well, coaching in techniques for the succinct verbal presentation of factual information can be useful for many trainees. Any trainee who has failed an examination on a second presentation would be wise to consider obtaining help with their approach to the examination.



For further information please refer to the Trainee Support section of the College website.

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