**Intensive Care Doctors**

**Check list**

**Name of applicant: ......................................................................**

**Date of application: .......... / .......... /..........**

1. Did you follow a specialization in Intensive Care? Yes No

If YES, what was the duration of your specialization? ....................

If YES, when did you qualify? .......... /.......... / ..........

As a **full-time** Intensive care doctor, how many years of experience do you have? ............ Years

If NO, what is your initial medical qualification? (Anaesthesiologist, cardiologist, emergency medicine…) …………………….……..

1. If you DO NOT have a specialization in Intensive care, how many years of experience working in an ICU do you have?...........years
2. Are you used to care for:
	1. Medical patients Yes No
	2. Surgical or traumatic patients Yes No
	3. Paediatric patients Yes No
3. Regarding the following trainings please answer *(if “yes”, please provide a copy of your valid certificate )*:
	1. Are you ALS (Advanced Life Support) certified? Yes No

b. Are you ATLS (Advanced Trauma Life Support) certified? Yes No

c. Are you PALS (Paediatric Advanced Life Support) or APLS (Advanced Paediatric Life Support) certified? Yes No

d. Are you an instructor in any of the previous trainings? Yes No

*(Please specify)...............................................................................................*

e. Any other qualification you would like to mention? *(Please specify)*

*................................................................................................................................................................................................................................................*

**Core competencies for intensivist doctor:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not trained | Only under supervision | Autonomous practice | Expert |
| Triage / Prioritisation (Mass casualty plan) |  |  |  |  |
| Accurate and timely admission and discharge in ICU |  |  |  |  |
| Bag-valve mask ventilation |  |  |  |  |
| Non-invasive ventilation  |  |  |  |  |
| Intubation |  |  |  |  |
| Management of mechanical ventilation |  |  |  |  |
| Procedural sedation  |  |  |  |  |
| Chest drain insertion |  |  |  |  |
| Central venous line indications  |  |  |  |  |
| CVL insertion and management |  |  |  |  |
| PICC line insertion  |  |  |  |  |
| Arterial catheterisation |  |  |  |  |
| Intra-osseous access |  |  |  |  |
| Vasoactive drugs choice, and management |  |  |  |  |
| Management as a team leader in advanced CPR |  |  |  |  |
| FAST ultrasound scan  |  |  |  |  |
| Trans thoracic echocardiography |  |  |  |  |
| Management of the different types of shock |  |  |  |  |
| Management of traumatic brain injury |  |  |  |  |
| Management of burned patients |  |  |  |  |
| Management of complicated deliveries or pregnancy |  |  |  |  |
| Management of polytraumatized patient, massive haemorrhage |  |  |  |  |
| Management of electrolytic or metabolic main disorders |  |  |  |  |
| Adequate nutritional assessment and support |  |  |  |  |
| End of life care |  |  |  |  |
| Lead of a multidisciplinary round, or meeting (morbidity/mortality meeting, case analysis…) |  |  |  |  |

Signature of applicant:

Many thanks for completing this form.