



**College of Intensive Care Medicine  
Of Australia and New Zealand**  
ABN 16 134 292 103

**OTS OVERSIGHT ASSESSMENT REPORT  
INTENSIVE CARE MEDICINE**

TO BE COMPLETED BY OTS CANDIDATE'S ASSESSOR

**SECTION A**

THIS FORM IS IMPORTANT. The initial practice assessment of OTS must be conducted at three months, and thereafter at six monthly intervals from the commencement of the OTS practice assessment period. The process for the assessment is the same as that outlined in Document T-12 "Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine". Assessments are completed by a nominated Assessor 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 OTS following discussion of the assessment with the Assessor. When completed, the Assessor must also sign this form before forwarding it to the Administrative Officer of Training within 2 weeks. The OTS must retain a copy of the signed form. OTS have the right of appeal with regards to matters of process.

Name of Trainee

Surname \_\_\_\_\_ Other names (in full) \_\_\_\_\_

Report covers period

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Assessor

Surname \_\_\_\_\_ Other names (in full) \_\_\_\_\_

Hospital

\_\_\_\_\_

**Training Discipline:** CORE INTENSIVE CARE

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	<input type="checkbox"/>	Major trauma	<input type="checkbox"/>
Neurosurgery	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>
Burns	<input type="checkbox"/>		

**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><b>Medical Knowledge</b> Shows an inquisitive mind, is willing to learn. Is starting to accumulate knowledge on basic ICM topics eg nosocomial pneumonia, CRRT, ARDS.</p>
	<p><b>Application of Medical Knowledge</b> Shows ability to use the knowledge and other derived evidence based information to initiate appropriate resuscitation and treatment</p>
	<p><b>Procedural Skills</b> Demonstrates ability to perform the common procedures relevant to intensive care. Observed to safely insert CVC, arterial line and PAC and understands risks and management of complications.</p>
	<p><b>Interpersonal/Communication Skills</b> Demonstrates ability to relate to and communicate with patients and their families including a clear explanation of the patient's illness</p>
	<p><b>Clinical Judgement</b> Demonstrates ability to integrate cognitive and clinical skills, and the ability to suggest alternatives in making diagnostic and therapeutic decisions</p>
	<p><b>Responsibility</b> Accepts responsibility for own actions and understands the limitations of own knowledge and experience</p>
	<p><b>Problem Solving Skills</b> Critically assesses information, identifies major issues, suggests timely decisions and is showing some initiative in acting upon them</p>
	<p><b>Humanistic Qualities</b> Demonstrates integrity and compassion in patient care and daily activities in ICU</p>
	<p><b>Respect</b> Shows personal commitment to honouring the choices and rights of other persons; shows cultural sensitivity</p>
	<p><b>Moral and Ethical Behaviour</b> Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues</p>
	<p><b>Professional Attitudes and Behaviour</b> Shows honesty at all times in their work; puts patient welfare ahead of personal consideration</p>
	<p><b>Patient Management</b> Suggests and understands sensible treatment choices and how they may be adapted 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.

	<p><b>Initiative</b> Show initiative in caring for patients and contributing to management</p>
	<p><b>Reliability, dependability</b> Is steadfast in undertaking duties and responsibilities applicable to role</p>
	<p><b>Research Methodology</b> Understands scientific methodology and is able to critically appraise research studies</p>
	<p><b>Quality Assurance</b> Understands the critical elements of an effective Quality Assurance program and is able to contribute to its success</p>
	<p><b>Record Keeping</b> Maintains complete and orderly records and up-to-date progress notes</p>
	<p><b>Discharge/Planning Summaries</b> Ensures that all problems are explained prior to discharge from intensive care, prepares concise and prompt discharge summaries</p>
	<p><b>Crisis management</b> Demonstrates an ability to recognise and appropriately respond to emergency situations and to contribute to the emergency response as a member of a team.</p>
	<p><b>Basic Life Support</b> Observed to perform CPR effectively</p>
	<p><b>Relationships with Medical Staff</b> Maintains the respect of his/her colleagues</p>
	<p><b>Relationships with Health Professionals</b> Demonstrates ability to work well and efficiently in the health care team; values the experience of others, listens and learns</p>
	<p><b>Enthusiasm</b> Demonstrates a willingness and keenness to participate in all aspects of intensive care practice as junior member of the team.</p>
	<p><b>Organisation Skills</b> Demonstrates ability to plan and complete administrative tasks associated with medical care</p>
	<p><b>Self Assessment</b> Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism</p>
	<p><b>Continuing Education</b> Shows a resourceful attitude towards continuing education and life long learning to enhance quality of care</p>

**SECTION D**

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

---

---

---

---

---

---

---

---

**TRAINEE'S COMMENTS:** *I have discussed this assessment with the Assessor. I am aware that this assessment is part of my practice assessment 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 Assessor:** \_\_\_\_\_

**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 Assessor and the OTS.***