

Doctor's Training and Mental Health

Introduction

Medical education currently comprises several related stages, developed as a part of Modernising Medical Careers (MMC).

"MMC aims to improve patient care by delivering a modernised and focussed career structure for doctors through a major reform of postgraduate medical education. It aims to develop competent doctors who are skilled at communicating and working as effective members of a team". (MMC Website - www.mmc.nhs.uk)

The various stages are:

1. Undergraduate medical education - a period of study at medical school (attached to a university) with clinical placements in hospital and community settings
2. Foundation programme - a two-year period which all UK medical graduates must undertake before moving on to run-through education.
3. Run-through or specialist training - a period lasting for several years, which follows on from the foundation programme, when doctors train to specialise in either general practice or a specialty. The length of training will depend upon the career area/specialty in which the doctor wishes to work.

For more information, see <http://www.foundationprogramme.nhs.uk/pages/home>

Specialist or Run-through Training

Structured specialist/ GP training programmes begin with a competitive entry process followed by a period of continuous training, leading to the award of a Certificate of Completion Training (CCT), subject to satisfactory in-training assessment and progress.

Recent years have seen radical changes to the system by which doctors are trained. The modernising medical careers website reports that there will now be different training offers for different specialties, to fit the particular needs of the specialty.

This document attempts to describe the current curricula relating to mental health regarding mental health issues. For details of the Curriculum and Assessment System for Psychiatric Specialty Training, please see <http://www.rcpsych.ac.uk/docs/Briefguide.doc>.

Mental Health Training Requirements in the Foundation Programme Curriculum

Subject	Competency/Knowledge/Skill
History taking	<ul style="list-style-type: none"> ■ consider the impact of physical problems on psychological and social well-being ■ consider the impact of physical illness presenting with psychiatric symptoms ■ consider the impact of psychiatric illness presenting with physical symptoms ■ consider the impact of psychological/social distress on physical symptoms (somatisation) ■ able to show empathy with patients when they have psychiatric/psychological problems where there are doubts over the informant's reliability ■ include the importance of clinical, psychological, social, cultural and nutritional factors
Examination	<ul style="list-style-type: none"> ■ able to perform a mental state assessment ■ able to recognize patterns of clinical signs including mental state
Ethical and Legal Issues	<ul style="list-style-type: none"> ■ understands use and limitations of mental health legislation in consent issues ■ understands situations where compulsory detention under a section of mental health legislation in the UK would be appropriate
Recognition and management of the acutely ill	<p><i>Understands and applies the principles of managing a patient following self harm:</i></p> <ul style="list-style-type: none"> ■ undertakes a focused history, including psychosocial causes requiring social services or police intervention ■ knows how to access <u>Toxbase</u> and does so when necessary ■ recognises the need for involvement of mental health or more experienced personnel ■ shows tolerance and understanding ■ does a mental state assessment ■ demonstrates an awareness of child protection concerns where appropriate. ■ protects and supports colleagues where appropriate ■ performs a risk assessment and anticipates necessary steps to minimise current and future risks to patient ■ initiates referral to mental health services where appropriate. <p><i>Understands and applies the principles of managing a patient with an acute confusional state of psychosis:</i></p> <ul style="list-style-type: none"> ■ recognises diagnostic features of psychosis and acute confusional states ■ summons experienced help promptly ■ discusses safe administration of anti-psychotic drugs, including the risks of sedation ■ knows the provisions of mental health legislation and can apply them appropriately. ■ safely administers anti-psychotic drugs ■ considers underlying causes of acute confusional state or psychosis.

Mental Health Training for GPs

GP training encompasses 35 different modules. These are outlined in a series of GP curriculum statements. One of these statements focuses specifically on mental health. It can be found at http://www.pmetb.org.uk/fileadmin/user/OA/Curricula/Approved_curricula/GP/13_Mental_Health_01.pdf

The mental health content in the other modules is outlined in the table below:

Mental Health in GPs' Training

Subject	Competency/Knowledge/Skill
The GP Consultation	<ul style="list-style-type: none">▪ Demonstrating in the consultation: an awareness that consultations have a clinical, a psychological and a social component, with the relevance of each component varying from consultation to consultation (this is the 'triaxial' model of the consultation proposed by the RCGP) General Practice▪ Recognising how personal emotions, lifestyle and ill-health can affect consultation performance and the doctor–patient relationship (this is important not just to achieve good single consultations but to achieve good continuity of psychological care).▪ Various methods described to help doctors "understand how a distressed patient may need to be held and supported". It includes information on Balint groups which help doctors to focus on the doctor -patient relationship
Genetics in Primary Care	<ul style="list-style-type: none">▪ Demonstrate an awareness of the importance of the social and psychological impact of a genetic condition on the patient and his or her family, dependants and employer.
Acutely ill people	<p>The GP must be competent to provide out of hours care by demonstrating:</p> <ul style="list-style-type: none">▪ Ability to manage common medical, surgical and psychiatric emergencies in the out-of-hours setting▪ Understands and applies the principles of managing a patient following self-harm:<ul style="list-style-type: none">- Undertakes a focused history, including psychosocial causes requiring social services or police intervention- Knows how to access Toxbase and does so when necessary- Recognises the need for involvement of mental health or more experienced personnel- Demonstrates tolerance and understanding- Performs a mental state assessment- Demonstrates an awareness of child protection concerns where appropriate- Protects and supports colleagues where appropriate

<p>Acutely ill people</p>	<ul style="list-style-type: none"> - Anticipates necessary steps to minimise risks to patient - Initiates referral to mental health services where appropriate. ▪ Understands and applies the principles of management of a patient with an acute confusional state or psychosis: Recognises diagnostic features of psychosis and acute confusional states <ul style="list-style-type: none"> - Summons experienced help promptly - Discusses safe administration of anti-psychotic drugs including the risks of sedation - Knows the provisions of the Mental Health Act and can apply them appropriately - Protects patient, self and colleagues from harm - Safely administers anti-psychotic drugs - Considers underlying causes of acute confusional state or psychosis. - Ensures safe continuing care of patients on handover between shifts, on call staff or with 'hospital at night' team by meticulous attention to detail and reflection on performance
<p>Care of children and young people</p>	<ul style="list-style-type: none"> ▪ Knowledge of : <ul style="list-style-type: none"> - mental health problems such as attention deficit hyperactivity disorder, depression, eating disorders, substance misuse and self-harm, autistic spectrum disorder and related conditions - psychological problems: enuresis, encopresis, bullying, school refusal, behaviour problems including tantrum - child and young person development (physical and psychological) <p>The curriculum statements comments that : "The Child Health Support Group ... focused on a number of areas in primary care that needed attention including: Improving mental health services and earlier interventions for young people, with implementation of the recommendations from the Scottish Needs Assessment Programme review of child and adolescent mental health that set out a vision of a comprehensive continuum of support for child and adolescent mental health and wellbeing, comprising services to promote good mental health, to prevent problems emerging amongst children and young people at risk, and to care for those with mental health problems and disorders. This work is linked with the Scottish Executive's National Programme for Improving Mental Health and Well-Being launched in 2001, which has worked nationally and locally to raise the profile of, and to support further action in, mental health improvement (promotion and prevention), to address the stigma of mental ill-health and to prevent suicide in Scotland. While the programme aims to improve mental health and wellbeing of all age groups, it has two key aims involving children: improving infant mental health (the early years) and improving the mental health of children and young people. It</p>

Care of children and young people	<p>stated that 'There is ample evidence that risk factors and vulnerabilities in infancy and early childhood are associated with mental health problems in children and young people. These in turn are associated with greatly heightened risk of mental illness in adult life. The ability to improve mental health and well-being in the 'early years' is a vital area for action. Ensuring the best possible start for children in their early years, promoting their mental health and that of their parents, and working to prevent and reduce the impact of mental health problems are key priorities. 'The National Programme is working with colleagues in education, the Health Department, the Women and Children's Unit, NHS Health Scotland and others to ensure the integration of mental health in their work on early years. They are also working to encourage and support work that aims to promote greater understanding and awareness of mental, emotional and social health and wellbeing and mental illness amongst children and young people, and those working with them. Emphasis is given to the prevention of mental health problems in children and young people.</p>
Care of older people	<ul style="list-style-type: none"> ▪ Understanding of the physical, psychological and social changes that may occur with age and relating them to the adaptations that an older person makes, and to the breakdown of these adaptations ▪ Doctors should have knowledge of the way in which the management of disease processes in old age is influenced by the psychological state and the social situation of the old person ▪ Understanding the special features of psychiatric diseases in old age, including an appreciation of the features of dementia, and the effects of physical function on the mental state
Women's health	<ul style="list-style-type: none"> ▪ Knowledge of the medical implications of domestic violence and how women respond to their abuse ▪ Depression, eating disorders, panic attacks and anxiety are all common ailments from which victims of domestic abuse may suffer. Some will attempt and achieve suicide as a means of escape from the relationship
Men's health	<ul style="list-style-type: none"> ▪ Men have a higher risk of committing suicide ▪ The GP needs to be aware of important changes in UK society in recent decades ...Some men might feel that they have no purpose in today's society. This may help to explain why depression and suicide are increasing amongst men.
Sexual health	<ul style="list-style-type: none"> ▪ Understand that sexual health problems have physical, psychological and social effects
Care of people with cancer and palliative care	<ul style="list-style-type: none"> ▪ The knowledge of various palliative care emergencies and their appropriate management:... anxiety/panic

Care of people with learning disabilities	<ul style="list-style-type: none">▪ Demonstrate a holistic approach to patients with learning disabilities, considering likely bio—psycho—social and cultural factors▪ Describe the impact of learning disabilities on family dynamics and the implications for physical, psychological and social morbidity in the patient’s carers
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Continues overleaf...

Acute Medicine: The Acute Care Common Stem: The Acute Care Common Stem (ACCS) normally follows the Foundation Years and forms an element of the curricula for the CCT programmes in some physicianly specialties including General (Internal) Medicine, Anaesthetics, Emergency Medicine and Intensive Care Medicine (ICM). See <http://www.accsuk.org.uk/documents/accsmanual.pdf> for more details.

Mental Health *Competencies* in the ACCS Curriculum

Subject	Competency/Knowledge/Skill
Confusion – acute	<ul style="list-style-type: none"> ▪ Confusion-acute: Recognise pre-disposing factors: cognitive impairment, psychiatric disease
Falls	<ul style="list-style-type: none"> ▪ Recognise the psychological impact to an older person and their carer after a fall
Fits, Seizures	<ul style="list-style-type: none"> ▪ Recognise the psychological and social consequences of epilepsy
Aggressive, disturbed behaviour	<ul style="list-style-type: none"> ▪ Assess patient fully including mental state examination to produce a valid differential diagnosis; ▪ Involve senior colleague and mental health care team promptly
Alcohol and substance dependence	<ul style="list-style-type: none"> ▪ Describe the medical, psychiatric and socioeconomic consequences of alcohol and drug misuse ▪ Take a detailed medical and psychiatric history to identify physical or psychological dependence
Anxiety/ Panic disorder	<ul style="list-style-type: none"> ▪ Assess a patient presenting with features of an anxiety disorder ▪ Reach a differential diagnosis to guide investigation and management ▪ Recall the main features of anxiety disorder ▪ Elucidate the main categories of anxiety disorder: panic, generalised anxiety, phobias ▪ Recognise the role of depression in anxiety symptoms ▪ Recall organic disorders and medications than can mimic some features of anxiety disorder ▪ Outline broad treatment strategies for anxiety disorders ▪ Assess a patient to detect organic illness ▪ Evaluate patient's mental state to categorise cause of symptoms as per national guidelines (e.g. NICE) on anxiety ▪ Be familiar with national guidelines (e.g. NICE) on management of anxiety ▪ Recognise the chronicity of anxiety syndromes and the distress and disability they cause

Suicidal Ideation	<ul style="list-style-type: none"> ▪ The trainee will be able to take a valid psychiatric history to elicit from a patient suicidal ideation and underlying psychiatric pathology; assess risk; and formulate appropriate management plan ▪ Outline the risk factors for a suicidal attempt. Outline the common coexisting psychiatric pathologies that may precipitate suicidal ideation ▪ Outline the indications, contraindications and side effects of the major groups of psychomotor medications ▪ Outline the powers that enable assessment and treatment of patients following self harm or self harm ideation as defined in the Mental Health Act ▪ Take a competent psychiatric history ▪ Be familiar with scoring tools to assess risk of further self harm (eg Beck's score) ▪ Elicit symptoms of major psychiatric disturbance ▪ Obtain collateral history when possible ▪ Recognise and manage appropriately anxiety and aggression ▪ Liaise promptly with psychiatric services if in doubt or when high risk of repeat self harm is suspected ▪ Recognise the role of the Self Harm Team prior to discharge ▪ Ensure prompt communication is maintained with community care on discharge (GP, CPN)
Psychiatry/ Psychiatry Competencies	<ul style="list-style-type: none"> ▪ Be able to take a full medical and psychiatric history ▪ Be able to perform a mental state examination ▪ Recognise when specialist Psychiatric opinion is indicated ▪ Recognise when a patient's presentation heralds organic illness and manage appropriately ▪ Recognise role of community mental health care teams ▪ Recognise Common and /or Important Problems: <ul style="list-style-type: none"> - Suicide and parasuicide - Acute psychosis - Substance dependence - Depression ▪ Clinical Science - knowledge of: <ul style="list-style-type: none"> - Principles of substance addiction, and tolerance - Pharmacology of major drug classes: anti-psychotics, lithium, tricyclics, antidepressants, mono-amine oxidase inhibitors, SSRIs, venlafaxine, donepezil, drugs used for addiction (bupropion, disulpharam, acamprosate, methadone)

Cardiology	<ul style="list-style-type: none"> ▪ Knowledge/Causes - cardiac/vascular, respiratory, gastrointestinal, locomotor, psychological, trauma/musculoskeletal, other
Hepatic disorders	<ul style="list-style-type: none"> ▪ Knowledge/Causes - cardiac/vascular, respiratory, gastrointestinal, locomotor, psychological, trauma/musculoskeletal, other
Toxicology	<ul style="list-style-type: none"> ▪ Understand the legal, psychiatric and social aspects of overdose.
Child protection	<ul style="list-style-type: none"> ▪ Know the range of conditions presenting as a symptom of abuse or psychological distress
<p>Paediatric</p> <p>Note - The paediatric content of this curriculum reflects what would be expected of a typical emergency physician in departments that see both children and adults. Those requiring details on sub-specialisation in paediatrics should visit www.emergencymed.org.uk</p>	<ul style="list-style-type: none"> ▪ Understand normal behaviour patterns including response to injury and illness from birth to adolescence ▪ Be able to recognise abnormal child behaviour patterns ▪ Understand the influence of physical, emotional and social factors on development and health ▪ Understand the emotional impact of hospitalisation on children ▪ Be able to recognise fabricated illness and injury in children ▪ Be able to recognise, and refer patients presenting with self-harm ▪ Understand about the multi-disciplinary nature of child and adolescent mental health services ▪ Understand the signs and symptoms that indicate serious conditions such as depression and psychosis ▪ Knowledge of: <ul style="list-style-type: none"> - self harm - parasuicide - NICE guidelines for deliberate self-harm.http://www.nice.org.uk/ - Risk factors for suicide - Liaison with psychiatric services - Assessment of suicide risk - Management within the Emergency Department - Appropriate referral and discharge - Identification of co-morbid psychiatric problems - Importance of prevention - Acute psychosis - Alcohol and drug/substance related problems (intoxication, dependence, withdrawal) - Identification of those who are alcohol and drug / substance dependant - Recognition of associated conditions, e.g. head injury

	<ul style="list-style-type: none"> - Violent behaviour (domestic, sexual assault, staff safety, restraint) - Violence guideline: http://www.nice.org.uk/ - Dementia – assessment and causes - Difficult patient (malingering, personality disorder, frequent attender) - Mental Health Law (UK countries) and place of safety - Management including de-escalation techniques - Working with other agencies - Psychiatry - Self-harm in children and adolescents - Recognise this as an expression of distress, acute or long-term - Recognise self-harm as indicating serious emotional distress - To be able to refer to the Child and Adolescent Mental Health Service team
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Acute Medicine: The General (Internal) Medicine Curriculum

This comprises level one and two competencies. Level 2 competencies will usually be acquired alongside specialist competencies during training from ST3 (Specialty training year 3 onwards).

Mental Health Components in the General Internal Medicine (GIM) Curriculum Levels 1 and 2

Confusion acute	<ul style="list-style-type: none"> ▪ Recognise pre-disposing factors: cognitive impairment, psychiatric disease
Falls	<ul style="list-style-type: none"> ▪ Recognise the psychological impact to an older person and their carer after a fall
Fits and Seizure	<ul style="list-style-type: none"> ▪ Recognise the psychological and social consequences of epilepsy
Poisoning	<ul style="list-style-type: none"> ▪ The trainee will be able to assess promptly a patient presenting with deliberate or accidental poisoning, initiate urgent treatment, ensure appropriate monitoring and recognise the importance of psychiatric assessment in episodes of self harm [and] recognise importance of psychiatric review pre-discharge in deliberate self poisoning
Rash	<ul style="list-style-type: none"> ▪ Recognise the social/psychological problems caused by acute skin disease
Aggressive and Disturbed Behaviour	<ul style="list-style-type: none"> ▪ Define acute psychosis and list its predominant features and causes [and] determine whether disturbed behaviour is a result of organic or psychiatric disease
Alcohol and Substance Dependence	<ul style="list-style-type: none"> ▪ Describe the medical, psychiatric and socioeconomic consequences of alcohol and drug misuse [and] take a detailed medical and psychiatric history to identify physical or psychological dependence [and] seek specialist advice when appropriate e.g. gastroenterology, intensive care, psychiatry ▪ Recognise the coexistence of psychiatric disease [and] liaise with psychiatric, GP and substance misuse teams as appropriate for ongoing community care

Anxiety and Panic Disorder	<ul style="list-style-type: none"> ▪ Recognise the role of psychological and self help therapy in management ▪ Recall the main features of anxiety disorder. ▪ Be familiar with national guidelines (e.g. NICE) on management of anxiety. ▪ Elucidate the main categories of anxiety disorder: panic, generalised anxiety, phobias ▪ Recognise the role of depression in anxiety symptoms ▪ Recall organic disorders and medications that can mimic features of anxiety disorder ▪ Outline broad treatment strategies for anxiety disorders ▪ Assess a patient to detect organic illness ▪ Evaluate patient's mental state to categorise cause of symptoms as per national guidelines (e.g. NICE) on Anxiety ▪ Recognise the chronicity of anxiety syndromes and the distress and disability they cause ▪ Elucidate the principles of pharmacotherapy in the treatment of anxiety ▪ Recognise that atypical physical symptoms may herald an underlying anxiety disorder ▪ Involve primary care or mental health services as appropriate ▪ Recommend initial treatment be undertaken in primary care setting ▪ Discuss with patient that the condition is treatable
Memory Loss	<ul style="list-style-type: none"> ▪ Participate in multidisciplinary approach to care: therapists, elderly care team, old age psychiatrists, social services
Physical Symptoms in Absence of Organic Disease	<ul style="list-style-type: none"> ▪ Differentiate somatisation disorders from malingering ▪ Recognise the phenomenon of excessive symptoms in the context of established disease e.g. breathlessness in well controlled asthma ▪ Safely determine after appropriate work up that a patient is likely have a non-organic cause for their presentation ▪ Identify underlying psychiatric disease: psychosis, depression, or anxiety ▪ Formulate a management plan for acute period of care ▪ Recognise the pattern of repetition that non-organic presentations can have ▪ Respect the distress the mode of presentation may be causing ▪ Adopt a non-judgemental sensitive attitude when engaging in counselling a patient over the likelihood of non-organic disease ▪ Involve psychiatric services when appropriate ▪ Recognise the importance of the Primary Care team in assessment and management ▪ Recognise the cultural differences in somatoform disorders

Suicidal Ideation	<ul style="list-style-type: none"> ▪ The trainee will be able to take a valid psychiatric history to elicit from a patient suicidal ideation and underlying psychiatric pathology; assess risk; and formulate appropriate management plan ▪ Knowledge Skills Attitudes and Behaviour: <ul style="list-style-type: none"> - Outline the risk factors for a suicidal attempt - Outline the common coexisting psychiatric pathologies that may precipitate suicidal ideation - Outline the indications, contraindications and side effects of the major groups of psychomotor medications - Outline the powers that enable assessment and treatment of patients following self harm or self harm ideation as defined in the Mental Health Act - Take a competent psychiatric history - Be familiar with scoring tools to assess risk of further self harm (eg Beck's score) - Elicit symptoms of major psychiatric disturbance - Obtain collateral history when possible - Recognise and manage appropriately anxiety and aggression - Liaise promptly with psychiatric services if in doubt or when high risk of repeat self harm is suspected - Recognise the role of the Self Harm Team prior to discharge - Ensure prompt communication is maintained with community care on discharge (GP, CPN) - Outline the principles of the relevant Mental Health Act - Discharge to appropriate setting patients who have been deemed to be at low risk of repeat suicidal attempt - Formulate a management plan for patients with coexisting psychiatric disease: medications, counselling - Recognise the importance of ongoing input by health services following discharge
Weight Loss	<ul style="list-style-type: none"> ▪ Recognise prominence of psychosocial factors, with collateral history where possible
Cancer and palliative care	<ul style="list-style-type: none"> ▪ Recognise associated psychological and social problems
Psychiatry	<ul style="list-style-type: none"> ▪ Be able to take a full medical and relevant psychiatric history ▪ Be able to perform a mental state examination ▪ Recognise when specialist psychiatric opinion is indicated ▪ Recognise when a patient's presentation heralds organic illness and manage appropriately ▪ Recognise the role of community mental health care teams

	<ul style="list-style-type: none"> ▪ Knowledge of: <ul style="list-style-type: none"> - Structure and function of limbic system and hippocampus - Principles of substance addiction, and tolerance - Principles of neurotransmitters - Pharmacology of major drug classes: anti-psychotics, lithium, tricyclics, antidepressants, mono-amine oxidase inhibitors, SSRIs, venlafaxine, donepezil,
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Acute Medicine: Generic Curriculum for the Medical Specialties

The purpose of this curriculum is to describe the generic competencies to be attained by all physicians in training in all medical specialties, in terms of the specific knowledge, skills and attitudes to be acquired.

Mental Health Components in the Generic Curriculum for the Medical Specialties (Acute Medicine)

Building on foundation knowledge	<ul style="list-style-type: none"> ▪ Assess mood and cognitive function as appropriate and apply this to interpretation of history
Health promotion and public health	<ul style="list-style-type: none"> ▪ Recognise the interaction between mental and physical health ▪ Cite the determinants of health, including ...psychological ...factors ▪ Knowledge of mental health legislation: the powers to detain a patient and giving emergency treatment against patient's will under common law

Mental Health Components in the Specialty Trainings

Cardiology	<ul style="list-style-type: none">▪ Understand the associated psychological factors of patients with chest pain.▪ Trainees should spend time with the range of disciplines involved in delivering heart failure services e.g. ... psychologists ...▪ Appreciate the interplay of physiological and psychological aspects of heart disease.▪ Know that CHD has a psycho-social as well as physical impact on the patient and their family▪ Appreciate the psychological impact of ACHD on patients and their families▪ Trainees should have practical opportunity for acquiring advanced communication skills with supervised outpatient interviews. Supervision should be by professionals with experience in communicating with ACHD patients and may include consultants, clinical nurse specialists and psychologists.▪ Trainees should have practical opportunity for acquiring advanced communication skills with supervised outpatient interviews. Supervision should be by professionals with experience in communicating with ACHD patients and may include consultants, clinical nurse specialists and psychologists.▪ Appreciate the anxiety that patients suffer with an ICD▪ Appreciate the psychological impact of the patient's arrhythmia illness on the patient and their family, and manage it sensitively.▪ Be aware of the importance of members of a multidisciplinary team in management of these complex patients who will often require surgical and psychological inputs for management.▪ Appreciate the psychological impact of the patient's illness on the patient and their family, and manage it sensitively.▪ Appreciate the psychological impact of an awareness of sudden cardiac death risk and manage it sensitively.
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Emergency
Medicine
Curriculum

- Understand the emotional impact of hospitalisation on children
 - Be able to recognise, and refer patients presenting with self-harm
 - Understand about the multi-disciplinary nature of child and adolescent mental health services
 - Understand the signs and symptoms that indicate serious conditions such as depression and psychosis
 - Know the range of conditions presenting as a symptom of abuse or psychological distress, e.g. deliberate self harm, aggression or risk-taking behaviour, recurrent abdominal pain, headaches or faints, recurrent attendances in young children
 - Self-harm in children and adolescents
 - Recognise this as an expression of distress, acute or long-term
 - Be able to refer to the Child and Adolescent Mental Health Service team
- Knowledge of:
- Mental Health Law (UK countries) and place of safety
 - Mental Health Act
 - Child abuse, domestic violence
 - Understand the Mental Health Act in relation to competence
 - Know the limits of the law in particular regard to mental health patients
 - Deliberate self harm/ parasuicide
 - NICE guidelines for deliberate selfharm. <http://www.nice.org.uk/>
 - Risk factors for suicide.
 - Liaison with psychiatric services
 - Assessment of suicide risk.
 - Identification of co-morbid psychiatric problems.
 - Acute psychosis
 - Pharmacological treatment of intercurrent disease (e.g.... psychiatric disorders etc)
 - Incorporate clinical, social and psychological factors in the history
 - Causes (... Psychological...)
 - Involve other specialties e.g psychiatry, social services... rehabilitation services
 - To be able to access poisons information and understand the ... psychiatric... aspects of overdose.
 - To be able to identify the psychiatric aspects of overdose

	<ul style="list-style-type: none"> ▪ Psychological and physiological effects of opioids, amphetamines, ecstasy, cocaine and alcohol. ▪ To be aware of over dose as a self-harm presentation and know that repeated ingestions may be a presentation of neglect
Endocrinology	<ul style="list-style-type: none"> ▪ The trainee must be able to respond to the physiological, psychological and social problems maintaining glycaemic control in adolescence [and] describe the physiological, psychological and social factors affecting glycaemic control in adolescence [and recognise the potentially negative effects on adolescent behaviour on diabetes and the potential impact it may have on family and personal relationships ▪ Demonstrates willingness and sympathy to physical and mental responses to pain and its cause [and] demonstrates willingness to appreciate and sympathise with the physical and mental responses to pain and its cause [and] demonstrates willingness to treat medically and to refer to ... psychiatrists ... as appropriate and when necessary ▪ Recognises the importance of multi disciplinary team management of patients with eating disorders
Gastroenterology	<ul style="list-style-type: none"> ▪ Understands the importance of central component of functional symptoms. Brain gut interaction, role of somatisation, anxiety and depression and relationship to fibromyalgia and chronic pain syndrome. ▪ Simple assessment of anxiety, depression, and somatisation ▪ Recognises the importance of psychological factors, provide empathic support in small bowel motility problems including pseudo obstruction ▪ Rectal bleeding and perianal fistulae: Treats the patient sympathetically. recognises the social distress caused by these lesions.
Genito-Urinary medicine	<ul style="list-style-type: none"> ▪ Identify presentations of psychosexual problems and when appropriate to refer for treatment. ▪ Achieve personal learning goals beyond the stated essential, core curriculum. For example, trainees may wish to attend ... Psychosexual medicine and erectile dysfunction clinics [and] Psychiatry clinics
Geriatric medicine	<ul style="list-style-type: none"> ▪ Experience in various sub-specialities is a mandatory requirement for completion of training in geriatric medicine and the following are designated as high priority subspecialty training areas: ...old age psychiatry...

Neurology	<ul style="list-style-type: none"> ▪ Understands principles of treatment especially: vascular disease, migraine, epilepsy, pain, psychiatric disorders
Obstetrics and Gynaecology	<ul style="list-style-type: none"> ▪ Appreciate the importance of psychological factors for patients and their relatives ▪ Offer psychological support for patients and relatives ▪ Diagnose, investigate and manage, with direct supervision... • psychological disorders ▪ Details of knowledge criteria/Psychiatric disorders: Manic depressive disorders, Psychoneurosis, Puerperal disorders, blues, depression), Mood disorders, Schizophrenia, Reaction to pregnancy loss ▪ To understand and demonstrate appropriate knowledge, skills and attitudes in relation to ...Puerperal psychiatric disorders [and] Understands the roles of other healthcare professionals (e.g. psychiatrists...) [and] management and prognosis in puerperal psychological disorders (blues, depression), mood disorders, reactions to pregnancy loss. ▪ Shows an appreciation of the importance of psychological factors for women and their partners ▪ Appreciates the importance of psychological factors for women and their partners [and] Has an understanding of the psychosocial impact of STIs and living with HIV/AIDS, including the knowledge of the support systems available for patients ▪ Understands Psychogenic aetiology and presentation of common sexual problems such as loss of sexual interest and arousal, vaginismus, anorgasmia [and] Principles of psychosexual counselling.; Covert presentations of psychosexual problems and childhood sexual abuse; Referral pathways to local expertise in the field of psychosexual medicine and sexual dysfunction. ▪ Urogynaecology and pelvic floor problems - Appreciate the importance of psychological factors for patients
Paediatrics	<ul style="list-style-type: none"> ▪ Paediatrics includes a comprehensive sub-specialty in child mental health and is omitted from this table. It can be found at: http://www.pmetb.org.uk/fileadmin/user/QA/Curricula/Approved_curricula/Paediatrics/Children_s_Mental_Health_01.pdf).
Palliative care	<ul style="list-style-type: none"> ▪ Management of concurrent clinical problems commonly encountered in palliative care: <ul style="list-style-type: none"> - anxiety and depression, psychoses - anxiety and fear - depression and other mood disorders

- recognition of the different responses and emotions expressed by the patient and others, including fear, guilt, anger, sadness and despair
- Psychological impact of pain and intractable symptoms
- Responses to uncertainty and loss at different stages in the illness
- Illness in people with dementia or pre-existing psychological or psychiatric problems
- Identification of psychological responses as a source of additional problems for patient and family and as potentially obstructing the goals of care
- Dealing with:
 - anger and strong emotions
 - anxious preoccupation
 - transference
 - collusion and conspiracy of silence
 - denial
- Responses and needs of children (including siblings) at different developmental stages
- Responses and needs of children and adults with learning difficulties
- Distinction between sadness and clinical depression
- The trainee will have knowledge of and skills in recognising and managing psychiatric illness and the trainee will use psychological / psychiatric services appropriately
- Knowledge and application of therapeutic interventions including:
 - counselling
 - behavioural therapy
 - cognitive therapy
 - group activities
- Roles of relaxation/hypnotherapy, imagery and visualisation, creative therapies
- Role and availability of the specialist psychological/psychiatric services and indications for referral

Learning outcomes:

- The trainee will be able to deal with violent/suicidal individuals, and demonstrate this directly or indirectly
- Dealing with violent/suicidal individuals; use of compulsory treatment (Mental Health Act)

	<p>Recommended learning experiences:</p> <ul style="list-style-type: none"> ▪ Working contact with and formal teaching by Psychiatric/Psychological Service <p>Learning outcomes</p> <ul style="list-style-type: none"> ▪ The trainee will have the knowledge and skills to elicit spiritual concerns, recognise and respond to spiritual distress and demonstrate respect for differing religious beliefs and practice and accommodation of these in patient care ▪ Ability to acknowledge and respond to spiritual distress, including referral to others ▪ Recognition and management of the emotional and psychological impact of palliative care on oneself, the team and other colleagues ▪ Recommended learning experiences: Attachment to a clinical psychology/liason psychiatry service ▪ Psychological interventions in pain management ▪ The roles and limitations of drugs, physical therapies, psychological interventions and complementary therapies in palliative care ▪ Psychological care of the family ▪ Psychosocial Care: Skills in active listening, open questioning and information giving to: elicit concerns across physical, psychological, social and spiritual domains ▪ Management of emergencies in palliative medicine- acute suicidal ideation
Renal	<ul style="list-style-type: none"> ▪ Appreciate role of nurses in the initial counselling of patients, ▪ Recognise and instigate management of depression ▪ To prepare the patient both physically and psychologically for haemodialysis ▪ To appreciate that patients have physical, social, spiritual and psychological needs ▪ To appreciate the stress and concerns of patients and relatives in the assessment of a family member with adult polycystic kidney disease and the importance of genetic counselling
Respiratory	<ul style="list-style-type: none"> ▪ Hyperventilation syndrome and psychological aspects of breathlessness ▪ Have knowledge and experience of psychological factors which may cause or exacerbate breathlessness ▪ Have knowledge and experience of managing psychological causes of breathlessness in co-operation with other appropriate health care professionals ▪ Understanding of impact of Psychological factors on the respiratory system

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| | <ul style="list-style-type: none">▪ Management strategies for dealing with psychological factors in breathlessness and other respiratory symptoms▪ Be able to recognise when psychological factors are important▪ Psychological aspects of respiratory disease▪ Psychological effects of chronic respiratory disease |
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