# Special Skills Placement Application – Category A or T

## Before you begin:

* Read the AC638 SSP Accreditation Policy outlined in AC808 TS4 Accreditation Requirements and *AC95 SSP Accreditation Process Guide* to familiarise yourself with the accreditation process.
* Read the relevant guidelines for the [Special skills placement](https://www.acem.org.au/Hospitals-Training-Sites/About-Training-Site-Accreditation/Guidelines-Forms.aspx), which can be found on ACEM’s website so that you can ensure that this application addresses in detail all criteria within the Special skills placement guideline.

Note: Category T applications must be fully completed and submitted with supporting documents at least eight weeks prior to the commencement of the term.

# Special Skills Placements (SSP)

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| Title of Special Skills Placement |  |

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| Is this placement accredited by another Medical College? | Yes, please provide the Medical College name and accreditation type |

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| Description: Description: Paper Clip | **Please attach**: | **For new applications - a cover letter** requesting accreditation for the SSP and confirming that the SSP is a funded position. The letter is to be signed by the CEO or equivalent. |

# Hospital/ Service Information

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| Name of Hospital/Service: |  | | | |
| Postal Address: |  | | | |
| Street Address: |  | | | |
| Contact Numbers: | Phone: |  | Fax: |  |
| Rurality Classification | RA: |  | MMM: |  |
| Chief Executive Officer (CEO)  *and/or* |  | | | |
| General Manager (GM)  *and/or* |  | | | |
| Director of Medical Services (DMS) |  | | | |
| Correspondence to be directed to: | CEO  GM  DMS  Email: | | | |
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| Has this site ever had accreditation withdrawn from a Medical College? | Yes, please provide the Medical College name, year and reason | | | |

# SSP Structure

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| Please select the appropriate term length(s) and Full Time Equivalent (FTE) hours. Note that no core ED activities can be completed during the SSP unless allowed in the SSP specific guideline. | |
| 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)* |
| TS4 accreditation |  |

# Placement Period (Category T application only)

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

# Trainee Information (category A application only)

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| Number of Trainees undertaking the SSP at any one time: |  |
| If approved, do you have an ACEM trainee(s) appointed to begin their placement for this SSP term? | Yes  No |
| *If yes*, please enter the start date(s) of the placement and the name(s) of the ACEM trainee(s). |  |
| *If no*, you must notify the College Accreditation Officers at [accreditation@acem.org.au](mailto:accreditation@acem.org.au) once you have appointed an ACEM trainee(s). ***Failure to notify*** *the College Accreditation Officers once a trainee has commenced the placement, will place the accreditation of this SSP at risk.* | |

# SSP Supervision

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

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| Credentials as a clinician, educator, and administrator specific to this SSP including the supervisor’s FTE at the site. If no credentials, please detail specific experience which makes this supervisor suitable. |
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| Description: Description: Paper Clip | **Please attach**: | **The supervisor’s current curriculum vitae (CV).**  ***Please note:*** *Should there be a change of supervisor, the new Supervisor’s CV must be submitted to* [*accreditation@acem.org.au*](mailto:accreditation@acem.org.au) *prior to the change. The Accreditation Committee will review the CV to ensure the new Supervisor has the relevant experience and skill appropriate to supervise ACEM trainees.* |

## For Critical Care SSP Application only:

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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. | | |

# Statement of duties and supervision

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| Describe the duties the trainees are required to undertake during the SSP. |
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| Describe the level of supervision provided to trainees. |
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| Describe a sample roster for the term (or attach to application). |
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# SSP Structure

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| Describe the structure of the proposed placement, including 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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# Learning Outcomes, Activities and Assessment

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| These should address all eight domains of the FACEM Training Program’s Curriculum, and match the [non-ED ITA](https://cdn.acem.org.au/ITA2/NonED.html) which assesses the trainee at the end of the placement. All learning outcomes must be at the level of Training Stage 2 of the FACEM Curriculum as a minimum. Importantly, if it exists, please refer to the guideline for that Special skills placement in addressing specific additional learning outcomes.  Please complete the appropriate tables for a three month and/or six month term. |

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| **Three Month Term Learning Outcomes** | | |
| **Learning Outcomes** | **Activities** | **Assessment** |
|  | *(that are undertaken by the trainee to achieve the learning objectives)* | *(that are undertaken to determine whether the learning objectives have been successfully met by the trainee)* |
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| Please attach additional learning objectives, activities and assessment in a separate document. | | |
| **Six Month Term Learning Outcomes** | | |
| LEARNING OUTCOMES | ACTIVITIES | ASSESSMENT |
|  | *(that are undertaken by the trainee to achieve the learning objectives)* | *(that are undertaken to determine whether the learning objectives have been successfully met by the trainee)* |
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| Please attach additional learning objectives, activities and assessment in a separate document. | | |
| **TS4 Learning Outcomes (if applying for TS4 accreditation)** | | |
| LEARNING OUTCOMES | 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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| Please attach additional learning objectives, activities and assessment in a separate document. | | |

# Education Program

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| If applicable, please attach the education programme(s). These could include university courses, on-line education modules, in-house programs. |

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| Description: Description: Paper Clip | **Please attach**: | **The Education Programme** |

# Additional Comments

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