

Consultation-Liaison Psychiatry (CLP) Alternate Rural Pathway Rotation - Assessment Form



This form is to be completed by the trainee, signed by the Principal Supervisor and emailed to traininghelp@ranzcp.org

Hospital:	Rotation:
Trainee:	RANZCP ID:
Principal Supervisor:	

Record of Experiences during THIS rotation	No. Completed
<i>Consultation Experiences</i>	
Experience Summaries	
Formulations	
<i>Liaison Experiences</i>	
Experience Summaries	
Reflections	

Trainee to note any concerns in relation to obtaining the required experiences or completing workplace-based assessments (WBAs) toward entrustment of mandatory CLP entrustable professional activities (EPAs):

Cumulative total for <i>CLP Alternate Rural Pathway</i>		No. Completed
<i>Consultation Experiences</i>		
Experience Summaries		/60
Formulations		/6-8
<i>Liaison Experiences</i>		
Experience Summaries		/20
Reflections		/5
<i>WBAs completed toward mandatory CLP EPAs</i>		
Care for a patient with delirium (ST2-CL-EPA1)		
<input type="checkbox"/> Case-based discussion in the context of consulting with another medical practitioner about the care of a patient. <input type="checkbox"/> Case-based discussion in the context of liaising with a multidisciplinary care team to plan care for a patient.		<input type="checkbox"/> This EPA has been entrusted
Manage clinically significant psychological distress in the context of the patient's medical illness in the general hospital (ST2-CL-EPA2)		
<input type="checkbox"/> Case-based discussion in the context of consulting with another medical practitioner about the care of a patient. <input type="checkbox"/> Case-based discussion in the context of liaising with a multidisciplinary care team to plan care for a patient.		<input type="checkbox"/> This EPA has been entrusted

I have reviewed the CLP experience summaries, formulations and reflections, and the WBAs completed by < insert name of trainee> during the rotation outlined and I confirm that this Rotation Assessment Form is an accurate summary of the trainee's record of experiences to date.

In relation to CAP during this rotation the trainee:

Fail grades		Pass grades		
☉ Rarely Met the overall standard required	☉ Inconsistently Met the overall standard required	☉ Almost Always Met the overall standard required	☉ Sometimes Exceeded the overall standard required	☉ Consistently Exceeded the overall standard required

Comments toward end-of-rotation ITA

Principal Supervisor Signature _____ Date: _____