



RANZCP ID:	
Surname:	
First name:	
Training zone:	
Location:	

Please indicate clearly with a X:	Addiction	Adult	Consultation –Liaison	Child & Adolescent	Forensic	Indigenous	Old Age
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stage 2: (end-of-rotation) In-Training Assessment (ITA) Form

Please refer to the RANZCP website for detailed information on the Training Program requirements. In particular, the policy documents within the Training chapter of the Regulations, Policies and Procedures.

See ranzcp.org/PreFellowship/RPP-TRAINING.

Privacy Statement: Registrar evaluations are held and used in accordance with the College's Privacy Policy Statement. See www.ranzcp.org/privacypolicy

1. CONTACT INFORMATION

Mobile phone:

Email address:

2. APPROVED TRAINING DETAILS

The Director of Training and/or Principal Supervisor should amend as necessary.

Start Date (DD/MM/YYYY): End Date (DD/MM/YYYY)

Training at FTE Calculated FTE months:

Partial Completion of a 6-month rotation: *(skip if full rotation was completed)*

..... FTE months in total were actually completed, due to: Part-time training prolonged leave other

(Please give details)

3. TRAINEE STATEMENT

The following is a true and accurate record: *(check as appropriate)*

Yes No

I have completed this psychiatry training in accordance with the RANZCP Fellowship Regulations 2012.

During this rotation there has been a clear line of responsibility to a Consultant.

I have received formative feedback on my training progress mid-way or prior to mid-way through this rotation.

During this rotation I have received at least 4 hours of clinical supervision per week (or proportional time for part-time training) of which 1 hour per week was individual supervision.

During this rotation I have observed my supervisor(s) during clinical interactions.

During this rotation my supervisor(s) have observed me during clinical interactions.

4. TRAINEE STATEMENT OF COMPLETED EPAs and WBAs

- It is **mandatory** to complete the Supervisor ID/Name, Date Entrusted and WBA columns. Incomplete forms will be returned.
- Trainees only need to provide details of the EPAs and/or WBAs done in **this** rotation. It is **not** necessary to complete the form for EPAs or WBAs done in Stage 1 or previous Stage 2 rotations.
- Trainees should check their training record online by logging onto the College website 'Member Access' and click 'My Training Reports' to ensure that the data provided on this form has been accurately and fully reflected on their training records.

Stage 2 EPAs <i>(It is not necessary to provide details of EPAs attained in previous rotations)</i>	Entrusting supervisor's RANZCP ID or Name <i>(PRINT)</i>	Date entrusted <i>(DD/MM/YYYY)</i>	The following WBA tools were used to support the EPA attainment <i>(please indicate number of each)</i>				
			CbD	Mini-CEX	OCA	PP	DOPS
Stage 2 General Psychiatry	Mandatory EPAs by the end of Stage 2. May be done in any Stage 1 or Stage 2 rotations						
ST2-EXP-EPA1: Electroconvulsive therapy (ECT)							
ST2-EXP-EPA2: Mental Health Act							
ST2-EXP-EPA3: Risk assessment							
ST2-EXP-EPA5: Cultural awareness							
Stage 2 Psychotherapy	Mandatory EPAs. May be done in any Stage 1 or Stage 2 rotations. (One may be done in Stage 3)						
ST2-PSY-EPA2: Therapeutic alliance							
ST2-PSY-EPA3: Supportive psychotherapy							
ST2-PSY-EPA4: CBT: Anxiety management							
Stage 2 Child & Adolescent	Mandatory EPAs, mandatory Stage 2 rotation						
ST2-CAP-EPA1: Manage an adolescent							
ST2-CAP-EPA2: Prepubertal child							
Stage 2 Consultation-Liaison	Mandatory EPAs, mandatory Stage 2 rotation						
ST2-CL-EPA1: Delirium							
ST2-CL-EPA2: Psychological distress							
Stage 2 Addiction	Mandatory EPAs, in any Stage 2 rotation (Addiction is an elective rotation)						
ST2-ADD-EPA1: Intoxication and withdrawal							
ST2-ADD-EPA2: Comorbid substance use							
Stage 2 Old Age EPAs	Mandatory EPAs, in any Stage 2 rotation (Old Age is an elective rotation)						
ST2-POA-EPA1: Behavioural and psychological symptoms in dementia							
ST2-POA-EPA2: Medication in patients 75 and over							

CbD=Case-based discussion; **Mini-CEX**=Mini-Clinical Evaluation Exercise; **OCA**=Observed Clinical Activity; **PP**=Professional Presentation
DOPS = Direct Observation of Procedural Skills

Stage 2 EPAs <i>(It is not necessary to provide details of EPAs attained in previous rotations)</i>	Entrusting supervisor's RANZCP ID or Name <i>(PRINT)</i>	Date entrusted (DD/MM/YYYY)	The following WBA tools were used to support the EPA attainment <i>(please indicate number of each)</i>				
			CbD	Mini-CEX	OCA	PP	DOPS
Stage 2 Adult	Elective rotation, any two Adult EPAs must be completed during the first Stage 2 Adult rotation, trainees may select any Stage 2 EPAs in subsequent Adult rotation.						
ST2-AP-EPA1: Treatment-refractory psychiatric disorders							
ST2-AP-EPA2: Physical comorbidity 2							
ST2-AP-EPA3: Anorexia nervosa 2							
ST2-AP-EPA4 Bulimia nervosa 2							
ST2-AP-EPA5: Postpartum mental illness 2							
ST2-AP-EPA6: Psychiatric disorders in pregnancy 2							
ST2-AP-EPA7: Epilepsy and mental illness 2							
ST2-AP-EPA8: Acquired brain injury 2							
ST2-AP-EPA9: Assessment of Pacific people							
ST2-AP-EPA10: Management of Pacific people							
ST2-AP-EPA11: Differential diagnosis of first time psychosis							
ST2-AP-EPA12: Engagement with people with first episode psychosis							
Stage 2 Forensic	Elective rotation, if undertaken must complete associated EPAs						
ST2-FP-EPA1: Violence risk assessment 2							
ST2-FP-EPA2: Expert evidence 2							
Stage 2 Indigenous – Australia	Elective rotation, if undertaken must complete associated EPAs						
ST2-INDAU-EPA1: Interviewing a patient							
ST2-INDAU-EPA2: Management plan							
Stage 2 Indigenous – New Zealand	A Elective rotation, if undertaken must complete associated EPAs						
ST2-INDNZ-EPA1: Interviewing a Māori patient							
ST2-INDNZ-EPA2: Management plan for a Māori patient							

CbD=Case-based discussion; **Mini-CEX**=Mini-Clinical Evaluation Exercise; **OCA**=Observed Clinical Activity; **PP**=Professional Presentation
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OCA WBA(s) completed in this rotation attached *(number in box)*.
(All OCA forms must be submitted.)

5. SUPERVISOR ASSESSMENT

- Please indicate (by placing an ✓ in the relevant box) which statement most appropriately describes the trainee's performance for each Learning Outcome.
- The columns marked with an * should help inform the feedback provided to the trainee (page 7), i.e. the trainee's strengths and weaknesses.

STAGE 2 LEARNING OUTCOMES Refer to the Learning Outcomes document on the College website to see the Learning Outcomes across stages 1, 2 and 3. For a guide to grading standards, please see the Developmental Descriptors on the College website.		EXPECTATIONS					
		Rarely Met *	Inconsistently Met*	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	Unable to Comment
1	Medical Expert						
1.1	ASSESSMENT: Conducts a comprehensive psychiatric assessment with an emphasis on development of advanced interviewing skills.						
1.2	DIAGNOSIS: Uses a detailed understanding of the diagnostic system to provide a justification for diagnosis and differential diagnosis, and applies these to a variety of clinical settings and patient groups.						
1.3	FORMULATION: Generates a broad formulation incorporating relevant theoretical constructs to inform a management plan, and applies these to a variety of clinical settings and patient groups.						
1.4	MANAGEMENT: Constructs and implements tailored management plans, with supervision, using evidence-based biological and psychosocial approaches, developing expertise in psychopharmacology and psychotherapeutic skills.						
1.5	PSYCHIATRIC EMERGENCIES: Undertakes the assessment and initial management of psychiatric emergencies in specialty patient groups and a variety of settings.						
1.6	LEGISLATION: Undertakes designated tasks under the mental health legislation and other applicable legislation (Guardianship, Advance Directives, Forensic mental health, legislation relevant to other aspects of mental health and health care service provision) under supervision.						
1.7	REFLECTION: Engages in critical reflection and self-monitoring during clinical practice, integrating and translating new knowledge and skills into changes in clinical practice.						
1.8	REPORT WRITING: Understands the principles of report writing and legal terms with regards to relevant legislation.						
2	Communicator						
2.1	PATIENT COMMUNICATION: Adapts verbal and non-verbal communication to suit a wider range of professional settings, both clinical and non-clinical.						
2.2	CONFLICT MANAGEMENT: Recognises challenging communications, including conflict with patients, families and colleagues, and discusses management strategies in supervision to promote positive outcomes.						

	STAGE 2 LEARNING OUTCOMES Refer to the Learning Outcomes document on the College website to see the Learning Outcomes across stages 1, 2 and 3. For a guide to grading standards, please see the Developmental Descriptors on the College website.	EXPECTATIONS					
		Rarely Met *	Inconsistently Met *	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	Unable to Comment
2.3	CULTURAL DIVERSITY: Appropriately adapts assessment and management to the needs of culturally and linguistically diverse populations.						
2.4	SYNTHESIS: Prioritises and synthesises information, and communicates this accurately and succinctly, in a variety of settings.						
2.5	DOCUMENTATION: Provides timely, structured and reasoned written reports and letters in a variety of settings (e.g. medicolegal reports, coronial inquiries, academic work).						
3	Collaborator						
3.1	TEAMWORK: Recognises and applies theories of group participation in multidisciplinary and multi-agency settings.						
3.2	EXTERNAL RELATIONSHIPS: Identifies barriers and uses appropriate techniques to maintain and enhance engagement and therapeutic relationships.						
3.3	PATIENT RELATIONSHIPS: Develops therapeutic relationships with patients, carers and relevant others.						
4	Manager						
4.1	GOVERNANCE: Identifies the principles of clinical governance and organisational structures that interact with mental health service provision.						
4.2	ORGANISATIONAL STRUCTURES: Undertakes expanded roles within own trainee structure (e.g. committee representation, rostering, working parties).						
4.3	WORKLOAD & RESOURCE MANAGEMENT: Demonstrates decision making based on own workload, patient needs, access to services and cost implications. Manages own time, punctuality and availability effectively.						
4.4	QI FOCUS: Participates in quality improvement processes.						
4.5	REGULATION USAGE: Identifies and applies legislative/regulatory requirements and service policies (e.g. adverse outcomes reporting).						
5	Health Advocate						
5.1	ADDRESSING DISPARITY: Aware of health inequalities and disparities in relation to broader health issues and works to mobilise additional resources when needed.						

	STAGE 2 LEARNING OUTCOMES Refer to the Learning Outcomes document on the College website to see the Learning Outcomes across stages 1, 2 and 3. For a guide to grading standards, please see the Developmental Descriptors on the College website.	EXPECTATIONS					
		Rarely Met *	Inconsistently Met *	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	Unable to Comment
5.2	ADDRESSING STIGMA: Identifies principles of prevention, promotion, early intervention and recovery, and applies these to clinical practice.						
5.3	COMMUNITY: Advocates for mental health within clinical settings and the broader community.						
5.4	PATIENT FOCUS: Advocates for the patient within the MDT, with particular emphasis on ensuring patient safety.						
6	Scholar						
6.1	PARTICIPATE IN LEARNING: Develops and presents a professional development plan.						
6.2	RESEARCH: Demonstrates knowledge of research methodologies.						
6.3	FEEDBACK: Develops the skills to provide effective feedback.						
6.4	TEACHING: Applies principles of teaching and learning during case presentation, journal club and other professional presentations.						
6.5	PRESENTING: Presents to colleagues, medical students or members of the public, possibly including patients.						
7	Professional						
7.1	ETHICS: Identifies the influence of various industries and of resource availability in local services, financing agencies and others, and the impact on professional practice and patient care.						
7.2	COMPLIANCE: Identifies and fulfils legislation, regulations and College requirements regarding training, employment and professional registration.						
7.3	SELF-CARE: Develops and applies skills to effectively manage the balancing of personal and professional priorities.						
7.4	INTEGRITY: Aware of pathways and legislation to report unprofessional behaviours or misconduct of colleagues and acts on these as appropriate, using supervision.						
7.5	PROFESSIONAL DEVELOPMENT: Independently self evaluates strengths and weaknesses, and identifies strategies to address areas for development.						

6. FEEDBACK PROVIDED AT THE END OF ROTATION REVIEW

Supervisor to Trainee

The assessment given in Section 5 may assist you to complete this page.

Trainee's three areas of particular strength:

Three areas identified as needing further development:

7. PRINCIPAL SUPERVISOR REPORT – FINAL SUMMATIVE ASSESSMENT

With reference to the [Developmental Descriptors](#) please circle the final (overall) grade for this rotation.

Choose only one grade in either the Pass or Fail category.

Fail grades		Pass grades		
<input type="radio"/> Rarely Met the overall standard required	<input type="radio"/> Inconsistently Met the overall standard required	<input type="radio"/> Almost Always Met the overall standard required	<input type="radio"/> Sometimes Exceeded the overall standard required	<input type="radio"/> Consistently Exceeded the overall standard required

In the case of a failing grade: *(tick as appropriate)*

Yes No

Were these concerns discussed with the trainee earlier, e.g. at the mid-rotation point?

Has a supportive plan been undertaken with the trainee in this rotation prior to this final assessment?

Is there a formal Targeted Learning Plan in place for this trainee?
(As per the policy this will be required within 60 days of the failing grade.)

8. PRINCIPAL SUPERVISOR DECLARATION

I declare that the above information was provided in good faith and is considered to be a true reflection of the trainee's ability. This training was completed in accordance with the RANZCP Fellowship Regulations 2012

I acknowledge that this document forms a part of the trainee's RANZCP Training Record and is not an employment document, and that its use must comply with the RANZCP Privacy Policy.

I hereby verify that this assessment has been discussed with the trainee.

Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

9. TRAINEE DECLARATION

I have sighted the assessment on this report, have discussed the assessment with my Principal Supervisor and am aware that this assessment will form part of my RANZCP Training Record.

Yes No

I agree with the information on this form.

Trainee name (print) Signature Date

10. DIRECTOR OF TRAINING DECLARATION

I have checked the information provided by both the trainee and supervisor. I hereby verify that the 'Approved Training Details' provide an accurate record of the trainee's post and training status and that, to the best of my knowledge, the assessment details accurately reflect the assessment by the appropriate supervisor.

I acknowledge that this document forms a part of the trainee's RANZCP Training Record and is not an employment document, and that its use must comply with the RANZCP Privacy Policy.

Director of Training Name (print)

Director of Training RANZCP ID: Signature Date: