



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

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OBJECTIVES OF TRAINING FOR THE MEDICINE TERM

INTRODUCTION

The purpose of the medicine term is to provide trainees with opportunities for experience and learning in acute, episodic, undifferentiated physical disorders, encompassing their acute presentation, in-hospital management, and discharge planning. This experience will support and complement the development of knowledge, skills and capabilities required for practice in intensive care medicine. The medicine term requires the trainee to work as part of a multidisciplinary team, supervised by a medical specialist. This excludes research, laboratory, or interventional positions.

Trainees undertaking the medicine term should meet with a CICM Supervisor of Training (SOT) during the term to discuss progress and facilitate learning. They should have access to the local medical or emergency department teaching program.

Learning outcomes for the medical term:

On completion of the medicine term, trainees will be able to:

MEDICAL EXPERT

Evaluate and manage patients with undifferentiated presentations safely and effectively, covering the breadth of non-ICU presentations typically encountered in medical units.

This requires the capability to:

- complete an appropriate patient assessment
- initiate appropriate investigations
- interpret clinical findings and data appropriately
- demonstrate a comprehensive knowledge base relevant to the area/s of practice, including scope of the subspecialty area
- adapt treatment plans appropriately with changing information/circumstances
- perform procedures safely and effectively
- set realistic short- and long-term goals collaboratively with patients, families and

- whānau and health care colleagues
- apply knowledge of socio-economic factors that contribute to vulnerability and illness to patient care
- plan patient management throughout hospital admission including completing complex discharge planning and psychosocial support
- perform appropriate discharge planning for patients not requiring admission.

Manage patients appropriately and effectively in resource and staff limited environments.

This requires the capability to:

- recognise the limitations and manage the risks of resource- and staff-limited environments
- manage the expectations associated with patient management in inpatient environments.

Trainees are also expected to progress towards achievement of the CICM graduate outcomes:

COMMUNICATOR

Demonstrate a professional, culturally safe, patient centred approach to communication with patients, their families/whānau and with other members of the healthcare team.

Demonstrate empathic and effective communication with patients, their family/whānau and colleagues, which includes recognising the need for and utilising cultural and linguistic support when required.

Reflect on interactions with patients, family/whānau and colleagues and pursue continuous improvement of communication and interpersonal skills.

This requires the capability to:

- communicate effectively through a variety of mediums (spoken, written, online and in person)
- complete effective and accurate documentation
- provide accurate and succinct handovers
- manage the process of end-of-life care with empathy and compassion
- provide relevant education and information to patients, families and whānau effectively.

COLLABORATOR

Collaborate effectively with patients, their family/whānau, other health care professionals and the community to provide patient centred, ethical and resource-efficient care, and promote the collaboration of others.

Collaborate with an interprofessional team, which acknowledges expertise and respectfully manages differences, to promote effective caring and learning in the intensive care environment.

Safely and appropriately handover the care of a patient to another healthcare professional for ongoing management.

This requires the capability to:

- work effectively within teams
- manage conflict appropriately
- demonstrate knowledge of the roles of other specialties and the multi-disciplinary team
- collaborate effectively and in a timely manner with a range of acute and subspecialty teams to facilitate acute patient referral.

HEALTH ADVOCATE

Advance the health and wellbeing of both individual patients and wider populations affected by critical illness and serious injury through patient advocacy.

Advocate for sustainable, culturally safe and holistic healthcare practices.

This requires the capability to:

- demonstrate knowledge of patient and family/whanau needs
- advocate for patients effectively
- demonstrate the ability to negotiate and meet needs within the limitations of health services and scope of role.

SCHOLAR

Demonstrate a commitment to life-long learning and professional development incorporating culturally safe practice, self-reflection, feedback literacy and mentoring

This requires the capability to:

- demonstrate a commitment to learning.
- source and critically evaluate relevant literature to answer clinical questions.
- facilitate the learning of others.

PROFESSIONAL

Demonstrate professional values and adherence to ethical, professional and legal standards.

Demonstrate a commitment to the health and well-being of self and others, including maintaining work-life balance.

Demonstrate culturally safe practice, and an openness to diversity, working with others in a respectful and positive environment.

This requires the capability to:

- demonstrate ethical and legal practice
- demonstrate sensitivity to cultural and individual differences
- recognise limitations and seek appropriate assistance
- comply with professional expectations of behaviour
- demonstrate insight and response to feedback

- demonstrate awareness of and sensitivity to the needs of patients from culturally and linguistically diverse backgrounds

Learning experiences for the medicine term:

Trainees must undertake a minimum of 12 months (full time equivalent) training in any of the listed positions (see **Table 1**).

Specific requirements of the medicine term include:

1. A minimum of 3 months (maximum 9 months) gaining experience in management of patients with acute medical problems.
This can be achieved in any of the following:
 - I. General medicine rotations in an RACP accredited position (must involve acute admissions)
 - II. Medical assessment unit
 - Acute child/adolescent unit
 - Acute assessment unit
 - III. Medical subspecialty term with a strong acute component (for example cardiology)
 - IV. Emergency medicine or Retrieval medicine (individual positions must be pre- approved by the Censor).
2. A minimum of 3 months (maximum 9 months) gaining experience in the in-patient management of patients with medical problems. This can be in general medicine or sub-specialty medicine.
3. No more than 3 months of nights/relieving (positions involving > 3 months nights/relieving must be preapproved by the Censor).

Table 1

General medicine including a combination of the following rotations or 12 months in any position accredited by RACP for Basic or Advanced Physician Training (no more than 3 months nights/relieving); a minimum of 3 months (Maximum 9 months) must be acute medicine (which may be in an Emergency Department; maximum time in Emergency Medicine is 6 months) and 3 months (maximum 9 months) must involve responsibility for providing in-patient care of medical patients (> 24 hours). The medicine term requires the trainee to be at PGY3+, of which a maximum of 6 months may be as a resident or house officer. At least 6 months of the medicine/emergency medicine year should be undertaken in a registrar position that is approved by the College. A registrar position is considered by the Censor to be equivalent to a position accredited by the RACP (or where appropriate by ACEM) and which involves supervision of junior medical officers and supervision by registered specialist physicians.	
Minimum 3 months in terms which involve assessment and management of patients with acute & undifferentiated medical problems including any of the following:	
Possible Terms	Requirements
General medicine or general paediatric rotations which include assessment and management of patients with acute undifferentiated medical problems	
Admitting medical registrar	
Medical assessment unit	
Acute assessment unit	
Perioperative medicine	Must be a RACP accredited term
Acute child/adolescent unit	
Emergency Medicine (EM)*	In ACEM accredited positions
Retrieval Medicine (RM)*	Requires pre-approval by censor

*maximum of 6 months of either EM and/or RM	
Minimum 3 months in terms which involve inpatient management +/- outpatient follow up (> 24 hours)	
General medicine or general paediatric rotations which involve inpatient management +/- outpatient follow-up	
Medical sub-specialties - maximum 6 months in each medical sub-specialty term at Registrar/PGY3+ level (or paediatric equivalent) - can complete 2 x 6-month sub-specialty terms, providing 1 term has a strong acute component and 6 months is at registrar level.	
Cardiology	
Community child health	
Endocrinology	
Gastroenterology	
Geriatric medicine	
Haematology	
Hepatobiliary	
Immunology and Allergy	
Infectious Diseases	
Medical oncology	
Nephrology	
Neurology	
Palliative care	
Respiratory & Sleep Medicine	
Rheumatology	
Thoracic medicine	
Toxicology	
Community palliative care	Requires approval by the censor. Approval will be determined by the ability to meet learning objectives within the range of other term(s) completed during the 12-month medicine requirement.
Hospital in the home.	Requires approval by the censor. Approval will be determined by the ability to meet learning objectives within the range of other term(s) completed during the 12-month medicine requirement.

Assessment:

Medicine training terms are assessed by a Medicine In-training evaluation report (ITER).

An ITER is to be completed at the end of each term (3-month or 6-month).

ITERS must be successfully completed in order for the term to be accredited for training.

It is recommended that ITERS are utilised for feedback purposes at regular intervals during the term. This is particularly important if the trainee requires additional support. Please refer to the [T13 Guidelines for assisting trainees identified as requiring additional support](#) for further details.

It is also recommended that trainees complete Workplace Competency Assessments (WCAs) during the medicine term for feedback purposes if the opportunity becomes available. Trainees may complete WCAs for assessment purposes during the medicine term, however a Fellow of CICM must complete the assessment in order for the WCA to fulfil training requirements.

Relevant sections of the College's Regulations are:

- 5.3.12 Clinical Medicine Training
- 5.3.14 Rural Experience

References and sources

T-39 Guidelines Retrieval Medicine Training
College of Intensive Care Medicine of Australia and New Zealand Regulations

Acknowledgments

Not applicable.

Document Control

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Revision History

Date	Pages revised/ Brief explanation of revision
2019	Clarification on what can and cannot be considered for the CICM Medical training requirements
2022	Increased scope of positions that are able to be accredited for training

Further Reading

Not applicable

Publishing Statement

Published by CICM: 2022. 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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