



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

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

## Stage 2: (mid-rotation) In-Training Assessment (ITA) Form

1. Trainees are required to achieve 2 EPAs each 6-month FTE rotation in order to be eligible to pass the rotation.
2. 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](http://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](http://www.ranzcp.org/privacypolicy)

### 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 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)*

### 2. TRAINEE STATEMENT

The following is a true and accurate record: <i>(check as appropriate)</i>	<b>Yes</b>	<b>No</b>
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) conducting clinical interviews.	<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 completed this psychiatry training in accordance with the RANZCP Fellowship Regulations 2012.	<input type="checkbox"/>	<input type="checkbox"/>

### 3. TRAINEE STATEMENT OF PLANNED 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 Report should contain the record of **ALL** EPAs and WBAs completed during the rotation so that the trainee record can be updated accordingly.
- Trainees should check their training record online by logging onto the College website 'Member Access' and click 'My Training Reports' to ensure previously entrusted EPAs are reflected accurately on their training record.

<b>Stage 2 EPAs Plan</b>		<b>The following WBA tools were used to support the EPA attainment</b>				
<b>Note the EPAs you aim to attain in current rotation.</b>		<i>(please indicate number of each)</i>				
<i>(Check all EPAs you aim to attain regardless of WBA progress. Do not include EPAs attained in previous rotations.)</i>		CbD	Mini-CEX	OCA	PP	DOPS
<input checked="" type="checkbox"/>	<b>Stage 2 General Psychiatry – Mandatory EPAs by the end of Stage 2. May be done in any Stage 1 or Stage 2 rotations</b>					
	ST2-EXP-EPA1: Electroconvulsive therapy (ECT)					
	ST2-EXP-EPA2: Mental Health Act					
	ST2-EXP-EPA3: Risk assessment					
	ST2-EXP-EPA5: Cultural awareness					
	<b>Stage 2 Psychotherapy – Mandatory EPAs. May be done in Stage 1 or Stage 2. (One may be done in Stage 3)</b>					
	ST2-PSY-EPA2: Therapeutic alliance					
	ST2-PSY-EPA3: Supportive psychotherapy					
	ST2-PSY-EPA4: CBT: Anxiety management					
	<b>Stage 2 Child &amp; Adolescent – Mandatory EPAs, mandatory Stage 2 rotation</b>					
	ST2-CAP-EPA1: Manage an adolescent					
	ST2-CAP-EPA2: Prepubertal child					
	<b>Stage 2 Consultation-Liaison – Mandatory EPAs, mandatory Stage 2 rotation</b>					
	ST2-CL-EPA1: Delirium					
	ST2-CL-EPA2: Psychological distress					
	<b>Stage 2 Addiction – Mandatory EPAs, in any Stage 2 rotation (Addiction is an elective rotation)</b>					
	ST2-ADD-EPA1: Intoxication and withdrawal					
	ST2-ADD-EPA2: Comorbid substance use					
	<b>Stage 2 Old Age – Mandatory EPAs, in any Stage 2 rotation (Old Age is an elective rotation)</b>					
	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

<b>Stage 2 EPAs Plan</b> Note the EPAs you aim to attain in current rotation. (Check all EPAs you aim to attain regardless of WBA progress. Do not include EPAs attained in previous rotations.)		<b>The following WBA tools were used to support the EPA attainment</b> (please indicate number of each)				
		CbD	Mini-CEX	OCA	PP	DOPS
<b>✓</b>	<b>Stage 2 Adult – Elective rotation, if undertaken MUST COMPLETE any two Adult EPAs during the first Stage 2 Adult rotation, may select any Stage 2 EPAs in subsequent Adult rotation.</b>					
	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					
<b>Stage 2 Forensic – Elective rotation, if undertaken must complete associated EPAs</b>						
	ST2-FP-EPA1: Violence risk assessment 2					
	ST2-FP-EPA2: Expert evidence 2					
<b>Stage 2 Indigenous – Australia – Elective rotation, if undertaken must complete associated EPAs</b>						
	ST2-INDAU-EPA1: Interviewing a patient					
	ST2-INDAU-EPA2: Management plan					
<b>Stage 2 Indigenous – New Zealand – Elective rotation, if undertaken must complete associated EPAs</b>						
	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  
**DOPS** = Direct Observation of Procedural Skills

## 4. 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.

<b>STAGE 2 LEARNING OUTCOMES</b> Refer to the <a href="#">Learning Outcomes</a> 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 <a href="#">Developmental Descriptors</a> on the College website.		EXPECTATIONS					
		Rarely Met *	Inconsistently Met*	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	Unable to Comment
<b>1</b>	<b>Medical Expert</b>						
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.						
<b>2</b>	<b>Communicator</b>						
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.						

	<b>STAGE 2 LEARNING OUTCOMES</b> Refer to the <a href="#">Learning Outcomes</a> 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 <a href="#">Developmental Descriptors</a> 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).						
<b>3</b>	<b>Collaborator</b>						
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.						
<b>4</b>	<b>Manager</b>						
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).						
<b>5</b>	<b>Health Advocate</b>						
5.1	ADDRESSING DISPARITY: Aware of health inequalities and disparities in relation to broader health issues and works to mobilise additional resources when needed.						

	<b>STAGE 2 LEARNING OUTCOMES</b> Refer to the <a href="#">Learning Outcomes</a> 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 <a href="#">Developmental Descriptors</a> 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.						
<b>6</b>	<b>Scholar</b>						
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.						
<b>7</b>	<b>Professional</b>						
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.						

## 5. FEEDBACK PROVIDED AT THE MID-ROTATION REVIEW

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### Supervisor to Trainee

The assessment given in Section 4 may assist you to complete this page.

Trainee's three areas of particular strength:

Three areas identified as needing further development:

## 6. 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?

Has knowledge gained on the formal education course been satisfactorily integrated into the trainee's clinical practice?

**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 Training must be notified in accordance with the Stage 2 Mandatory Requirements Policy.

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

## 7. 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 .....

## 8. TRAINEE DECLARATION

I have sighted the formative assessment on this form and 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 .....

## 9. 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: .....