

Specialised study unit (SSU) review

This form is to be completed for trainees who are training overseas. If the specialised study unit supervisor has access to MyPortfolio, it should be entered.

Trainees completing the intensive care specialised study unit do not need to complete this form. Completion of the clinical placement review for intensive care medicine is required.

Personal details

College ID

First name

Surname

SSU review details

SSU Supervisor

SSU Name

SSU review date

Sign off checklist

The SSU learning goals, which state what the trainee can be expected to know and do when they complete this aspect of training, are provided at the start of each SSU section in the ANZCA training program curriculum.

Please review the evidence the trainee is required to provide to inform your judgement:

VOP requirements met ☐ Yes ☐ No

WBA requirements met ☐ Yes ☐ No

Course requirements met ☐ Yes ☐ No

Comments on evidence provided

SSU Questions

The SSU supervisor will need to ask the trainee three questions as part of the review, which must be based on the learning outcomes for the relevant SSU. The specialised study unit review question guide may assist supervisors with choosing the three questions to be asked and is located in the ANZCA Handbook for Training.

Question one

Satisfactory?

☐ Yes

☐ No

Question two

Satisfactory?

☐ Yes

☐ No

Question three

Satisfactory?

☐ Yes

☐ No

Independence level?

Suggestions

Overall assessment

Upon submission of this review, I verify that this assessment has been informed by the sources as stated and that the assessment has been discussed with the trainee.

In my judgement, the trainee has met the learning goals for this specialist study unit and can provide anaesthetic care to the standard they describe.

☐ Yes ☐ No

If no, what is still required?

Supervisor declaration

I hereby verify that this assessment has been informed by the sources as stated and that the assessment has been discussed with the trainee.

Name of supervisor _____

Signature _____ Date _____

ANZCA supervisor of training validation

This assessment must be validated by the nominated ANZCA supervisor of training (SOT).

Name of SOT _____ College ID _____

Signature _____ Date _____

Please send your completed form to the college:

ANZCA Training

Email: training@anzca.edu.au

For further information, please email or contact us at +61 3 9510 6299.