



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

**CONFIRMATION OF ENTRUSTMENT FORM**

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: [training@ranzcp.org](mailto:training@ranzcp.org)

<b>ST2-CL-EPA1 – Delirium (COE form)</b>			
<b>Area of practice</b>	C–L psychiatry	<b>EPA identification</b>	ST2-CL-EPA1
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.4 (BOE-approved 04/05/12)
<b>Title</b>	<b>Care for a patient with delirium.</b>		
<b>Description</b>	The trainee can assess, make an accurate diagnosis, conduct appropriate physical and cognitive assessment and describe the evidence for the use of a specific management strategy. They are able to communicate the concept of delirium to patients and families within the general hospital setting. The trainee demonstrates awareness of challenges posed by a consultative model of care provision where a patient is not under the direct care of the psychiatrist.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

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

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

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

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....