



RANZCP ID:		
Surname:		
First name:		
Zone:		
Location:		
Area of practice	<input type="checkbox"/> Child and Adolescent Psychiatry	<input type="checkbox"/> Other (please specify)

Certificate of Advanced Training in Child and Adolescent Psychiatry Fellow-in-Training mid-rotation In-Training Assessment (ITA) form

Fellows-in-training are required to complete 2 EPAs each 6-month FTE period.
Please refer to the RANZCP website for detailed information on the [Certificate of Advanced Training in Child and Adolescent Psychiatry](#) requirements.
Privacy Statement: Registrar evaluations are held and used in accordance with the [College's Privacy Policy Statement](#).

NOTES ON THE USE OF THIS FORM

- The (mid-rotation) In-Training Assessment is formative, not summative. It takes into account the Fellow-in-training's Learning and Development Plan and is used to identify and provide feedback on the Fellow-in-training's strengths and weaknesses as well as their progress in the Certificate.
- This formative assessment may be completed prior to or subsequent to the mid-rotation point, at the discretion of the supervisor, if there are concerns regarding the Fellow-in-training's progress in the Certificate.
- It may be necessary for multiple (mid-rotation) ITA forms to be completed during a 6 month period.

1. APPROVED TRAINING DETAILS

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

(Please check appropriate training setting)

Community setting Inpatient setting Other

Start Date End Date

Training at FTE Calculated FTE months:

*If <0.5 FTE, prospective approval required. See [part-time training policy](#).

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

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

(please give details)

2. FELLOW-IN-TRAINING STATEMENT

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

	Yes	No
During this rotation I have received 1 hour per week of individual clinical supervision.	<input type="checkbox"/>	<input type="checkbox"/>
I have attended a recognised formal child and adolescent psychiatry teaching program.	<input type="checkbox"/>	<input type="checkbox"/>
I have completed this psychiatry training in accordance with the RANZCP Fellowship Regulations 2012.	<input type="checkbox"/>	<input type="checkbox"/>

3. STATEMENT OF COMPLETED EPAs and WBAs

- **For discussion purposes only** during the mid-rotation assessment. As this mid-rotation form is not submitted to the College, the end-of-rotation ITA should contain the record of **ALL** EPAs and WBAs completed during the 6-month period so that the Fellow-in-training's training record can be updated accordingly.
- Fellows-in-training only need to provide details of the EPAs and/or WBAs done in **this** 6 month period. It is **not** necessary to complete the form for EPAs or WBAs done previously.
- Fellows-in-training 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.

Fellows-in-training are required to complete two EPAs per 6 months FTE rotation.

Stage 3 EPAs <i>(It is not necessary to provide details of EPAs attained previously)</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 3 Child and adolescent psychiatry	It is recommended that EPAs1–4 are attained in year 1 of Certificate training and EPAs 5–8 are attained in year 2.						
ST3-CAP-AOP-EPA1: Family interview							
ST3-CAP-AOP-EPA2: Discussing formulation and management							
ST3-CAP-AOP-EPA3: Initial assessment reports							
ST3-CAP-AOP-EPA4: Commencing psychopharmacological treatment							
ST3-CAP-AOP--EPA5: Psychiatric consultation							
ST3-CAP-AOP-EPA6: Assess culturally and linguistically diverse children/adolescents							
ST3-CAP-AOP-EPA7: Case conference							
ST3-CAP-AOP-EPA8: Assess and manage complex child/adolescent							
Other EPAs (please specify)							

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

4. PSYCHOTHERAPY

Fellows-in-training are required to provide psychotherapy to nine discrete patients/dyads/families/groups for at least six sessions each for the completion of the Certificate of Advanced Training in Child and Adolescent Psychiatry.

Discuss progress with supervisor
(number of patients in box).

Age		Category	
< 6 years old	<input type="checkbox"/>	structured, manualised	<input type="checkbox"/>
6–12 years old	<input type="checkbox"/>	dynamically informed	<input type="checkbox"/>
13–18 years old	<input type="checkbox"/>	dyadic	<input type="checkbox"/>

5. SUPERVISOR ASSESSMENT

- Please indicate (by placing a ✓ in the relevant box) which statement most appropriately describes the Fellow-in-training's performance for each CanMEDS role with reference to the [Child and Adolescent Psychiatry Learning Outcomes and Developmental Descriptors](#).
- The columns marked with an * should help inform the feedback provided to the Fellow-in-training (page 4), i.e. the Fellow-in-training's strengths and weaknesses.

	CanMEDS Roles	EXPECTATIONS					
		Rarely Met *	Inconsistently Met *	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	Unable to Comment
1	<p>Medical Expert</p> <p>As medical experts, child and adolescent psychiatrists have particular skills in assessment in infants, children, adolescents and families. They apply and integrate a range of knowledge bases including medical, developmental, psychological and sociological, with skills and personal qualities to provide interventions at an individual, family/systemic and/or population level to improve mental health outcomes. Medical expertise is supported by the application of contemporary research, psychiatric research and treatment guidelines, as well as the application of mental health and related legislation in patient care.</p>						
2	<p>Communicator</p> <p>As communicators, child and adolescent psychiatrists facilitate the relationship with children, their families and other persons and agencies involved in their care. Their interpersonal skills and communication enable effective service delivery and care for children, adolescents, their families and caregivers. Communication skills range from the ability to provide clear, accurate, contextually appropriate written communication about patients' conditions, to being able to enter into dialogue about psychiatric issues with the wider community.</p>						
3	<p>Collaborator</p> <p>As collaborators, child and adolescent psychiatrists work in partnerships with a range of other professionals across settings to provide optimal patient and family-centred care. They are able to work effectively with other psychiatrists, within multidisciplinary teams and with other health professionals, whilst working within relevant health, welfare, education or disability systems, as well as other government agencies. Child and adolescent psychiatrists are also able to work respectfully with patients, families, carers, carer groups and non-government organisations.</p>						
4	<p>Manager</p> <p>As managers, child and adolescent psychiatrists are able to work within clinical governance structures in health-care settings, providing clinical leadership, and able to work within management structures within the health-care system; the ability to critically review and appraise different health systems and management structures is also requisite. Child and adolescent psychiatrists prioritise and allocate resources efficiently and appropriately, with the facility to perform appropriate management and administrative tasks within the healthcare system, applying health and other relevant legislation where appropriate. Child and adolescent psychiatrists also incorporate an awareness and application of information and communication technology (ICT) into their practice.</p>						
5	<p>Health advocate</p> <p>As health advocates, child and adolescent psychiatrists use their expertise and influence to responsibly promote, create and sustain the health and wellbeing of young people and their families at all stages of their development through individual and population based approaches.</p>						
6	<p>Scholar</p> <p>As scholars, child and adolescent psychiatrists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of a range of knowledge bases. They have the ability to critically appraise and apply psychiatric and other health information for the benefit of patients. Child and adolescent psychiatrists are able to facilitate the learning of colleagues, trainees and other health professionals, contributing to the development of mental health knowledge.</p>						
7	<p>Professional</p> <p>As professionals, child and adolescent psychiatrists are committed to the health and wellbeing of young people, their families and society through ethical practice, professional led regulation and accountability and high standards of personal behaviours.</p>						

6. FEEDBACK PROVIDED AT THE MID ROTATION REVIEW

Supervisor to Fellow-in-training

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

Fellow-in-training's three areas of particular strength:

Three areas identified as needing further development:

7. PRINCIPAL SUPERVISOR MID-ROTATION FORMATIVE ASSESSMENT

(check as appropriate)

	Yes	No
Has the Fellow-in-training shown satisfactory progress in the Certificate?	<input type="checkbox"/>	<input type="checkbox"/>
Has knowledge gained through the formal education course been satisfactorily integrated into the Fellow-in-training's clinical practice?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to both of the above questions, please proceed to the supervisor declaration.

If the Fellow-in-training has **not** shown satisfactory progress through the rotation to date, please outline below the required actions by supervisor and Fellow-in-training to facilitate satisfactory progress. A **supportive plan** is to be developed with the Fellow-in-training and documented below, and the Director of Advanced Training must be notified. The Fellow-in-training's progress in the supportive plan will be considered in the summative assessment on the end-of-rotation ITA form.

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 Fellow-in-training's ability. This training was completed in accordance with the RANZCP Fellowship Regulations 2012.

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

I have discussed progress with reference to the Learning Plan developed by the Fellow-in-training.

I hereby verify that this assessment has been discussed with the Fellow-in-training.

Supervisor name (print)

Supervisor RANZCP ID Signature Date

9. FELLOW-IN-TRAINING 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.	<input type="checkbox"/>	<input type="checkbox"/>

Fellow-in-training name (print) Signature Date

10. DIRECTOR OF ADVANCED 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 Fellow-in-training's 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 Fellow-in-training's RANZCP Training Record and is not an employment document, and that its use must comply with the RANZCP Privacy Policy.

Director of Advanced Training name (print) RANZCP ID

Director of Advanced Training signature Date