

2012 Fellowship Program

EPA Handbook Stage 1 and 2



RANZCP ID:	
Family name:	
First name:	
Zone:	
Hospital/service:	

CONFIRMATION OF ENTRUSTMENT FORM

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: training@ranzcp.org

ST2-PSY-EPA1 – Psychoeducation (COE form)			
Area of practice	Psychotherapy	EPA identification	ST2-PSY-EPA1
Stage of training	Stage 2 – Proficient	Version	v0.4 (BOE-approved 08/11/12)
Title	The provision of psychoeducation in a formal interactive session.		
Description	The trainee can provide comprehensive, organised, accurate (evidence-based where possible) and relevant information for patients and/or their carers (family, other professionals, non-government organisations) in one-on-one formal discussions or in groups. Possible topics might include the nature of a relevant condition, its treatment(s), rehabilitation, impact on patients and carers, coping strategies, developing skills and accessing available resources. Potential harms of the treatment or failure to treat can be described. The trainee has a demonstrated ability to provide information in an understandable way, taking into account the capacity and needs of their audience including the impact of stress or illness on the ability to take in information. They can be sensitive to the time information is provided and tactful, being aware of the possible impact of what they say. When required, they can show a sensitive awareness of relevant legal issues and issues around patient autonomy, confidentiality, family and individual aspects of coping with an illness and they demonstrate a professional, ethical and scholarly attitude.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) Signature Date

DIRECTOR OF TRAINING DECLARATION

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print)

Director of Training RANZCP ID: Signature Date