

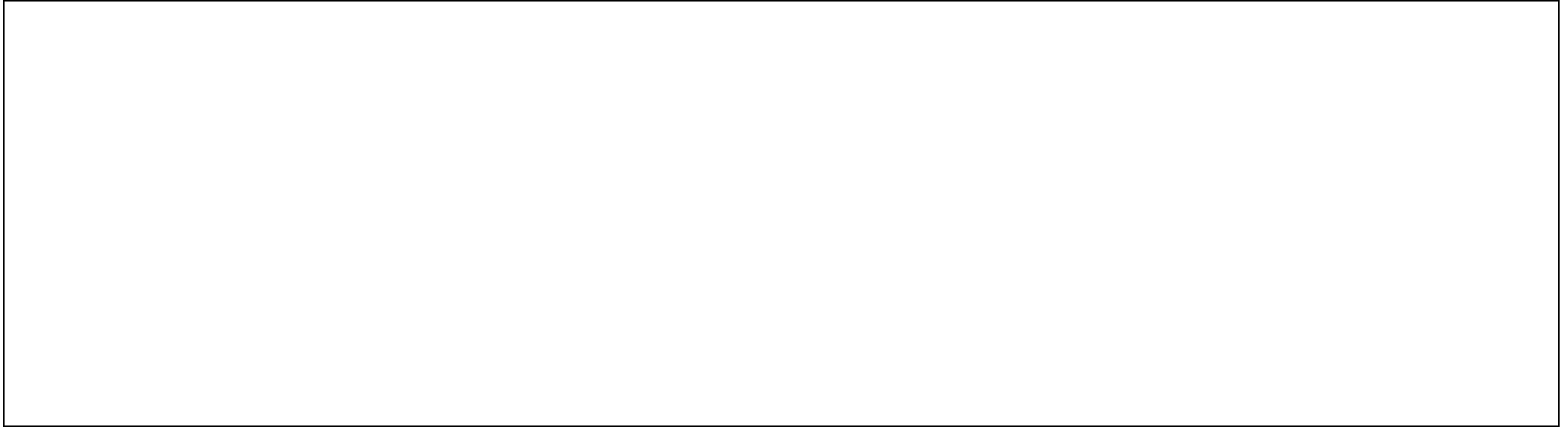
DRAFT FOR INITIAL GRADES AND NOTES ON THE **STAGE 1 ITA** – MID-RUN OR END OF RUN (print off and make notes on paper version)

STAGE 1 LEARNING OUTCOMES Link to Developmental Descriptors		EXPECTATIONS					
		Rarely Met *	Inconsistently Met *	Almost Always Met	Sometimes Exceeded	Consistently Exceeded *	Unable to Comment
1	Medical Expert						
1.1	ASSESSMENT: Conducts an organised psychiatric assessment with a focus on: history taking, psychiatric interview skills, risk assessment, phenomenology, MSE with relevant physical and cognitive examination, obtaining collateral history from other sources.						
1.2	DIAGNOSIS: Accurately constructs a differential diagnosis for common presenting problems using a diagnostic system (DSM, ICD).						
1.3	FORMULATION: Identifies and summarises relevant biological, psychological, cultural and social contributors to the patient's illness and recovery.						
1.4	MANAGEMENT: Constructs and implements safe management plans under supervision using recognised biological (ECT and psychopharmacology) and psychosocial approaches, with reference to relevant treatment guidelines.						
1.5	PSYCHIATRIC EMERGENCIES: Undertakes the assessment and initial management of psychiatric emergencies, with due regard for safety and risk, under supervision.						
1.6	LEGISLATION: Describes the principles and practical application of the mental health legislation and informed consent and is able to work appropriately with the relevant mental health legislation.						
1.7	REFLECTION: Identifies the principles of reflection and uses supervision to engage in reflection on clinical activities.						
2	Communicator						
2.1	PATIENT COMMUNICATION: Uses effective and empathic verbal and non-verbal communication skills in all clinical encounters with the patient, their families and carers.						
2.2	CONFLICT MANAGEMENT: Recognises challenging communications, including conflict with patients, families and colleagues, and discusses management strategies in supervision to promote positive outcomes.						
2.3	CULTURAL DIVERSITY: Recognises and incorporates the needs of culturally and linguistically diverse populations, including the use of interpreters and culturally appropriate health workers.						

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2.4	SYNTHESIS: Provides accurate and structured verbal reports regarding clinical encounters using a recognised communication tool.						
2.5	DOCUMENTATION: Demonstrates comprehensive and legible case record documentation including discharge summaries and written liaison with referrers, primary care providers and community organisations (where relevant), under supervision.						
3	Collaborator						
3.1	TEAMWORK: Participates constructively as a member of a multidisciplinary mental health team, demonstrating an awareness of the roles and contribution of various members of the MDT.						
3.2	EXTERNAL RELATIONSHIPS: Demonstrates an ability to work collaboratively and respectfully with consumer and carer representatives, other health professionals and other agencies to improve patient outcomes.						
3.3	PATIENT RELATIONSHIPS: Develops therapeutic relationships with patients, carers and relevant others.						
4	Manager						
4.1	GOVERNANCE: Describes own scope of practice, responsibilities and line of reporting.						
4.2	ORGANISATIONAL STRUCTURES: Identifies the operational structures of the service and own role within this structure.						
4.3	WORKLOAD & RESOURCE MANAGEMENT: Organises, prioritises and delegates tasks within the clinical setting. Accountable for own time management, availability and punctuality.						
4.4	QI FOCUS: Describes the principles of quality improvement and recognises opportunities for service improvement.						
4.5	REGULATION USAGE: Identifies and applies legislative/regulatory requirements and service policies (e.g. adverse outcomes reporting).						
5	Health Advocate						
5.1	ADDRESSING DISPARITY: Describes health inequalities and disparities in relation to clinical setting.						
5.2	ADDRESSING STIGMA: Identifies the impact of cultural beliefs and stigma of mental illness on patients, families and carers.						
5.3	COMMUNITY: Describes the scope and role of local consumer and carer organisations within mental health care.						

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5.4	PATIENT FOCUS: Advocates for the patient within the MDT, with particular emphasis on ensuring patient safety.						
6	Scholar						
6.1	PARTICIPATES IN LEARNING: Actively participates in training program, including supervision, formal education course and academic presentations.						
6.2	RESEARCH: Critically evaluates academic material.						
6.3	FEEDBACK: Identifies and describes the principles of giving and receiving feedback.						
6.4	TEACHING: Describes principles of teaching and learning.						
6.5	PRESENTING: Presents to colleagues, medical students or members of the public, possibly including patients.						
7	Professional						
7.1	ETHICS: Adheres to professional and ethical standards of practice, in accordance with the RANZCP Code of Conduct and Code of Ethics, and local regulatory bodies.						
7.2	COMPLIANCE: Identifies and fulfils legislation, regulations and College requirements regarding training, employment and professional registration.						
7.3	SELF-CARE: Identifies strategies to balance personal wellbeing and professional priorities in adapting to trainee responsibilities.						
7.4	INTEGRITY: Aware of pathways and legislation to report unprofessional behaviours or misconduct of colleagues and acts on these as appropriate, using supervision.						
7.5	PROFESSIONAL DEVELOPMENT: Identifies learning goals and anticipated milestones in training, in supervision.						

Trainee's three areas of particular strength



Three areas identified as needing particular development

