Northern Deanery Intensive Care Medicine Training

**ICM Educational Training Record**

This document should be used to record all ICM educational meetings for trainees on single or dual ICM CCTs and all anaesthetists doing ICM as part of their anaesthetic CCT

**Name:**

## **Current Attachment**

**Current ARCP outcome:**

**Next ARCP date:**

**Estimated CCT date:**

**Please confirm that the trainee has completed site and departmental induction: Yes**

**Leave:**

Please record below the total number of days of leave excluding Annual Leave and Study Leave since your last ARCP.

|  |  |  |
| --- | --- | --- |
|  | **Total No of Days** | **Comments** |
| **Sick Leave** |  |  |
| **Maternity Leave** |  |  |
| **Compassionate** |  |  |
| **Other** |  |  |
| **Total** |  |  |

**Initial Meeting and educational agreement**

**Trainee**

**Date**

**Location**

**Please confirm that the ES has reviewed the trainees previous ES reports and/or End of placement review form or ESSR: Yes**

**Objectives for this attachment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objectives** | **Mapped curriculum domains and competencies** | **How will I achieve this?** | **How will I know its been achieved?** | **Timescale** |
| **Clinical Experience** |  |  |  |  |
| **Practical Procedures** |  |  |  |  |
| **Teaching** |  |  |  |  |
| **Examinations and further qualifications** |  |  |  |  |
| **Audit, research and presentations inc journal clubs** |  |  |  |  |
| **ICU management and meetings** |  |  |  |  |
| **Other information** | | | | |

**Date of planned review of progress in achieving educational goals:**

Signature Trainee Signature Trainer

Date

**Midpoint review meeting**

Please use free text below to record trainee’s progress and any changes to agreed educational plans. This box can also be used to record any significant events to date during training.

**Date of midpoint meeting……………….. Location………………..**

|  |
| --- |
|  |

Signature Trainee…………………… Signature Trainer………………….

Date………………….

**End of placement meeting**

Date of end of attachment meeting……………….. Location………………..

**Achievements during attachment**

**1) Capabilities achieved: *Please sign HiLLOs in table below.***

**Note this table can be used as a record of overall training progress within the ICM curriculum and can be used between differing attachments.**

**2) Audit, research, presentations:**

**3) Teaching:**

**4) Examinations:**

**5) Courses and meetings:**

**6) Sickness**

***7) Complaints and investigations:***

Note it is a GMC requirement that all doctors are required to record and reflect on significant events in their work. Significant events that have been subject to an investigation should be documented here as confirmation that they have been discussed with the ES.

***Responses in this section should also be explored in more detail within the ESSR form or ARCP summary documents and declared on Form R sent to the Deanery prior to ARCP***

**8) Other:**

**Please confirm that consultant feedback has been given to the trainee and discussed:**

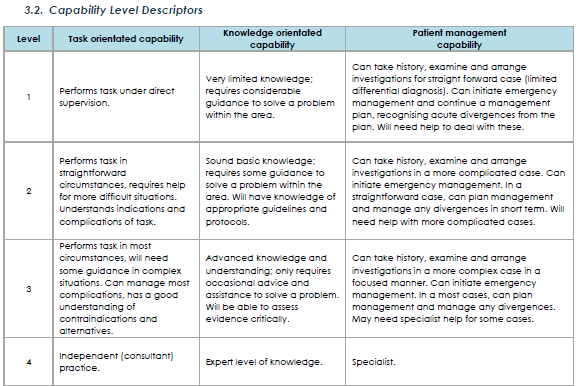
Agreed areas for development during next attachment:

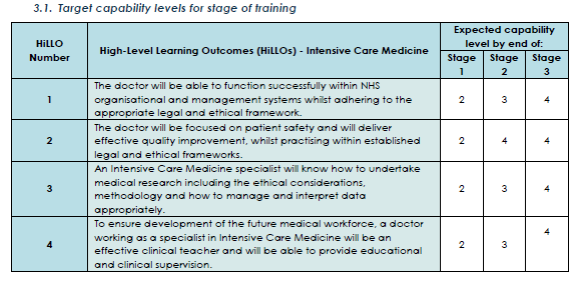
Other advice to trainee:

Recommendation to ARCP panel:

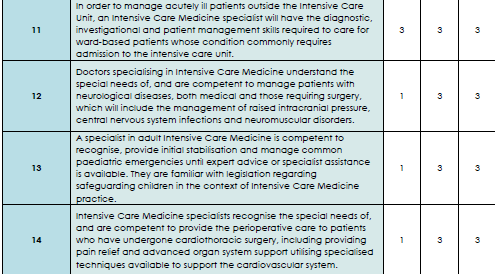
Signature Trainee…………………… Signature Trainer………………….

Date………………….

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