Guide to ATCAP Learning and Development plan

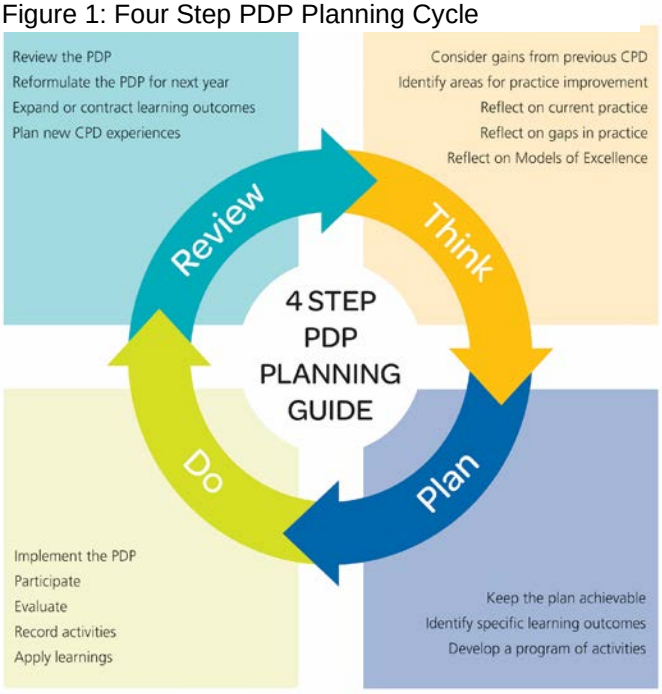
The Learning and Development plan (LDP) is a tool to guide your professional development during the Certificate of Advanced Training in Child and Adolescent Psychiatry and is not dissimilar to the requirement for Professional Development Plan completed annually for the RANZCP CPD program for Fellows.

You must complete LDP at the commencement of your first and second years of training in collaboration with your supervisors and Director of Advanced Training. Part-time- trainees may use and/or modify their LDP each calendar year of training. The LDP plan must be submitted to your DOAT not later than six weeks from the commencement of each training year.

A learning and development plan will support you in developing skills in child and adolescent psychiatry. It is there to help you (with the support of supervisors and DOAT) to achieve competence as a child and adolescent psychiatrist as well as ensure completion of any mandatory training requirements.

The LDP aims to provide trainees with a learning experience of planning professional development similar to the expectations of the RANZCP CPD program (see below). Several useful resources are available that would assist you in the process and articulation of your LDP. Trainees are encouraged to utilise the THINK-PLAN-DO-REVIEW process for this purpose but also in their CPD requirements after graduating.

Figure 1: Four Step PDP Planning Cycle



The Think-Plan-Do framework (Figure 1) involves initial reflection on the expectations of the ATCAP program, but also your own strengths, experiences, shortfalls, and past feedback. You should think about what experiences might enhance your development as a child and adolescent psychiatrist, any specific learning outcomes you want to achieve and define what activities (including but not limited to those required of your training) might assist you to achieve your goals. Once formulated the LDP is a written record of the program of activities with a timeline for completion over the year. Once the LDP is complete you then implement the plan, keep the records and evaluate the outcomes on your

practice. These reflection on your outcomes form part of the process of developing the following year's plan and occurs across the life of the plan.

Where to start? Reflection and Goal setting

The components are of the ATCAP LDP are:

1. Plan for Training Posts
2. Development of Specific CanMEDS Learning Goals
    - Progress to Fellowship Program Assessments (for Stage 3 trainees only)
3. Trainee Declaration
4. DOAT Declaration

In developing you plan you should consult with your current supervisor and you may wish to utilise past supervisory relationships as well at the DOATCAP. You will need to make a statement as to who which accredited RANZCP supervisor you mainly discussed the plan.

1. Plan for training posts

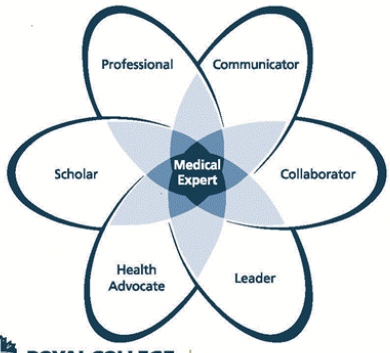
This section contains a free text section and the section for you to articulate your plan for specific posts over the course of the relevant 12 months of Certificate training (Year 1 or Year 2). It is acknowledged that Training Post 1 and 2 would not be guaranteed in most training jurisdictions and so this may represent desired rather than actual posts.

Your description of the overall training plan would incorporate how clinical experiences, including the specific posts, support your development as a child and adolescent psychiatrist and/or any areas of specific interest to you. You should reflect on the available experiences in your training zone (and perhaps others) and document how your choices support your training goals for the relevant period. It would be usual to consider, for example, which EPA might best be achieved in a particular post. Your choices might also be to develop an area of interest such as infant psychiatry or research. Trainees are reminded of the mandatory inpatient and outpatient experiences and you should ensure that these are met over the course of the certificate training.

2. Development of specific CanMEDS Learning Goals

The RANZCP Fellowship competencies iterate the College's understanding of the core skills required for practice of psychiatry in Australia and New Zealand, described through the CanMEDS roles, i.e.:

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional.



The RANZCP Guidance for Professional Development Plans (PDP) has several suggested formats to document a plan, emphasising that no particular format is required. The LDP may not be the PDP format you use ultimately choose as a College Fellow, but this was the format that the Subcommittee of Advanced Training in Child and Adolescent (SATCAP) felt most suited to your training. You are asked to focus on specific learning outcomes within the CanMEDS framework and for each FTE year of training you must complete a LDP that incorporates your activities and goals with ***at least one*** learning outcome in each of the CanMEDS roles. Your second year LDP should reflect your developmental progression towards being a child and adolescent psychiatrist for example reflected in learning outcomes more focussed on leadership and consultative practice.

The CanMEDS competencies for ATCAP are articulated comprehensively in Learning Outcomes and Developmental Descriptors. This would be a useful resource to reflect on your strengths and weaknesses. You would think about previous feedback and assessments relative to these competencies. In developing the LDP you will need consider the context in which it will occur (i.e. what your likely placements from your descriptions on the first page of the LDP) as well as your mandatory ATCAP certificate training requirements and any other individual training goals.

While drafting the plan remember that an end goal can usually be broken into smaller, more time limited steps or activities. For example, in the Medical Expert Domain you may want to achieve competence in delivering Trauma-Focussed CBT. Over the course of a year you might attend a didactic training course and then complete case(s) under supervision in selected age grouping for the ATCAP psychotherapy case requirements.

The plan is future orientated which means that it may grow and change over the course of a year. Change may be expected, but the plan is a helpful way of keeping your goals in mind (for example the TF-CBT training you were planning on attending was cancelled). If you cannot achieve something the way you had planned, then think of another way to work towards the same goal with your supervisors or defer to the next yearly plan and do something more achievable in the current 12 months. Think of the plan as supporting your learning experience not curtailing or limiting it.

You should review the plan every 6 months with feedback from your supervisor (including In-Training Assessments) and awareness your recent clinical experiences recorded in the Case Record. Try and use supervision to regularly review your plan and think about selection of future training posts and other educational experiences along the way.

3. Progress to Fellowship Central Summative Assessments

This section is fairly self-explanatory and is not required by ATCAP who have achieved Fellowship.

What sort of activities might be in my Development of Specific CanMEDS Learning Goals?

Trainees could utilise the LDP to think about how they might gain requisite ATCAP competencies , as well as complete the mandatory ATCAP requirements. You might also want to think about areas of special interest, or any specific additional trainings you want to do, for example Infant-Perinatal Psychiatry, Forensic Child and Adolescent Psychiatry, or a particular Psychotherapy method.

Prompts for completion of some of the mandatory ATCAP tasks are already included in the learning and development plan. The LDP should include the EPA intended to be completed on the first page (Plan for Training Posts), but you could note them (or work-placed assessments associated) as an activity directed at a learning outcome. Other mandatory requirements such as components of the local Formal Education Course and psychotherapy cases could be included.

When you are planning you may wish to review the syllabus thinking about what are your knowledge strengths and gaps, and plan activities (including self-guided learning or ensuring availability of the topic in the local FEC) to ensure that you have covered syllabus areas. Self-guided learning activities could include participation in college and non-college educational meetings. It might also be demonstrated through you conducting teaching sessions. There are on-line trainings available including Learn*it*, the RANZCP online learning platform. You should be guided by your supervisor and DOAT who may have ideas about what is available, but also as to the relevance of these self-guided learning activities.

You may want to include mentoring and supervision planned in addition to mandatory clinical supervision with your accredited supervisor. Examples would include leadership mentoring, psychotherapy supervision in a particular model or attending a peer supervision group. Practice Improvement activities are an essential component of ongoing development so you could include 360-degree (or multisource) feedback, clinical audits, participation in an incident review or root cause analyses.

If you have not yet completed Fellowship Program Assessments you could utilise the LDP to articulate how you are progressing the achieving these, if they contribute to your development as a child and adolescent psychiatrist. For example, you might outline stage related goals for your Scholarly Project (SP) in a related area such as completion of the literature review, analysis of results or submission for review by SP Supervisor.

How to plan for WBAs and EPAs

When planning your desired rotations, it is necessary to consider the most appropriate EPA for those placements. The mandatory child and adolescent psychiatry EPAs are summarised below and more fully described in the ATCAP EPA Handbook. When developing your plan, you may want to refer to the details of the knowledge, skills and attitudes related to each EPA.

AOP-CAP-EPA's are ordered in a developmental progression from less to more complex across the 8 EPAs. Trainees may wish to complete in order or there might be reasons to do with learning opportunities or practicalities to vary the order. Some EPAs require particular clinical experiences to complete for example EPA 2 must relate to a prepubescent child and EPA 5 to the mandatory inpatient rotation.

EPAs 1–4: recommended to be attained in year 1	***EPAs 5–8: recommended to be attained in year 2***
EPA1: Independently conducts an initial family interview involving children and adolescents.	EPA5: Provision of psychiatric consultation to the multidisciplinary team for the management of a child or adolescent in an inpatient setting.
EPA2: Discussing a formulation and negotiating a management plan with a pre-adolescent child and/or family.	EPA6: Conducts an assessment of culturally and linguistically diverse children and adolescents.
EPA3: Produces comprehensive psychiatric reports after initial assessment of children, adolescents and their families.	EPA7: Provides leadership in an interagency case conference focused on a child or adolescent.

EPA4: Commencing psychopharmacological treatment for children and adolescents who have not previously been treated with psychopharmacology.	EPA8: Assesses and implements a management plan for a complex clinical presentation where there are ongoing child protection concerns.

You may wish to achieve extra (elective) EPAs such as the ST3-CAP-AOP-EPA9: Infant Mental Health Formulation (EPA 9) or other Fellowship EPAs (FELL) that can be attained in any area of practice to achieve your learning outcomes. FELL-EPAs are not listed in the four drop-down boxes for EPA on the front page of the LDP. You can use free text in the "Plan for Training Posts" or "Development of Specific CanMEDS learning goals sections" to highlight that you wish to complete them.

EPA are a method of demonstrating competence in specific areas of child and adolescent psychiatry that have underpinning knowledge, skills and attitudes, the development of which is not solely achieved by completion of WBA. Trainees may select their training rotation in consideration of the EPA they wish to complete. They may also describe other activities that contribute achievement within a specific CanMEDS competence.

For example, you may wish to attain EPA1 *Independently conducts an initial family interview involving children and adolescents* in the first rotation and plan to use supervision to further identify the goals and tasks to develop competence in family interviewing (medical expert). Other activities to gain knowledge and experience might be attending a seminar of family interviewing, participating in family therapy reflecting team (observing others interview), watching your supervisor interview families, scheduling supervisor observation of interviews you conduct in front of one-way screen (OCA) and/or conduct family assessment in initial interviews and present family formulations to supervisor (Case-based Discussion).

Observing, being observed and OCAs (including Mandatory OCA)

Learning through observing and being observed is an essential component of your training and can be included in the LDP.

You may wish to observe your supervisor or other skilled professionals conduct clinical or other relevant tasks to enhance your learning. Observation by your supervisor (with feedback) is a component of some WBA, but you may want to plan feedback from observers in other ways in your LDP.

OCAs can be used to achieve advanced/expert level competence in assessment and diagnostic formulation in child and adolescent mental health. Observing your supervisors (and other consultants where possible) in clinical interactions will also prove invaluable in your training. Formative OCAs in variety of clinical presentations and developmental ages to identify areas for improvement are recommended. You should ensure that you complete a mandatory OCA for every 6 months FTE training and schedule times in supervision early in the rotation. Use your LDP to think about how you might complete an OCA for at least one preadolescent child, one adolescent and a clinical family-based interaction over the course of training.

Direct Observation of procedural skills (DOPS) and Professional Presentations (PP) are also important observed activities that could be used to advance competency tailored to a CanMEDS role.

The Case Record

When developing your LDP you should think about how you might gain the broadest range of clinical case exposure. Over the course of each rotation and at completion your record of experiences (*Case record*) you can identity gaps in clinical experience. Your learning and development plan, including

consideration of future training posts, could be modified to cover these gaps. You may wish to discuss with both supervisors and directors of advanced training as to how this might best be achieved.

What is the Outcome Column for in the Development of Specific CanMEDS Learning Goals?

When completing the LDP for the first time, it is not necessary to fill in the 'Outcome' column. The LDP document should be reviewed at the end of the first training year and the Outcome documented then. The Year 1 LDP would be utilised in the development of the plan for the subsequent training year. It will also be useful for preparing your initial Professional Development Plan for post-Fellowship RANZCP CPD requirements.

Trainees may wish to mark a task 'complete' or 'ongoing' at the end of the period of the LDP. Ongoing learning outcomes would be incorporated in subsequent plans.

A learning activity may have been incomplete, modified or deferred. It is permissible to change the LDP to reflect the changed goal and activity. If it is not possible to complete a planned activity you may want to discuss this with your supervisor or DOATCAP, but this is not required. If the learning outcome has been achieved through an activity that has been modified from the initial plan this could be noted when the LDP is reviewed (i.e. in the outcome column). Flexibility would also be needed in the unusual circumstance that learning outcome cannot be achieved within the year. A suitable alternative learning outcome could be discussed with your supervisor or DOATCAP.

You should bring a copy of your Year 1 LDP complete with outcomes to discussions about the development and finalisation of the Year 2 LDP.

Highly Recommended Experiences during ATCAP

There are some learning experiences that are highly recommended by SATCAP and past trainees. They are included here for your information and consideration. These experiences may be incorporate more than one of the CanMEDS Roles.

These are listed below.

Learning Objective	Example Activities
Acquire consultative skills and experience in the interface between paediatrics/illness and mental health in children as well as childhood somatoform disorders.	6-month consultation–liaison psychiatry (with children/adolescents) rotation.
Achieve expert competence in leadership and management in child and adolescent settings.	Specific training in leadership and management in child and adolescent mental health setting, Quality Improvement or Quality Assurance project, leadership role with junior staff, management committee, etc.
Gain proficiency in professional presentations in relation to child and adolescent psychiatry.	Presentation in formal teaching program (Professional Presentation WBA).
Attain advanced understanding of infant development and infant mental health.	Infant observation. ST3-CAP-AOP-EPA9: Infant Mental Health Formulation Completion Masters Infant Mental Health or other competency-based training program
Obtain enhanced understanding of the evolution of child and adolescent disorders and the management of longer term or ongoing mental health disorders in childhood. Observe continuity and discontinuity of childhood disorder, practise longer term interventions.	Remain in same community CAMHS setting for 12 months Identify with supervisor, at least one child who is suitable for ongoing management over a 12-month period.

Primary interventions in child and adolescent mental health or physical healthcare in children.	Facilitate school based mental health literacy program Present to local GP network on mental health screening instruments
Understand the application of Practice Development, Quality Improvement and Review in child psychiatry setting	Undertake a multisource feedback such as the one on RANZCP website with 10 professionals and 10 patient/carer Participate in Formal Medication Audit and present findings at team meeting