Special Skills Placement – Information Questionnaire
Category ‘T’

|  |  |
| --- | --- |
| Date: |       |

Please ensure that if an accreditation guideline exists for the special skills placement
that this questionnaire addresses in detail all criteria within the guideline.

# special skills placement (ssP)

|  |  |
| --- | --- |
| Name of Trainee & ACEM ID |       |
| Title of Special Skills Placement |       |

# hospital/service information

|  |  |
| --- | --- |
| Name of Hospital/Service |       |
| Postal Address |       |
| Street Address |       |
| Contact Numbers | Phone: |       | Fax: |       |
| Name of CEO |       |
| CEO Email Address |       |

# SSP Structure

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | 3 mths (1.0 FTE) (accredited as 3m SSP) | [ ]  | 6 mths (0.5 FTE) (accredited as 3m SSP) |
| [ ]  | 6 mths (1.0 FTE) (accredited as 6m SSP) | [ ]  | 12 mths (0.5 FTE) (accredited as 6m SSP) |

|  |  |
| --- | --- |
| Other (Pease Specify): |       |

# PLacement period

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |       | End Date |       |
|  |  |  |  |

# SSP supervisor

|  |  |
| --- | --- |
| Name |       |
| Contact Details | Phone: |       | Fax: |       |
|  | Email: |       |

Experience as clinician, educator, and administrator specific to this SSP.

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**PLEASE ATTACH:** the supervisor’s current curriculum vitae.

# Reporting Relationships

If different from (6), to whom is the SSP position responsible?

|  |  |
| --- | --- |
| Name |       |
| Contact Details | Phone: |       | Fax: |       |
|  | Email: |       |

# Australian/New Zealand FACEM Supervisor (for Overseas SSPs Only)

|  |  |
| --- | --- |
| Name |       |
| Contact Details | Phone: |       | Fax: |       |
|  | Email: |       |

# demographics

Describe the characteristics of the Hospital / Service / Department / Unit within which the SSP is undertaken.
*(eg. general service description; staffing; caseload; casemix and acuity etc)*.

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# statement of duties and supervision

1. Describe the duties you are required to undertake during the SSP.

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(b) Describe the level of supervision provided to you.

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(c) Describe a sample roster for the term (or attach to application).

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# learning objectives & assessment

This should address clinical, educational, administrative and professional development activities where applicable. Importantly, if it exists, please refer to the accreditation guideline for the Special Skills Placement in addressing the learning objectives.

| LEARNING OBJECTIVES | ACTIVITIES(that are undertaken by the trainee to achieve the learning objectives) | ASSESSMENT(that are undertaken to determine whether the learning objectives have been successfully met by the trainee) |
| --- | --- | --- |
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# additional comments

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## Revision History

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| **Version** | **Date of Version** | **Pages revised / Brief Explanation of Revision** |
| V1.1 | Jan 2018 | Change ‘Term’ to ‘Placement’ |