



Clinical placement review form – Diving and hyperbaric medicine

This form should be used by trainees completing the Diploma of Advanced Diving and Hyperbaric Medicine and must be submitted to the college within 10 days of the review meeting. Training time will only be approved upon receipt of the review form.

Personal details

College ID

First name

Surname

Training details

To be completed by the DHM supervisor of training

Supervisor

Training site

Full time equivalent (FTE) Full time Part time _____ FTE (minimum requirement 0.2 FTE)

Start date End date

Clinical placement plan

To be completed by the trainee and discussed with the DHM supervisor of training at a meeting at the start of the placement.

Based on previous clinical placements (if any) and opportunities this current placement will provide, which aspects of the ANZCA Advanced DHM Curriculum do you intend to focus on?

What volume of practice (VOP) cases do you specifically plan to achieve?

Which workplace-based assessments (WBAs) are you intending to complete? For example, Clinical assessment (CSA), Management plan assessment (MPA), Case-based discussion (CbD), Multi-source feedback (MsF)

Are you intending to complete a course this placement? Yes No
If yes, Diving Medicine Hyperbaric Medicine Advanced Life Support

Is there anything else you wish to achieve by the end of the placement?

Notes/updates to plan during the placement

The trainee must keep this plan in his/her portfolio and provide it to the DHM supervisor of training for completion at the Feedback CPR

Feedback clinical placement review

To be completed at the end of the placement/after 26 calendar weeks (whichever is sooner) by the DHM supervisor of training after review of the logbook and training portfolio

Placement Start date _____ End date _____

Number of weeks of training (FTE) completed during this placement (excluding leave): _____

Total number of weeks of training (FTE) completed to date (excluding leave): _____

Are there any aspects of the clinical placement plan that the trainee did not achieve and why?

Volume of practice

Refer to DHM placement VOP logbook and record total VOP logged for this placement.

VOP	Total logged this placement	SOT initials
Assessment of a patient for routine therapy		
Assessment of an emergency patient		
Interpretation of transcutaneous oxygen measurement		
Interpretation of tympanometry		
Supervision of routine treatment		
Preparation for and supervision of the treatment of a critically ill, intubated and ventilated patient*		
Planning of dressing regimen for chronic wound management		
Assessment of fitness to dive (recreational or occupational diving) or hyperbaric attendance		
Assessment of a diver for diagnostic or therapeutic purposes (including any pre-hospital advice and treatment)		
Supervision of initial recompression for decompression illness (DCI)		
Counselling following treatment for DCI/cerebral arterial gas embolism (CAGE)		
Assessment and treatment of barotrauma		
Measurement of visual acuity or refraction error during or after hyperbaric oxygen therapy (HBO) treatment to assess the development of hyperoxic myopia and counselling		
Treatment of hyperoxic seizure*		
Emergency chamber access for resuscitation*		

Is the trainee making satisfactory progress with VOP requirements? Yes No

Courses

If the trainee has completed all course requirements in previous placements, you may leave this section blank.

Course requirement	Date completed	Location	SOT initials

Workplace-based assessments

WBA type i.e. CSA, MPA	WBA Description Refer to WBA requirements for minimum assessments	SOT initials

Is the trainee making satisfactory progress with WBA requirements? Yes No

Has the trainee actioned feedback provided via formative WBAs? Yes No

Feedback

Areas that still need supervisory input:

Suggestions for gaining greater independence

Aspects from the clinical placement plan that need to be carried over to the next CPR:

Global assessment

To be completed by the DHM supervisor of training

Overall the trainee meets the expectations of his/her placement

Comments to support rating indicated above

Trainee response

I have sighted this form; have discussed the assessment with my DHM supervisor of training; and am aware that this assessment, including the requirements completed to date, will form part of my training record.

Trainee comments

Trainee signature _____ Date _____

Supervisor declaration

I hereby verify that the information provided on this form pertains to the placement which is the subject of this review, and is an accurate summary of requirements completed, supported by evidence provided by the trainee in their placement logbook, program logbook and portfolio. This assessment has been informed by the sources as stated, and the assessment has been discussed with the trainee.

Name of supervisor _____

Signature _____ Date _____

Please send your completed form to the college:
ANZCA Diving and hyperbaric medicine
Email: DHM@anzca.edu.au

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