

Thriving in PICM Grid

Welcome

Congratulations on gaining a Grid post in Paediatric Intensive Care Medicine (PICM). This guide has been written to help you get the most out of your PICM training and importantly, tick all the boxes needed to get signed off at the end! We have written and edited this repeatedly and in good faith. The shape of training is ever changing, so if you feel there are errors or omissions, your feedback is welcome at pccstraineerep@gmail.com

- **Key Contacts** (For advice about training matters, masterclasses, practical issues)
 - PICS Trainee Representatives at pccstraineerep@gmail.com.
 - Follow us on Twitter @PCCStrainees
 - PICM ISAC Committee:-
 - Dr. Kim Sykes (Chair) Kim.Sykes@uhs.nhs.uk
 - Dr. Sarah Goodwin (Training Advisor) Sarah.Goodwin@uhbw.nhs.uk
 - Dr. Shruti Agrawal (Assessment Advisor) shruti.agrawal@addenbrookes.nhs.uk
 - Dr. Intikhab Zafurallah (Zaf) (Quality Advisor) intikhab.zafurallah@nhs.net
 - The Committee also has representatives from the PCCS Transport group, RCoA and FICM

 - Your local Buddy
 - We have set up a “Buddy Up” system that will hopefully put you in touch with a trainee one or two years ahead of you in your training centre. We hope they will be able to provide you a lot of practical advice about your jobs. (How the hospital works, who to go to for rotas etc.)
 - Educational Supervisor
 - You will be allocated an Educational Supervisor on arrival at your training centre. They meet with the PICM ISAC Committee once a year and should be able to give you clear advice. Very occasionally changes to the portfolio etc. may not have filtered through. If you are unsure, please contact any of the committee members directly.
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Posts

There is some variation to the posts you will be doing. Some trainees will remain in one unit for the duration, whilst others will experience training in different units. The aim is that you get adequate exposure to a range of cases. Some placements have retrieval integrated within the rota, and for others this will be in a stand alone retrieval service. Transport should make up approximately 6 months of the 2 year Grid placement.

You can of course spend more time in any specific areas you want to specialise in, but make sure that does not reduce the time you spend in your core units. If you feel you are not receiving the training you need or expect please feed that back to us.

There is also the mandatory annual trainee survey, sent round before the Summer Masterclass that you are required to complete and submit on time. We cannot stress enough about reporting fully any issues you are having (however big or small). Please contact the Trainee Reps or the CSAC if there are problems that cannot be resolved locally. Training centres must provide the training you are required to receive.

Anaesthetic Placement

All Paediatric trainees will need to spend at least 6 months in anaesthetics. All units have organised links with a local anaesthetic department in order to facilitate this. You currently need to do it as an OOPE and this means getting the paperwork signed off at least six months in advance. Please don't get caught out by leaving it too late. Further information can be found here – <http://www.rcpch.ac.uk/training-examinations-professional-development/postgraduate-training/resources-trainees-training-s-3>

During this placement, trainees will be expected to complete the Initial Assessment of Competence (recently renamed Entrustable Professional Activities) as required of all novice anaesthetic trainees. This is a series of assessments of the basic skills required in anaesthesia. (<https://www.rcoa.ac.uk/training-careers/training-anaesthesia/training-news/guidance-novice-airway-training>) Although most trainees will find themselves delivering mostly adult anaesthetics, the airway skills and assessment of both elective and emergency patients are generally felt to be really useful within PICU. Some units combine the anaesthetic placement with time in Adult ICU. Some of the pathology is different, but again most really enjoy this experience and find the differences as well as the similarities to be a really useful part of training. Please ensure that your anaesthesia supervisor completes a supervision report at the end of the placement and that you upload your IAC / EPA certificates to Kaizen.

Masterclasses

These are study days that are organised by us, to supplement clinical experience and local teaching. They are also a good opportunity to meet face to face with other Grid trainees. Unfortunately, these were cancelled during the pandemic but have now restarted and are likely to be a mix of face to face and web-based sessions. The dates will be on the website (<https://pccsociety.uk/pccs-masterclasses/>) in advance, so please try and request Study Leave in plenty of time! There is an expectation that you will attend these. If you have any difficulty getting time off your unit to attend them, please let us know. PCCS members are subsidised and you will soon be able to register via the website. If there are any topics that you would

like to see covered, or if you would like to organise a masterclass from your unit, please let the trainee reps know.

We aim to hold up to 4 single day Masterclasses and a compulsory 2 day Summer Masterclass. At this masterclass, grid trainees are expected to submit 2 abstracts; one of which will be presented and represents an externally assessed case-based discussion and forms one of your extended case summaries for the year. You are expected to attend and present at this meeting even if you are on OOPE. The presentations are 10 minutes long including time for questions from the panel or audience. There is a prize for the best presentation.

During the event, you will also have a face-to-face meeting with the PICMISAC members. This is to review your progress including your e-portfolio, work based assessments and documentation and evidence of your meetings with your educational supervisors (in the form of your Annual Trainer's Report). If any issues have been raised on the mandatory trainee survey (which will be sent prior to the Masterclass), these can be further explored and discussed. It is a good opportunity to talk about your progress and training in general. This meeting will feed into your ARCP, which will be held by the local deanery. Although this may sound daunting, this event is usually really interesting and lots of fun – again a good time to network and socialise with other trainees and feel inspired by the interesting cases within our speciality!

Curriculum & Kaizen

The previous ICTPICM paper based competency document SHOULD NOT BE USED.

All trainees regardless of their background speciality will require a Kaizen account to log their training evidence. There is no charge for ICM or Anaesthesia trainees to use this portfolio. (if you are asked to pay for this – please contact the ISAC).

Please link all evidence (links, comments and uploaded documents) to the Progress Curriculum which will be uploaded to your ePortfolio following appointment to the Grid. If you click on the 'Summary' tab on the home page of your Kaizen account, you will be able to see how many items you have linked to the various Learning Outcomes. The PICM Curriculum can be found at <https://www.rcpch.ac.uk/resources/paediatric-intensive-care-medicine-sub-specialty#downloadBox>.

Please ensure there is a folder in your Documents section that is labelled CASES for your 10 Extended Case Summaries.

Paediatric trainees: you will also be expected to populate the Level 3 competencies in General Paediatrics and Generic Competencies. Remember, your CCT will be in Paediatrics and PICM. The curriculum items are deliberately broad, and the emphasis of the portfolio should be quality of learning to demonstrate learning outcomes rather than quantity of events linked.

Ensure your Developmental Log is populated with all types of activity – log Masterclasses, departmental meetings, teaching sessions, presentations, conferences etc. All activities should be linked to the curriculum.

Your personal library should be organised and contain copies of your APLS/NLS certificates and any other certificates. As per RCPCH ALPS and Safeguarding certification are required to be in date for ARCP and CCT.

Your portfolio will be scrutinised at the Summer Masterclass and your Deanery ARCP.

Extended Case Summaries

These are a vital part of your training. Over your two years as a Grid trainee you will be expected to complete a total of 10 case reports - 5 per year, of which one should be your case presentation at the summer masterclass.

The remaining 4 should be approximately 1000 word reports based on a case you have seen. You should produce an evidence based summary of a specific aspect of the patient's care. A guide to writing these case reports can be found here: ([Link to document](#))

It is very easy to find this task overwhelming, especially if you are not careful with the subject matter. For instance don't say "how should we treat traumatic brain injury?" as this is a huge topic. Focus on a specific aspect of the condition or treatment. "What is the evidence of the use of thiopentone coma in treatment of TBI?" or "Is there a role for decompressive craniectomy in TBI?"

Workplace Based Assessments / Supervised Learning Events

We can feel your pain! As a PICM Grid trainee you still need to get signed off for your paediatric CCT. This means you need to pass your ARCPs which entails completing the paediatric curriculum and the dreaded work based assessments. We know they have not been designed with PICM in mind, but there is no getting around them.

The majority of ARCP panels realise the WBAs are not designed with us in mind so think out of the box and use them flexibly, and use the opportunity to discuss interesting cases or get them signed off for something that you're doing anyway - mini CEXs for supervised retrievals, DOCS for death or discharge summaries, HCATs for leading ward rounds, ACATs after admitting then handing over a complex patient... the possibilities are endless. Click on [RCPCH Assessment Guidance](#) for paediatric trainees.

ARCP panels are being increasingly strict about getting these done throughout the year. Some trainees who have completed them all in the month before the ARCP dates have not been given Outcome 1...

There is also a National Paediatric Retrieval Passport which can be accessed here... It is not mandatory to have this signed off but it is an excellent template for what capabilities you

should be achieving and as a basis for discussion of transports. Please encourage your ES to go through this with you.

START

You will have to complete the Specialty Trainee Assessment of Readiness for Tenure. This is a formative assessment designed to ensure you are on target to be fully prepared for life post CCT. Half of the assessment is on general paediatric subjects (child protection, prescribing etc) and the other half will be PICM specific. There is extensive guidance available at <http://www.rcpch.ac.uk/training-examinations-professional-development/assessment-and-examinations/start/start>. Please note that although this is not a summative assessment (ie. you are not going to be failed) the board can recommend that you undertake extra training in specific areas. For instance, if you are assessed as being below competent for the child protection station the assessor may recommend extra training and evidence of improvement which could include a WBPA.

Your ARCP panel will want to see this evidence before they sign off your CCT. Therefore, undertaking START during ST7 is a very good idea as it will allow you time to complete any remedial actions before your final ARCP comes around.

Sign off

There are several aspects that need to be signed off to gain your CCT in paediatrics with subspeciality training in PICM.

Firstly, all the general paediatric stuff – WBAs, APLS, Child Protection, START and ARCPs.

Your educational supervisors will need to sign off your annual trainer's reports and CCT application stating you have covered everything required by the curriculum. This includes your anaesthetic competencies and case reports.

Lastly someone on the RCPCH PICM ISAC also has to be satisfied that you have done everything needed. They have access to your Kaizen portfolios and on at least a yearly basis will be looking through them to ensure you are on track. Each year they fill in a CSAC progression form which will feed back to your ARCPs and they also have to sign off your CCT application.

There is currently no competency booklet that you need to get signed. The best way you can show you are on track is to keep your e-portfolio ticking over – WBAs, skills logs, PDP, supervision meetings, uploading your case reports, ticking off and cross referencing areas of the curriculum that you have covered.

Fellowships

No one expects you to be totally ready for consultant posts as soon as you walk out of two years of PICM Grid training, although some might feel that they are. In the past it was considered almost essential to go abroad and do a fellowship in a large PICU (Melbourne, Sydney, Toronto, Vancouver etc) and if you want to you will benefit from and enjoy the experience. There are of course very good opportunities in some of the larger PICUs in this country. These can be at senior trainee levels in large units or in more specialist roles (such as ECMO or ultrasound fellow). It is also worth thinking out of the box and looking at what specific things your desired NHS Trust may want out of their next PICU Consultant. Simulation fellow post, Darzi fellowships, NHS England Innovation fellowships are all things that may tailor you to your favoured post. Whatever you decide on make your plans early. All the large PICUs both abroad and in the UK are filling these posts from two years in advance. A masterclass focussing on post CCT options has been arranged in the middle of the training year, and details will be uploaded once they have been finalised.

And finally

As we said before, we are here to help and advise, but also to try and help everyone get the best from their training. If you have any questions or concerns about your training please get in contact with us on pccstraineerep@gmail.com. We will either know the answer to your question or know who to get the answer from. Similarly, we're always keen to hear about what has worked well so we can share with others.

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