

Psychiatry of Old Age Learning plan

*To be submitted by trainees and Fellows completing a Certificate of Advanced Training in Psychiatry of Old Age.*

Please complete this plan in conjunction with your Director of Advanced Training and submit prior to the commencement of certificate training.

**A learning plan should be agreed and submitted for every 12 months FTE of training.**

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| RANZCP ID |  | | | |  |
| Trainee name |  | | | |  |
| Training program |  | | | |  |
| Local Director of Advanced Training |  | | | |  |
| Learning plan timeframe | From |  | To |  |  | |

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| PLAN FOR TRAINING POSTS  Describe the overall plan for posts across this period, as far as can be currently determined. |

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| If details can be determined, please note them below. *(Attach extra pages as needed.)* | | | | | | | |
| **Training post 1** | | | | | | | |
| (Probable) | From |  | To |  | FTE (e.g. 0.5, 0.6, 1.0) |  | |
| Hospital or health service |  | | | | | | |
| Supervisor(s) |  | | | | | | |
|  | | | | | | | |
| **Training post 2** | | | | | | | |
| (Probable) | From |  | To |  | FTE (e.g. 0.5, 0.6, 1.0) |  | |
| Hospital or health service |  | | | | | | |
| Supervisor(s) |  | | | | | | |
| KNOWLEDGE OBJECTIVES  Describe how you plan to meet the Certificate of Advanced Training in Psychiatry of Old Age curriculum requirements, e.g. formal teaching program\*, conferences, online modules, seminars/workshops, self-directed learning (texts to be read, etc.). | | | | | | |

\*If a local formal teaching program is available, trainees and Fellows-in-training are required to attend but if a formal teaching program is not available, there must be a compensatory increase in the other types of learning activities.

LOCAL DIRECTOR OF ADVANCED TRAINING DECLARATION

I confirm that the proposed learning plan is appropriate for a period of certificate training in psychiatry of old age. It contains:

appropriate clinical attachments and proposed duties

suitable training posts and appropriate supervision (if known)

appropriate educational goals.

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| Local Director of Advanced Training signature | .............................................................................................. | | | |
|  | RANZCP ID |  | Date |  |

Table 1 Training objectives

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| Objectives | Means | Outcome |
| *E.g. Improve learning about neuroimaging* | *E.g. Complete International Psychogeriatric Association neuroimaging webinars* |  |
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