Hong Kong College of Physicians & Hong Kong College of Anaesthesiologists

Joint Curriculum Workgroup in Intensive Care Medicine

Guidelines on Workplace-Based Assessment

1. Objectives

1.1 Workplace based assessment (WBA) refers to a group of assessment modalities which evaluates trainees' performance during the clinical settings. Hallmark of WBA is the element of observation of the trainee's performance in real workplace environment along with relevant feedback, thus fostering reflective practice [1]. We use 5 types of tools:

- 1.1.1 Direct observation of procedural skills (DOPS)
- 1.1.2 Mini Clinical Examination (ICM-CEX)
- 1.1.3 Case Based Discussion (CBD)
- 1.1.4 Acute Care Assessment Tool (ACAT)
- 1.1.5 Multi Source Feedback (MSF)

1.2 WBA is used as a formative assessment to

- 1.2.1 Provide feedback to inform trainees of their progress or lack thereof [2]
- 1.2.2 Advise trainees regarding observed learning needs and resources available to facilitate their learning [2]
- 1.2.3 Motivate trainees to engage in appropriate learning activities [2].

2. Procedures

2.1 Initiation

- 2.1.1 Trainees will be given the autonomy to select the task, time and supervisor for WBA.
- 2.1.2 Trainees are responsible for submission of evidence at the annual review to support that they have effectively learned the material planned at the beginning of the year, and WBA is the most effective but not the only source of such evidence.
- 2.1.3 There is practically no limit on the number of WBA, but the minimum are 8 DOPS and 12 ICM-CEX over the 2 years of core training in intensive care medicine.
- 2.1.4 A list of procedures to be assessed by DOPS is contained in ***Appendix 1***.
- 2.1.5 A list of typical cases for ICM-CEX is contained in ***Appendix 2*** as a guide for selection of cases for the 12 ICM-CEX required. 5 of those 12 ICM-CEX must be one in each of the first 5 categories and the other 7 can be from any category. Flexibilities are allowed and an example is provided in ***Appendix 3***.

We use a 3 stage framework of: **Preparation-Performance/Observation-Debriefing** incorporating the R2C2 Model [3] (see ***Appendix 4*** for more details).

2.2 Preparation

- 2.2.1 Build rapport and relationship [3]
  - 2.2.1.1 Explain the purpose of the assessment, report and interview
  - 2.2.1.2 Learn about the trainee's context
- 2.2.2 Determine learning objectives for this WBA
  - 2.2.2.1 Establish the learner's knowledge base
  - 2.2.2.2 Perform needs assessment and state the objectives of the session (guided by the ***Joint Curriculum in Intensive Care Medicine*** [4])

2.3 Performance and Observation

- 2.3.1 The trainee performs the clinical tasks as usual
- 2.3.2 The supervisor observes and avoid unnecessary interruption unless patient safety may be jeopardized

2.4 Debriefing [3]

- 2.4.1 Explore trainee's reactions to and perceptions of the data/report
- 2.4.2 Explore trainee's understanding of the content of the data/report
- 2.4.3 Coach for performance change

2.5 Documentation

- 2.5.1 Use the forms in ***Appendix 5*** in the e-portfolio for documentation

3. References

[1] Guraya SY. Workplace-based assessment. Applications and educational impact. *Malays J Med Sci* 2015; 22:5-10

[2] Norcini, J., & Burch, V. (2007). Workplace-based assessment as an educational tool: AMEE Guide No. 31. *Med Teach*, 29, 855-871

[3]Sargeant J, Lockyer J, Mann K, et.al. (2015). Facilitated reflective performance feedback: developing an evidence- and theory-based model that builds relationship, explores reactions and content, and coaches for performance change (R2C2). *Acad Med,* 90, 1698-1706.

[4] Joint Curriculum in Intensive Care Medicine. (2021). Joint Curriculum Workgroup in Intensive Care Medicine, the Hong Kong College of Anaesthesiologists and the Hong Kong College of Physicians.

[5] College of Intensive Care Medicine. Workplace Competency Assessment. https://www.cicm.org.au/Trainees-and-IMGs/Assessments-and-Examinations/WCA Assessed on 01 Nov 2021.

[6] The Faculty of Intensive Care Medicine, UK. (2019) The CCT in Intensive Care Medicine Part II. Assessment System.

4. Appendices

Appendix 1: 8 Procedures for DOPS [5]

Area of Practice		Competencies
End of Life Care		
1.	Assessment of brain death	8.4
Therapeutic Interventions and Organ System Support in Single/Multiple Organ Failure		
2.	Use of invasive ventilation	4.6
Practical Procedures		
3.	Pleural drain insertion and management	5.8
4.	Tracheostomy insertion and management	5.7
5.	Providing anaesthesia for percutaneous tracheostomy	5.7
6.	Central venous catheter insertion and management	5.12
Professionalism		
7.	Conducting a family meeting in circumstances of low complexity (communication - standard	9.1, 9.2, 9.3, 9.4, 9.5, 9.6
8.	Conducting a family meeting in circumstances of high complexity (communication – advanced)	9.1, 9.2, 9.3, 9.4, 9.5, 9.6

Appendix 2: 27 Exemplary Cases for ICM-CEX and CBD [6]

The trainee and supervisor should agree on the Joint ICM competencies that will be covered by a WBA before the assessment. This should be a trainee driven process. The Joint Curriculum Workgroup on Intensive Care has, based on the FICM [5], prepared 27 illustrative cases to assist in the process. Over the course of training at least 12 should be covered, and these should at least 1 from the first 5 categories (general approach, respiratory failure, shock/CVS, sepsis and GI, and reduced conscious level/neuro).

Area of Practice		Competencies
General Approach		
1.	Recognition, assessment and management of the acutely ill adult presenting with respiratory failure.	1.1, 2.1, 2.2, 2.4 2.5, 2.6, 2.7
Respiratory Failure		
2.	Acute exacerbation of COAD with type 2 respiratory failure. Required ventilation: NIV or intubation and ventilation.	3.1, 3.2, 4.6
3.	ARDS: titration of optimal ventilator strategies.	2.5, 3.8, 5.1, 5.2, 7.3
Shock/CVS		
4.	Shock due to acute severe haemorrhage, e.g. upper GI bleed incorporating major haemorrhage management and definitive diagnosis and treatment.	1.1, 3.1, 3.3, 4.3, 4.4, 11.2
5.	Low flow shock due to pulmonary embolism or acute myocardial infarction: thrombolysis and/or PCI.	1.1, 2.3, 3.3, 4.1, 4.4, 5.13, 7.4
6.	Acute left ventricular failure: emergency department presentation or post-op surgical patient with fluid	1.1, 1.4, 5.1, 5.14,

	excess and recently stopped epidural. Could be in GI, vascular, cardiac surgical context.	11.3
7.	Post cardiac arrest, cooling and cardiorespiratory support.	1.3, 2.3, 2.8. 4.4. 7.1, 7.3, 11.4
8.	New atrial fibrillation in the ICU patient: assessment and management.	2.3, 3.1, 4.1, 4.8. 11.6
Sepsis and GI		
9.	Septic shock presenting de novo. Assessment, management, diagnostic work up.	3.4, 2.8, 3.9, 4.2, 5.4
10.	Acute GI perforation/sepsis including use of TPN.	2.4, 2.6, 2.8, 3.7, 3.9, 4.9, 6.1, 7.2
11.	Acute pancreatitis with pre-renal AKI.	3.4, 3.7, 4.9, 5.19
12.	Acute liver failure following paracetamol overdose	3.5, 3.10, 4.8, 7.1, 10.1
Reduced conscious level/Neuro		
13.	Acute meningitis/encephalitis	1.1, 2.1, 2.2, 2.8, 3.1, 3.6, 4.2
14	Traumatic brain injury in ED, low GCS needs intubation, ventilation, transfer to scan, acute SDH, evacuated and now in ICU, postop management	3.6, 5.2, 6.3, 6.5, 7.3
15.	Subarachnoid haemorrhage, coning, organ donation (BSD or following cardiac death)	8.1-8.6
16.	Acute onset peripheral muscle weakness with respiratory failure: Guillain Barre syndrome, myasthenia gravis, botulism, tetanus.	3.6, 4.6, 5.15, 7.1, 7.2
17.	Status epileptic following self-poisoning.	3.6, 3.10, 5.2
Cardiac ICM		
18.	Patient post cardiac surgery on balloon assist with renal failure.	3.3, 3.4, 4.4, 4.5, 5.12, 5.14, 6.2
19.	Aortic dissection	2.6, 4.4, 6.1, 6.2
20.	Acute rhythm disturbance requiring pacemaker.	2.2, 2.7, 3.3, 4.1, 5.14
21.	Postoperative patient following lung resection surgery.	2.5, 3.2, 4.6, 6.1
22.	Cardiothoracic trauma case.	1.5, 2.6, 3.3, 3.8, 5.7, 5.13
Specialist		
23.	HELLP syndrome	3.5, 3.11, 4.4, 6.1, 7.1
24.	Acquired immune deficiency.	2.8, 3.2, 4.2, 4.9, 7.1, 11.2, 11.3
25.	Diabetic patient with ketoacidosis precipitating cause.	2.8, 3.1, 2.5, 2.7, 4.4, 4.8
26.	Trauma to leg with compartment syndrome, rhabdomyolysis, hyperkalaemia and AKI requiring renal replacement therapy and surgery.	1.5, 3.4, 4.7, 4.8, 6.1
27.	Neutropenic sepsis in patient with haematological malignancy.	2.4, 2.7, 3.9, 4.4, 11.2

Appendix 3: Flexibility in Selection of Cases

It is not always possible nor necessary to select a case exactly as described. When the case selected is different, the competencies involved could be different and the trainees may need to use other evidences to show that their learning in that competency is fulfilled.

Example:
Case 17 Status epilepticus following self-poisoning
This involves assessment of:
3.6 Recognise and manage the patient with neurological impairment
3.10 Recognise and manage the patient following intoxication with drugs or environmental toxin
5.2 Performs fibreoptic laryngoscopy under supervision

If a case of status epilepticus due to herpes simplex encephalitis is chosen instead, then Competency 3.10 will not be assessed.
Also, even if a case of self-poisoning is chosen, the patient may not need fibreoptic laryngoscopy, but instead because the trainee has inserted an arterial line and that was not assessed before, s/he could liaise with the supervisor for assessment of
5.10 Performs arterial catheterization
And possibly
4.2 Manage antimicrobial drug therapy

Appendix 4: **R2C2 Model** [3]

Phase	Goal	Sample Phrase	Guiding Notes
1. Build **R**apport and relationship • Explain the purpose of the assessment, report & interview • Learn about their context	For the supervisor to engage the trainee, build relationship and trust, and establish the credibility of the assessment	"Tell me about your experience in completing this assessment." "I'd like to hear about your practice (setting, patients, challenges, what you enjoy)" "Would you like to hear more about the assessment process?"	• Remember to explore the trainee's practice context • Celebrate successes • Confirm what you're hearing; empathize; show respect; build trust; validate • Keep in mind that relationship building is central and needs attention throughout the interview •
2. Explore trainee's **R**eactions to and perceptions of the data/report	For the trainee to feel understood and to know his/her views are heard and respected	"What were your initial reactions? Anything particularly striking?" "Did anything in the report surprise you? Tell me more about that…" "How do these data compare with how you think you were doing? Any surprises?" "Based on your reactions, is there a particular part that you would like to focus on?"	• Be prepared for negative reactions in some cases. Support the expression of negative reactions using general facilitative approaches and explore the reasons for these reactions • Note that negative reactions/surprise tend to be more frequently elicited by 1. Subjective data such as MSF, 2. Comparative data, when scores are lower than group mean 3. Data indicating that the trainee is not doing as well as s/he thought
3. Explore trainee's understanding of the **C**ontent of the data/report	For the trainee to be clear about the what the data mean for his/her practice and the opportunities for change suggested by the data	"Was there anything in the report that didn't make sense to you?" "Anything you're unclear about?" "Let's go through section by section." "Anything in section X that you'd like to explore further or comment on?	• Know the specialty • Be aware of specific area in which opportunities for improvement frequently arise

		"Anything that struck you as something to focus on?" "Do you recognize a pattern?"	
4. **C**oach for performance change	For the trainee to engage in "change talk" an develop an action plan that s/he feels is achievable	"And 6 months down the line – is there anything you would like to see changed?" "If there were just one thing that you would like to target for immediate action, what would it be?" "What might be your goal?" "What action might you have to take?" "Who/What might help you with this change?" "What might get in the way?" "Do you think you can achieve it?"	• Remember that trainees need to understand, reflect on, and assimilate the content of the feedback report before being able to plan for change • Consider coaching as the skill of offering solutions

Appendix 5: Forms

Joint Curriculum Workgroup in Intensive Care Medicine

ICM Mini Clinical Evaluation Exercise (ICM-CEX) Assessment Form

Please complete this form in BLOCK CAPITALS and BLACK ink

Trainee's Surname	
Trainee's Forename(s)	

Observation	
Code Number	

Observed by		
Date		
Signature of supervising doctor		

Clinical Setting:

ICU ☐ HDU ☐ ED ☐ Ward ☐ Transfer ☐ Other ☐

Assessment:

	Practice was satisfactory	Tick one	Assessor's signature
	Practice was unsatisfactory	Tick one	Assessor's signature
Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.			
Examples of good practice were: **Areas of practice requiring improvement were:** **Further learning and experience should focus on:**			

Please grade the following areas: (Descriptors included with each domain)	**Satisfactory**	**Unsatisfactory**
1. History taking and information gathering Did the trainee take an adequate history and gather enough information from relatives, staff, notes or other colleagues to help decision making?	Tick	Tick
2. Assessment and differential diagnosis The focus here is on a targeted clinical examination that, combined with domain 1, allows full assessment and the assimilation of a differential diagnosis. It is important that more than one diagnosis is considered, but the most likely diagnosis should also be highlighted.	Tick	Tick
3. Immediate management and stabilisation Having made a full assessment, was the immediate management appropriate? Did the patient require urgent action? Was that action taken? Was it effective? Was appropriate help sought?	Tick	Tick
4. Further management and clinical judgement Once patient was stable, were further management decisions appropriate? Were appropriate drugs given? Were relevant tests ordered? Was the patient **managed/admitted** to the appropriate clinical area?	Tick	Tick
5. Identification of potential problems and difficulties Did the trainee identify potential problems?	Tick	Tick
6. Communication with patient, staff and colleagues How was communication dealt with by the trainee? Were intervention options discussed with the patient? Was there good communication with patient's relatives, staff and other colleagues?	Tick	Tick
7. Record keeping The records should be legible, signed, dated and timed. All necessary records should be completed in full.	Tick	Tick
8. Overall clinical care The case records and the trainee's discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard.	Tick	Tick
9. Understanding of the issues surrounding the clinical focus chosen by the assessor The clinical focus must be one of the topics identified in the assessment schedule. The trainee should show an understanding ***appropriate to their experience*****.**	Tick	Tick

Clinical Evaluation Exercise (CEX) – Intensive Care Medicine

Clinical Evaluation Exercise is designed to evaluate a trainee's clinical practice, decision-making and the interpretation and application of evidence, by directly observing the trainee's practice. Its primary purpose is to observe the trainee during a clinical encounter. Then, a discussion takes place between the observer and the trainee with regards to the management of a critically ill patient and feedback is given. It is intended to assess the overall clinical conduct of the trainee in the nine domains (described above) when managing a single case.

The evaluation should be according to the trainee's level of training. A satisfactory assessment will indicate that the trainee's performance is what is expected from a trainee at their level of training. Please refer to the ICM curriculum.

The trainee should ask the assessor to observe the clinical encounter with the patient. The assessor should

observe the trainee's performance only interfering if it is necessary (e.g. patient safety is compromised, help to manage the patient is required...etc).

It is best to mark sheet and write notes while the trainee is being observed. The assessor then scores the trainee in each of the nine domains described above, using the standard form. It may be appropriate only to score three or four domains at a single event.

Discussion and feedback should be given as soon as possible after the observation in a quiet and private place. Feedback and discussion are mandatory.

Curriculum Competency Level Descriptors

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for ease of reference when completing the 'Competencies Assessed' section (over).

Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

ICM-CEX – Competencies Assessed

The below are the full Domains and competencies of the ICM Syllabus. Those competencies which have been greyed out are **not suitable** for assessment by CEX, as defined by the ICM curriculum Assessment Blueprint. It is possible for one assessment to cover multiple ICM competencies – please tick those competencies covered by this assessment and note Level of achievement.

1	**Resuscitation and management of the acutely ill patient**	*Tick*	*Level*
1.1	Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology		
1.2	Manages cardiopulmonary resuscitation – ALS recommended		
1.3	Manages the patient post resuscitation		
1.4	Triages and prioritises patients appropriately, including timely admission to ICU		
1.5	Assesses and provides initial management of the trauma patient		
1.6	Assesses and provides initial management of the patient with burns		
1.7	Describes the management of mass casualties		
2	**Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation**	*Tick*	*Level*
2.1	Obtains a history and performs an accurate clinical examination		
2.2	Undertakes timely and appropriate investigations		
2.3	Performs electrocardiography (ECG / EKG) and interprets the results		
2.4	Obtains appropriate microbiological samples and interprets results		
2.5	Obtains and interprets the results from blood gas samples		
2.6	Interprets imaging studies		
2.7	Monitors and responds to trends in physiological variables		
2.8	Integrates clinical findings with laboratory investigations to form a differential diagnosis		
3	**Disease Management**	*Tick*	*Level*
3.1	Manages the care of the critically ill patient with specific acute medical conditions		
3.2	Identifies the implications of chronic and co-morbid disease in the acutely ill patient		
3.3	Recognises and manages the patient with circulatory failure		
3.4	Recognises and manages the patient with, or at risk of, acute renal failure		
3.5	Recognises and manages the patient with, or at risk of, acute liver failure		
3.6	Recognises and manages the patient with neurological impairment		
3.7	Recognises and manages the patient with acute gastrointestinal failure		
3.8	Recognises and manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS)		
3.9	Recognises and manages the septic patient		
3.10	Recognises and manages the patient following intoxication with drugs or environmental toxins		
3.11	Recognises life-threatening maternal peripartum complications and manages care		
4.	**Therapeutic interventions / Organ support in single or multiple organ failure**	*Tick*	*Level*
4.1	Prescribes drugs and therapies safely		
4.2	Manages antimicrobial drug therapy		
4.3	Administers blood and blood products safely		
4.4	Uses fluids and vasoactive / inotropic drugs to support the circulation		
4.5	Describes the use of mechanical assist devices to support the circulation		
4.6	Initiates, manages, and weans patients from invasive and non-invasive ventilatory support		
4.7	Initiates, manages and weans patients from renal replacement therapy		
4.8	Recognises and manages electrolyte, glucose and acid-base disturbances		
4.9	Co-ordinates and provides nutritional assessment and support		
5.	**Practical Procedures**	*Tick*	*Level*
5.1	Administers oxygen using a variety of administration devices		
5.2	Performs emergency airway management		
5.3	Performs difficult and failed airway management according to local protocols		
5.4	Performs endotracheal suction		
5.5	Performs fibreoptic bronchoscopy and BAL in the intubated patient		
5.6	Performs percutaneous tracheostomy		
5.7	Performs chest drain insertion		
5.8	Performs arterial catheterisation		
5.9	Performs ultrasound techniques for vascular localisation		
5.10	Performs central venous catheterisation		
5.11	Performs defibrillation and cardioversion		
5.12	Performs transthoracic cardiac pacing, describes transvenous		
5.13	Describes how to perform pericardiocentesis		
5.14	Demonstrates a method for measuring cardiac output and derived haemodynamic variables		
5.15	Performs lumbar puncture (intradural / 'spinal') under supervision		
5.16	Manages the administration of analgesia via an epidural catheter		
5.17	Performs abdominal paracentesis		
5.18	Describes Sengstaken tube (or equivalent) placement		
5.19	Performs nasogastric tube placement		
0	Performs urinary catheterisation		

6.	**Perioperative Care**	*Tick*	*Level*
6.1	Manages the pre- and post-operative care of the high risk surgical patient		
6.2	Manages the care of the patient following cardiac surgery		
6.3	Manages the care of the patient following craniotomy		
6.4	Manages the care of the patient following solid organ transplantation		
6.5	Manages the pre- and post-operative care of the trauma patient		
7.	**Comfort and Recovery**	*Tick*	*Level*
7.1	Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families		
7.2	Manages the assessment, prevention and treatment of pain and delirium		
7.3	Manages sedation and neuromuscular blockade		
7.4	Communicates the continuing care requirements, health including rehabilitation, of patients at ICU discharge to care professionals, patients and relatives		
7.5	Manages the safe and timely discharge of patients from the ICU		
8.	**End of life care**	*Tick*	*Level*
8.1	Manages the process of withholding or withdrawing treatment with the multidisciplinary team		
8.2	Discusses end of life with patients and their families/surrogates		
8.3	Manages palliative care of the critically ill patient		
8.4	Performs brain-stem death testing		
8.5	Manages the physiological support of the organ donor		
8.6	Manages donation following cardiac death		
9	**Paediatric care**	*Tick*	*Level*
9.1	Describes the recognition of the acutely ill child and initial management of paediatric emergencies		
9.2	Describes national legislation and guidelines relating to child protection and their relevance to critical care		
10	**Transport**	*Tick*	*Level*
10.1	Undertakes transport of the mechanically ventilated critically ill patient outside the ICU		
11	**Patient safety and health systems management**	*Tick*	*Level*
11.1	Leads a daily multidisciplinary ward round		
11.2	Complies with local infection control measures		
11.3	Identifies environmental hazards and promotes safety for patients and staff		
11.4	Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness		
11.5	Organises a case conference		
11.6	Critically appraises and applies guidelines, protocols and care bundles		
11.7	Describes commonly used scoring systems for assessment of severity of illness, case mix and workload		
11.8	Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist		
12	**Professionalism**	*Tick*	*Level*
12.1	Communicates effectively with patients and relatives		
12.2	Communicates effectively with members of the health care team		
12.3	Maintains accurate and legible records / documentation		
12.4	Involves patients (or their surrogates if applicable) in decisions about care and treatment		
12.5	Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making		
12.6	Respects privacy, dignity, confidentiality and legal constraints on the use of patient data		
12.7	Collaborates and consults; promotes team-working		
12.8	Ensures continuity of care through effective hand-over of clinical information		
12.9	Supports clinical staff outside the ICU to enable the delivery of effective care		
12.10	Appropriately supervises, and delegates to others, the delivery of patient care		
12.11	Takes responsibility for safe patient care		
12.12	Formulates clinical decisions with respect for ethical and legal principles		
12.13	Seeks learning opportunities and integrates new knowledge into clinical practice		
12.14	Participates in multidisciplinary teaching		
12.15	Participates in research or audit under supervision		

Please complete this form

Joint Curriculum Workgroup
in Intensive Care Medicine

Direct Observation of Procedural Skills (DOPS) Assessment Form

in BLOCK CAPITALS and BLACK ink

Trainee's Surname	
Trainee's Forename(s)	

Procedure	
Code Number	

Observed by		
Date		
Signature of observing doctor		

Assessment:

	Practice was satisfactory	Tick one	Assessor's signature
	Practice was unsatisfactory	Tick one	Assessor's signature

Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.

Example of good practice were:

Areas of practice requiring improvement were:

Further learning and experience should focus on:

If you have rated the performance unsatisfactory, you **MUST** indicate which elements were unsatisfactory:

Performance	YES	NO	Comments
Understands **indications** and **contraindications** for the procedure	Tick	Tick	Comments
Explained procedure to patient	Tick	Tick	Comments
Understands relevant **anatomy**	Tick	Tick	Comments
Satisfactory **preparation** for procedure	Tick	Tick	Comments
Communicated appropriately with patient and staff	Tick	Tick	Comments
Full **aseptic** technique	Tick	Tick	Comments
Satisfactory **technical** performance of procedure	Tick	Tick	Comments
Adapted to unexpected problems during procedure	Tick	Tick	Comments
Demonstrated adequate **skill** and **practical fluency**	Tick	Tick	Comments
Maintained **Safe** practice	Tick	Tick	Comments
Completed procedure	Tick	Tick	Comments
Satisfactory **documentation** of procedure	Tick	Tick	Comments
Issued clear **post-procedure instructions** to patient and staff	Tick	Tick	Comments
Maintained **professional** demeanour throughout procedure	Tick	Tick	Comments

Curriculum Competency Level Descriptors

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for ease of reference when completing the 'Competencies Assessed' section (over).

Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

DOPS – Competencies Assessed

The below are the full Domains and competencies of the ICM Syllabus. Those competencies which have been greyed out are **not suitable** for assessment by DOPS, as defined by the ICM curriculum Assessment Blueprint. It is possible for one assessment to cover multiple ICM competencies – please tick those competencies covered by this assessment and note Level of achievement.

1	**Resuscitation and management of the acutely ill patient**	*Tick*	*Level*
1.1	Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology		
1.2	Manages cardiopulmonary resuscitation – ALS recommended		
1.3	Manages the patient post resuscitation		
1.4	Triages and prioritises patients appropriately, including timely admission to ICU		
1.5	Assesses and provides initial management of the trauma patient		
1.6	Assesses and provides initial management of the patient with burns		
1.7	Describes the management of mass casualties		
2	**Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation**	*Tick*	*Level*
2.1	Obtains a history and performs an accurate clinical examination		
2.2	Undertakes timely and appropriate investigations		
2.3	Performs electrocardiography (ECG / EKG) and interprets the results		
2.4	Obtains appropriate microbiological samples and interprets results		
2.5	Obtains and interprets the results from blood gas samples		
2.6	Interprets imaging studies		
2.7	Monitors and responds to trends in physiological variables		
2.8	Integrates clinical findings with laboratory investigations to form a differential diagnosis		
3	**Disease Management**	*Tick*	*Level*
3.1	Manages the care of the critically ill patient with specific acute medical conditions		
3.2	Identifies the implications of chronic and co-morbid disease in the acutely ill patient		
3.3	Recognises and manages the patient with circulatory failure		
3.4	Recognises and manages the patient with, or at risk of, acute renal failure		
3.5	Recognises and manages the patient with, or at risk of, acute liver failure		
3.6	Recognises and manages the patient with neurological impairment		
3.7	Recognises and manages the patient with acute gastrointestinal failure		
3.8	Recognises and manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS)		
3.9	Recognises and manages the septic patient		
3.10	Recognises and manages the patient following intoxication with drugs or environmental toxins		
3.11	Recognises life-threatening maternal peripartum complications and manages care		
4.	**Therapeutic interventions / Organ support in single or multiple organ failure**	*Tick*	*Level*
4.1	Prescribes drugs and therapies safely		
4.2	Manages antimicrobial drug therapy		
4.3	Administers blood and blood products safely		
4.4	Uses fluids and vasoactive / inotropic drugs to support the circulation		
4.5	Describes the use of mechanical assist devices to support the circulation		
4.6	Initiates, manages, and weans patients from invasive and non-invasive ventilatory support		
4.7	Initiates, manages and weans patients from renal replacement therapy		
4.8	Recognises and manages electrolyte, glucose and acid-base disturbances		
4.9	Co-ordinates and provides nutritional assessment and support		
5.	**Practical Procedures**	*Tick*	*Level*
5.1	Administers oxygen using a variety of administration devices		
5.2	Performs emergency airway management		
5.3	Performs difficult and failed airway management according to local protocols		
5.4	Performs endotracheal suction		
5.5	Performs fibreoptic bronchoscopy and BAL in the intubated patient		
5.6	Performs percutaneous tracheostomy		
5.7	Performs chest drain insertion		
5.8	Performs arterial catheterisation		
5.9	Performs ultrasound techniques for vascular localisation		
5.10	Performs central venous catheterisation		
5.11	Performs defibrillation and cardioversion		
5.12	Performs transthoracic cardiac pacing, describes transvenous		
5.13	Describes how to perform pericardiocentesis		
5.14	Demonstrates a method for measuring cardiac output and derived haemodynamic variables		
5.15	Performs lumbar puncture (intradural / 'spinal') under supervision		
5.16	Manages the administration of analgesia via an epidural catheter		
5.17	Performs abdominal paracentesis		
5.18	Describes Sengstaken tube (or equivalent) placement		
5.19	Performs nasogastric tube placement		
5.20	Performs urinary catheterisation		

6.	**Perioperative Care**	*Tick*	*Level*
6.1	Manages the pre- and post-operative care of the high risk surgical patient		
6.2	Manages the care of the patient following cardiac surgery		
6.3	Manages the care of the patient following craniotomy		
6.4	Manages the care of the patient following solid organ transplantation		
6.5	Manages the pre- and post-operative care of the trauma patient		
7.	**Comfort and Recovery**	*Tick*	*Level*
7.1	Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families		
7.2	Manages the assessment, prevention and treatment of pain and delirium		
7.3	Manages sedation and neuromuscular blockade		
7.4	Communicates the continuing care requirements, health including rehabilitation, of patients at ICU discharge to care professionals, patients and relatives		
7.5	Manages the safe and timely discharge of patients from the ICU		
8.	**End of life care**	*Tick*	*Level*
8.1	Manages the process of withholding or withdrawing treatment with the multidisciplinary team		
8.2	Discusses end of life with patients and their families/surrogates		
8.3	Manages palliative care of the critically ill patient		
8.4	Performs brain-stem death testing		
8.5	Manages the physiological support of the organ donor		
8.6	Manages donation following cardiac death		
9	**Paediatric care**	*Tick*	*Level*
9.1	Describes the recognition of the acutely ill child and initial management of paediatric emergencies		
9.2	Describes national legislation and guidelines relating to child protection and their relevance to critical care		
10	**Transport**	*Tick*	*Level*
10.1	Undertakes transport of the mechanically ventilated critically ill patient outside the ICU		
11	**Patient safety and health systems management**	*Tick*	*Level*
11.1	Leads a daily multidisciplinary ward round		
11.2	Complies with local infection control measures		
11.3	Identifies environmental hazards and promotes safety for patients and staff		
11.4	Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness		
11.5	Organises a case conference		
11.6	Critically appraises and applies guidelines, protocols and care bundles		
11.7	Describes commonly used scoring systems for assessment of severity of illness, case mix and workload		
11.8	Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist		
12	**Professionalism**	*Tick*	*Level*
12.1	Communicates effectively with patients and relatives		
12.2	Communicates effectively with members of the health care team		
12.3	Maintains accurate and legible records / documentation		
12.4	Involves patients (or their surrogates if applicable) in decisions about care and treatment		
12.5	Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making		
12.6	Respects privacy, dignity, confidentiality and legal constraints on the use of patient data		
12.7	Collaborates and consults; promotes team-working		
12.8	Ensures continuity of care through effective hand-over of clinical information		
12.9	Supports clinical staff outside the ICU to enable the delivery of effective care		
12.10	Appropriately supervises, and delegates to others, the delivery of patient care		
12.11	Takes responsibility for safe patient care		
12.12	Formulates clinical decisions with respect for ethical and legal principles		
12.13	Seeks learning opportunities and integrates new knowledge into clinical practice		
12.14	Participates in multidisciplinary teaching		
12.15	Participates in research or audit under supervision		