



**College of Intensive Care Medicine
of Australia and New Zealand**
ABN: 16 134 292 103

APPLICATION FOR APPROVAL OF A TRAINING COURSE

Thank you for your interest in having a course approved by the College's Education Committee. In order to receive approval you are required fill in the following form and attach a course program, relevant materials and an overview of the presenting faculty. If your course remains unchanged for 12 months, it will automatically be accredited for a further 12 months. The College retains the right to withdraw accreditation at any time if the course fails to meet these requirements. It is your responsibility to inform the College of any changes you may make to the course that could affect your registration. Please note the approval process can take up to 4 weeks.

Please return your form to Sarah McArthur, Administration Officer: sarahmc@cicm.org.au

Criteria for continuing annual accreditation are:

- 1) Course Summary Report from the course co-ordinator which will include participant feedback following a general guideline;
- 2) External Review Report completed by an invited Fellow of the College. The course providers will agree to college assessors attending courses at any time for the purpose of ensuring adherence to the educational requirements of mandated courses.

Assessment Check List

Course Name	
Course Provider (Department/Hospital/Organisation)	
Date of submission:	
Contact Name (Course Coordinator)	
Contact Email	
Contact Phone number	
List Faculty and Post Nominals of teachers on the course	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
What area of the CICM training curriculum does the course cover?	

<p>Do you wish to apply for CPD recognition?</p> <p>(Please note: only courses with material appropriate for Fellows will be recognised for CPD)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What are the educational objectives?</p>	
<p>Education techniques used?</p> <p>(Please place an "x" next to the relevant technique and you may select more than one)</p>	<p> <input type="checkbox"/> Discussion/Task Groups <input type="checkbox"/> Lecture <input type="checkbox"/> On-line course textbook/information <input type="checkbox"/> Post-reading <input type="checkbox"/> Pre-reading <input type="checkbox"/> Printed course textbook/information <input type="checkbox"/> Role Play <input type="checkbox"/> Simulation with actors <input type="checkbox"/> Simulation with mannequins <input type="checkbox"/> Skill Station <input type="checkbox"/> Task Trainers </p> <p>Other (please specify): _____.</p>
<p>Who are the target audience?</p> <p>(Please place an "x" next to the relevant option and you may select more than one)</p>	<p> <input type="checkbox"/> Advanced Trainees <input type="checkbox"/> Basic Trainees <input type="checkbox"/> Fellows <input type="checkbox"/> Transition Year Trainees </p>

<p>Number of participants involved per course?</p> <p>(Break down by total course / lecture / skill station/simulation etc. Leave blank if not applicable)</p>	<p>_____ Lecture</p> <p>_____ Simulation</p> <p>_____ Skill Station</p> <p>_____ Total Course</p> <p>Other (please specify): _____.</p>
<p>What is the level of participant involvement?</p>	<p>_____ Active Hours (does this include lectures)</p> <p>_____ Assessment Hours</p> <p>_____ Course Feedback Hours</p> <p>_____ Interactive Hours</p> <p>_____ Pre-reading Hours</p> <p>_____ Total Hours</p> <p>_____ Other Hours (please specify) _____.</p>
<p>How will the educational objectives be assessed?</p> <p>(Please place an "x" next to the relevant option and you may select more than one)</p>	<p><input type="checkbox"/> Competency check list</p> <p><input type="checkbox"/> Mentor feedback</p> <p><input type="checkbox"/> Participant feedback</p> <p><input type="checkbox"/> Post-course examination</p> <p><input type="checkbox"/> Pre-course examination</p>
<p>Evidence that participants have completed course</p>	<p><input type="checkbox"/> Formal Certificate of Competence / Success / Passing</p> <p><input type="checkbox"/> Letter / Certificate of Attendance</p> <p>Other (please specify): _____.</p>

<p>Form of Participant Feedback</p> <p>(Please place an "x" next to the relevant option and you may select more than one)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Focus Group interview <input type="checkbox"/> Mentor survey <input type="checkbox"/> On-line survey <input type="checkbox"/> Participant Face-to-Face interview <input type="checkbox"/> Participant Telephone interview <input type="checkbox"/> Participant Written Satisfaction Survey <p>Other (please specify): _____.</p>
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***Required attachments** – The course program must be submitted to the College. The program must include sessions times, topics, education techniques used, assessment format and participant feedback.

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