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|------------------|--|--|
| RANZCP ID: | | |
| Surname: | | |
| First name: | | |
| Zone: | | |
| Location: | | |
| Area of Practice | <input type="checkbox"/> Psychiatry of Old Age | <input type="checkbox"/> Other (please specify) |

Certificate of Advanced Training in Psychiatry of Old Age Stage 3 Trainee mid-rotation In-Training Assessment (ITA) form

Trainees are required to complete 2 EPAs each 6-month FTE rotation in order to be eligible to pass the rotation. Please refer to the RANZCP website for detailed information on the [Certificate of Advanced Training in Psychiatry of Old Age](#) 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. Its purpose is to identify and provide feedback on the trainee's strengths and weaknesses as well as their progress in the rotation.
- 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 trainee's progression through a rotation.
- It may be necessary for multiple (mid-rotation) ITA forms to be completed during a rotation.

1. APPROVED TRAINING DETAILS

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

(Please check appropriate training post setting)

Inpatient setting Community 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 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)

2. TRAINEE STATEMENT

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

| | Yes | No |
|---|--------------------------|--------------------------|
| During this rotation there has been a clear line of responsibility to a consultant. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| During this rotation I have observed my supervisor(s) during clinical interactions. | <input type="checkbox"/> | <input type="checkbox"/> |
| During this rotation my supervisor(s) have observed me during clinical interactions. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have access to protected education time of 4 hours per week (or proportional time for part-time training). | <input type="checkbox"/> | <input type="checkbox"/> |
| I have attended a formal psychiatry of old age teaching program or equivalent. | <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 rotation so that the trainee's training record can be updated accordingly.
- 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 previous 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.

Trainees 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 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 3 Psychiatry of Old Age | | | | | | | |
| ST3-POA-FELL-EPA1: POA Capacity assessment | | | | | | | |
| ST3-POA-FELL-EPA2: POA Leadership skills | | | | | | | |
| ST3-POA-FELL-EPA3: Assessment in general medical settings | | | | | | | |
| ST3-POA-FELL-EPA4: Older adult psychopharmacology | | | | | | | |
| ST3-POA-AOP-EPA5: Management of BPSD | | | | | | | |
| ST3-POA-AOP-EPA6: Neuropsychological testing, neuroimaging and rating scales | | | | | | | |
| ST3-POA-AOP-EPA7: Social and living assessment | | | | | | | |
| ST3-POA-AOP-EPA8: Residential facility assessment | | | | | | | |
| ST3-POA-AOP-EPA9: Behavioural or psychological treatment | | | | | | | |
| Other EPAs <i>(please specify)</i> | Including the remaining Stage 2 Psychotherapy EPA and other AOP EPAs | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

4. CASE SUMMARIES

Trainees must complete 10 case summaries per 6-month FTE.

Discuss progress with supervisor *(record number of case summaries completed in box).*

5. PSYCHOTHERAPY

Trainees must provide psychotherapy to three older person (>65 years old) for at least 6 sessions each in the Certificate of Psychiatry of Old Age.

If the Stage 3 Fellowship psychotherapy requirements are completed with older people, this requirement does not need to be repeated.

Discuss progress with supervisor *(record number of sessions completed for patient in box).*

Patient 1 Patient 2 Patient 3

6. SUPERVISOR ASSESSMENT

- Please indicate (by placing a ✓ 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 6), i.e. the trainee's strengths and weaknesses.

| STAGE 3 LEARNING OUTCOMES Refer to the Learning Outcomes document on the College website to see the Learning Outcomes across stages 1, 2 and 3. To assist in completing this section, 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 comprehensive, culturally appropriate, hypothesis-driven psychiatric assessments integrating information from all sources. Able to assess patients from a range of ages, including those with multiple/complex problems. Competently conducts risk assessments, taking into account immediate and long-term risks. | | | | | | |
| 1.2 | MENTAL STATE: Conducts and accurately presents comprehensive mental state examinations in patients from a range of ages, including those with multiple/complex problems. Mental state evaluations include appropriate, skilled cognitive assessments with specific tests tailored to the patient's presentation which are conducted and interpreted accurately. | | | | | | |
| 1.3 | FORMULATION: Integrates and synthesises information to produce a sophisticated diagnostic formulation and risk formulation, and to make a diagnosis according to a recognised diagnostic system (DSM or ICD). Uses this synthesis to inform treatment and prognosis. | | | | | | |
| 1.4 | MANAGEMENT: Develops, implements, monitors and appropriately revises comprehensive management plans, incorporating biological, psychological, social and cultural approaches, which are informed by the formulation and prognosis and which acknowledge barriers to implementation. Transfers management appropriately, managing termination issues and transfer of care. | | | | | | |
| 1.5 | TREATMENT SKILLS: Demonstrates skills in psychotherapeutic, pharmacological, biological and sociocultural interventions to treat patients with complex mental health problems and manage psychiatric emergencies with appropriate referral and consultation. | | | | | | |
| 1.6 | LEGISLATION: Demonstrates the ability to appropriately apply and manage mental health and related legislation in patient care (e.g. guardianship, advance directives, mental health act, forensic issues). Understands the principles of medico-legal report writing, and relevant concepts and terminology. | | | | | | |
| 1.7 | CRITICAL APPRAISAL & REFLECTIVE PRACTICE: Demonstrates the ability to critically appraise and apply contemporary research, psychiatric knowledge and treatment guidelines to enhance outcomes. Practises in a reflective and responsive manner, managing complexity and uncertainty and seeking further assistance, supervision or advice appropriately. | | | | | | |
| 1.9 | PHYSICAL HEALTH MANAGEMENT: Demonstrates the ability to integrate and appropriately manage the patient's physical health together with their mental health problems. Organises and interprets relevant investigations and physical examination in a resource-effective and ethical manner. | | | | | | |

| STAGE 3 LEARNING OUTCOMES Refer to the Learning Outcomes document on the College website to see the Learning Outcomes across stages 1, 2 and 3. To assist in completing this section, 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 | Communicator | | | | | | |
| 2.1 | COMMUNICATION WITH PATIENTS AND FAMILIES: Demonstrates the ability to communicate effectively with a range of patients and their caregivers. Can convey the formulation and differential diagnoses so as to facilitate understanding, rapport and engagement. Discusses and negotiates treatment plans and interventions, including potential barriers. Effectively manages challenging communications including conflict with patients and families, aiming for positive outcomes. | | | | | | |
| 2.2 | COMMUNICATION WITH COLLEAGUES, SERVICES AND AGENCIES: Demonstrates the ability to communicate effectively both directly and in writing (via reports and letters) with multidisciplinary teams, GPs, colleagues, other health professionals, social services, NGOs and similar agencies. Demonstrates leadership ability in interdisciplinary and administrative settings (ward rounds, meetings, teaching). Effectively manages challenging and conflicted communication and liaison, aiming for positive outcomes. | | | | | | |
| 2.3 | CULTURAL DIVERSITY: Appropriately adapts communication regarding assessment and management to the needs of culturally and linguistically diverse populations, including working with interpreters and cultural advisors. | | | | | | |
| 2.4 | WRITTEN COMMUNICATION AND SYNTHESIS: Demonstrates the ability to provide clear, accurate, contextually appropriate written communication about the patient's condition including written reports and letters (e.g. medico-legal reports, coronial inquiries, agency and GP letters). Can produce comprehensive and professional written case histories and formulations. | | | | | | |
| 2.5 | DOCUMENTATION: Records timely, clear and accurate documentation in patient files and maintains documentation as required by the employer (e.g. accurate prescribing, risk assessments, mental state evaluations, updated management plans with justifications of changes, discharge and transfer of care documentation, etc.). | | | | | | |
| 3 | Collaborator | | | | | | |
| 3.1 | COLLABORATION WITH TEAM MEMBERS, COLLEAGUES AND HEALTH PROFESSIONALS: Demonstrates the ability to work effectively and collaboratively with other psychiatrists, within multidisciplinary teams and with other health professionals. Promotes collaboration in group settings such as clinical and administrative meetings. | | | | | | |
| 3.2 | WORK WITH HEALTH SYSTEMS AND GOVERNMENT AGENCIES: Demonstrates the ability to work collaboratively within relevant health services and systems and with government agencies. | | | | | | |
| 3.3 | COLLABORATION WITH PATIENTS: Demonstrates the ability to work respectfully and collaboratively with patients, families, and caregivers (including carer groups and NGOs). | | | | | | |
| 3.4 | INTERPERSONAL COLLABORATIVE SKILLS: Demonstrates the ability to use interpersonal skills to improve patient outcomes. Is reflective regarding own role in group settings and in therapeutic and professional relationships. Develops facilitation and conflict resolution skills. | | | | | | |
| 4 | Manager | | | | | | |
| 4.1 | CLINICAL GOVERNANCE: Demonstrates the ability to work within clinical governance structures in health-care settings, including quality improvement processes. Contributes to clinical governance forums. | | | | | | |
| 4.2 | CLINICAL LEADERSHIP: Demonstrates the ability to provide clinical leadership within management structures, services and teams. Understands clinical leadership and management principles. | | | | | | |

| STAGE 3 LEARNING OUTCOMES Refer to the Learning Outcomes document on the College website to see the Learning Outcomes across stages 1, 2 and 3. To assist in completing this section, please see the Developmental Descriptors on the College website. | | EXPECTATIONS | | | | | |
|---|--|--------------|----------------------|-------------------|--------------------|-------------------------|-------------------|
| | | Rarely Met * | Inconsistently Met * | Almost Always Met | Sometimes Exceeded | Consistently Exceeded * | Unable to Comment |
| 4 | Manager contd. | | | | | | |
| 4.3 | RESOURCE PRIORITISATION: Demonstrates the ability to prioritise and allocate resources efficiently and appropriately. | | | | | | |
| 4.5 | MANAGEMENT AND ADMINISTRATION: Performs appropriate management and administrative tasks within the health-care system. Identifies and applies legislative or regulatory requirements and service policies. | | | | | | |
| 4.6 | ORGANISATIONAL REVIEW AND APPRAISAL: Understands the importance of review of and critical appraisal/audit of different health systems and of governance or management structures. Grasps principles of change management in service development. | | | | | | |
| 5 | Health Advocate | | | | | | |
| 5.1 | ADVOCACY FOR PATIENTS AND CAREGIVERS: Demonstrates the ability to use expertise and influence to advocate on behalf of patients and their families or caregivers. Addresses disparities that may increase vulnerability or be barriers to progress. Addresses stigma and inequality. | | | | | | |
| 5.3 | PROMOTION AND PREVENTION: Understands and applies the principles of prevention, promotion and early intervention to reduce the impact of mental illness. Applies this understanding to health policy and the impact on patients and the wider community of resource distribution. | | | | | | |
| 6 | Scholar | | | | | | |
| 6.1 | COMMITMENT TO LIFE-LONG LEARNING: Demonstrates independent, self-directed learning practices through participation in a range of learning activities, including peer review. | | | | | | |
| 6.2 | DEVELOPMENT OF KNOWLEDGE: Contributes to the development of knowledge in the area of mental health via research, peer review, presentation and critical analysis skills. | | | | | | |
| 6.4 | TEACHING AND SUPERVISION: Demonstrates the ability to educate and encourage learning in colleagues, other health professionals, students, patients, families and carers. | | | | | | |
| 7 | Professional | | | | | | |
| 7.1 | ETHICS: Demonstrates ethical conduct and practice in relation to patients, the profession, and society, including clear boundaries. | | | | | | |
| 7.2 | PROFESSIONALISM: Demonstrates compliance with relevant professional regulatory bodies. Participates in continuing professional and career development. | | | | | | |
| 7.3 | SELF-CARE: Demonstrate the ability to balance personal and professional priorities to ensure sustainable practice and well-being. Monitors own health and seeks help if needed. | | | | | | |
| 7.4 | RESPECT AND STANDARDS: Demonstrates integrity, honesty, compassion and respect for diversity. | | | | | | |
| 7.5 | REFLECTION AND ATTITUDE TO FEEDBACK: Demonstrates reflective practice and the ability and willingness to use and provide constructive feedback. | | | | | | |

7. FEEDBACK PROVIDED AT THE MID ROTATION REVIEW

Supervisor to Trainee

The assessment given in Section 6 may assist you to complete this page.

Trainee's three areas of particular strength:

Three areas identified as needing further development:

8. PRINCIPAL SUPERVISOR MID-ROTATION FORMATIVE ASSESSMENT REPORT

(check as appropriate)

| | Yes | No |
|---|--------------------------|--------------------------|
| Has the trainee shown satisfactory progress with regards to the Learning Outcomes and Workplace-Based Assessments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has knowledge gained through the formal education course or equivalent been satisfactorily integrated into the trainee'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 trainee has **not** shown satisfactory progress through the rotation to date, please outline below the required actions by supervisor and trainee to facilitate satisfactory progress. A **supportive plan** is to be developed with the trainee and documented below, and the Director of Advanced Training must be notified in accordance with the Stage 3 Mandatory Requirements Policy.

The trainee's progress on the supportive plan will be considered in the summative assessment on the end-of-rotation ITA form.

9. 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

10. 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.

I agree with the information on this form. Yes No

Trainee name (print) Signature Date

11. 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 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 Advanced Training name (print)RANZCP ID

Director of Advanced Training signature Date