



The workshop is funded by the Support Scheme for Rural Specialists



An Australian Government Initiative

in conjunction with the



Sydney Medical Simulation Centre

Support Scheme for Rural Specialists (Round 7) PAEDIATRIC SIMULATION TRAINING

Formal program Title:

*“Building Capacity for Simulation Training to
Address Learning Needs of Rural Specialists
Managing Sick Children; Activity A”*

Application Form

Please mail, fax or e-mail your completed Application Form to

Sydney Medical Simulation Centre
Level 4, Building 11a West Wing
Royal North Shore Hospital
Pacific Highway, St Leonards, NSW 2065

Phone: 02 9926 6758

Fax: 02 9926 6755

Email: smc@nscchahs.health.nsw.gov.au

Website: www.nscchahs.health.nsw.gov.au/services/smc

The information you provide in this form is used to verify eligibility and for project evaluation and reporting purposes

Note Eligibility:

This program is available to:

1. Rural specialists (including Darwin and Townsville) may apply for the full program which includes the one and two day simulation courses. (See Appendix 1 for inclusive definition of “rural practitioner” and “specialist”).
2. Non-specialist medical practitioners and nurses who have significant roles in other participating specialists’ practices and who are recommended by a specialist colleague. (Places limited)

QUESTION 1		<i>Please complete the contact details very carefully, making sure details are legible and accurate.</i>	
Applicant details			
1A Contact details	Title	First Given Name	Family Name
	Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	Postal address		
	Town	State/Territory	Postcode
	Phone (day)	Phone (hospital switch)	
	Phone other (after-hours, mobile and /or paging service)		
	Fax		
	Email		
	Name of preferred contact person (E.g practice manager or administration officer) [Optional]		
	Postal address (if different to above)		

QUESTION 2 Rural eligibility and practice details	<i>This section confirms eligibility as rural practitioners and provides information about the clinical paediatric services provided by participants</i>
2A Practice location	<p>Are you a rural practitioner? (See APPENDIX 1 for definitions)</p> <p>Note: While Darwin (NT) and Townsville (QLD) are not considered rural under this definition, for the purpose of the SSRS, due to isolation by distance they are considered eligible for the program.</p> <p><input type="checkbox"/> YES Please continue</p> <p><input type="checkbox"/> NO (you are not eligible for this program)</p> <p>Indicate the Australian state or territory where you practice</p> <p><input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> Qld <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> Vic <input type="checkbox"/> WA</p> <p>Indicate the public hospitals where you practice</p>
2B Appointment	<p>Indicate the appointment you hold in the public hospitals where you practice paediatric medicine</p> <p><input type="checkbox"/> Visiting Medical Officer <input type="checkbox"/> Staff Specialist</p> <p><input type="checkbox"/> Academic <input type="checkbox"/> General practitioner</p> <p><input type="checkbox"/> Career Medical Officer <input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Other please specify _____</p> <p>Indicate if your appointment is (select one or more as relevant)</p> <p><input type="checkbox"/> Locum, <input type="checkbox"/> Classified as area of need appointment</p>
2C Current routine practice	<p><i>Please estimate how many children you would provide <u>routine clinical care</u> to in a one month period?</i></p> <p><input type="checkbox"/> > 100 <input type="checkbox"/> 20-100 <input type="checkbox"/> 6-20 <input type="checkbox"/> 0-5 <input type="checkbox"/> Nil</p> <p><input type="checkbox"/> I am not currently in clinical practice</p> <p><input type="checkbox"/> Notate (optional) _____</p>
2D Emergency practice	<p><i>Please estimate how many <u>acutely unwell children</u> you would encounter in a one month period?</i></p> <p><input type="checkbox"/> > 100 <input type="checkbox"/> 20-100 <input type="checkbox"/> 6-20 <input type="checkbox"/> 0-5 <input type="checkbox"/> Nil</p> <p><input type="checkbox"/> I am not currently in clinical practice</p> <p><input type="checkbox"/> Notate (optional) _____</p>

QUESTION 3 Specialist Eligibility	<i>This section confirms eligibility and provides information regarding specialist practitioners' access to the program</i>
Australian Specialist Qualifications	<p>Are you a specialist? i.e do you hold Fellowship and/or a Diploma, from a recognised specialist college, or have you been recognised by a college or Specialist Recognition Advisory Committee as being fully equivalent to an Australian trained specialist? (See APPENDIX 1 for definitions)</p> <hr/> <p>No <input type="checkbox"/> Please complete QUESTIONS 4 and 5</p> <hr/> <p>Yes <input type="checkbox"/> <i>Australian</i> College(s) with which I have specialist recognition (Please tick one or more as relevant)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Royal Australian College of Physicians [Division of Paediatrics] [RACP Paeds] <input type="checkbox"/> Royal Australian College of Physicians (RACP) <input type="checkbox"/> Australian College of Emergency Medicine [ACEM] <input type="checkbox"/> Australia and New Zealand College of Anaesthetists (ANZCA) <input type="checkbox"/> Joint Faculty of Intensive Care Medicine [JFICM] <input type="checkbox"/> Royal Australasian College of Surgeons <input type="checkbox"/> Australian College of Rural & Remote Medicine (ACRRM). Please indicate membership number_____ <input type="checkbox"/> Other Australian Specialist College (Please specify)_____ <hr/> <p style="text-align: center;">Now Go to QUESTION 6</p>

QUESTION 4 Non-specialists’ Eligibility	This confirms eligibility for non-specialist practitioners Complete this section only if you answered “NO” to QUESTION 3
4A Recommendation for the program	<p><i>Have you been recommended for this program by a specialist colleague from your hospital?</i></p> <p>Yes <input type="checkbox"/> Please indicate your colleague’s name, hospital and contact phone number in the space provided</p> <p>No <input type="checkbox"/> You are <u>not</u> eligible for this program</p>
4B Clinical care area	<p><i>Do you provide clinical care to children in one of the following areas?</i></p> <p>Yes <input type="checkbox"/> Please indicate the ward(s) where you provide care for children</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency Department <input type="checkbox"/> Paediatrics ward <input type="checkbox"/> Intensive Care Ward <input type="checkbox"/> Operating theatres <input type="checkbox"/> Paediatric retrieval team <input type="checkbox"/> Other (Please specify) _____ <p>No <input type="checkbox"/> You are <u>not</u> eligible for this program</p>

QUESTION 5 Non-specialist	Answer this question only if you answered “YES” to QUESTION 4A and 4B
5A International Specialist Qualifications	Do you have specialist qualifications obtained outside of Australia? No <input type="checkbox"/> Yes <input type="checkbox"/> Please specify specialist discipline _____ and country _____ where you obtained your qualification
5B General Practitioner	Are you a qualified General Practitioner? No <input type="checkbox"/> Yes <input type="checkbox"/> I have a fellowship from the (Please tick one or more as relevant) <input type="checkbox"/> Australian College of General Practitioners <input type="checkbox"/> Australian College of Rural and Remote Medicine <input type="checkbox"/> Joint Combined Committee for Anaesthesia
5C Other medical qualifications	Please indicate your medical qualifications
5D Nursing qualifications	Are you a registered nurse? No <input type="checkbox"/> Yes <input type="checkbox"/> Please indicate your nursing qualifications in the space provided

QUESTION 6	This will assist us with course delivery
Prior training	This section should be completed by all applicants
	<p>What courses have you previously completed in the last 5 years? (tick any options)</p> <p>Paediatric focus</p> <p><input type="checkbox"/> Advanced Paediatric Life Support (APLS)</p> <p>Simulation focus</p> <p><input type="checkbox"/> Effective Management of Anaesthesia Crises (EMAC)</p> <p><input type="checkbox"/> Anaesthesia Crisis Resource Management (ACRM)</p> <p><input type="checkbox"/> Advanced Paediatric Life Support (APLS)</p> <p>Rural focus</p> <p><input type="checkbox"/> Early Management of Severe Trauma (EMST)</p> <p><input type="checkbox"/> Emergency Life Support (ELS)</p> <p>Other</p> <p><input type="checkbox"/> (Please specify) _____</p>

DECLARATION	This section must be completed	
	<p>I declare that:</p> <ul style="list-style-type: none"> ▪ the information that I have supplied in this Application Form is true and correct in every particular. ▪ I will advise the Sydney Medical Simulation Centre, in writing, of any change in my circumstances. 	
	<p>I understand that:</p> <ul style="list-style-type: none"> ▪ My personal details will not be used for any purpose without prior written consent. ▪ Personal details such as my phone number, e-mail details or address will not be available to any persons other than the program administrators. ▪ The information on this form and other forms I complete and submit as a participant in this program may be used, in a de-identified manner, in an evaluation of this program. 	
	Signature of applicant	Date

**For the purpose of statistics please complete the following:
THIS INFORMATION WILL NOT BE USED FOR SELECTION PURPOSES.**

Date of Birth ___/___/___

Sex (please circle): Male Female

For our information please indicate below how you heard about this Program.

Colleague	<input type="checkbox"/>	
Employer	<input type="checkbox"/>	
Specialist College Newsletter	<input type="checkbox"/>	
Specialist College Website	<input type="checkbox"/>	
Newspaper	<input type="checkbox"/>	
Other printed Advertisements	<input type="checkbox"/>	
Other Websites	<input type="checkbox"/>	
Radio	<input type="checkbox"/>	
Television	<input type="checkbox"/>	
Special networks	<input type="checkbox"/>	
Other eg Universities, skills centres,	<input type="checkbox"/>	

COURSE DATES

Please / preference next to the below course dates.

Paediatric Simulation Course Dates					
Stream 1 - Two day Intensive up Skilling Course		Stream 2 - One day Complex and Challenging Presentations course.		Stream 3 - One day Paediatric Anaesthesia course.	
3 rd – 4 th April 2008		14 th November 2007 *		2 nd May 2008	
12 th – 13 th June 2008		26 th March 2008 **		26 th June 2008	
* Course immediately precedes Rural refresher Course Children's Hospital Westmead ** Course immediately precedes the Rural Refresher Course Sydney Children's Hospital, Randwick					

APPENDIX 1: INCLUSIVE DEFINITIONS FOR “RURAL” AND “SPECIALIST”

SPECIALIST

“Specialist” refers to any medical practitioner who is a Fellow of one or more of the following Medical Colleges or their Faculties, is a staff specialist, or is a specialist practitioner in an Area of Need position.

- Australian and New Zealand College of Anaesthetists and the Joint Faculty of Intensive Care Medicine
- Australasian College of Dermatologists
- Australasian College of Emergency Medicine
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australasian College of Medical Administrators
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Psychiatrists and the Faculties of Child and Adolescent Psychiatry, and Old Age
- Royal Australian and New Zealand College of Radiologists and the Faculty of Radiation Oncology
- Royal Australasian College of Physicians and the Faculties of Rehabilitation, Occupational and Public Health Medicine
- Royal Australasian College of Surgeons
- Royal College of Pathologists of Australia

RURAL

For this Scheme, 'rural' is classified as those categories under zones 3 – 7 of the Rural, Remote and Metropolitan Areas Classification scheme (RRMA). The table below summarises this classification. While Darwin (NT) and Townsville (QLD) are not considered rural under this definition, for the purpose of the SSRS, due to isolation by distance they are considered eligible for the program. More information about RRMA and the classification of particular centres, is available at the website: www.aihw.gov.au/ruralhealth/methodology/rrma.cfm

Zone	Classification	Category
1	Metropolitan	Capital Cities
2		Other metropolitan centres (urban centre population > 100,000)
3	Rural	Large rural centres with population 25,000 - 99,000
4		Small rural centres with population 10,000 - 24,999
5		Other rural areas with population < 10,000
6	Remote	Remote centres with population > 5,000
7		Other remote areas with population < 5,000