Review
IC-4 (2006)

JOINT FACULTY OF INTENSIVE CARE MEDICINE

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS
ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

THE SUPERVISION OF VOCATIONAL TRAINEES IN INTENSIVE CARE MEDICINE

Supervision must be available at all times for vocational trainees in Intensive Care Medicine and this should be performed by a person who possesses the FJFICM, or an equivalent qualification acceptable to the JFICM Board. This supervision should occur in clinical situations, particularly those involving major procedures or sensitive communications with patients or their families, record-keeping, research, audit and quality assurance programs. In addition, appropriate supervision should be available to assist the trainee in relation to their teaching and preparation of scientific material, such as for the Formal Project or for a presentation at a conference. It should encompass the skills, knowledge and attitudes desirable in an intensive care specialist as outlined in the Objectives of Training in Intensive Care Medicine.

1. CATEGORIES OF SUPERVISION

During training it is expected there will be a progression of responsibility allowed to the trainee commensurate with their expertise and experience. Four categories have been defined. The category under which each trainee works depends upon individual circumstances, noting that the category of supervision may vary for a given trainee according to the nature of the supervision that is either required or requested.

Category 1. A supervisor working directly with one trainee in a clinical situation involving the assessment and/or management of a patient, or in a non-clinical situation as outlined above.

Category 2. A supervisor in the same department/unit as a trainee, and available for immediate assistance and consultation.

Category 3. A supervisor present elsewhere in the hospital, but immediately available for consultation and assistance.

Category 4. A supervisor not in the hospital, but readily contactable and, if necessary, available within reasonable travelling time, who is specifically rostered for the period in question.

2. MINIMUM SUPERVISION LEVELS

Supervision must be available at all times, without distinction between ordinary hours and out-of-hours times. Should the supervisor be unavailable for a period of time due to other commitments, it would be appropriate to delegate this role to another suitable specialist to ensure that the trainee always has support readily available.

2.1 Early in training, a high proportion of supervision must be as in Category 1 or 2.

2.2 Later in training, supervision may be as in Category 3 or 4 when appropriate, but it is expected that patient review will be held each day with the duty ICU consultant, and that new patient referrals, significant changes in patients' status and unplanned patient discharges will be discussed with this supervisor in a timely manner.

Closer supervision and direct help must always be available when sought by the trainee.

3. SPECIAL CONDITIONS

3.1 The supervisor should direct the trainee to consult with him/her in relevant clinical situations. The requirement to seek consultation may vary with the complexity of the clinical situation and illustrative examples include:

3.1.1 Reception of new patients into a unit, and unplanned discharge of patients from a unit.

3.1.2 Unexpected or unexplained changes in a patient's condition.

3.1.3 Performance of complex procedures or requirement for complex therapies on a patient.

3.1.4 Treatment of children in a non-paediatric unit.

3.1.5 Changes to management which have serious ethical implications (e.g. withdrawal of life support, certification of brain death and organ procurement).

3.1.6 Discussion with patients, their families, and referring clinicians on major treatment policies.

3.1.7 Proposed refusal of a request for admission to the unit.

3.1.8 Mobilisation of intensive care resources for inter-hospital transfer.

3.2 An intensive care unit should have a written list of guidelines and general policies, in which the requirements of the JFICM for supervision are included.

These guidelines should be interpreted in conjunction with the following Documents of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists and the Royal Australasian College of Physicians:

IC-3 "Guidelines for Intensive Care Units seeking Accreditation for Training in Intensive Care Medicine"
IC-6 "The Role of Supervisors of Training in Intensive Care Medicine"
IC-11 "Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine"

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the Joint Faculty endeavours to ensure that professional 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.

Promulgated: February 1994
Revised: February 2000
Date of current document: October 2006

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