

INTENSIVE CARE MEDICINE – INTERMEDIATE LEVEL

Training objectives:

During Intermediate training the trainee is gaining a more in depth knowledge of and skill set for intensive care, this acquisition is a continual process. It is not appropriate to attempt to complete intermediate level competencies immediately after Basic training; greater experience, time in training and maturity as a doctor are necessary to be able to take advantage of training at this level. At completion of Intermediate training and base specialty training the trainee would be able to undertake a consultant role with on-call commitment to an intensive care unit with support from colleagues for more complex problems.

The composite competencies for Intermediate level ICM are outlined here by Domain, mapped to the relevant assessment tools and Good Medical Practice. The components that make up each competence are listed in the full syllabus below.

After Intermediate level training (i.e. after completing 3 months Basic ICM, 6 months ICM training post-ST2, completing complementary specialty training, and reaching at least ST4 in their primary specialty, and completing 10 case summaries) a trainee should:

- Recognise and manage the factors which may lead to deterioration in sick patients
- Be able to undertake post-resuscitation management and be able to manage the initial resuscitation of more complex specialist patients.
- Have an understanding of the pathology, clinical features and prognosis of the majority of problems presenting to ICU, and be able to initiate management of them, with distant supervision.
- Be able to appropriately request and interpret (in discussion with appropriate specialists) investigations such as CT, ultrasound, and microbiology.
- Be able to make a critical appraisal of the evidence for treatment and investigations.
- Appreciate that ICUs are complex systems which require management and leadership skills.
- Be able to lead a ward round, planning care for the next 24 hours.

During Intermediate training the trainee will be expected to expand and develop competencies gained at Basic level.

<i>Competence</i>	<i>Description</i>	<i>Assessment Methods</i>	<i>GMP</i>
Domain 1: Resuscitation and initial management of the acutely ill patient			
1.4	Triages and prioritises patients appropriately, including timely admission to ICU	C, M, T	1

1.5	Assesses and provides initial management of the trauma patient	D, I, C, M, T	1
1.6	Assesses and provides initial management of the patient with burns	D, I, C, M, T	1
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation			
<i>See Basic level competencies, above</i>			
Domain 3: Disease Management			
3.11	Recognises life-threatening maternal peripartum complications and manages care under supervision	I, C	1
Domain 4: Therapeutic interventions / Organ system support in single or multiple organ failure			
4.7	Initiates, manages and weans patients from renal replacement therapy	D, I, C, T	1, 4
Domain 5: Practical procedures			
5.3	Performs difficult and failed airway management according to local protocols	D	1, 4
5.5	Performs fiberoptic bronchoscopy and BAL in the intubated patient under supervision	D	1, 4
5.12	Performs transthoracic cardiac pacing; describes transvenous	D, C	1, 4
5.13	Describes how to perform pericardiocentesis	C,	1, 4
5.16	Manages the administration of analgesia via an epidural catheter	I	1, 4
5.17	Performs abdominal paracentesis	D	1, 4
5.18	Describes Sengstaken tube (or equivalent) placement	C	1, 4
Domain 6: Peri-operative care			
6.5	Manages the pre- and post-operative care of the trauma patient under supervision	C, T	1
Domain 7: Comfort and recovery			
7.5	Manages the safe and timely discharge of patients from the ICU	M, T, C	1, 3
Domain 8: End of life care			
8.1	Manages the process of withholding or withdrawing treatment with the multidisciplinary team	C, M	1, 3, 4
8.3	Manages palliative care of the critically ill patient	C, M, T	1, 3, 4
8.4	Performs brain-stem death testing	D	1
8.5	Manages the physiological support of the organ donor	I, C	1
Domain 9: Paediatric care			
9.1	Describes the recognition of the acutely ill child and initial management of paediatric emergencies	I, C	1
9.2	Describes national legislation and guidelines relating to child protection and their relevance to critical care	C	1
Domain 10: Transport			
10.1	Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	D, I, C, M	1, 3
Domain 11: Patient safety and health systems management			
11.1	Leads a daily multidisciplinary ward round	M, T	1, 2, 3, 4
11.5	Organises a case conference	M, C	3

Domain 12: Professionalism

12.4	Involves patients (or their surrogates if applicable) in decisions about care and treatment	C, M, T	3, 4
12.5	Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	C, M, T	3, 4
12.9	Supports clinical staff outside the ICU to enable the delivery of effective care	C, M, T	1
12.10	Appropriately supervises and delegates to others, the delivery of patient care	C, M, T	1