



RANZCP ID:		
Surname:		
First name:		
Zone:		
Location:		
Area of Practice	<input type="checkbox"/> Consultation–Liaison	<input type="checkbox"/> Prospectively approved other <i>(please specify)</i> .....

## Certificate of Advanced Training in Consultation–Liaison Psychiatry Fellow-in-training end-of-rotation In-Training Assessment (ITA) form

Please refer to the RANZCP website for detailed information on the [Certificate of Advanced Training in Consultation–Liaison Psychiatry](#) requirements.  
**Privacy Statement:** Registrar evaluations are held and used in accordance with the [College's Privacy Policy Statement](#).

### 1. CONTACT INFORMATION

Mobile phone: .....

Email address: .....

### 2. APPROVED TRAINING DETAILS

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

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)*

### 3. FELLOW-IN-TRAINING STATEMENT

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

	Yes	No
I have received formative feedback on my training progress mid-way or prior to mid-way through this 6 month period.	<input type="checkbox"/>	<input type="checkbox"/>
During this 6 month period I have received 1 hour per week of individual clinical supervision.	<input type="checkbox"/>	<input type="checkbox"/>
I have attended a formal consultation–liaison 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"/>

#### 4. 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.
- 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.**

Stage 3 EPAs  <i>(It is <b>not</b> 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
<b>Stage 3 Consultation–liaison psychiatry</b>	<b>At least 4 Consultation-liaison EPAs are mandatory for Certificate completion.</b>						
ST3-CL-AOP-EPA1: Clinically significant psychological states							
ST3-CL-AOP-EPA2: Medically unexplained symptoms							
ST3-CL-AOP-EPA3: CL Capacity assessment							
ST3-CL-AOP-EPA4: Neuropsychiatric symptoms							
ST3-CL-AOP-EPA5: Scholarly presentation							
ST3-CL-AOP-EPA6: Coercive treatments							
ST3-CL-AOP-EPA7: Psychiatric illness in a patient with a chronic medical illness							
ST3-CL-AOP-EPA8: Chronic psychiatric illness in the general hospital							
<b>Other EPAs</b> <i>(please specify)</i>	<b>If undertaking a prospectively approved 6-month FTE elective rotation in another clinical area of practice, Fellows-in-training <i>must</i> attain EPAs relevant to that area of practice.</b>						

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

**OCA WBA(s)** completed in this 6 month period attached *(number in box)*.  
*(**All** OCA forms must be submitted.)*

#### 5. CASE SUMMARIES

Fellows-in-training are recommended to complete 5 case summaries per 6 month FTE clinical rotation.

Case summaries completed in this 6 month period are attached *(number in box)*.

#### 6. PRESENTATION OF SCHOLARLY PROJECT

Trainees must present their Consultation–Liaison Scholarly Project at a CPD–approved meeting or conference for the completion of the Certificate program.

Date of presentation: ..... *(only need to be completed once)*

## 7. 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.
- 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.

	<b>CanMEDS Roles</b> Supervisor to add specific comments under each role.	EXPECTATIONS					Unable to Comment
		Rarely Met *	Inconsistently Met *	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	
1	<b>Medical Expert</b>						
2	<b>Communicator</b>						
3	<b>Collaborator</b>						
4	<b>Manager</b>						
5	<b>Health advocate</b>						
6	<b>Scholar</b>						
7	<b>Professional</b>						

## 8. FEEDBACK PROVIDED AT THE END OF ROTATION REVIEW

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### Supervisor to Fellow-in-training

The assessment given in Section 7 may assist you to complete this page.

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

Three areas identified as needing further development:

## 9. PRINCIPAL SUPERVISOR REPORT – FINAL SUMMATIVE ASSESSMENT

Please check the final (overall) grade for the Fellow-in-training's progress in the Certificate for the past 6 month period.

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

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

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

**Yes No**

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

Has a supportive plan been undertaken with the Fellow-in-training in this 6 month period prior to this final assessment?

Is there a formal targeted learning plan in place for this Fellow-in-training?  
*(As per the policy this will be required within 60 days of a failing grade.)*

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

Supervisor name (print) .....

Supervisor RANZCP ID ..... Signature ..... Date .....

## 11. 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.

Fellow-in-training name (print) ..... Signature ..... Date .....

## 12. DIRECTOR OF ADVANCED TRAINING DECLARATION

I have checked the information provided by both the Fellow-in-training 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 .....