



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

OTS INTERVIEW REPORT – PAEDIATRIC PATHWAY

APPLICANT'S NAME:

APPLICANT'S NATIONALITY:

TIME AND PLACE OF INTERVIEW:

PANEL MEMBERS:

INTERVIEW FORMAT:

1. *Outline of CICM OTS Assessment process to candidate.*

2. *Questions to applicant:*

(a) Undergraduate training:

(b) General Hospital Appointments:

(c) Anaesthesia training:

(d) Paediatric Medicine Training (Acute and Longitudinal Care):

(e) Other postgraduate Training:

3. ***Previous Training and Assessments in Intensive Care Medicine:***

(a) Training

Duration

Content

Supervision

Exposure to subspecialties

Cardiothoracic Surgery

Yes No

Neurological/Neurosurgery

Yes No

Trauma

Yes No

Rural (any discipline)

Yes No

(b) Assessments

Examinations

In-Training Evaluation Reports (or equivalent)

Equivalent to Australia or New Zealand

Yes No

Not equivalent but of acceptable standard for consideration

Yes No

Not equivalent

Yes No

4. ***Experience as a Specialist:***

Duration

Content

Equivalent to Australia or New Zealand Yes No

Not equivalent but of acceptable standard for consideration Yes No

Not equivalent Yes No

5. ***Participation in continuing education and quality assurance activities as an intensive care specialist:***

Details

Equivalent to Australia or New Zealand Yes No

Not equivalent but of acceptable standard for consideration Yes No

Not equivalent Yes No

6. **Assessment of a Formal Project /Publications** Yes No

7. **FDC workshop (or equivalent)** Yes No

Recommendation to OTS Committee

1. **Eligible to proceed to Performance Assessment (Second Part Examination) and Clinical Practice Assessment** Yes No

Time required in Clinical Practice Assessment as Senior Registrar/Registrar?

Intensive Care _____ months in a **General Training Unit**

_____ months in a **Limited G6 Unit**

_____ months in a **Foundation Unit**

Paediatric Medicine (Acute) _____ months

Paediatric Medicine (Longitudinal Care) _____ months

Anaesthesia _____ months

Observed Clinical Encounters Required Yes No

Referral to Examination Committee Yes No

Face to Face Courses Required Yes No

Advanced Airway Skills Yes No

Advanced Life Support Yes No

Communication Yes No

Family Donation Conversation Yes No

Introductory Echocardiography Yes No

Introductory (BASIC) Yes No

Management Skills Yes No

Online Courses Required Yes No

Brain Death and Organ Donation Yes No

Burns and Inhalational Injury Yes No

Cultural Awareness Yes No

Evidence Based Medicine Yes No

Focused Cardiac Ultrasound Yes No

Haemodynamics Yes No

Neuro Intensive Care Yes No

Safe Patient Transport Yes No

Spinal Cord Injury Yes No

Tracheostomy

Yes No

Workplace Clinical Assessments Required

Yes **No**

Brain Death

Yes No

Communication

Yes No

CVC

Yes No

Tracheostomy

Yes No

Pleural Drain

Yes No

Ventilation

Yes No

Life Support

Yes No

2. **Eligible for Specialist Recognition/Vocational Registration**

Yes **No**

3. **Ineligible for further consideration**

Yes **No**

Reasons

Signed:
Chairperson, OTS Interview Panel
Date:/...../.....