Chrome and Firefox users: please download form and open in Adobe Reader to access all fillable form field functions.





RANZCP ID:		
Surname:		
First name:		
Zone:		
Location:		
Area of Practice	☐ Psychiatry of Old Age	☐ Prospectively approved other (please specify)

Certificate of Advanced Training in Psychiatry of Old Age 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 Psychiatry of Old

Age requirements. Privacy Statement: Registrar evaluations are held and used in accordance with the College's Privacy Policy	•							
1. CONTACT INFORMATION								
Mobile phone:								
Email address:								
2. APPROVED TRAINING DETAILS								
The Director of Advanced Training and/or Principal Supervisor should amend as necessary.								
(Please check appropriate training post setting)	☐ Other							
Start Date End Date								
Training at FTE Calculated FTE months:								
*If <0.5 FTE, prospective approval required. See <u>part-time training policy</u> . Partial Completion of a 6-month period : (skip if full 6 month period was completed)								
(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.								
During this 6 month period I have received 1 hour per week of individual clinical supervision.								
I have attended a formal psychiatry of old age teaching program or equivalent.								
I have completed this psychiatry training in accordance with the RANZCP Fellowship Regulations 2012.	П							

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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 (It is not necessary to provide details of EPAs	Entrusting supervisor's RANZCP ID or Name	Date entrusted (DD/MM/YYYY)	The following WBA tools were used to support the EPA attainment (please indicate number of each)					
attained previously)	(Print)		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 (please specify)								
CbD=Case-based discussion; Mini-CEX-Mini Clinica DOPS= Direct Observation of Procedural Skills	al Evaluation Exerc	cise; OCA =Observ	ved Clinical	Activity; PI	P=Professio	nal Prese	ntation	
OCA WBA(s) completed in this rotation attach (All OCA forms must be submitted.)	ed (number in b	ox).						
5. CASE SUMMARIES								
Complete 10 coop summerice per 6 month F	TC 0000 011555	vice completed	in thin rate	otion are a	utto ob o d		Yes No	
Complete 10 case summaries per 6-month F	i E, case summa	aries completed	in this rota	ation are a	mached.			
6. OTHER REQUIREMENTS								
Fellows-in-training are required to comple		-		OA Certifi	cate.		Yes No	
Psychotherapy for older person (>65 years of Medico-legal reports (number completed in the Medico-legal reports (n			icriea.					
			(: k - \				
Management older people receiving ECT (nu	mper of patients	managed in thi	s rotation i	ın box).				
Attendance at half-day memory clinics (numb	er of sessions a	ttended during t	his rotatio	n in box).				

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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.

		EXPECTATIONS							
	CanMEDS roles (Supervisor to add specific comments under each role.)		Inconsistently Met *	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	Unable to Comment		
1	Medical Expert	Rarely Met *							
2	Communicator								
3	Collaborator								
4	Manager								
5	Health Advocate								
6	Scholar								
7	Professional								

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8. FEEDBACK PROVIDED AT THE END OF ROTATION REVIEW

S	Supervisor to Fellow-in-training								
T	The assessment given in Section 7 may assist you to complete this page. Fellow-in-training's three areas of particular strength:								
Fellow-in-training's three areas of particular strength:									
Į									
T	nree areas identified as needing further development:								

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9. PRINCIPAL SUPERVISOR REPORT - FINAL SUMMATIVE ASSESSMENT

Please circle 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							
	O Rarely Met the overall standard required	O Inconsistently Met the overall standard required	O Almost Always Met the overall standard required	O Sometimes Exceeded the overall standard required O Cor Excee standa			verall			
	In the case of a failing	grade: (check as approp	oriata)			Yes	No			
	in the case of a family	grade. (crieck as approp	mate)			163	NO			
	Were these concerns di	iscussed with the Fellow-	in-training earlier, e.g. at	the mid-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.)										
1	0. PRINCIPAL SUP	ERVISOR DECLAR	ATION							
	declare that the above infellow-in-training's ability.					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.										
П	hereby verify that this ass	sessment has been discu	ssed with the Fellow-in-tr	aining.						
S	upervisor name (print)									
S	upervisor RANZCP ID	Signature		Date)					
1	1. FELLOW-IN-TRA	INING DECLARATION	ON							
	I have sighted the assess that this assessment will			ent with my Principal Sup	ervisor and	l am av	vare			
						Yes	No			
	I agree with the information	on on this form.								
F	Fellow-in-training name (print)									
1	2. DIRECTOR OF A	DVANCED TRAININ	IG DECLARATION							
T	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.									
D	Director of Advanced Training name (print)RANZCP IDRANZCP ID									

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