



# Clinical placement review – intensive care medicine

## Personal details

College ID

First name

Surname

## Personal details

*(To be completed by the supervisor)*

Training site

I have reviewed the time entered on the TPS and confirm the following:

Start date	<input type="text"/>	Anaesthesia	<input type="text"/>	weeks
End date	<input type="text"/>	Leave	<input type="text"/>	weeks
Full time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	<input type="text"/>
		Total	<input type="text"/>	weeks

## Planning clinical placement review

*To be completed by the trainee in conjunction with their supervisor.*

Date of assessment

How much previous experience do you have in ICM, resuscitation, stabilisation, and transport of critically ill patients?

What are your learning goals for this placement? Refer to the learning outcomes for intensive care medicine specialised study unit.

Are there any courses during this rotation that you intend on attending and when?

Are there other specific goals you wish to achieve by the end of the placement?

**Interim clinical placement review (if required)**

*At the time of each meeting, the supervisor should write a brief summary including: the date, who was present, the issues discussed and any plans for change, if required.*

Date of assessment \_\_\_\_\_

Comments

Overall the trainee is performing at a level expected for their experience

**Feedback from multi-source feedback**

*To be completed by the ICM supervisor for trainees completing the intensive care medicine specialised study unit. Skip to section 6 if not required.*

Has the trainee completed an ICM MsF summary?       Yes       No

**Feedback summary**

*During the feedback clinical placement review, intensive care medicine supervisors should consider the trainee's progress toward the learning goals of the intensive care specialised study unit and document this in the feedback summary.*

Date of assessment \_\_\_\_\_

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

Comment on the levels of independence exhibited for degree of complexity regarding cases, procedures, skills, behaviours and attributes

With respect to ICM, comment on aspects of practice that still require supervisory input and provide suggestions for gaining greater independence

**Global assessment**

Overall, has the trainee met the expectations for their level of training?

Supervisor comments

*If the trainee is borderline or has not met the expectations of ICM training:*

*A satisfactory ICM CPR is required for the intensive care medicine specialised study unit to be completed. The trainee may need to undertake more training time in intensive care medicine.*

Please specify the activities the trainee will need to focus on to achieve the learning goals of the intensive care specialised study unit

### **Trainee reflection and comments**

I agree with the assessment on this form

Yes

No

Trainee reflection and comments

Trainee action plan

Based on my reflection and the feedback I have received I intend to:

Trainee signature

\_\_\_\_\_

Date

\_\_\_\_\_

### **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

\_\_\_\_\_

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Please send your completed form to the college:

ANZCA Training

Email: [training@anzca.edu.au](mailto:training@anzca.edu.au)

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