critical care information questionnaire

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| **Date:** | Click here to enter a date. |

**Before you begin please:**

Read the relevant guidelines (AC408 ACEM Anaesthetic, AC69 ACEM ICM) and the reference documents so that you can ensure that this Questionnaire addresses the training requirements.

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| Description: Description: Paper Clip | **Please attach**:  | Please attach a statement of rationale for the hospital’s need for this placement and that it is a funded position. The letter is to be signed by the CEO or equivalent. |

1. hospital/service information

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| Name of hospital/service: |  |
| Postal address: |  |
| Street address: |  |
| Hospital/service phone number: |  |
| Name of hospital executive to whom correspondences will be sent. |  |
| Hospital executive’s position title(e.g. CEO, DMS, GM) |  |
| Hospital executive’s email address: |  |

1. placement structure

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| **Please select the specialty:** |
| [ ]  ACEM-Anaesthetic Critical Care |  [ ]  ACEM-Anaesthetic Special Skills |
| [ ]  ACEM-ICM Critical Care |  [ ]  ACEM-ICM Special Skills |

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| **Please select the appropriate term length(s) and Full Time Equivalent (FTE) hours:** |
| [ ]  3 months / 1 FTE | [ ]  6 months / 0.5 FTE |
| [ ]  6 months / 1 FTE | [ ]  12 months / 0.5 FTE |

1. trainee information

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| **Maximum number of Trainees who can undertake the placement at a time:** |       |

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| **Describe the criteria by which trainees are selected for the placement:** |
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1. demographics

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| **Describe the characteristics of the Hospital / Service / Department / Unit within which the placement is undertaken.*(e.g. general service description; staffing; caseload and acuity)*:** |
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1. supervision

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| **Supervisor’s details:** |
| Name: |       |
| Phone number: |  |
| Email address: |  |

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| Description: Description: Paper Clip | **Please attach**:  | The supervisor’s current curriculum vitae (CV).  |

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| **Please list the staff involved in the Critical Care training:** |
| Staff Name | Position | Expertise |
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| Please attach additional staff in a separate document. |

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| **Describe your supervision model and the level of supervision to be provided to trainees:** |
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1. statement of duties

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| **Describe the duties the trainees are required to undertake during the placement.** |
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| **Describe a sample roster for the placement (or attach to application).** |
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1. education program

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| **Please outline your Education Program for Critical Care, including:*** The purpose and objectives of the Education program
* Alignment of the program with the site’s broader strategic goals
* Governance and resource arrangements that will support the program
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1. learning outcomes and activities

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| **Please refer to the Learning Outcomes and Activities outlined in the AC408 ACEM Anaesthetic or AC69 ACEM ICM guidelines.****Please complete the appropriate tables for a three (3) month and/or six (6) month placement.**  |
| **Three (3) Month Placement Learning Outcomes** |
| LEARNING OUTCOMES | ACTIVITIES*(that are undertaken by the trainee to achieve the Learning Outcomes)* |
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| Please attach additional Learning Outcomes, activities and assessment in a separate document. |
| **Six (6) Month Placement Learning Outcomes** |
| LEARNING OUTCOMES | ACTIVITIES*(that are undertaken by the trainee to achieve the Learning Outcomes)* |
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| Please attach additional Learning Outcomes, activities and assessment in a separate document. |

1. assessment

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| **Please confirm that you will complete all ACEM assessment processes that include:** |
| [ ]  In-Training Assessment (ITA) every three months. |
| [ ]  Learning Portfolio approval and progress feedback to trainee every month. |

1. additional comments

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**Please submit this questionnaire to** **accreditation@acem.org.au** **in electronic format.
No paper-based applications will be accepted.**