



# College of Intensive Care Medicine Of Australia and New Zealand

## FINAL IN-TRAINING ASSESSMENT FORM

TO BE COMPLETED BY THE IMMEDIATE PAST SUPERVISOR OF TRAINING IN INTENSIVE CARE

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THIS FORM IS IMPORTANT. Assessments are completed by Supervisors 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.

The Trainee is completing the advanced training period. Before award of Fellowship the Supervisor of Intensive Care Training for the last period of core Intensive Care training will have to certify that the Trainee is a competent intensivist, capable of providing a high standard of intensive care practice without supervision.

Please note that this form must be completed for all Trainees completing their advanced training, along with the relevant ITA form for their final training period i.e. Intensive Care Core Training Year 1; Intensive Care Core Training Year 2-First 6 Months; Intensive Care Core Training Year 2-Final 6 Months; Clinical Anaesthesia Training; Clinical Medicine Training or Elective training.

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 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)

Supervisor

Surname

Other names (in full)

Hospital

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- a) **Have you been satisfied with the overall professional performance of the Trainee?** Yes  No
- b) **Would you recommend that the Trainee's training be fully accredited?** Yes  No
- c) **In your opinion, is the Trainee now a competent intensivist, capable of providing a high standard of intensive care practice without supervision?** Yes  No
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**SUPERVISOR'S COMMENTS** (including strong points and weak points)

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**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:*

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**Signature of Trainee:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUPERVISOR'S ADDITIONAL COMMENTS:** *In light of discussion with the Trainee, I note the following:*

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**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.*