

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.

Post Description	Old age liaison psychiatry
Post Length	One year
Training Year	ST6
Career Progression Plan	
ST4	Inpatient old age placement
ST5	Community old age placement with care home liaison (six months) and memory service (six months)
ST6	Old age liaison placement (liaison endorsement if 12 months' completed, and opportunity for acting up consultant post according to availability)
Professional Development Sessions	
ST4	Clinical: specialist dementia care unit; non-clinical: clinical teaching fellow
ST5	Clinical: palliative care psychiatry; non-clinical: leadership and management training
ST6	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
1.1 Professional Relationships	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.		
	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	<ul style="list-style-type: none"> Referral and discussion with other psychiatric specialties e.g. neuropsychiatry, memory services 	Mini-PAT Reflection Supervisor reports

	specialties.	<ul style="list-style-type: none"> • Attendance at MDT meetings • Later in the placement, work collaboratively with external members of the MDT including community and inpatient services 	
	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"> • Work alongside and lead MDT in managing caseload e.g. through participation and chairing handovers, prioritising referrals, ward rounds • Participate in on-call rota and other acute cases • Later in placement, chair MDT meetings and handovers • Gain positive feedback on Mini-PAT 	Mini-PAT CBD DONCS
1.2 Professional Standards	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"> • Attend regular supervision and include discussions on personal health and wellbeing where appropriate • Attending reflective practice groups • Undertake clinical duties in a range of circumstances, including urgent, and 	PDP Supervisor reports ACE Mini ACE CBD DOPS

		<p>demonstrate how to manage these effectively, with an appropriate level of supervision.</p> <ul style="list-style-type: none"> • Later in the placement, attend weekly supervision sessions to seek opportunities to manage emergencies 	
	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.	<ul style="list-style-type: none"> • Attendance at geriatrics, neurology and radiology MDT meetings and ward rounds • Teaching sessions at geriatrics and neurology meetings • Later in the placement, work collaboratively with other medical and psychiatric 	<p>Mini PAT AOT DONCS</p>

		specialties	
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.	<ul style="list-style-type: none"> Promote teaching, training and awareness for external members of the MDT 	
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
2.1 Communication	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.		

<p>Demonstrate skills in supporting those in whom English is not their first language, including the use of interpreters, and providing information in other languages.</p>	<ul style="list-style-type: none"> • Undertake observed clinical encounters with patients and carers including encounters where alternative forms of communication are required (e.g. use of interpreters, visual aids, aid memoirs) • Later in the placement, lead reviews with the use of interpreters 	<p>ACE Mini ACE Mini PAT AOT Supervisor reports</p>
<p>Synthesise complex information and communicate this succinctly and coherently in your written and verbal communication.</p>		
<p>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.</p>		
<p>Demonstrate flexibility in your communication style with older adults taking into account difference and diversity and how these impact on the therapeutic interaction.</p>		
<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>Demonstrate and promote shared decision making with older adult patients, taking into consideration their ideas, values, concerns</p>	<ul style="list-style-type: none"> • Contribute to and lead on ward reviews 	<p>ACE Mini ACE</p>

	and expectations.	<ul style="list-style-type: none"> Participate in professional, MDT and best interest discussions Later in the placement, chair professional and best interest meetings with family, social services and other parties involved and provide written summaries 	Mini PAT DONCS Supervisor reports
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.			
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
2.2 Clinical Skills	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.		
	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 with neurodevelopmental conditions and across cultures.		
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.		

<p>Demonstrate advanced knowledge in assessing capacity in older patients with complex needs.</p>	<ul style="list-style-type: none"> • Assess capacity in patients with functional and organic presentations in the general hospital • Attend professional and best interest meetings with family, social services and other parties involved • Later in the placement, perform capacity assessments in complex cases • Chair professional and best interest meetings 	<p>ACE Mini ACE Mini PAT DONCS Supervisor reports</p>
<p>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.</p>	<ul style="list-style-type: none"> • Work collaboratively with primary care and other medical specialties • Attend other medical specialty MDT meetings and ward rounds e.g. geriatrics, neurology • Later in the placement, engage in referral and discussion with other specialties. 	<p>Mini PAT DONCS Reflection</p>
<p>Conduct relevant physical examinations of your patients and interpret findings, referring on appropriately to other clinicians.</p>		

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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Conduct and interpret detailed cognitive assessments, including the use of relevant, standardised, neuropsychological tools.		
Use international classification systems to establish diagnoses and co-morbidities in older adult patients.		
Assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate an understanding of how protected characteristics may impact on clinical presentation.		
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>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>		
<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.</p>		
<p>Manage patient care in emergency, urgent and routine situations.</p>	<ul style="list-style-type: none"> • Assess and manage patients in a variety of settings in the general hospital (A&E, wards, clinic) • Participate in on-call rota and assessment and management of patients in emergency settings • Later in the placement, assess patients presenting with a variety of clinical presentations • Undertake weekly professional development session with old age crisis / home treatment team 	<p>CBD ACE Mini ACE</p>
<p>Work across a variety of settings including the community, other residential settings, care homes and in-patient services.</p>		

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.		
Demonstrate advanced skills in the safe prescribing and management of medications in older people.		

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
2.3 Complexity & Uncertainty	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.	<ul style="list-style-type: none"> • Observe and deliver psychotherapeutic interventions in Older Adults • Use psychiatric supervision to discuss countertransference issues arising from supporting patients and their care givers • Attend local Balint or reflective practice Groups • Later in the placement, complete a psychotherapy case in older adults • Attend weekly Balint groups 	SAPE Reflection
	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"> • Engage in MDT and reflective discussions around the individual and group needs of patients and caregivers, taking into account their individual and cultural variations • Attend reflective practice and complex case discussion groups 	CBD DONCS Reflection Supervisor reports

	<ul style="list-style-type: none"> • Later in the placement, lead a complex case discussion session • Attend weekly Balint groups 	
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.		
Provide support, advice and consultation to trainees and other professionals to work in complex situations.		

HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Old age psychiatry.

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
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	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"> Assess patients under the MHA Assess capacity to consent to admission, treatment and medication Later in the placement, participate regularly in MHA assessments as part of on-call duties. 	CBD ACE Mini ACE Section 12 Approval
	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"> Demonstrate understanding of legal frameworks including use of DoLS vs MHA where appropriate Assess capacity in patients with functional and organic presentations in the general hospital Later in the placement, perform capacity assessments in complex cases 	

	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"> Contribute to the preparation of reports including tribunal or Court of Protection reports Later in the placement, if the opportunity presents, prepare tribunal report and present at tribunal under supervision 	CbD DONCS

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
3.2 Working within NHS and organisational structures	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"> 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 	Reflection Supervisor reports Mini PAT

		<ul style="list-style-type: none"> • Later in the placement, attend local management group meetings 	
	Demonstrate proficiency in inter-agency working.	<ul style="list-style-type: none"> • Liaise with social care, care agencies and non-profit organisations e.g. Alzheimer's Society • Later in the placement, chair professional and best interest meetings 	Reflection

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
4.1 Health promotion and illness prevention in community settings	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.		

	<p>Identify and challenge stigma and discrimination that are associated with both ageing and mental disorder in older adults in both clinical and community settings.</p>		
	<p>Lead, advocate and educate health and non-health professionals in health promotion and illness prevention for older adults.</p>	<ul style="list-style-type: none"> • Demonstrate a good understanding of the overlap between physical and mental health in the Older Adult population • Screen for potential physical causes of psychiatric and behavioural presentations in Older Adults and initiate relevant investigations and referrals arising from this • Later in the placement, complete an alcohol audit • Complete a diploma in Geriatric medicine 	
	<p>Promote physical health, mental health and wellbeing in older adult patients, and the wider community.</p>	<ul style="list-style-type: none"> • Work collaboratively with primary care and other medical specialties • Attend other medical specialty MDT meetings and ward rounds e.g. geriatrics, neurology • Participate in professional, MDT and best interest discussions to plan for health interventions for your patients • Deliver teaching sessions at 	<p>CBD AOT DONCS Supervisor reports</p>

		<p>geriatrics and neurology meetings</p> <ul style="list-style-type: none"> • Discuss the physical health, mental health and behavioural interface in psychiatric supervision • Undertake relevant referrals and discussion with other specialties • Attend other medical specialty MDT meetings • Promote teaching, training and awareness for external members of the MDT • Chair professional and best interest meetings with family, social services and other parties involved and provide written summaries 	
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.			
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
5.1 Teamworking	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.		

	<p>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.</p>	<ul style="list-style-type: none"> • Reflect on the stages of personal and professional development required to prepare oneself for CCT and beyond • Discuss team dynamics, strengths and weaknesses in psychiatric supervision • Later in the placement, undertake leadership and management training 	<p>Reflection Supervisor reports</p>
	<p>Encourage contribution from individual team members in order to develop their practice whilst also taking into account their particular skills and build confidence.</p>		
	<p>Support colleagues to develop their practice.</p>	<ul style="list-style-type: none"> • Attend and contribute to team meetings • Undertake joint working with members of the MDT • Discuss challenging clinical encounters in psychiatric supervision • Later in the placement, gain positive feedback from a Mini-PAT • Lead a reflective practice or complex case discussion 	<p>DONCS Mini PAT Reflection Supervisor reports</p>

5.2 Leadership	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.	<ul style="list-style-type: none"> • Demonstrate a good understanding of your team skills and lead on assigning tasks and delegating where appropriate • Engage and contribute to planning meetings and discussions • Reflect on the stages of personal and professional development required to prepare oneself for CCT and beyond • Later in the placement, undertake leadership and management training 	Reflection Supervisor reports
	Manage the prioritisation and assessment of referrals and allocate according to need and expertise within the team.	<ul style="list-style-type: none"> • Work alongside and lead MDT in managing caseload e.g. through participation and chairing handovers, prioritising referrals, ward rounds • Later in the placement, chair MDT meetings and handovers • Gain positive feedback on Mini-PAT 	Mini PAT DONCS Supervisor reports
	Actively seek out opportunities to gain feedback about your practice and adapt and develop in response to this feedback as appropriate.		

	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
6.1 Patient safety	Demonstrate proficiency in reflective practice when involved in adverse incidents, learning and adapting as appropriate.	<ul style="list-style-type: none"> • Demonstrate an understanding of the Trust incident reporting and feedback loops • Attend reflective practice and complex case discussion groups • Later in the placement, lead a reflective practice or complex case discussion • Attend a Critical Incident Staff Support session 	CBD DONCS 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"> • Assess patients in a timely and efficient manner, undertake seclusion reviews and risk assessments 	Reflective notes Supervisor reports

		<ul style="list-style-type: none"> • Work with team to raise risk and safeguarding concerns • Attend Serious Incident investigation • Reflect on concerns and discuss in supervision • Later in the placement, attend Serious Incident investigation feedback session 	
6.2 Quality improvement	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"> • Undertake training in Quality Improvement methodology • Identify areas in clinical practice for improvement and develop a sustainable QI project as individual or ideally within a team • Later in the project, lead on MDT QI project 	DONCS Reflection Audit/QI report Poster/presentation AOT
	Consistently apply the principles of service improvement and high-quality care.	<ul style="list-style-type: none"> • Utilise good QI methodology to improve services • Be the Older Adult trainee representative for the Trust • Later in the placement, attend Trust and departmental meetings in capacity as Older Adult trainee representative 	DONCS Audit/QI report Poster/presentation

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
7.1 Safeguarding	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.		
	Apply your understanding of how physical health comorbidity contributes to the vulnerabilities and safeguarding concerns in older people with mental disorders.	<ul style="list-style-type: none"> • Demonstrate a good understanding of the overlap between physical and mental health in the Older Adult population • Discuss the physical health, mental health and behavioural interface in psychiatric supervision • Later in the placement, complete Diploma in Geriatric Medicine 	CbD Supervisor reports

		<ul style="list-style-type: none"> Engage in referral and discussion with other specialties Attend other medical specialty MDT meetings 	
	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.	<ul style="list-style-type: none"> Discuss cases with MDT and supervision and refer to safeguarding authorities or relevant risk management bodies where appropriate Demonstrate understanding of legal frameworks including use of DoLS vs MHA where appropriate Participate in professional, MDT and best interest discussions to plan for health interventions for your patients Later in the placement, chair professional and best interest meetings with family, social services and other parties involved. 	<p>CBD</p> <p>Mini PAT</p> <p>Reflection</p> <p>Supervisor reports</p>
	Demonstrate a detailed working knowledge of safeguarding frameworks for older adults within which identified risks can be managed.		

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
8.1 Education & Training	Teach effectively on clinical and non-clinical topics using a variety of teaching methods.	<ul style="list-style-type: none"> Attend and deliver teaching to peers and juniors (including MRCPsych Course) Trainee may wish to undertake PGCert in Clinical Education Later in the placement, take on an Ongoing Clinical Teaching Fellow role Complete PGCert in Clinical Education Good feedback from session delivered on BPSD 	AOT Feedback forms PGCert Reflection
	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"> Medical student teaching and supervision Supervision and completion of WPBAs for junior colleagues on rotation or during on-calls 	AOT

		<ul style="list-style-type: none"> • Later in the placement, consider taking on role as an Educational Supervisor 	
HLO 8.2: Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.			
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
8.2 Supervision	Demonstrate a knowledge of the principles of, and differences between clinical, psychiatric and educational supervision.	<ul style="list-style-type: none"> • Provide supervision for junior colleagues on rotation or during on-calls • Reliably attend and actively participate in psychiatric and educational supervision, as per your educational agreement • Later in the placement, consider taking on a role as an Educational Supervisor 	Mini PAT Reflection Supervisor reports
	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"> • Supervision for junior colleagues on rotation or during on-calls • Later in the placement, complete a PGCert in Clinical Education 	Mini PAT Feedback forms Reflection Supervisor reports

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
9.1 Undertaking research and critical appraisal	Critically evaluate data, papers, reviews, and meta-analyses and implement findings in daily clinical practice.	<ul style="list-style-type: none"> • Discuss evidence-based practice in psychiatric supervision, in relation to clinical questions • Attendance at Older Adult Academic Meeting • Later in placement, regularly discuss new research findings and how to incorporate into clinical care in supervision • Present at Older Adult Academic Meeting • Complete alcohol audit 	CbD Supervisor reports
	Translate research into local clinical practice and disseminate critical appraisal findings to wider communities.		
	Apply knowledge of up-to-date appropriate statistical methods.		

	<p>Demonstrate proficiency in the use of objective evidence-based clinical assessment instruments.</p>	<ul style="list-style-type: none"> • Undertake regular use of clinical assessment instruments as part of routine assessment, including cognitive tools e.g. ACE-III, MOCA, HADS, FAB • Work alongside/shadow those experienced in cognitive assessments including neuropsychologists • Later in the placement, observe and participate in a comprehensive cognitive assessment. 	<p>CbD DOPS Mini-PAT</p>
	<p>Work within ethical frameworks when carrying out or appraising research.</p>		
	<p>Apply the principles of Research Study Protocols where available.</p>		
	<p>Demonstrate practical contribution to an ethically approved research study.</p>		