Capacity to Train Survey – Current CICM Trainees.

1. Where are you currently training?

2. What is the CICM accreditation level for your most recent ICU training rotation?

3. Year of graduation from Medical School:

4. In which country did you obtain your primary medical qualification?

○ Australia   ○ New Zealand

○ Other (please specify)

5. What is your current fractional employment (select closest EFT)

○ 0.25

○ 0.5

○ 0.75

○ 1.0

6. What is your current training status:

○ Active Trainee (completing required part of CICM training program)

○ Deferred Training (currently in training position additional to CICM requirements)

○ Interrupted Training (not currently in a training position eg; on long-term leave)

7. Examination status:

	Y/N
Completed or exempted from CICM First Part Exam	
Completed CICM Second Part Exam	

8. Which curriculum are you training in?

○ Pre 2014 Curriculum

○ Post 2014 Curriculum

9. Are you currently training with any other colleges?

☐ NO   ☐ ANZCA

☐ ACEM   ☐ RACP

☐ Other (please specify)

[   ]

10. What is your current rotation?

○ ICU   ○ Emergency/Acute Medicine

○ Anaesthetics   ○ Other

○ Medicine

11. Over the last two months how many hours have you worked per fortnight? (On average)

[   ]

12. In your current roster, what is the proportion of day/evening shifts to night shifts?

[   ]

13. What level of supervision do you have for night shifts?

○ Consultant onsite

○ Senior Registrar onsite

○ Consultant/Senior Registrar on call

14. Do you have an on call requirement?

[   ]

15. If yes, on average how many per fortnight?

[   ]

16. Do you have non clinical shifts?

[   ]

17. If yes, on average how many per fortnight?

[   ]

18. Please answer the following questions based on your most recent term in ICU.

What proportion of your ICU clinical time is spent outside of the ICU on the following duties:

	Percentage
MET/Rapid Response Service	
Patient transport	
Other ward duties (eg: tracheostomy follow up)	
Non clinical duties	

19. Does your unit have specific training in:

	Y/N
Communication and negotiation	
End of Life discussions	
Medical simulation	
Trans-thoracic Echocardiography	
Trans-oesophageal Echocardiography	

20. What is your impression of the current level of teaching/training in your unit:

☐ Satisfactory - I feel it will adequately prepare me for consultant level practice by the end of my training

☐ Unsatisfactory - lack of clinical exposure due to responsibilities external to ICU

☐ Unsatisfactory - there is a lack of direct supervision

☐ Unsatisfactory - lack of teaching due to after hours rostering

Unsatisfactory - Other (please comment)

[   ]

21. Do you have adequate access to your supervisor?

◯ Yes

◯ No

22. For those on the post 2014 curriculum, have you experienced any problems in accessing supervision for the required workplace based assessments?

◯ Not relevant

◯ Yes

◯ No

23. Have you completed college requirements for the following rotations?

	Y/N
Anaesthetics	
Medicine	
Emergency/Acute Medicine	
Paediatrics	
Rural	

24. Have you received recognition of prior learning for any of these terms?

	Y/N
Anaesthetics	
Medicine	
Emergency/Acute Medicine	
Paediatrics	
Rural	

25. Have you experienced problems in obtaining the required training time in the following rotations?

	Yes/No
Anaesthetics	
Medicine	
Emergency/Acute Medicine	
Paediatrics	
Rural	

Comments

26. If so, how many years additional training time has been required as a result of difficulty in accessing these positions?

- ○ 0.5
- ○ 1
- ○ 1.5
- ○ 2
- ○ 2.5
- ○ 3
- ○ 3.5
- ○ 4

27. Have you experienced difficulty in obtaining ICU sub-specialty training (for those on the post 2014 curriculum)

	Yes/No
Cardiac	
Neuro	
Trauma	

Comments

28. For trainees with at least 12 months ICU experience, what is your exposure to the following challenging ICU situations. (Estimated exposures over a 12 month ICU term)

	Number
Difficult Intubation	
Difficult invasive ventilation	
Prone Positioning	
Resuscitation (cardiac arrest)	
IABP	
ECMO	
VAD	
CRRT/SLED	
End of Life/Limitation of Treatment Discussions	

29. For trainees with at least 12 months ICU experience, what is your exposure to the following ICU Procedures (estimated procedures per annum performed by yourself over a 12 month ICU rotation)

	Number
Endotracheal Intubations	
Percutaneous tracheostomies	
Central Venous Access lines	
Non tunnelled dialysis catheters	
Clinician performed transthoracic echocardiography	
Clinician performed transoesophageal echocardiography	
Invasive Cardiac output monitoring PICCO/PAC	
ECMO Cannulations	
Bronchoscopy	
Thoracocentesis	

30. What is your opinion of the adequacy of the current curriculum (post 2014) to meet the needs of graduating trainees:

	Inadequate	Borderline	Adequate	Excessive
Clinical experience/training time in intensive care (42 months of intensive care training)	○	○	○	○
Experience in responsibility for clinical decision making (expected in Transition year)	○	○	○	○
On call exposure (expected in Transition year)	○	○	○	○
Cardiothoracic experience (6 months in a hospital designated by CICM as suitable for cardiothoracic training)	○	○	○	○
Neurosurgical experience (6 months in a hospital designated by CICM as suitable for neuro-intensive care training)	○	○	○	○

	Inadequate	Borderline	Adequate	Excessive
Trauma experience (6 months in a hospital designated by CICM as suitable for trauma training)	○	○	○	○
Paediatrics experience: (Required exposure to paediatrics in an approved unit)	○	○	○	○
Rural Experience (3 months in any discipline)	○	○	○	○
Communication skills (CICM Communication course)	○	○	○	○
Goals of Care/End of life discussion skills (no formal training requirement)	○	○	○	○
Organ Donation Conversations (FDC requestor course completion)	○	○	○	○
Negotiation skills (CICM Management skills course)	○	○	○	○
Mechanical cardiac support (IABP/ECMO) (no formal requirement)	○	○	○	○
General medicine experience (6 months - acute care or emergency medicine and at least 6 months of internal medicine)	○	○	○	○
Airway skills (Advanced airway skills course and 12 months clinical anaesthesia training)	○	○	○	○
Skills in managing difficult ventilation cases (no formal requirement)	○	○	○	○
Palliative care training (no formal requirement)	○	○	○	○
Simulation experience (no formal requirement)	○	○	○	○
Echocardiography Training (Basic level – 30 peer reviewed cases)	○	○	○	○

	Inadequate	Borderline	Adequate	Excessive
Education/teaching training (expected in Transition year)	○	○	○	○

31. For trainees who are in the final year of training - do you feel adequately prepared for consultant practice?

○ Yes

○ No

○ N/A

32. In the delivery of your current training program have you experienced any limits or bottlenecks to your progress? (Other than the clinical rotations mentioned in question 24)

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33. If there was an increase in the number of CICM trainees in the future, which of the following factors do you think may provide a significant impact or bottleneck? Please rank in regards to their likely impact

	Unlikely	Unsure	Likely	Definite
Limited quality training time due to limited safe working hours, and/or expanded after hours and external unit responsibilities	○	○	○	○
Adequate supervision due to fixed consultant staffing	○	○	○	○
Limited access to an adequate case-mix of patients	○	○	○	○
Limited access to compulsory non ICU rotations	○	○	○	○
Limited access to compulsory sub specialty ICU rotations (Cardiac/Neuro/Trauma)	○	○	○	○
Availability of Transition year positions	○	○	○	○
Availability of training and clinical experience in important ICU procedures	○	○	○	○
Availability of Echocardiography training	○	○	○	○
Availability of staffing and support in individual ICU's to undertake the educational and work-based assessment requirements of the College	○	○	○	○

34. Are there any other difficulties you foresee in the delivery of the post 2014 curriculum?

35. What new skill sets do you feel may become vital for graduates of the CICM program over the next 10 years, and may have an impact on training capacity?

36. Do you feel that your unit could accommodate additional CICM trainee numbers without impacting on the current quality of training?

○ Yes

○ No

37. What would be the impact of additional CICM trainees in your unit on the following?

	Reduced	No effect	Improved
Teaching culture	○	○	○
Teaching sessions (quality and access)	○	○	○
Clinical exposure	○	○	○
Exam preparation	○	○	○
Exposure to procedures	○	○	○
After hours service delivery requirements	○	○	○
Access to compulsory non ICU rotations	○	○	○

Other (please specify)

38. What would be the impact of increasing the number of Career Medical Officer (CMO) staff on the following in your unit?

	Reduced	No effect	Improved
Teaching culture	○	○	○
Teaching sessions (quality and access)	○	○	○
Exam preparation	○	○	○
Clinical exposure	○	○	○
Procedure exposure	○	○	○
After hours service delivery requirements	○	○	○

Other (please specify)

39. If there was a significant increase in trainee numbers with a detectable effect on training experience do you feel that the College should:

	Yes	No
Increase ICU training time to ensure that all trainees get adequate training	○	○
Limit trainee numbers to ensure that all trainees are afforded a quality training experience	○	○

Directors' survey

* 1. State/Territory/Country

2. Hospital Name

3. CICM Training Status

○ General Training

○ Limited General Training (G6)

4. Accredited for training in:

☐ Cardiothoracic ICU

☐ Neurosurgical ICU

☐ Trauma ICU

5. Please confirm the total medical staff currently working in your intensive care unit

	Number	FTE (to nearest whole number)
Total Intensive Care Specialists		
Total Senior Registrars		
Total Junior Registrars		
Total RMO/HMO		
Number of CICM trainees		

6. Please confirm the number of CICM trainees currently on rotations to other departments as part of their CICM training program (ie does not include trainees on interrupted training whilst completing other fellowship programs)

	Number
Anaesthesia	
Medicine	
Paediatrics (ward/emergency)	
Paediatrics (PICU)	
Rural Hospital	

7. Junior CICM Registrar - Average number of hours worked per fortnight:

8. Junior CICM Registrar - Ratio of day shifts: night shifts (please choose closest option)

9. Senior CICM Registrar - Average number of hours worked per fortnight:

10. Senior CICM Registrar - Ratio of day shifts: night shifts (please choose closest option)

11. Senior CICM Registrar - Do they have remote on call requirements?

◯ Yes

◯ No

12. Senior CICM Registrar - Number of on call instances per week

13. Comments on Registrar Roster

14. Registrar External Unit responsibilities - Do JR/SR registrars have external responsibilities ?

◯ Yes

◯ No

15. If YES please clarify what external roles:

	Yes	No
Rapid response teams (MET/Code Blue)	○	○
TPN	○	○
Consults / referrals	○	○
Discharge reviews	○	○
Tracheostomy Rounds	○	○
External oversight of general ward patients	○	○
Patient transport or retrieval	○	○

16. Is there a separate roster for these external services?

○ Yes

○ No

17. What proportion of a CICM Junior registrar's total clinical time is devoted to external responsibilities? (Please select closest option)

○ 60%   ○ 20%

○ 50%   ○ 10%

○ 40%   ○ 5%

○ 30%   ○ <5%

18. What proportion of a CICM Senior registrar's total clinical time is devoted to external responsibilities? (Please select closest option)

○ 60%   ○ 20%

○ 50%   ○ 10%

○ 40%   ○ 5%

○ 30%   ○ <5%

19. How many Supervisors of Training (SOT) are employed in your unit?

[ ]

20. To complete supervision duties are SOT's allocated

	Yes	No
Reduced clinical time	○	○
Reduced non-clinical responsibilities	○	○

21. What (if any) is the dedicated non-clinical FTE allowed to an SOT for training and assessment purposes:

22. Do non-SOTs have responsibilities to conduct Workplace Based Assessments?

○ Yes

○ No

23. If Yes, do they have additional non-clinical FTE for these responsibilities?

○ Yes

○ No

24. Clinical Casemix Assessment -

Please provide the following casemix data for a 12 month period (2016 preferred).

Total number of admissions	
No. of Emergency admissions	
No. of Elective admissions	
No. of Cardiothoracic admissions	
No. of Trauma admissions	
No. of Neurosurgical admissions	

25. Clinical Casemix Assessment -

Please provide the following casemix data for a 12 month period (2016 preferred).

Invasively ventilated patients

Bed days (preferred)

Hours

26. Intensive Care Services provided:

Average patient days per year

Cardiovascular support:
IABP

Cardiovascular support:
ECMO

Renal Support: CRRT

Renal Support: SLED

27. Other Services Provided

	Yes	No
Solid Organ transplant service	○	○
Bone marrow transplant service	○	○
Interventional radiology	○	○

28. Transition Training

How many senior training positions consistent with the College's expectation of the Transition Year of training (T26) could your Unit offer?

29. Training Resources Available

Does your unit offer specific training in:

	Yes	No
Communication and negotiation	○	○
End of Life discussions	○	○
Medical simulation	○	○
Trans-thoracic Echocardiography	○	○
Transoesophageal Echocardiography	○	○

30. Please state the following procedure incidence per annum, including stating or estimating the proportion of procedures performed by Registrars and RMOs (including both CICM trainees and non CICM). If you are unable to provide data for a procedure please leave that line blank.

	Total Procedures	% performed by Registrars or RMOs	Is this estimated or derived from data?
Central Venous Access lines			
Non tunnelled dialysis catheters			
Endotracheal intubations			
Percutaneous tracheostomies			
ECMO Cannulations			
Clinician performed transthoracic echocardiography			
Clinician performed transoesophageal echocardiography			
Invasive Cardiac output monitoring PICCO/PAC			
Bronchoscopy			
Thoracocentesis			

31. The following five questions are an evaluation of your impression of new fellows skills and the adequacy of the new curriculum to meet the needs of contemporary ICU practice.

In your opinion how well prepared are new fellows for consultant level practice?

○ well prepared   ○ ill prepared

○ sufficiently prepared

Comments

[   ]

32. What is your opinion on the adequacy of the new curriculum (post 2014) in preparing trainees for independent specialist practice?

	Inadequate	Borderline	Adequate	Excessive
Clinical experience/training time in intensive care. (42 months of intensive care training)	○	○	○	○
Experience in responsibility for clinical decision making (expected in transition/SR years)	○	○	○	○
On call exposure (expected in transition/SR years)	○	○	○	○
Cardiothoracic experience (6 months in a hospital designated by CICM as suitable for cardiothoracic training)	○	○	○	○
Neurosurgical experience (6 months in a hospital designated by CICM as suitable for neuro-intensive care training)	○	○	○	○
Trauma experience (6 months in a hospital designated by CICM as suitable for trauma training)	○	○	○	○
Paediatrics experience: (Required exposure to paediatrics in an approved unit)	○	○	○	○

	Inadequate	Borderline	Adequate	Excessive
Rural Experience (3 months in any discipline)	◯	◯	◯	◯
Communication skills (CICM Communication course)	◯	◯	◯	◯
Goals of Care/End of life discussion skills (No formal training requirement)	◯	◯	◯	◯
Organ Donation Conversations (FDC requestor course completion)	◯	◯	◯	◯
Negotiation skills (CICM Management skills course)	◯	◯	◯	◯
Mechanical cardiac support (IABP/ECMO) (No formal requirement)	◯	◯	◯	◯
General medicine experience (6 months - acute care or emergency medicine and at least 6 months of internal medicine)	◯	◯	◯	◯
Airway skills (Advanced airway skills course and 12 months clinical anaesthesia training)	◯	◯	◯	◯
Skills in managing difficult ventilation cases (No formal requirement)	◯	◯	◯	◯
Palliative care training (no formal requirement)	◯	◯	◯	◯
Simulation experience (no formal requirement)	◯	◯	◯	◯
Echocardiography training (Basic level – 30 peer reviewed cases)	◯	◯	◯	◯
Education/teaching (expected in transition/SR years)	◯	◯	◯	◯

33. Are there any training elements not covered above that are important to producing quality graduates?

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34. In the future, what factors do you feel may limit your capacity to provide comprehensive and quality training?

	Yes	No
Reduction in quality training time due to after-hours and unit external rostering, and safe working hours	○	○
Unit capacity to provide expected level of supervision	○	○
Exposure to adequate case-mix and ICU subspecialty patients	○	○
Availability of compulsory non ICU rotations	○	○
Availability of transition year positions	○	○
Infrequent but important procedures e.g. percutaneous tracheostomy, bronchoscopy, prone positioning, ECMO etc	○	○
Availability of Echocardiography and other subspecialty training	○	○
Unit capacity to undertake the educational and work-based assessment requirements of the College	○	○

Other (please specify)

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35. What skill sets do you feel may become vital for graduates of the CICM program over the next 10 years?

36. The following five questions are an evaluation of current training capacity:

CICM's expectation is that units provide a quality and comprehensive training experience to all college trainees. Keeping this, and your unit's obligations to provide training to non-CICM trainees, please answer the following questions. Answers will only be used in aggregate and are in no way connected to the HAC accreditation of your unit nor will they inform any decisions regarding trainee numbers allocated to your unit.

Do you feel that you would be able to employ additional CICM registrars and provide the same level of training?

○ Yes

○ No

○ Unsure

37. If yes, how many additional CICM registrar FTE

38. Are you currently employing CMO staff?

○ Yes

○ No

39. If CMO staff were available would your Unit consider employing them?

○ Yes

○ No

40. Would you consider employing additional trainees of other colleges (RACP/RACS/ANZCA/ACEM) to fulfil unit staffing requirements?

○ Yes

○ No