



## College of Intensive Care Medicine

### Hot (ICU) Case Assessment Form

This form is to be used to confirm that a Fellowship Examination candidate has completed a formative assessment of at least four (cases) with a Supervisor of Training or appropriate delegate (Fellow of the CICM) **within 6 months of the written date of the examination**. Each candidate should be formally assessed by a Supervisor of Training or delegate **as having achieved a satisfactory standard** on an observed clinical assessment of a critically ill patient on four separate occasions.

Each case should be in the ICU and involve twenty (20) minutes of assessment and ten (10) minutes of feedback. Each case may be performed separately at different times and places. **If you are re-sitting the exam you are required to submit four new hot cases.**

To achieve a satisfactory standard, the candidate is required to perform an appropriate clinical assessment of a critically ill patient; present their clinical findings to the assessor with an appropriate discussion of relevant management issues (suggested time = 20 minutes). An additional 10 minutes should be set aside to provide the candidate with feedback regarding their performance and allow for relevant discussion regarding the clinical scenario.

Candidates are advised that to obtain four satisfactory assessments, they may often have to undertake more than four clinical assessments. It is important to commence this process of certification well in advance of the closing date of the examination. Please note, achieving four satisfactory assessments during the preparatory phase *does not* guarantee success at the clinical component of the examination as these assessments are part of a formative process.

Please contact the College for further information regarding the requirements for candidates sitting the CICM Fellowship examinations – Effective from August / October 2010 sitting.

Name of trainee .....

Signature of trainee .....

<b>CASE #</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Date of assessment</b>				
<b>Hospital</b>				
<b>Diagnosis</b>				
<b>Key clinical findings</b>				
<b>Key management issues discussed</b>				
<b>Name of assessor</b>				
<b>Signature of assessor</b>				
<b>Satisfactory</b> ( <i>Please circle</i> )	YES / NO	YES / NO	YES / NO	YES / NO