

# PICM Case Summary Guidance

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## Background

This guidance has been produced following a survey that indicated a significant variation in advice given to PICM trainees on both the content and standard required of these assessments.

A survey was sent to all PICM training units. Written responses were obtained from six units and feedback from several others was obtained at PICM ISAC committee meetings. Units varied both in what constituted a case summary; how many assessors were required per summary; what assessment scheme (if any) was used to benchmark the summary and how long the summary was required to be.

Most units required the majority of the summaries to be based on actual clinical cases or questions. Many units allowed one to be a guideline that the trainee had developed and some allowed presentations (either presentation slides or a write up) of the case presented at the PICM master class or an international conference to also be included.

The number of markers varied from a single marker per summary but a range of markers across the 10; to 2 separate markers for each summary. All markers were consultants. There was no consistent marking scheme across the units. Some units had informally adopted the ICM marking scheme while others had a repository of summaries that were used to as a benchmark. The length of the summaries ranged from 10,000 words total for all 10 summaries (previous ICTPICM guidance) to each summary being several thousand words as some supervisors felt encouraging a longer document improved the learning outcomes for the trainees. Some trainees reported being asked to do several revisions of summary to reach a required standard akin to revisions for a publication.

A range of topics were proposed as suitable areas to explore in a summary including:

1. Cases seen infrequently in the training unit (e.g. Liver / Metabolic / Burns / Transplant / ECMO).
2. Challenging topics (Ethics / Psychology / Child Protection cases /Difficult communication scenarios)
3. Specific clinical questions around core curriculum topics
4. Cases presented at Morbidity and Mortality meetings
5. Protocols /Guidelines developed
6. Organ donation
7. Reading undertaken by the trainee

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## College of Intensive Care Medicine Guidance

The College of Intensive Care Medicine already has well developed guidance and an accompanying marking scheme for the summaries produced by the adult ICM trainees. Many PICM trainees are aware of this guidance and have been using it. The ICM College is considering removing case summaries from their assessment pathway.

### **Summary of Guidance**

#### **Core Topics**

1. Curriculum based topics: a case that had a specific learning point / raised a major issue / was a contentious topic / was an area of special interest to the trainee
2. Cases seen by the trainee that they did a literature search for
3. Case should not be rarities
4. A list of top 30 cases is provided

#### **Format of summary**

1. A template is provided and font and layout are prescribed
2. Each summary should be 750 - 1500 words
3. There should be 10 summaries over the course of training
4. Example summaries are available on the website
5. The summary should reach the standard required of a peer reviewed publication

#### **Marking**

1. The summaries can be formative i.e. the trainee can be guided to a satisfactory outcome
  2. summaries are marked locally by a faculty tutor but there must be a range of markers for the 10 summaries
  3. The summative assessment is provided at ARCP
  4. 10 % of summaries are submitted for central assessment
  5. The summaries are marked in 6 domains
- Defining the question
  - Succinct clinical details
  - Important features researched and discussed

- Relevant up-to-date information

- Drawing Conclusions

- Professional writing

6. Each domain is marked out of 5 with 3 the standard required to pass

1: Poor, needs revision

2: Needs improvement

3: Pass

4: Good

5: Outstanding

The ICM Guidance documents are attached as appendices.

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## Suggested PICM Guidance

PICM ISAC agreed to broadly follow the existing ICM guidance with the following key points to be emphasised to trainees and supervisors

1. A list of suggested cases and topics suitable for case summaries would be constructed (guidance only).
2. Additional pieces of work that would also be suitable for submission include
  - Coroner's (or similar) report
  - Parent information sheet / Guideline / Protocol
  - Slide set of presentation given at the PICM master class with an accompanying reflection summarising the comments / questions raised and the trainee's response.
3. A repository of case summaries would be developed on the website to provide new supervisors with a benchmark of the required standard.
4. The word count is 1000 -1500 per summary. The aim of the summary is to see if the trainee can succinctly summarise information they have researched around a clinical question. Longer summaries are acceptable (e.g. if the case is being prepared for publication) but not a requirement. Supervisors to be made aware of this.
5. Format: Use ICM domains and template
6. Writing content should be of a peer review publication standard but font /spacing etc. not specified.
7. Each summary requires a single marker but there should be a range of markers across the 10 pieces of work.
8. Marking scheme (can use ICM scheme as guide). The summary should reach a pass standard but formal marks for each domain do not need to be recorded for ARCP purposes. If the required standard is not reached in one or more domains, the trainee may be asked to revise those sections and resubmit. In this way, the summaries act as a formative assessment.
9. Progress with summaries will be assessed at the Trainee's annual review. Five summaries must have been completed within the first year of PICM training. The ISAC will require confirmation from the Trainee's supervisor that an acceptable standard has been reached for all 10 summaries before the Trainee's CCT will be signed off.

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## Suggested Cases for PICM Summaries

### 1. Top 30 Cases

- Recognition, assessment and management of respiratory failure
- ARDS; Ventilation strategies
- Respiratory support of Child with Chronic Lung Disease
- Cyanosis / Shock: new congenital cardiac presentation
- Shock: Catastrophic haemorrhage (trauma / other)
- Shock: Myocarditis / Cardiomyopathy
- Shock: Sepsis / SIRS
- Management of patient post cardiac arrest
- New onset arrhythmia
- Nutrition including initiation of TPN
- Acute kidney injury
- Acute Liver failure
- Traumatic brain injury
- Status epilepticus
- Acute paralysis (spinal cord injury / Guillain Barre)
- Encephalopathy
- New presentation of metabolic disease
- Immuno-supressed patient requiring PICU
- DKA

? what else

### 2. Core Curriculum cases seen infrequently in unit (as identified by annual survey)

- Metabolic
- Transplant
- Liver failure

- Burns

### **3. Ethical issues including**

- Refused consent to treatment
- Withdrawal/Limitation of care (or refusal by family to agree to such)
- Research in children
- Initiation of LTV
- Resource limitation in epidemics / mass casualty
- Initiation of or referral for new / non-standardised treatment
- Other cases seen by trainees requiring initiation of legal proceedings

### **4. Child Protection**

### **5. Brain Stem testing / Organ donation**

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