Supervisor Accreditation Workshop

GROUP C

RESOURCE PACK FOR INTERACTIVE WORKSHOP

Version 1.0 25/07/19

You will need these details on the day to log into the interactive polling

Getting started on PollEverywhere

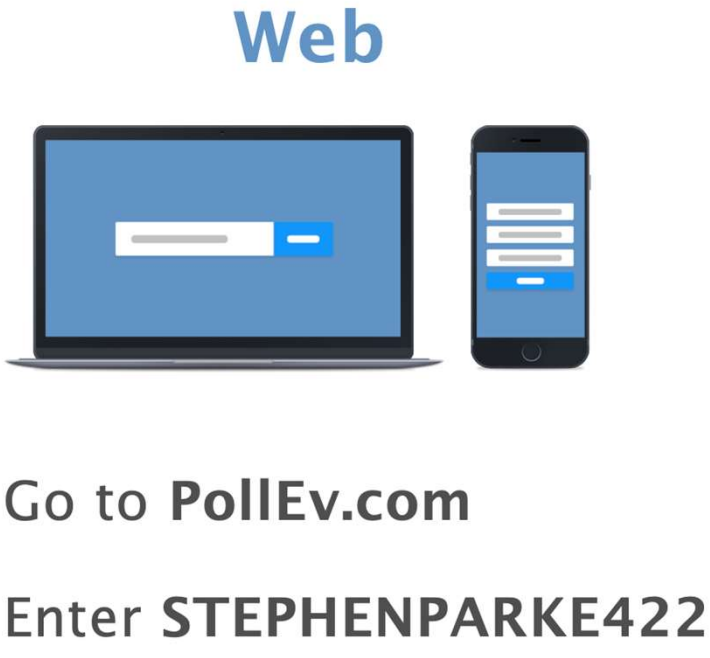
- Use your smartphone, tablet or laptop and go to the following URL:

  PollEv.com

- Join presentation:

  stephenparke422

- Enter your initials



Group C

Trainee: **Dr Annie Apple**
Stage: **2**
Time: **30-months FTE**
18-months (Stage 2)

Dr Apple is excited to have the opportunity to complete a Forensic term as she is considering doing advanced training in this area.

She assures you that she has been meeting the mandatory Stage 2 requirements each term. However, she thinks she has a few things to tick off before the end of this rotation.

Trainee Progress Trajectory in the Fellowship Program

Supporting document for Policy on Progression through Training and Policy on Failure to Progress (effective 2017)

Intended to provide a trainee (or trainees) with a baseline against which their progress w[illegible]be monitored to ensure a steady progression

Expected Fellowship attainment

Adult integrated | CAP | C-L | Adult | Forensic

	STAGE 1		STAGE 2				STAGE 3					
FTE months*:	6	12	18	24	30	36	42	48	54	60	66	72
Rotation EPAs	ITA with associated OCA + 2 EPAs†	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs	ITA with associated OCA + 2 EPAs
Stage 2 General Psychiatry EPAs x 4		1 of the 4 eg. ECT	1 of the 4 eg. Risk Assessment	1 of the 4 eg. Cultural Awareness		1 of the 4 eg. Mental Health Act						
Stage 2 Psychotherapy EPAs x 3 2 EPAs must be completed by the end of Stage 2				1 of the 3 eg. Therapeutic alliance§		1 of the 3 eg. Supportive Psychotherapy§		1 of the 3 eg. CBT§				
Additional Mandatory Stage 2 EPAs		eg. 1 ADD EPA (If not elective rotation)	eg. 1 ADD EPA (If not elective rotation)		eg. 2 POA EPAs (If not elective rotation)							
MCQ Exam		Eligible to apply > 6 months				MCQ Paper Pass**	TL = 36		SC = 48			
Essay-Style Exam				Eligible to apply > 18 months						Essay Pass	TL = 60	SC = 72
OSCE						Eligible to apply > 30 months				OSCE Pass	TL = 60	SC = 72
Scholarly Project					eg. Proposal/ Method outline					Scholarly Pass‡	TL = 60	SC = 72
Psychotherapy Written Case										Written Case Pass‡	TL = 60	SC = 72

Stage 1 Term 1 EPA exemption applied

Trainee reminders:
After 60 FTE months trainees must ensure their continued placement in an accredited training post with their service/ BTC if Fellowship requirements are still to be completed.

- Summative assessments may be submitted/sat while on a BIT.
- Targeted Learning is not permitted on a BIT. The content and duration of the Targeted Learning depends on each trainee's circumstances. Case-by-case exceptions can be considered by the Committee for Training.

TL = Targeted Learning (mandatory)
SC = Show Cause to Committee for Training (mandatory)
BIT = Break in Training

* = Months of accredited training time
§ = Psychotherapy EPAs: Must attain any 2 of the 3 Psychotherapy EPAs by the end of Stage 2. The third one can be attained by the end of Stage 3, still to a proficient standard.
** = The MCQ Exam is not a barrier to commence Stage 3 Generalist training. Effective mid-year 2016 intake, it is required for Certificate entry.
† = There is an exception for attaining two EPAs per rotation for the first rotation only
‡ = Allow time for marking.

Group C

The Royal Australian & New Zealand College of Psychiatrists

Stage 2 training checklist

To assist trainees to keep track of their training requirements during Stage 2 of the 2012 Fellowship Program.

Please remember to download your 2012 Training Record periodically. This is available on the RANZCP website by logging onto '*Member Access'* (top right corner), selecting '*My RANZCP*' and then '*My Training Reports*'. Your online record should be checked to ensure all the EPAs and rotations have been recorded correctly by the College's training team.
Queries should be directed to training@ranzcp.org.

Trainee name Dr Annie Apple ..... RANZCP ID ----------

Stage 2 training requirements			Completion date	✔
24 months FTE training	12 months in mandatory rotations	6 months FTE in **consultation–liaison psychiatry**	31/01/2020	☑
		6 months FTE in **child and adolescent psychiatry**	02/08/2019	☑
	12 months in variable rotations	6 months FTE in adult psychiatry		☐
		6 months FTE in forensic psychiatry		☐
Mandatory Stage 2 EPAs	General psychiatry	ST2-EXP-EPA1: Electroconvulsive therapy (ECT)	01/02/2019	☑
		ST2-EXP-EPA2: Mental Health Act		☐
		ST2-EXP-EPA3: Risk assessment	31/01/2020	☑
		ST2-EXP-EPA5: Cultural awareness	31/01/2020	☑
	Psychotherapy *must attain two (of three) EPAs by the end of Stage 2*	ST2-PSY-EPA2: Therapeutic alliance	01/02/2019	☑
		ST2-PSY-EPA3: Supportive psychotherapy		☐
		ST2-PSY-EPA4: CBT – Anxiety management		☐
	Child and adolescent psychiatry	ST2-CAP-EPA1: Manage an adolescent	02/08/2019	☑
		ST2-CAP-EPA2: Prepubertal child	02/08/2019	☑
	Consultation–liaison psychiatry	ST2-CL-EPA1: Delirium	31/01/2020	☑
		ST2-CL-EPA2: Psychological distress	31/01/2020	☑
	Addiction psychiatry	ST2-ADD-EPA1: Intoxication and withdrawal		☐
		ST2-ADD-EPA2: Comorbid substance use		☐
	Psychiatry of old age	ST2-POA-EPA1: Behavioural and psychological symptoms in dementia		☐
		ST2-POA-EPA2: Medication in patients 75 and over		☐
Psychotherapy Written Case status				☐
Scholarly Project proposal status				☐

For supervisor accreditation workshop purposes only

For supervisor accreditation workshop purposes only

Stage 2 training requirements			Completion date	✔
*Stage 2 EPAs which **must** be undertaken if enrolled in associated area of practice	Adult psychiatry	ST2-AP-EPA1: Treatment-refractory psychiatric disorders		☐
		ST2-AP-EPA2: Physical comorbidity		☐
		ST2-AP-EPA3: Anorexia nervosa		☐
		ST2-AP-EPA4 Bulimia nervosa		☐
		ST2-AP-EPA5: Postpartum mental illness		☐
		ST2-AP-EPA6: Psychiatric disorders in pregnancy		☐
		ST2-AP-EPA7: Epilepsy and mental illness		☐
		ST2-AP-EPA8: Acquired brain injury		☐
		ST2-AP-EPA9: Assessment of Pacific people		☐
		ST2-AP-EPA10: Management of Pacific people		☐
		ST2-AP-EPA11: Differential diagnosis of first time psychosis	12/06/2020	☑
		ST2-AP-EPA12: Engagement with people with first episode psychosis	12/06/2020	☑
	Forensic psychiatry	ST2-FP-EPA1: Violence risk assessment		☐
		ST2-FP-EPA2: Expert evidence		☐
	Indigenous mental health – Australia	ST2-INDAU-EPA1: Interviewing a patient		☐
		ST2-INDAU-EPA2: Management plan		☐
	Indigenous mental health – New Zealand	ST2-INDNZ-EPA1: Interviewing a Māori patient		☐
		ST2-INDNZ-EPA2: Management plan for a Māori patient		☐
Minimum one OCA per each 6-month FTE rotation	Year 1	OCA in rotation 1	01/03/2019	☑
		OCA in rotation 2	31/01/2020	☑
	Year 2	OCA in rotation 1	15/06/2020	☑
		OCA in rotation 2		☐
Formative & summative forms	Rotation 1	Mid-rotation ITA form	31/05/2019	☑
		End-of-rotation ITA form	02/08/2019	☑
	Rotation 2	Mid-rotation ITA form	27/11/2019	☑
		End-of-rotation ITA form	31/01/2020	☑
	Rotation 3	Mid-rotation ITA form	30/03/2020	☑
		End-of-rotation ITA form	31/07/2020	☑
	Rotation 4	Mid-rotation ITA form		☐
		End-of-rotation ITA form		☐

***Please note:** if you spend more than 6 months FTE in the same area of practice, e.g. adult psychiatry in rotation 3 and adult psychiatry in rotation 4, then you may attain **any** Stage 2 EPAs during the *second* variable rotation.

Supervisor Training workshop
Activity 3 - Part 1 CbD rating

GROUP C

ALL WBA FORMS ARE NOW COMPLETED IN InTRAIN

Case-based Discussion (CbD) Workplace-Based Assessment

Trainee name: CRISPIN CLOVE	Brief description of case: Presentation of risk assessment and initial management of a young man seen in the emergency department following an intentional overdose.
RANZCP ID: N/A	
Date of assessment:	

Trainee stage: ○ Stage 1 ○ Stage 2 ● Stage 3

This Case-based Discussion is being conducted:

- ○ independently from any EPAs
- ◉ to contribute to the evidence base for EPA attainment (list EPA below)

EPA title(s): ST3-AP-FELL-EPA2 Consult and collaborate with another health professional about their risk assessment.

*When assessing an EPA, the WBAs used as evidence **must** have been assessed at the same standard as the EPA, e.g. WBAs used to assess a Stage 2 EPA must be assessed at the proficient standard regardless of whether the trainee completes the WBA in Stage 1, Stage 2 or Stage 3.*

FEEDBACK (mandatory)

- What aspects were done well (that will provide evidence towards entrustment)?
- Suggestions for improvement.
- Agreed actions/goals.

ASSESSMENT CRITERIA

Please write more on the back as needed...

Please rate the following aspects of the Professional Presentation on the scale below.
See the Developmental Descriptors document (available on the College website) as a guide to expected standards and to help inform feedback.

	N/A	Below standard for **end** of stage	Meets standard for **end** of stage	Above standard for **end** of stage
1 Clinical record keeping	○	○	○	○
2 Clinical assessment	○	○	○	○
3 Risk assessment and management	○	○	○	○
4 Assessment and treatment of medical comorbidities	○	○	○	○
5 Treatment planning	○	○	○	○
6 Referral	○	○	○	○
7 Follow-up and transfer of care	○	○	○	○
8 Professionalism	○	○	○	○
9 Clinical reasoning	○	○	○	○

Supervisor name (print) ..... Signature ..... RANZCP ID ..... Date .....

Principal supervisor signature *(if different from above)* ..... RANZCP ID ..... Date .....

Trainee signature ..... Date .....

Supervisor Training workshop
Activity 3 - Part 2 CeX#1 rating

GROUP C

Mini-Clinical Evaluation Exercise
Workplace-Based Assessment

All WBA FORMS ARE NOW COMPLETED IN InTRAIN

Trainee name	Dr David Duckles
RANZCP ID	N/A
Date of assessment	

Brief description of case

Exploration of side-effects associated with recent commencement and dose escalation of an SSRI in a young male patient.

Trainee Stage

- ○ Stage 1
- ● Stage 2
- ○ Stage 3

This Mini-Clinical Evaluation Exercise is being conducted:

- ○ independently from any EPAs
- ● to contribute to the evidence base for EPA attainment (list EPA below)

EPA title(s) ST2-AP-EPA2: Physical comorbidity

*When assessing an EPA, the WBAs used as evidence **must** have been assessed at the same standard as the EPA, e.g. WBAs used to assess a Stage 2 EPA must be assessed at the proficient standard regardless of whether the trainee completes the WBA in Stage 1, Stage 2 or Stage 3.*

FEEDBACK (Mandatory)

- What aspects were done well (that will provide evidence towards entrustment)?
- Suggestions for improvement.
- Agreed actions/goals.

Please write more on the back as needed…

ASSESSMENT CRITERIA

Please rate the following aspects of the Mini-Clinical Evaluation Exercise on the scale below.
See the Developmental Descriptors document (available on the College website) as a guide to expected standards and to help inform feedback.

	N/A	*Below standard for **end** of stage*	*Meets standard for **end** of stage*	*Above standard for **end** of stage*
1 History-taking process	○	○	○	○
2 History-taking content	○	○	○	○
3 Mental state examination skills	○	○	○	○
4 Physical examination skills	○	○	○	○
5 Communication skills	○	○	○	○
6 Data synthesis	○	○	○	○
7 Organisation/efficiency	○	○	○	○

Supervisor name (print) ..... Signature ..... RANZCP ID ..... Date .....

Principal supervisor signature *(if different from above)* ..... RANZCP ID ..... Date .....

Trainee signature ..... Date .....

Supervisor Training workshop
Activity 3 - Part 2 CeX#2 rating

GROUP C

Mini-Clinical Evaluation Exercise
Workplace-Based Assessment

OPTIONAL ACTIVITY

All WBA FORMS ARE NOW COMPLETED IN InTRAIN

Trainee name	Dr Annie Apple
RANZCP ID	N/A
Date of assessment	

Brief description of case

Discussion with parents of a late adolescent female admitted to hospital following the first presentation of psychosis.

Trainee Stage

- (●) Stage 1
- ( ) Stage 2
- ( ) Stage 3

This Mini-Clinical Evaluation Exercise is being conducted:

- ( ) independently from any EPAs
- (●) to contribute to the evidence base for EPA attainment (list EPA below)

EPA title(s) ST1-GEN-EPA6: Providing psychoeducation

*When assessing an EPA, the WBAs used as evidence **must** have been assessed at the same standard as the EPA, e.g. WBAs used to assess a Stage 2 EPA must be assessed at the proficient standard regardless of whether the trainee completes the WBA in Stage 1, Stage 2 or Stage 3.*

FEEDBACK (Mandatory)

- What aspects were done well (that will provide evidence towards entrustment)?
- Suggestions for improvement.
- Agreed actions/goals.

Please write more on the back as needed…

ASSESSMENT CRITERIA

Please rate the following aspects of the Mini-Clinical Evaluation Exercise on the scale below.
See the Developmental Descriptors document (available on the College website) as a guide to expected standards and to help inform feedback.

	N/A	*Below standard for **end** of stage*	*Meets standard for **end** of stage*	*Above standard for **end** of stage*
1 History-taking process	○	○	○	○
2 History-taking content	○	○	○	○
3 Mental state examination skills	○	○	○	○
4 Physical examination skills	○	○	○	○
5 Communication skills	○	○	○	○
6 Data synthesis	○	○	○	○
7 Organisation/efficiency	○	○	○	○

Supervisor name (print) ..... Signature ..... RANZCP ID ..... Date .....

Principal supervisor signature *(if different from above)* ..... RANZCP ID ..... Date .....

Trainee signature ..... Date .....

Challenges in Supervision: Dr F

- Dr F is completing an Adult Community term.
- Team members have reported to you that his manner is abrupt and dismissive towards them, and paternalistic towards patients.
- On completion of the mid-term ITA you tick many boxes as 'inconsistently met'. You raise concerns about the possibility of him not passing the term.
- He is dismissive of your feedback, indicates that you have been unfair, and states his intention to lodge a formal complaint.

Questions:

1. What issues do you need to consider?
2. What problems might emerge?
3. How would you approach supervision with this trainee?

Challenges in Supervision: Dr E

- Dr E commenced with working with you in inpatient setting this week. He is a 5th year trainee and the only exam he has passed so far is the MCQ.
- You received feedback from his previous supervisor that he is 'generally passable but not a high flyer'.
- At your first supervision session he informs you he was recently diagnosed with a dyslexia which means he cannot be expected to write extensive notes or reports due to the high demands of the inpatient setting.
- He also tells you that he is expecting you will help him to get over the line in the Essay Style Exam which he has failed twice.

Questions:

1. What issues do you need to consider?
2. What problems might emerge?
3. How would you approach supervision with this trainee?

Activity 3 - Resource

The Royal Australian & New Zealand College of Psychiatrists

CBFP Developmental Descriptors

The following table contains the Developmental Descriptors for use in the Competency-Based Fellowship Program. The Developmental Descriptors are behavioural descriptors for the Fellowship Competencies.

The descriptors articulate how the overarching Developmental Trajectory applies for each of the Fellowship Competencies at the Basic, Proficient and Advanced level. The descriptors chart the anticipated developmental trajectory of trainees' performance as they progress towards Fellowship. It is recognised that the behaviours described in the Developmental Descriptors do not represent the exclusive range of behaviours, and are provided only as a guide.

These descriptors are intended to provide supervisors and trainees with a reference point for defining performance standards. It is anticipated that the descriptors will be of use as criteria supporting workplace-based assessments and guiding the provision of formative feedback to trainees.

The Developmental Trajectory illustrates the broad changes expected of trainees' practice as they progress through training:

Basic	Proficient	Advanced
Low level of independence		High level of independence
High level of supervision		Low level of supervision
Completes straightforward tasks		Completes complex tasks

Aspect of Practice	BASIC End of Stage 1	PROFICIENT End of Stage 2	ADVANCED End of Stage 3
Assessment ME 1*	Conducts a standard assessment of a patient with typical psychiatric disorders, but requires supervision to elicit all necessary data and to understand the significance of data obtained.	With supervision, performs a detailed and comprehensive assessment of a patient presenting with typical and atypical features.	Performs a detailed and comprehensive assessment of a patient presenting with complex or multiple problems, or in special groups.

History Taking ME 1*	Follows recommended framework for history taking. Hypothesis-driven for simple problems. Requires supervision to clarify important positive and negative features from the history and for accuracy and interpretation of mental state examination. Demonstrates adequate assessment of risk.	History taking is targeted according to the patient's presentation and is hypothesis-driven. Uses supervision to enhance understanding of relevant issues, including in-depth analysis of risks.	History taking is appropriate to setting, focused and hypothesis driven. Sophisticated understanding of immediate and long-term risks of the individual case.
Sociocultural ME 1, 3*	Identifies key sociocultural issues relevant to the psychiatric assessment. Requires supervision to deepen understanding.	Integrates sociocultural issues and patient's needs into the psychiatric assessment. Uses supervision to enhance understanding.	Generates a sophisticated sociocultural formulation and applies this formulation to the treatment plan of the patient.
Mental State Examination ME 2*	Conducts and presents a thorough MSE, assessing the key aspects of observation of appearance, behaviour, conversation and rapport, affect and mood, thought (stream, form, content, (normal and abnormal), perception, cognition, insight and judgement. Able to perform some targeted cognitive assessments correctly. Succinct presentation of the MSE (and cognitive assessment) with accurate use of phenomenological terms and appropriate positive and negative findings.	Conducts and presents a thorough, relevant and succinct MSE, with accurate use of phenomenological terms and appropriate identification of positive and negative findings. Performs an accurate cognitive assessment targeted to the patient's presentation that provides useful information. Interprets findings of cognitive assessments correctly and can discuss their application.	Conducts and accurately presents a tailored MSE in complex patients, in a variety of settings and for a variety of reasons. Approach is organised and efficient. Decides on the importance of a cognitive assessment, chooses the most appropriate tests and performs them in a meaningful manner that provides useful information targeted to the patient's presentation.
Formulation ME 3*	Produces an accurate BPS[1] formulation and requires supervision to link salient factors.	Able to identify and succinctly summarise important aspects of the history, using a BPS framework, and develop hypotheses as to how these factors interacted such that the patient now presents with the problems identified. Clearly demonstrates an understanding of the individual before them (i.e. tailored and not generic formulations). Hypotheses should be based on	Sophisticated integration of information on complex or unusual cases into a BPS formulation.

[1] BPS refers to the Biopsychosocial Model described by Engel (Engel G.L. (1977), *The Need for a New Medical Model: A Challenge for Biomedicine*, Science, 196: 129 – 136), which includes cultural and spiritual dimensions within the social domain

		recognised psychological, social and biological theories and, where extant, evidence. Such theories and evidence that the candidate relies upon should be accurately described and applied in a manner that demonstrates a deeper level of understanding. These hypotheses should inform management recommendations. Uses supervision to assist and learn from this process.	
Information Gathering ME 3*	Under supervision, describes, gathers and integrates additional information acquired from other sources and places this information into a chronological and developmental perspective.	Uses supervision to gather and integrate information from all agencies involved, including external professionals, into overall assessment and formulation. Identifies gaps and inconsistencies in information and develops a plan to address these.	Gathers and integrates complex information from all relevant sources, accurately evaluates the quality and accuracy of information and appropriately uses all information to inform the assessment and management plan. Seeks additional missing information and clarifies inconsistent information efficiently.
Vulnerability and Resilience ME 3, 4*	Describes vulnerability and resilience factors but requires supervision to incorporate these into the formulation and management plan.	Analyses vulnerability and resilience factors but may require supervision to incorporate these into formulation and management plan in complex or multisystem presentations.	Theorises vulnerability and resilience factors in the comprehensive formulation and applies these to the management plan with highly complex and novel presentations. Identifies peer or supervision support when required.
Management Plan ME 4*	Describes a basic management plan that is driven by the formulation, but requires supervision to ensure a tailored approach. Requires supervision to re-evaluate and adapt the management plan according to patient response or guide referral to other professionals or agencies during the course of management.	Develops and negotiates the design of a comprehensive management plan that addresses issues identified in the formulation. Monitors therapeutic alliance and response to the management plan, including the balance of benefits and side effects of treatments/therapies, can adjust the plan accordingly as required.	Designs a comprehensive management plan for complex or unusual cases. The trainee can hypothesise the potential therapeutic alliance difficulties, and the barriers to treatment. The trainee describes the anticipated treatment response for a condition and can speculate about potential problems arising during care. The trainee elaborates discharge/termination arrangements in advance and these are tailored to the patient's condition and specific needs.
Follow Up ME 4*	Follows procedures for appropriate follow up and transfer of care to primary or other carers. Some supervision might be required.	Tailors the follow up care arrangements to the patient's presentation and arranges transfer of care in an accurate, succinct and timely manner.	Designs follow up care arrangements and transfer of care with clear direction of potential problems that can occur in the care plan.

Investigations ME 5*	Identifies and can interpret routine / standard range of haematological biochemical tests other investigations (including neuro-imaging) involved in routine psychiatric care. May require support to prioritise interventions and interpret abnormal results.	Justifies the selection of investigations, and demonstrates ability to prioritise these in a hierarchy of essential to least important. Demonstrates cost-benefit reasoning in the selection of investigations. Requires assistance to prioritise interventions in more complex situations.	Initiates consultation and support to manage complex and unfamiliar clinical problems. Reflects on limitations and value of interventions in care of patients
Diagnostic Procedures ME 6*	Identifies and undertakes routine diagnostic procedures including physical examination, laboratory tests, and questionnaires. Requires assistance with interpretation.	Justifies selection of diagnostic procedures and interprets results.	Independently undertakes and interprets relevant investigations and physical examination in a resource effective and ethical manner.
Critical Appraisal ME 7*	Identifies principles of evidence-based practice to guide the development a management plan for routine or uncomplicated presentations, with aid of supervisor.	Independently applies evidence-based management principles in routine cases. Uses supervision to identify gaps in theoretical knowledge in more complex cases.	Critically evaluates available scientific evidence to Guide the development of the management plan.
Integrate Information ME 7*	Identifies appropriate ways of obtaining relevant basic science and clinical information to augment understanding. Requires support to evaluate source of information. Also requires support to integrate newly acquired knowledge with prior learning and apply to clinical practice.	Incorporates relevant clinical information and evaluates its sources, requiring minimal support to integrate this with prior learning and application to practice.	Critically evaluates and integrates medical, developmental, psychological and sociological information and its sources, and applies this appropriately to practice.
Legislation ME 8*	Describes mental health and related legislation but may need assistance in its application to individual cases.	Applies mental health and related legislation accurately and independently in routine and difficult cases.	Trainee is fully aware of responsibilities under mental health and related legislation. Appreciates the strengths and weaknesses of mental health and related legislation and able to use independently.
Obtaining Information COM 1*	Gathers relevant information from other informants with guidance from supervisor, in a professionally sensitive manner.	Gathers relevant information from other professionals and informants to inform assessment, recognising confidentiality, bias and other variables	Reflects on the relevance of information obtained from other professionals to generate a complete and sophisticated understanding of complex cases.
Communicate Management Plan	Communicates a basic but safe management plan to patient and caregivers but requires supervision to ensure flexibility of approach.	Communicates a comprehensive management plan to patient and caregivers. Adopts a maintenance focus including psychoeducation, early warning signs, access to treatment and	Effectively communicates management plan and discusses its acceptability with the individual and family/carer. Contemplates potential barriers and negotiates flexible alternatives as required.

COM 1*		patient self-evaluation.	
Rapport COM 1*	Interacts effectively with patient and caregivers, with supervision. May at times be somewhat overly technical or elaborate, or be more active or directive or passive than the situation ideally requires, but still maintains adequate rapport. Identifies core components of rapport establishment and common barriers for poor establishment of rapport.	Adapts interactions to the individual patient and caregivers to facilitate establishment of rapport, mindful of the background of the patient and caregivers, with minimal supervision.	Independently tailors interactions according to the developmental stage and background of the patient and caregivers. Can self-evaluate establishment and maintenance of rapport in the therapeutic environment.
Documentation COM 2*	Follows institutional/organisational procedures to produce written information. Written information may be somewhat over-inclusive or lacking detailed information.	Demonstrates the ability to produce more sophisticated documentation, such as complex reports and clinical reviews, under supervision. Shows discernment in selection of content, and tailors documentation to intended audience.	Produces complex clinical documentation (such as medico legal reports, briefs about critical incidents etc.) with minimal input from supervisor. For example, produces a sophisticated report that provides salient and integrated information and plan that can also be used by others. Documentation is succinct and professional.
Interagency COM 2*	Identifies and communicates effectively with agencies involved in patient care with supervision.	Liaises and negotiates with relevant agencies, justifying shared care, with minimal support.	Recognises complex issues related to liaison and contributes to higher level discussion or interagency working groups.
Working Alliance COL 1*	Establishes and maintains rapport and engagement of families/carers in straightforward cases but requires supervision to improve competence in this area. For example, requires assistance to select content with reference to possible positive and negative implications for patient and caregivers.	Establishes and maintains rapport, and engages each family member in the assessment process but seeks supervision to further enhance this skill. Less supervision required in complex situations. For example, level of assistance to select content with reference to possible positive and negative implications for patient and caregivers will depend on complexity and prior experience.	Establishes and maintains an effective working alliance with the patient and relevant others, in complex/difficult situations. For example, selects content with reference to possible positive and negative implications for patient and caregivers.
MDT COL 3*	Identifies key roles, values and responsibilities of professionals in the multidisciplinary team. Participates in the multidisciplinary team with assistance of supervisor.	With minimal supervision, promotes good multidisciplinary team function, effectively taking leadership role in routine multidisciplinary team meetings when indicated, and can negotiate complex issues.	Effectively leads complex multidisciplinary team meetings when indicated, for example in critical incidents, and actively encourages contributions from all members of the multidisciplinary team to promote efficient and effective multidisciplinary

			team function.
Systems Theory COL 3*	Identifies important dynamic systems-related issues impinging on team functions in supervision.	Explains how systems theory is relevant to multidisciplinary team function and shows awareness of intrapersonal issues that may affect multidisciplinary team functioning.	Works with multidisciplinary team to prevent, negotiate and resolve conflict and other issues within multidisciplinary team independently but seeks support where indicated.
Psychiatrist Role COL 3*	Distinguishes key roles, and responsibilities of psychiatrists in the health care system from other mental health professionals	Describes the range of roles and responsibilities of psychiatrists in the health care system.	Describes more complex roles and responsibilities of psychiatrists in the system of care, including psychiatrists' role in conflict of interest situations in the organisation and sponsorship
Liaise with Psychiatrists COL 3*	Liaises appropriately and effectively with the supervisor, psychiatrists, including the on-call psychiatrist.	Liaises effectively with psychiatrists with minimal supervision in complex clinical situations.	Liaises effectively with psychiatrists in complex clinical situations.
Recruitment COL 3/4*	With supervision, identifies and recruits additional services appropriately.	Recruits other professionals appropriately to contribute to management.	Demonstrates an ability to prioritise the use of additional resources, according to patient need.
Role of Key Agencies COL 4*	Identifies key agencies and can describe services provided.	Describes in detail the roles and responsibilities of key agencies and identifies a broad range of additional agencies.	Describes the roles and responsibilities of a wide range of agencies and has a sophisticated approach to utilising their services.
Service Provision Gaps COL 3/4 & MAN 2*	Identifies major gaps in service provision and integration and reflects on this within the context of supervision	Identifies gaps in service provision and integration and can minimise the impact in most circumstances with supervision	Identifies gaps in service provision and integration in relation to complex patients and communicates the impact on the family and patient using local relevant clinical governance structures.
Consultation COL 4*	Provides effective consultation to other health professionals and agencies around individual patient care or broader systemic issues affecting the wellbeing of populations.	Provides consultation to relevant agencies and can develop both individual comprehensive management plans and systemic interventions with minimal supervisory support	Consults effectively to multiple agencies around complex individual presentations and systemic issues
Professional Role MAN 1*	Describes and adheres to the trainee role within the clinical line of responsibility.	Explains the role of the trainee within the system and the learning environment.	Performs a professional role within the system, acknowledging limitations of responsibility, the ability to tolerate and manage uncertainty, and

			participates in organisational governance processes.
Systemic Issues MAN 1*	Identifies systemic issues impacting on patient care at a personal and clinical level with supervision.	Identifies issues but needs assistance to identify at what level intervention would be most effective within current the governance structure.	Describes principles of change management and change processes and with supervision can proactively contribute to change in a manner that advances mental health care
Clinical Leadership MAN 2*	Identifies the clinical leadership role of a psychiatry trainee, including whilst on-call	Participates effectively as a junior leader at the local hospital level, with guidance and support.	Participates effectively in committees and meetings in all roles. Able to participate in committees concerning service development and planning, capacity enhancement, financial and human resource allocation.
Quality Improvement MAN 3*	Describes the principles of quality assurance.	Articulates the principles behind design, critical review and development of systemic quality evaluation processes.	Participates in the design, development and critical review of systemic quality improvement.
Service Development MAN 2, 4*	With assistance, identifies and describes the impact of resource allocation on wider health systems.	With supervision identifies gaps in service provision and critically discusses service development and planning, capacity enhancement and human resource allocation. Shows an understanding of funding for services.	Takes a leadership role in discussions regarding development and planning, capacity enhancement and human resource allocation. Shows a sophisticated understanding of funding for services.
Resource Allocation MAN 4*	Under supervision, describes the costs, benefits and risks of psychiatric care.	Analyses the balance of costs, benefits and risks of psychiatric care.	Management plans take account of cost/risk/benefit analysis to influence resource allocation.
Documentation MAN 5*	Accurately documents the case assessment, formulation and management plan, with supervision. Requires supervision to assist with integration of information.	Accurately documents sophisticated case assessments, formulations and management plans.	Autonomously completes documentation requirements, and is able to provide supervision to ensure others fulfil their documentation obligations.
Clinical Responsibilities MAN 5*	Reliably attends to required clinical responsibilities.	Reliably attends to required clinical responsibilities and, with assistance, manages complex and unfamiliar situations.	Meets work demands responsibly and in a timely manner in complex and unfamiliar clinical situations.
Patient and Systems	Engages with individual patient and the more immediate systems with supervision to provide	Engages with individual patient and multiple systems with supervision to positively influence	Engages with individual patient and multiple systems to positively influence outcomes.

Engagement HA 1*	quality care.	outcomes.	
Advocacy Groups HA 1*	With support, identifies the relevance of advocacy groups and their role in supporting patient and caregivers. Actively seeks and evaluates local and regional groups and makes recommendations with support.	Actively links patient and caregivers to relevant local and/or regional advocacy groups.	Actively links patient and caregivers to relevant local and/or regional advocacy groups, encourages development of advocacy groups.
Prevention and Promotion HA 2*	Integrates principles of prevention and health promotion to planning and service provision in mental health services with supervision.	Integrates principles of prevention and health promotion to planning and service provision in mental health services. With supervision can apply these to wider systems.	Integrates principles of prevention and health promotion to planning and service provision in mental health settings and wider systems.
Epidemiology HA 2*	Describes basic epidemiology and identifies sources of epidemiological data relevant to clinical decision making.	Demonstrates the application of epidemiology to clinical practice. With supervision critically reviews epidemiological data to judge how this influences interventions in service provision and at a societal level.	Critically reviews and applies relevant epidemiological data to inform clinical decision making and service provision for individuals and societies.
Knowledge Gaps SCH 1*	Requires individual supervision to help identify deficiencies in relevant knowledge and skills, and ways to remedy these deficiencies.	Uses supervision to identify areas of knowledge deficiency and review the existing literature to enhance understanding.	Identifies gaps in own knowledge, generate new questions for study and evaluates obtained knowledge.
Reflection SCH 1 PROF 3*	Actively engages and participates in supervisory relationship to identify learning needs and develop appropriate action plans, and evaluates these periodically.	Collaboratively uses supervision to develop reflective practices to ensure ongoing learning and professional development.	Establishes and participates reflectively in peer and mentoring relationships to ensure ongoing learning and professional development.
Teaching SCH 2, COM 1*	Communicates at a level and in a manner that can be comprehended by familiar audiences.	Communicates at a level and in a manner that can be comprehended by most audiences.	Communicates at a level and in a manner that can be comprehended by the audience being addressed.
Learning Needs Assessment SCH 2*	Identifies the learning needs of others but may require support to prioritise these. With supervision, selects content and, guided by best teaching practices, develops an effective	Reflects on and prioritises the learning needs of others. Develops effective educational strategies with support.	Reflects on and prioritises the learning needs of others and develops tailored educational strategies.

	educational strategy.		
Supervision SCH 1, 3*	Describes the essential components and value of clinical supervision.	Critically appraises the components of the supervisory relationship, and limitations to the supervisory process.	Develops supervisory skills through formal training.
Scholarly Activity SCH 3*	Describes research approaches, such as study design, methodology, and conducting literature reviews.	Identifies an area of practice appropriate for scholarly investigation and refine plans with supervision.	Creates a scholarly project through planning, data gathering, analysis, and presentation.
Consent and Confidentiality PROF 1*	Identifies the principles and limits of obtaining consent and keeping confidentiality, using supervision in complex clinical situations.	Applies the principles and limitations of obtaining consent, including performance of capacity assessment, and keeping confidentiality in clinical practice.	Justifies decision making regarding consent and confidentiality in challenging clinical scenarios.
Boundaries PROF 1*	Follows guidelines to maintain personal and interpersonal boundaries in clinical practice and uses supervision to enhance understanding and to apply theoretical knowledge to clinical situations.	Ensures appropriate personal and interpersonal boundaries in clinical practice, seeking supervision in complex situations.	Maintains and ensures appropriate personal and interpersonal boundaries, utilising peer review group to assist in decision making in more difficult or complex countertransferential situations.
Ethics PROF 1*	Identifies relevant ethical principles but will need support to resolve conflicting priorities to guide action.	Identifies relevant ethical principles but can resolve these in familiar situations and will seek support where complexity exists.	Identifies relevant ethical principles but can resolve these in most situations. Identifies and seeks support, including peer review, to consolidate ethical decision making.
Quality of Care PROF 1, 2*	Follows institutional guidelines to deliver high quality care with integrity, honesty, compassion and respect for diversity.	Evaluates quality of care and identification of potential for error and incorporates this into continuing practice improvement.	Challenges and intervenes to improve quality of care.
Reflection on Limitations PROF 3*	Identifies the importance of ongoing self-reflection in clinical practice and discusses the limitations of their expertise during supervision.	Reflects on limitations of their practice and expertise through ongoing self-audit and seeks supervision to address limitations or to develop a safe alternative approach.	Safely operates within required scope of practice and expertise, identifies ramifications of limitations to their expertise and seeks appropriate support.
Time Management PROF 4*	Using supervision, external structures and regulations, balances patient care, service requirements and personal well-being.	Applies time management skills and prioritisation that fulfils personal and clinical interests and duties.	Displays flexible time management skills that generate sustainable work-life balance.

Others' Unprofessional Behaviour PROF 5*	Distinguishes between professional and unprofessional behaviours and discusses this with the supervisor or other appropriate authority.	Identifies and, with support, addresses unprofessional behaviours in others.	Identifies and addresses unprofessional behaviours in others.
Regulatory Requirements PROF 5*	Identifies professional regulatory requirements and can follow required procedures.	Complies with relevant professional regulatory requirements, and identifies other professional guidelines and codes of conduct.	Complies with relevant professional regulatory requirements, analyses and incorporates other professional guidelines and codes of conduct into clinical practice.

References

Lesser, C. S., Lucey, C. R., Egener, B., Braddock, C. H., Linas, S. L., Levinson, W. (2010) *A Behavioral and Systems View of Professionalism*. JAMA. 304(24):2732-2737

McAllister, S., Lincoln, M., Ferguson, A., & McAllister, L. (2010). *Assessment of performance in practicum*. In L. McAllister, Paterson, M., Higgs, J., & Brithell, C. (Eds), Innovations in allied health fieldwork education: A critical appraisal (pp.247-260). The Netherlands: Sense Publishers.

McAllister, S., Lincoln, M., Ferguson, A., & McAllister, L. (2010). *Issues in developing valid assessment of speech pathology students' performance in the workplace*. International Journal of Language & Communication Disorders, 45(1), 1-14.