

Consultation-Liaison Psychiatry (CLP) Alternate Rural Pathway Rotation - Confirmation of Completion Form



Trainee:	RANZCP ID:
Director of Training:	

	Completed
<i>Consultation Experiences</i>	
60 Experience Summaries	<input type="checkbox"/>
6-8 Formulations	<input type="checkbox"/>
<i>Liaison Experiences</i>	
20 Experience Summaries	<input type="checkbox"/>
5 Reflections	<input type="checkbox"/>
<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"/>
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"/>

I have reviewed the CLP Alternate Rural Pathway Rotation Assessment Forms signed by Principal Supervisors, CLP experience summaries and reflections, deidentified formulations during the rotations outlined and entrustment of the mandatory CLP EPAs (with stipulated WBAs).

I confirm that the trainee has completed their mandatory CLP training via the CLP Alternate Rural Pathway.

Director of Training Signature _____ Date: _____