

## Placement-specific personal development plan – Old Age Psychiatry exemplar

This exemplar provides suggestions of the ways in which capabilities can be developed and evidenced. It can be used to inform the conversation between trainee and trainer at the start of each placement / training post, in which they should agree activities and evidence as part of setting up a personal development plan.

<b>Post Description</b>	Inpatient OA Psychiatry
<b>Post Length</b>	One year
<b>Training Year</b>	ST4
<b>Career Progression Plan</b>	
<b>ST4</b>	Old age inpatient placement
<b>ST5</b>	Community old age placement with Care Home Liaison (six months) and memory service (six months)
<b>ST6</b>	Old age liaison placement (liaison endorsement if 12 months' completed, and opportunity for Acting Up Consultant post according to availability)
<b>Professional Development Sessions</b>	
<b>ST4</b>	Clinical: neuropsychiatry outpatient clinic; non-clinical: foundation trainee teaching
<b>ST5</b>	Clinical: ECT clinic; non-clinical: leadership & management training
<b>ST6</b>	Clinical: old age Crisis service, non-clinical: quality improvement/research project

The below table outlines the High Level Outcomes (HLOs) and Key Capabilities (KCs) to be achieved under 16 key themes.

### Specialty HLO statements

HLO1: Demonstrate the professional values and behaviours required of a consultant psychiatrist, with reference to Good Medical Practice, and Core Values for Psychiatrists (CR204) and other relevant faculty guidance.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>1.1 Professional Relationships</b>	Work collaboratively with patients, families, carers of all ages and colleagues respecting their autonomy, diversity and valuing their contribution.		
	Recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and their carers of all ages and on working relationships with colleagues.		
	Consistently demonstrate a holistic and person-centred clinical approach to older adults that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism remaining realistically optimistic, honest and maintaining boundaries.	<ul style="list-style-type: none"> <li>Work alongside and lead MDT in managing inpatients e.g. through participation and chairing handovers, CPAs, ward round meetings</li> </ul>	CbD DONCS
		<ul style="list-style-type: none"> <li>Liaise regularly with family and caregivers where appropriate</li> </ul>	Ward/personal feedback (e.g. Patient & Family Tests)

	<b>Supervisor sample progress comments</b>	You have chaired MDT meetings and received positive feedback on your first Mini-PAT.	
	Recognise the importance of liaising with colleagues from other psychiatric specialties where appropriate to provide advice and support on the management of care of older adults with mental disorders in these specialties.		
	Demonstrate flexibility, leadership, use of initiative, prioritisation, and adaptability, effectively managing your time and resources and using new technologies as appropriate.	<ul style="list-style-type: none"> <li>• Work collaboratively with external members of the MDT including community services and primary and secondary medical physicians</li> <li>• Provide support and supervision for junior trainees</li> </ul>	Mini-PAT Reflective notes Supervisor reports
	<b>Supervisor sample progress comments</b>	You will reflect on the supervisory role for juniors on team.	
<b>1.2 Professional Standards</b>	Understand the impact of workload, patient, team and organisational dynamics on your own well-being, taking into account available resources.		
	Use supervision and reflection effectively recognising your skills, limitations, and your duty of candour.	<ul style="list-style-type: none"> <li>• Attend regular supervision and include discussions on personal health and wellbeing where appropriate</li> </ul>	Supervisor reports
	<b>Supervisor sample progress comments</b>	You have been attending our weekly supervision sessions.	

Apply strategies to take care of your wellbeing, seeking timely support and guidance.		
Use the method of receiving, reflecting and responding towards understanding the emotional impact of work you do, on the individual and the team, including the impact of self-neglect, vulnerability, availability of resources, suicide and homicide.		
Consistently demonstrate a positive and conscientious approach to the completion of your work.		
Make clear, accurate and contemporaneous records.		
Promote and protect the specialism of Old age psychiatry including acting as an advocate for your patients and their carers.		
Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.	<ul style="list-style-type: none"> <li>Organise Training Time in advance using clinical calendars or scheduling programmes, which can be shared with colleagues</li> </ul>	PDP
	<ul style="list-style-type: none"> <li>Demonstrate flexibility as well as boundaries by challenging self to work in different clinical areas and situations</li> </ul>	ACE, Mini ACE CBD DOPS

**Supervisor sample progress comments**

You will prepare a structured clinical and non-clinical training calendar.

You will seek opportunities to manage emergencies in your next placement.

**HLO 2.1: Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>2.1 Communication</b>	Consistently demonstrate advanced communication skills when undertaking complex clinical discussions with your patients and with others in relation to their care.		
	Consistently demonstrate effective communication approaches with patients and relevant others, including those with neurodevelopmental disorders, making reasonable adjustments and adaptations where appropriate, including the use of new technologies.		
	Demonstrate proficiency in explaining the outcome of assessment and management to patients, families, carers of all ages, and relevant others.		
	Demonstrate skills in supporting those in whom English is not their first language, including the use of interpreters, and providing information in other languages.		

Synthesise complex information and communicate this succinctly and coherently in your written and verbal communication.		
Build and sustain therapeutic relationships with older adult patients, relatives and carers. Be sure to recognise and manage the complexity and conflict that may arise in the course of these relationships.		
Demonstrate flexibility in your communication style with older adults taking into account difference and diversity and how these impact on the therapeutic interaction.		
<p>Demonstrate an inclusive approach which considers all aspects of communication, language, sensory and cognitive needs, as well as the ethnic, social, cultural, spiritual and religious context of older adult patients.</p> <p><b>Supervisor sample progress comments</b></p>	<ul style="list-style-type: none"> <li>Undertake observed clinical encounters with patients and carers including encounters where alternative forms of communication are required (e.g. use of interpreters, visual aids, aide memoires)</li> </ul>	<p>CbD ACE Mini-ACE</p>
	<ul style="list-style-type: none"> <li>Contribute to and lead on CPA and ward round reviews</li> </ul>	<p>DONCS</p>
	<p>You have been chairing MDT and CPA meetings and providing written documentation in the form of letters.</p> <p>You are continuing with your French and German language courses.</p>	
Demonstrate and promote shared decision making with older adult patients, taking into consideration their ideas, values, concerns and expectations.	<ul style="list-style-type: none"> <li>Participate in professional discussions</li> </ul>	<p>Supervisor reports Mini-PAT</p>

	<b>Supervisor sample progress comments</b>	You plan to develop a patient visual communication tool for non-verbal patients with the Occupational Therapy Team	
<b>HLO 2.2: Demonstrate advanced skills in the psychiatric assessment, formulation, diagnosis and person-centred holistic management of an appropriate range of presentations in a variety of clinical and non-clinical settings within Old age psychiatry.</b>			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>2.2 Clinical Skills</b>	Demonstrate an advanced understanding of functional mental disorders and how these present differently in older adults, delirium, cognitive impairment and dementias and other organic health disorders, substance use disorders and the interplay between physical health disorders and mental health.	<ul style="list-style-type: none"> <li>Assessment and discussion of patients presenting with a wide range of clinical issues including functional and organic presentations</li> </ul>	CBD ACE Mini ACE DONCS
		<ul style="list-style-type: none"> <li>Attendance of regular local and trust wide teaching</li> <li>Attendance at relevant national training and conferences</li> <li>Delivery of teaching and training on clinical presentations locally/ regionally/ nationally</li> </ul>	AOT
	<b>Supervisor sample progress comments</b>	<p>You have assessed patients presenting with a variety of clinical presentations.</p> <p>You have regularly attended local teaching and RCPsych webinars.</p>	

Apply an advanced level of knowledge of psychology, including the importance of early relationships, attachment styles, parenting, the impact of adverse life experiences, traumatic events, and protective factors and their impact on functional and organic disorders in older people.		
Understand the importance of, and consistently demonstrate, the ability to receive a collateral history from the relevant people involved in the care of your patients		
Demonstrate proficiency in the specialist risk assessment and management of older adults.		
Demonstrate advanced skills in assessing and managing the issues of self-neglect, vulnerability, physical health co-morbidities, frailty, self-harm and abuse.		
Conduct person-centred holistic assessments of older people including history, mental state, and relevant psychopathology, that includes psychological, social, cultural, spiritual and religious aspects of ageing, activities of daily living, physical health, medication, frailty and falls, and death and dying.		
Demonstrate an appropriate understanding of learning and behavioural stages of human development through the lifespan including awareness of normative as well as variations in presentations, for example across cultures and with neurodevelopmental conditions.		



Synthesize all information available, including collateral information to construct a formulation relevant to older people and share your formulation with patients and others in a timely and appropriate manner.		
Demonstrate advanced knowledge in assessing capacity in older patients with complex needs.		
Assess the general health of your patients, taking into account the impact of their physical health on their mental health needs and vice versa. This assessment should include consideration of nutritional, metabolic, endocrine, and reproductive factors and disorders, and the physical and mental impact of substance use and addiction on clinical presentation.		
Conduct relevant physical examinations of your patients and interpret findings, referring on appropriately to other clinicians.		
Assess how relationships, systems and dynamics within the older patient's life impact on their wellbeing and work with them and others to manage these.		
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<p>Conduct and interpret detailed cognitive assessments, including the use of relevant, standardised, neuropsychological tools.</p>	<ul style="list-style-type: none"> <li>• Working alongside/shadowing those experienced in cognitive assessments including neuropsychologists</li> <li>• Undertaking regular assessment of cognition as part of routine assessment</li> </ul>	<p>CBD ACE Mini ACE</p>
<p><b>Supervisor sample progress comments</b></p>	<p>You will aim to conduct more cognitive assessment into management of patients and to shadow neuropsychology when performing in depth assessments</p>	
<p>Use international classification systems to establish diagnoses and co-morbidities in older adult patients.</p>		
<p>Assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate understanding of how protected characteristics may impact on clinical presentation.</p>		
<p>Appropriately interpret the findings of relevant biological, psychological, and social investigations and assessments for both functional and organic mental disorders in older people and refer to others as appropriate.</p>		
<p>Use early diagnosis in general, and post diagnostic support in older people with mental disorders to help prevent vulnerability and safeguarding concerns in older people with mental disorders.</p>		

Construct a safe, effective, collaborative and co-productive management plan based on the individual views, needs, and wishes of the patient, and review the effectiveness of these interventions in a timely manner to ensure continuity of care in the immediate, short and longer term.		
Manage patient care in emergency, urgent and routine situations.	<ul style="list-style-type: none"> <li>Taking part in on call duties and assessment and management of patients in emergency settings</li> </ul>	Mini-PAT CBD Reflection
<b>Supervisor sample progress comments</b>	We have discussed a CBD of you managing an older adult within the S136 suite. You will be writing a reflection on this case, particularly in terms of some of the complexities of crisis team access out of hours for older adults.	
Work across a variety of settings including the community, other residential settings, care homes and in-patient services.		
Use formulation to devise a safe, effective, collaborative and co-productive management plan to ensure continuity of care in the immediate, short and longer term.		
Demonstrate an understanding of how physical treatments can be used for the treatment of mental disorders and apply this under supervision.		

Apply an understanding of psychological and psychotherapeutic interventions in order to assess the suitability of, and refer, older adult patients and their carers for these treatments.		
Be able to apply principles of functional and behavioural assessment in patients with dementia presenting with behavioural and psychological symptoms and use these assessments in the development of appropriate management plans.		

**HLO 2.3: Apply advanced management skills within Old age psychiatry in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>2.3 Complexity &amp; Uncertainty</b>	Demonstrate proficiency in managing unconscious processes, including transference, countertransference, projecting and splitting, and know how to manage these effectively and safely to help with ongoing management.		
	Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.	<ul style="list-style-type: none"> <li>Engage in MDT and reflective discussions around the individual and group needs of patients and caregivers taking into account their individual and cultural variations</li> </ul>	CBD DOPS Reflective notes Supervisor reports

<b>Supervisor sample progress comments</b>	You have written reflective practice pieces on the management of patients with complex family dynamics and discussed these in supervision and formulation meetings.	
Elicit salient information from the psychiatric history and mental state examination in situations of urgency and complexity and prioritise management as appropriate.		
Devise care plans in urgent situations where information may be incomplete or unavailable.		
Consciously vary from established care pathways where clinically indicated and justify these decisions as needed.		
Recognise why, when and how to access timely support and consultation as part of your professional practice when uncertain/stuck.		
Maintain good professional attitudes and behaviour when responding to difficult situations involving ambiguity and uncertainty.		
Manage unconscious dynamics between yourself, patients, and other professionals.	<ul style="list-style-type: none"> <li>• Observe and deliver psychotherapeutic intervention in Older Adult Patients</li> <li>• Use psychiatric supervision to discuss countertransference issues arising from supporting patients and their care givers</li> </ul>	SAPE

		<ul style="list-style-type: none"> <li>Attend local Balint or reflective Practice Groups</li> </ul>	
	<b>Supervisor sample progress comments</b>	You will begin to attend Balint Groups during your next rotation.	
	Provide support, advice and consultation to trainees and other professionals to work in complex situations.		
<b>HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Old age psychiatry.</b>			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction</b>	Apply the current legislation governing the care and treatment of older people with mental disorder; both as inpatients and in the community, including the use of emergency powers and compulsory treatment.	<ul style="list-style-type: none"> <li>Assess capacity to consent to admission and medication</li> </ul>	CBD DOPS ACE Mini ACE
	<b>Supervisor sample progress comments</b>	You have regularly completed MHA Assessments in your on call duties and have incorporated capacity assessments into routine practice.	
	Balance the duty of care to the older adult patient and the protection of others, taking into consideration human rights legislation.		

Demonstrate and develop advanced knowledge and application of legal and safeguarding frameworks appropriate for managing older patients who lack capacity to make decisions about their care or treatment.	<ul style="list-style-type: none"> <li>Assess patients under the MHA</li> </ul>	Evidence of Section 12 Approval CBDs ACE / mini-ACE
<b>Supervisor sample progress comments</b>	You have undertaken several MHAs so far in the placement, some of which have been done with me observing. We have also discussed the interplay between the MHA / MCA in relation to our in-patients	
Demonstrate an understanding of relevant legislation as applicable to the patient's families and carers of all ages.		
Apply the principles of least restrictive practice when considering the application of legal powers across different settings.		
Meet the requirements to apply for relevant statutory approval where appropriate.		
Prepare and deliver relevant legal reports.	<ul style="list-style-type: none"> <li>Participate in preparing reports including tribunal or Court of Protection reports.</li> </ul>	Reflection Supervisor report
<b>Supervisor sample progress comments</b>	You will seek an opportunity to draft a tribunal report and present at tribunal under supervision.	

**HLO 3.2: Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
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<b>3.2 Working within NHS and organisational structures</b>	Demonstrate knowledge of and contribute to the structure and function of national health and social care services and regulatory authorities, particularly as it applies to the care of older adults.	<ul style="list-style-type: none"> <li>Explore and discuss the social, political and economic factors that influence the delivery of care within the NHS and demonstrate an understanding of how this affects our work and training</li> </ul>	Reflection Supervisor reports
	<b>Supervisor sample progress comments</b>	You have attended local management group meetings.	

**HLO 4: Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Old age psychiatry and the wider community.**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>4.1 Health promotion and illness prevention in community settings</b>	Apply an understanding of the factors (including physical economic and cultural factors) that contribute to health inequalities, and the social, cultural, spiritual and religious determinants of health as relevant to older adults.		
	Apply, where appropriate, the basic principles of global health including governance, health systems and global health risks, and use these in your practice.		
	Apply the principles of patient self-management, self-care and “expert by experience” in your practice.		



	Identify and challenge stigma and discrimination that are associated with both ageing and mental disorder in older adults in both clinical and community settings.		
	Lead, advocate and educate health and non-health professionals in health promotion and illness prevention for older adults.	<ul style="list-style-type: none"> <li>• Demonstrate a good understanding of the overlap between physical and mental health in the older adult population</li> <li>• Screen for potential physical causes of psychiatric and behavioural presentations in your patients and Initiate relevant investigations and referrals arising from this</li> </ul>	CbD DOPS Supervisor reports AOT
	<b>Supervisor sample progress comments</b>	You have been overseeing a ward-based physical health checklist project.	
	Promote physical health, mental health and wellbeing in older adult patients, and the wider community.	<ul style="list-style-type: none"> <li>• Discuss the physical health : mental health &amp; behavioural interface in psychiatric supervision</li> <li>• Liaise with health professionals in primary and secondary care. Participate in best interest meetings to plan for health interventions for your patients</li> </ul>	Audit uploaded to portfolio

	<b>Supervisor sample progress comments</b>	You have completed an ECG audit.	
<b>HLO 5: Demonstrate effective teamworking and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.</b>			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>5.1 Teamworking</b>	Recognise the strengths, weaknesses and skill levels within a team and work with these to provide containment and support to the team and to colleagues when needed contributing to service development.	<ul style="list-style-type: none"> <li>Attend and contribute to team meetings.</li> <li>Discuss team dynamics, strengths and weaknesses in supervision</li> </ul>	ACE Mini ACE DONCS Mini PAT
	<b>Supervisor sample progress comments</b>	You have seen positive results from the initial round of Mini-PATs that you completed.	
	Understand the role of the Consultant Psychiatrist for older adults in identifying and managing conflict and dysfunction that can arise in teams and use effective negotiation skills to manage these.	<ul style="list-style-type: none"> <li>Undertake joint working with members of the MDT.</li> <li>Attend and contribute to case discussion and formulation meetings.</li> <li>Discuss challenging clinical encounters in psychiatric supervision</li> <li>Reflect on the stages of personal and professional development required to prepare oneself for CCT and beyond</li> </ul>	Supervisor report Reflection DONCS Mini-PAT

	Encourage contribution from individual team members in order to develop their practice whilst also taking into account their particular skills and build confidence.		
	Support colleagues to develop their practice.		
<b>5.2 Leadership</b>	Understand the leadership role of a consultant psychiatrist in relation to the team and wider systems in managing and adapting to difficult clinical and nonclinical situations as they arise and delegate when required.		
	Manage the prioritisation and assessment of referrals and allocate according to need and expertise within the team.	<ul style="list-style-type: none"> <li>Demonstrate a good understanding of your team skills and lead on assigning tasks and delegating where appropriate</li> </ul>	ACE Mini-ACE DONCS Mini-PAT
	<b>Supervisor sample progress comments</b>	You have led the ward round and team meetings and have developed your confidence through taking on this role under supervision.	
	Actively seek out opportunities to gain feedback about your practice and adapt and develop in response to this feedback as appropriate.	<ul style="list-style-type: none"> <li>Engage in and contribute to planning meetings and discussions</li> </ul>	Training Certificates
	<b>Supervisor sample progress comments</b>	You will be completing the online Leadership	
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.		

**HLO 6: Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a person with mental disorder.**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>6.1 Patient safety</b>	Demonstrate proficiency in reflective practice when involved in adverse incidents, learning and adapting as appropriate.	<ul style="list-style-type: none"> <li>• Demonstrate an understanding of the trust incident reporting and feedback loops</li> <li>• Assess patients in a timely and efficient manner, undertake seclusion reviews and risk assessments</li> </ul>	Cbd Reflective notes Supervisor reports
	Apply the principles of clinical governance, human factors and team dynamics to assess and improve patient safety for older adults.		
	Respond in a timely and effective way to address concerns relating to the safety of older adult patients.	<ul style="list-style-type: none"> <li>• Work with team to raise risk and safeguarding concerns</li> <li>• Reflect on concerns and discuss in supervision</li> </ul>	CBD Reflective notes Supervisor reports
	<b>Supervisor sample progress comments</b>	You have been involved in a case with significant safeguarding concerns and we have completed a CBD on this. We are planning to undertake a supervision session looking specifically at safeguarding issues related to financial abuse and capacity.	
<b>6.2 Quality improvement</b>	Use accepted quality improvement methodologies to identify and implement improvements within older adult services and supervise others in this regard as appropriate.	<ul style="list-style-type: none"> <li>• Undertake training in Quality Improvement methodology</li> <li>• Identify areas in clinical practice for improvement and develop a sustainable QI</li> </ul>	DONCS Reflection Audit / QI report Poster / Presentation

		project as individual or ideally within a team	AOT
	<b>Supervisor sample progress comments</b>	You are leading on the MDT QI project developing visual communication aids for non-verbal patients.	
	Consistently apply the principles of service improvement and high-quality care.	<ul style="list-style-type: none"> <li>Utilise good QI methodology to improve services.</li> </ul>	Supervisor report Uploading of QIP to portfolio
	<b>Supervisor sample progress comments</b>	You are currently in the middle of data collection for a QIP, supervising the core trainee and involving the QIP team, looking at medicines safety on the ward	

**HLO 7: Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Old age psychiatry.**  
 Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>7.1 Safeguarding</b>	Demonstrate specialist knowledge and the ability to manage the individual and systemic factors contributing to the vulnerabilities and safeguarding concerns in older adults with mental disorders.		
	Demonstrate clinical expertise in recognising all forms of abuse in older adults, families and carers of all ages, and the wider community.	<ul style="list-style-type: none"> <li>Incorporate robust risk assessments into assessment of older adult patients</li> </ul>	CbD ACE Mini-ACE Supervisor reports

		<ul style="list-style-type: none"> <li>Discuss cases with MDT and supervision and refer to safeguarding authorities or relevant risk management bodies where appropriate</li> </ul>	
	<b>Supervisor sample progress comments</b>	You have shown a good understanding all forms of abuse and risk.	
	Apply your understanding of how physical health comorbidity contributes to the vulnerabilities and safeguarding concerns in older people with mental disorders.		
	Recognise physical, emotional and economic pressures on patients, their families and carers of all ages which contribute to the vulnerabilities and safeguarding concerns in older adults with mental disorders.		
	Apply legislative frameworks where safeguarding concerns are identified and contribute to interagency assessments and risk management and protection plans.		
	Demonstrate a detailed working knowledge of safeguarding frameworks for older adults within which identified risks can be managed.	<ul style="list-style-type: none"> <li>Understand use of legal frameworks (e.g. local safeguarding policy, MHA or DoLS) where appropriate</li> </ul>	CBD Reflective log
	<b>Supervisor sample progress comments</b>	You have been involved in a complex case of a relative visiting the ward whom we are worried may be abusing the patient – you have written a very thoughtful reflective note on this and we have undertaken a CBD.	

**HLO 8.1: Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>8.1 Education &amp; Training</b>	Teach effectively on clinical and non-clinical topics using a variety of teaching methods.	<ul style="list-style-type: none"> <li>Attend and deliver teaching to peers and juniors (including MRCPsych course)</li> </ul>	Attendance register Reflective notes on feedback forms Upload teaching materials CPD certificates for teaching courses
	<b>Supervisor sample progress comments</b>	<ul style="list-style-type: none"> <li>Attend Train the Trainers Course</li> </ul>	CBD AOT
		<ul style="list-style-type: none"> <li>Support Medical Education department in delivering local and trust wide induction</li> </ul>	AOT
	You have regularly attended local teaching. I note your good feedback from the session you delivered on 'Sleep and old age psychiatry'. In your next rotation you will be participating in delivering local induction.		
Provide supportive, effective, honest and constructive feedback to colleagues.			
Effectively complete appropriate workplace-based assessment tools for other medical colleagues.		<ul style="list-style-type: none"> <li>Offer completion of WPBAs to colleagues on ward or during on calls</li> </ul>	DONCS

	<b>Supervisor sample progress comments</b>	You have undertaken an ACE assessment of the foundation doctor on the ward with me observing. This has been useful and you are keen to undertake another with the core trainee.	
<b>HLO 8.2: Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.</b>			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>8.2 Supervision</b>	Demonstrate a knowledge of the principles of, and differences between clinical, psychiatric and educational supervision.	<ul style="list-style-type: none"> <li>Provide clinical supervision for CT colleagues in the department and when on call</li> </ul>	Supervisor reports Feedback forms
	<b>Supervisor sample progress comments</b>	Not yet undertaken an observed supervision session, but planned for next month with foundation doctor.	
	Demonstrate provision of safe and effective clinical supervision to others in emergency and non-emergency situations involving older adults.	<ul style="list-style-type: none"> <li>Reliably attend and actively participate in psychiatric and educational supervision, as per your educational agreement.</li> </ul>	Supervisor reports
	<b>Supervisor sample progress comments</b>	You have regularly attended supervision and shown good preparation for your psychiatric and educational supervision. You use clinical supervision effectively and are showing increasing levels of autonomy in your cases.	



**HLO 9: Apply an up-to-date knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>9.1 Undertaking research and critical appraisal</b>	Critically evaluate data, papers, reviews, and meta-analyses and implement findings in daily clinical practice.	<ul style="list-style-type: none"> <li>Discuss evidence-based practice in psychiatric supervision, in relation to clinical questions</li> </ul>	DOPS Mini ACE CBD
	<b>Supervisor sample progress comments</b>	You regularly discuss new research findings and how to incorporate these into clinical care in supervision.	
	Translate research into local clinical practice and disseminate critical appraisal findings to wider communities.	<ul style="list-style-type: none"> <li></li> </ul>	
	Apply knowledge of up-to-date appropriate statistical methods.		
	Demonstrate proficiency in the use of objective evidence-based clinical assessment instruments.		
	Work within ethical frameworks when carrying out or appraising research.		
	Apply the principles of Research Study Protocols where available.		

	<p>Demonstrate practical contribution to an ethically approved research study.</p>	<ul style="list-style-type: none"> <li>Support a local centre in delivering a clinical trial by contributing to patient screening or medical assessment</li> </ul>	<p>Uploaded copy of proposal and its approval  Research supervisor report  Supervisor reports</p>
	<p><b>Supervisor sample progress comments</b></p>	<p>You plan to join a local research project as study doctor on your next rotation.</p>	