



RANZCP ID:	
Surname:	
First name:	
Zone:	
Location:	
Area of Practice	<input type="checkbox"/> Psychiatry of Old Age <input type="checkbox"/> Other ( <i>please specify</i> ) .....

## Certificate of Advanced Training in Psychiatry of Old Age Fellow-in-training mid-rotation In-Training Assessment (ITA) form

Fellows-in-training are required to complete 2 EPAs each 6-month FTE period.

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 Statement](#).

### 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 Fellow-in-training's strengths and weaknesses as well as their progress in the Certificate.
- 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 Fellow-in-training's progression in the Certificate.
- It may be necessary for multiple (mid-rotation) ITA forms to be completed during a 6 month period.

### 1. APPROVED TRAINING DETAILS

The Director of Advanced Training and/or Principal Supervisor should amend as necessary.

(Please check appropriate training post setting)

Inpatient setting      Community setting      Other

Start Date ..... End Date .....

Training at ..... FTE     Calculated FTE months: .....

\*If <0.5 FTE, prospective approval required. See [part-time training policy](#).

**Partial Completion of a 6-month period:** (*skip if full 6 month period was completed*)

..... FTE months in total were actually completed, due to:      Part-time training      prolonged leave      other

(please give details)

### 2. FELLOW-IN-TRAINING STATEMENT

The following is a true and accurate record: (*check as appropriate*)

**Yes     No**

During this 6 month period I have received 1 hour per week of individual 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.

### 3. STATEMENT OF COMPLETED 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 ITA should contain the record of ALL EPAs and WBAs completed during the 6-month period so that the Fellow-in-training's training record can be updated accordingly..
- 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  <i>(It is <b>not</b> necessary to provide details of EPAs attained previously)</i>	Entrusting supervisor's RANZCP ID or Name  <i>(PRINT)</i>	Date entrusted  <i>(DD/MM/YYYY)</i>	The following WBA tools were used to support the EPA attainment  <i>(please indicate number of each)</i>				
			CbD	Mini-CEX	OCA	PP	DOPS
<b>Stage 3 Psychiatry of Old Age</b>							
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							
<b>Other EPAs</b> <i>(please specify)</i>							

**CbD**=Case-based discussion; **Mini-CEX**=Mini Clinical Evaluation Exercise; **OCA**=Observed Clinical Activity; **PP**=Professional Presentation  
**DOPS**=Direct Observation of Procedural Skills

### 4. CASE SUMMARIES

Fellows-in-training must complete 10 case summaries per 6-month FTE.

Discuss progress with supervisor *(record number of case summaries completed in box)*.

### 5. PSYCHOTHERAPY

Fellows-in-training must provide psychotherapy to three older person (>65 years old) for at least 6 sessions each in the Certificate of Psychiatry of Old Age.

Discuss progress with supervisor *(record number of sessions completed for patient in box)*. Patient 1 Patient 2 Patient 3

## 6. 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.

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

## 7. FEEDBACK PROVIDED AT THE MID ROTATION REVIEW

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### Supervisor to Fellow-in-training

The assessment given in Section 6 may assist you to complete this page.

Fellow-in-training's three areas of particular strength:

Three areas needing further development:

## 8. PRINCIPAL SUPERVISOR MID-ROTATION FORMATIVE ASSESSMENT REPORT

(check as appropriate)

	Yes	No
Has the Fellow-in-training shown satisfactory progress in the Certificate?	<input type="checkbox"/>	<input type="checkbox"/>
Has knowledge gained through the formal education course or equivalent been satisfactorily integrated into the Fellow-in-training's clinical practice?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered YES to both of the above questions, please proceed to the supervisor declaration.**

If the Fellow-in-training has **not** shown satisfactory progress through the 6 month period to date, please outline below the required actions by supervisor and Fellow-in-training to facilitate satisfactory progress. A **supportive plan** is to be developed with the Fellow-in-training and documented below, and the Director of Advanced Training must be notified. The Fellow-in-training's progress on the supportive plan will be considered in the summative assessment on the end-of-rotation ITA form.

## 9. PRINCIPAL SUPERVISOR DECLARATION

I declare that the above information was provided in good faith and is considered to be a true reflection of the Fellow-in-training's ability. This training was completed in accordance with the RANZCP Fellowship Regulations 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.

I hereby verify that this assessment has been discussed with the Fellow-in-training.

Supervisor name (print) .....

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

## 10. FELLOW-IN-TRAINING DECLARATION

I have sighted the assessment on this report, have discussed the assessment with my Principal Supervisor and am aware that this assessment will form part of my RANZCP Training Record.

I agree with the information on this form. Yes No

Fellow-in-training name (print) ..... Signature ..... Date .....

## 11. DIRECTOR OF ADVANCED TRAINING DECLARATION

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.

Director of Advanced Training name (print) .....RANZCP ID .....

Director of Advanced Training signature ..... Date .....