

## Clinical and case experiences reflection record / tool

Trainees, supervisors and directors of advanced training (DOAT) are all vested in trainees gaining a sufficiently broad clinical experience during their 24 months of certificate training in infant, child and adolescent psychiatry. Many international subspecialty training programs in child and adolescent psychiatry are of longer duration, do not occur in parallel to other requirements of training such as examinations and/or require trainees to record case experiences. Trainees who wish to work overseas following training may require records that demonstrate equivalence.

The RANZCP Certificate training does not mandate the use of specific case records, but there is an expectation that trainees have ongoing opportunity to reflect on their clinical training experiences to determine future training placement and professional development goals. This tool is for trainees to reflect on the strengths and areas for development in their clinical case experience.

It is not always possible for trainees to gain sufficient supervised clinical experience in all elements listed in this reflective tool. Trainees should be guided by supervisors and directors of training as to the adequacy of their experiences and developing competencies and incorporate reflections into their Learning and Development Plan (LDP). Professional development continues post certification and continued reflection on strengths and areas for development can be enhanced by the use of tools.

### The objectives of the case reflection tool include:

- Provide guidance to trainees about the scope of clinical case work that they could achieve during their training to complement didactic learning. Please refer to Curriculum - Certificate of Advanced Training in Child and Adolescent Psychiatry ([ranzcp.org](http://ranzcp.org)).
- Provide structure for reflections with supervisors and DOATs on the relative gaps in their experience such that they can have active role in developing a plan to address these prior to the end of training.
- Allow trainees to alert supervisors and DOAT to jurisdictional difficulties in gaining breadth of clinical experience so that there might advocacy for systemic change to address this.
- Provide assurance that sufficient exposure to developmental ages has been available during specific training rotations (for example where a training rotation must demonstrate that 80% of patient case load was aged between 0 and 18 years)
- Provide evidence of scope of experience to demonstrate equivalence in training for later employment or certification purposes.

Those using the tool may wish to make records numerical or as a narrative to promote their reflective conversations. These conversations may take place at any time during a trainee-supervisor relationship, but is well placed at the commencement of rotations and while developing LDP.



**Trainee Name/ID** \_\_\_\_\_ **Date of Reflection** \_\_\_\_\_

- I have reflected on my case experience over the past 6 FTE months of Certificate Training in Child and Adolescent Psychiatry in the context of my cumulative experience with my supervisor and/or Director of Advanced Training using the attached tool or other case record
- I have incorporated the strengths and gaps in experience thus far into my learning and development plan.
- I have completed the reflection below for incorporation into my learning and development plan.

*Only required in rotations such as perinatal or youth services where a component of the clinical work might be with adult clients.*

- This rotation was completed in accordance with the requirements that at least 80% of the case load was aged from 0-18 years of age.

**REFLECTION:**

*Please summarise the strengths and gaps in your highlighting the experiences you would most like to gain in your remaining Certificate training time. This reflection might include particular developmental ages, clinical presentations, interventions or experiences relevant to clinical care.*

**DOMAINS OF CLINICAL EXPERIENCE**

Trainee Name/ID \_\_\_\_\_ Date of Reflection \_\_\_\_\_

1. Assessment, formulation and management planning for the following developmental ages:

Age of Patient	Not Applicable <sup>1</sup>	Limited <sup>2</sup>	Adequate* <sup>3</sup>
Less than 6 years			
6–12 years			
13–18 years (adolescent)			

2. Assessment, formulation and management planning for the following clinical presentations:

Diagnoses	Not Applicable	Limited	Adequate
<b>Neurodevelopmental Disorders</b>			
IDD			
Specific learning and communication disorders			
Pervasive developmental disorder			
Other neurodevelopmental disorders (specify):			
<b>Psychiatric Disorders</b>			
Psychiatric presentation of organic disorder (does not include bodily distress disorder)			
Substance related psychiatric disorder			
Psychotic disorders			
Bipolar and related disorders			
Depressive disorders			
<b>Feeding and Eating Disorders</b>			
Feeding problem of infancy/ early childhood			
Anorexia nervosa			
Bulimia nervosa			
Other (e.g. BED, ARFID) (specify):			
<b>Anxiety or Fear Related</b>			
Separation anxiety disorder			
GAD			
Panic disorder			
Other anxiety disorders (incl. phobias and selective mutism) (specify):			

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<b>Obsessive Compulsive and Related Disorders</b>			
OCD			
Other (e.g. trichotillomania, BDD, health anxiety) (specify):			
<b>Trauma and Related Disorders</b>			
PTSD			
Complex PTSD			
Adjustment disorders			
<b>Disorders of Bodily Distress or Bodily Experience</b>			
<b>Disruptive, Impulse Control and Conduct Disorders</b>			
ADHD			
ODD/ Conduct disorder			
Disorder of substance use or addictive behaviour			
Other specified disorder or behaviour (incl. impulse control disorders) (specify):			
<b>Other Disorder (specified)</b>			
Gender identity related disorders			
Disorders of personality			
Dissociative disorders (incl. dissociative neurological symptom disorder) (specify):			
Elimination disorders			
<b>Other Named Optional Experience</b>			
Young people involved with forensic systems			
Young people experiencing out-of-home care			
Continuity of care (>6 months continued involvement with young person)			
Acute child and adolescent psychiatry			
Serious clinical investigation/ review			

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<sup>1</sup> Not Applicable – may be used where trainee has had no experience in this area or where not discussed.

<sup>2</sup> Record entries may be numerical or Yes/ No

<sup>3</sup> Considered adequate or sufficient for stage of training

\* Could be coded numerically or by NA-not applicable, LD-limited/ developing, or S-sufficient



3. Opportunity to gain experience in clinical interventions:

It is recognised that trainees have a range of past experiences in prescribing or delivering therapeutic interventions, as well as other named experiences.

Experience in Clinical Interventions	Initiation	Maintenance	Comment
<b>Psychopharmacology (classes)</b>			
Antidepressant medications			
Stimulants			
Antipsychotics			
Mood stabilisers			
Other psychopharmacological agents (specify):			
Other somatic interventions (e.g. ECT, TMS) (specify):			
<p style="text-align: center;"><b>Therapies</b></p> <p>It is recognised that some therapies could be coded in either target of intervention (dyad, family, group), model or both.</p>	<b>Acute/ Short Term (&lt;6 sessions)</b>	<b>Medium Term (6-18 sessions)</b>	<b>Long Term (20+ sessions)</b>
Behavioural interventions			
Cognitive (or CBT)			
Other structured therapy (specify):			
Individual dynamic/ relationship therapy			
Mother-infant dyadic/ relational therapy			
Family/ systemic therapy			
Group therapy			