

4. STATEMENT OF COMPLETED EPAs and WBAs

- It is **mandatory** to complete the Supervisor ID/Name, Date Entrusted and WBA columns. Incomplete forms will be returned.
- 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 not 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
Stage 3 Psychiatry of Old Age							
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							
Other EPAs <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

OCA WBA(s) completed in this rotation attached *(number in box)*.
(All OCA forms must be submitted.)

5. CASE SUMMARIES

Complete 10 case summaries per 6-month FTE, case summaries completed in this rotation are attached. Yes No

6. OTHER REQUIREMENTS

Fellows-in-training are required to complete the following requirements for the POA Certificate. Yes No

Psychotherapy for older person (>65 years old) completed in this rotation attached.

Medico-legal reports *(number completed in this rotation in box)*.

Management older people receiving ECT *(number of patients managed in this rotation in box)*.

Attendance at half-day memory clinics *(number of sessions attended during this rotation in box)*.

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

8. FEEDBACK PROVIDED AT THE END OF ROTATION REVIEW

Supervisor to Fellow-in-training

The assessment given in Section 7 may assist you to complete this page.

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

Three areas identified as needing further development:

9. PRINCIPAL SUPERVISOR REPORT – FINAL SUMMATIVE ASSESSMENT

Please circle the final (overall) grade for the Fellow-in-training's progress in the Certificate for the past 6 month period.

Choose only one grade in either the Pass or Fail category.

Fail grades		Pass grades		
<input type="radio"/> Rarely Met the overall standard required	<input type="radio"/> Inconsistently Met the overall standard required	<input type="radio"/> Almost Always Met the overall standard required	<input type="radio"/> Sometimes Exceeded the overall standard required	<input type="radio"/> Consistently Exceeded the overall standard required

In the case of a failing grade: *(check as appropriate)*

Yes No

Were these concerns discussed with the Fellow-in-training earlier, e.g. at the mid-point?

Has a supportive plan been undertaken with the Fellow-in-training in this 6 month period prior to this final assessment?

Is there a formal targeted learning plan in place for this Fellow-in-training?
(As per the policy this will be required within 60 days of a failing grade.)

10. 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

11. 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.

Yes No

I agree with the information on this form.

Fellow-in-training name (print) Signature Date

12. 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