



**College of Intensive Care Medicine
Australia and New Zealand**

**CORE INTENSIVE CARE TRAINING - YEAR 2
FIRST 6 MONTHS IN-TRAINING ASSESSMENT FORM
TO BE COMPLETED BY SUPERVISOR OF TRAINING FOR INTENSIVE CARE**

SECTION A

THIS FORM IS IMPORTANT. During the Core Years, in-training assessments of College Trainees must be conducted at six monthly intervals from the commencement of the Trainee's employment year, or in the case of a shorter attachment, at the conclusion of the attachment, in accordance with Document T-12 "Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine".

Assessments are completed by the Supervisor of Training based on the consensus views of the majority of senior staff in the Department. Participating staff must have a personal knowledge of the trainee.

This assessment should be signed by the Trainee following discussion of the assessment with the Supervisor of Training. When completed, the Supervisor must also sign this form before forwarding it to the Administrative Officer for Training and Examinations within 2 weeks. The Trainee must retain a copy of the signed form within their training portfolio. Trainees have the right of appeal with regards to matters of process.

Name of Trainee

Surname _____ Other names (in full) _____

Report covers period From _____ / _____ / _____ To _____ / _____ / _____

Details of any leave taken Annual: _____ week (s) Study: _____ week (s)
Sick: _____ week (s) Conference: _____ week (s)
Other: _____ week (s) Specify: _____

Supervisor

Surname _____ Other names (in full) _____

Hospital _____

Training Discipline: CORE INTENSIVE CARE YEAR 2 Is this a Senior Registrar post? Yes No

SECTION B

SUMMARY

a) **Have you been satisfied with the overall professional performance of the Trainee during the period covered by this report?** Yes No

b) **Would you recommend that this period of training be fully accredited?** Yes No

If No, what proportion of the year or training period would you recommend to be accredited?

3 Months Nil Other

Please indicate which, if any, of the following areas of intensive care practice the trainee has NOT had significant exposure to during this term

Cardiac surgery Major trauma
Neurosurgery Paediatrics
Burns

SECTION C**ASSESSMENT OF THE CURRENT PERIOD OF TRAINING**

Please rate the trainee's performance for each topic area by placing a rating of 1-5 in the box next to each topic area.

Interpretation of the Rating Scale

- ① Falls far short of expected standards
- ② Falls short of expected standards
- ③ Consistent with level of training
- ④ Better than expected standards
- ⑤ Exceptional performance

	<p>Medical Knowledge Demonstrates up-to-date knowledge required to manage a broad range of critically ill patients</p>
	<p>Application of Medical Knowledge Shows ability to use the knowledge and other derived evidence based information</p>
	<p>Procedural Skills Demonstrates ability to perform the full range of procedures relevant to intensive care and supervises safe and effective procedures performed by junior doctors</p>
	<p>Interpersonal/Communication Skills Demonstrates ability to relate to and communicate with patients and their families</p>
	<p>Clinical Judgement Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions</p>
	<p>Responsibility Accepts responsibility for own actions and understands the limitations of own knowledge and experience</p>
	<p>Problem Solving Skills Critically assesses information, identifies major issues, makes timely decisions and acts upon them</p>
	<p>Humanistic Qualities Demonstrates integrity and compassion in patient care</p>
	<p>Respect Shows personal commitment to honouring the choices and rights of other persons; shows cultural sensitivity</p>
	<p>Moral and Ethical Behaviour Exhibits high standards of moral and ethical behaviour towards patients and families</p>
	<p>Professional Attitudes and Behaviour Shows honesty at all times in their work; puts patient welfare ahead of personal consideration</p>
	<p>Patient Management Shows wisdom in selecting treatment; adapts management to different circumstances</p>

Please rate the trainee's performance for each topic area by placing a rating of 1-5 in the box next to each topic area.

Interpretation of the Rating Scale

- ① Falls far short of expected standards
- ② Falls short of expected standards
- ③ Consistent with level of training
- ④ Better than expected standards
- ⑤ Exceptional performance

	<p>Initiative Shows initiative in care of patients and development of treatment plans</p>
	<p>Reliability, dependability Is steadfast in undertaking duties and responsibilities applicable to role</p>
	<p>Research Methodology Understands scientific methodology; participates in research studies by formulating and testing hypothesis and analysing the results</p>
	<p>Quality Assurance Demonstrates ability to initiate and evaluate Quality Assurance programs</p>
	<p>Record Keeping Maintains complete and orderly records and up-to-date progress notes</p>
	<p>Discharge/Planning Summaries Ensures that all problems are explained prior to discharge from intensive care, prepares concise and prompt discharge summaries (if appropriate)</p>
	<p>Crisis management Demonstrates an ability to recognise and appropriately respond to emergency situations and to coordinate the emergency response as required.</p>
	<p>Relationships with Medical Staff Maintains the respect of his/her colleagues</p>
	<p>Relationships with Health Professionals Demonstrates ability to work well and efficiently in the health care team; values the experience of others</p>
	<p>Enthusiasm Demonstrates a willingness and keenness to participate in all aspects of intensive care practice.</p>
	<p>Organisation Skills Demonstrates ability to plan, coordinate and complete administrative tasks associated with medical care</p>
	<p>Self Assessment Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism</p>
	<p>Continuing Education Shows a resourceful attitude towards continuing education to enhance quality of care</p>

SECTION D

SUPERVISOR'S COMMENTS *(including strong points and weak points)*

TRAINEE'S COMMENTS:

I have discussed this assessment with the Supervisor of Training. I am aware that this assessment will form part of my training record and that it will be considered by the College in respect of a decision to award Fellowship. I make the following comments:

Signature of Trainee: _____

Date: ____/____/____

SUPERVISOR'S ADDITIONAL COMMENTS:

In light of discussion with the Trainee, I note the following:

Signature of Supervisor: _____

Date: ____/____/____

SATISFACTORY

UNSATISFACTORY

Please forward the original, signed copy to the Administrative Officer for Training within 2 weeks. Copies of the completed form should be retained by the Supervisor and the trainee.