

Placement-specific personal development plan – Liaison 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	Liaison Endorsement
Post Length	One year
Training Year	ST5
Career Progression Plan	
ST4	
ST5	
ST6	

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, 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.	<ul style="list-style-type: none"> Chair a multi-professionals meeting or Best Interest meeting involving general hospital colleagues, patients and carers to develop and agree a shared person-centred care plan 	DONCS CbD Mini-PAT Reflective notes
	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 adult patients that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism and boundaries.		

	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"> Supervise junior doctors when on call, manage own workload and delegate responsibilities appropriately Use appropriate information technology for effective handover of clinical information to acute hospital colleagues 	DONCS CbD Mini-PAT Reflective notes QI project
1.2 Professional Standards	Understand the impact of workload, patient and organisational dynamics on your own well-being.		
	Use supervision and reflection effectively recognising your skills, limitations and your duty of candour.		
	Apply strategies to take care of your wellbeing, seeking timely support and guidance, including acknowledging if you have a protected characteristic which might impact on your training, or if you are having difficulties adapting to working in the UK.		
	Use the method of receiving, reflecting and responding to understand the emotional impact of work on the individual and team, including the impact of suicide, trauma, and homicide.	<ul style="list-style-type: none"> Attend a Coroner's inquest/ participate in a Serious Incident investigation/ participate in a Schwartz Round involving acute hospital colleagues regarding patient suicide in the Liaison Psychiatry team 	Reflective notes DONCS Report for the Coroner SI report

	Consistently demonstrate a positive and conscientious approach to the completion of your work.		
	Make clear, accurate and contemporaneous records.		
	Promote the specialism of Liaison Psychiatry, including acting as an advocate for your patients and their carers.		
	Maintain the appropriate professional standards while working clinically, as a leader within healthcare organisations.		
	Work with increasing autonomy within a framework of supervision.		
	Act as an ambassador to promote mental health in physical health care settings including acting as an advocate for your patients and their carers.	<ul style="list-style-type: none"> Liaise with acute hospital colleagues to promote physical health of mentally ill patients/supervise acute hospital colleagues to carry out post incident debrief following rapid tranquilisation episode in the acute hospital. 	CbD DONCS Mini-PAT Reflective notes QI project
	Develop safe, confidential settings as a secure base for clinical work in physical healthcare settings.		
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.		

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	Demonstrate advanced communication and interpersonal skills when engaging with patients in physical healthcare settings, their families, carers of all ages and healthcare professionals.	<ul style="list-style-type: none"> Mediate between patient/carer and acute hospital colleagues where there is a difference of opinion regarding appropriate clinical interventions (e.g. inappropriate requests for investigations/surgery by patient/carer for functional symptoms) 	ACE Mini-ACE CbD DONCS Mini-PAT Reflective notes
	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.		
	Reflect your understanding of how patient values and perspectives may differ in a physical health setting and the influence this may have on engagement, assessment, treatment and management, ensuring a shared approach.		

<p>Appropriately explain a range of psychological therapies to patients, families, carers of all ages, and other professionals and organise subsequent management appropriately.</p>	<ul style="list-style-type: none"> Proactively develop a relationship with the local IAPT/health psychology/ general psychology service and demonstrate familiarity with local processes, pathways and thresholds around psychological therapies Refer a patient with comorbid physical and mental health problems for psychological treatment to the appropriate service. 	<p>ACE Mini-ACE CbD Reflective notes Supervisor notes Anonymised referral</p>
<p>Communicate complex person-centred holistic concepts in communication with others.</p>		
<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>		
<p>Communicate risk assessments effectively and succinctly to other healthcare professionals.</p>	<ul style="list-style-type: none"> Using verbal and written skills, communicate risk assessment and management under consultant supervision to acute hospital colleagues 	<p>ACE Mini-ACE CbD DONCS Mini-PAT Reflective notes</p>
<p>Reflect on the different communication needs of patients, families, carers of all</p>		

	ages, primary and secondary care professionals, mental health teams and social services, and tailor your communication accordingly.		
	Demonstrate proficiency in communicating potentially distressing diagnostic and prognostic information associated with the overlap with physical and mental health, with patients, families, carers of all ages, and clinicians.		
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 Liaison 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 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.		
	Demonstrate proficiency in the use of relevant questionnaires and screening tools in the liaison psychiatry setting and their limitations.	<ul style="list-style-type: none"> Using validated questionnaires, screen for neurodevelopmental disorders, mood disorders or cognitive impairments in the acute hospital. 	ACE Mini-ACE CbD Reflective notes Supervision notes

Demonstrate advanced skills in person-centred holistic assessment, investigation, formulation and diagnosis of mental disorders in physical health care settings.		
Demonstrate detailed knowledge of epidemiology and common presentations of psychiatric and psychological problems in physical health care settings.		
Identify and diagnose mental disorders in physical healthcare settings.		
Use physical healthcare records to develop a systematic chronology of a patient's history to aid assessment.		
Perform a detailed assessment of cognitive function taking in to account the limitations of the setting and physical health of the patient.		
Assess patients on busy wards and in the emergency department (ED) respecting patient dignity and confidentiality.		
Demonstrate a flexible approach in assessment, taking into account the patient's current physical health status.		
Conduct relevant physical examinations, investigations and follow them up appropriately including further referrals e.g., to specialist teams where necessary.		

<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, correctly interpreting the results. 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>		
<p>Assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate and understanding of how protected characteristics may impact on clinical presentation.</p>		
<p>Integrate information from multiple sources to develop a formulation.</p>	<ul style="list-style-type: none"> For patients who attend the Emergency Department frequently due to undiagnosed mental health needs carry out a records audit, interview the patient, carer, acute hospital colleagues and any other agencies involved to develop a collaborative patient centred biopsychosocial formulation of their difficulties 	<p>ACE Mini-ACE CbD DONCS Mini-PAT Reflective notes</p>

Be familiar with and adept with terminology used in physical healthcare settings.		
Use a detailed knowledge of contemporary classification systems to understand presentations in physical healthcare settings, including functional symptoms and long-term physical health conditions.		
Liaise and discuss additional investigations with colleagues in the multi-professional team in order to utilise investigations appropriately.		
Carry out a comprehensive assessment of risk including self-harm, suicide; violence; exploitation; neglect; environmental risk; unintentional physical harm, elder abuse.		
Demonstrate knowledge of evidence-based psychological treatments and use these skills in the assessment and management of patients in a liaison psychiatry setting.		
Apply contemporary knowledge and principles of psychological therapies where appropriate and recommending psychotherapeutic /psychological treatment, using an appropriate psychotherapy modality, drawn from the liaison psychiatry setting.		

Demonstrate up to date knowledge of the risk and benefits of psychotropic medication and safely prescribe it in patients with physical health challenges.		
Work collaboratively to develop and deliver integrated person-centred holistic management plans (inclusive of risk) for patients with functional symptoms and long-term physical conditions with the individual and their healthcare team, sustaining a therapeutic relationship over a period of time to enable its implementation.		
Understand the changes related to ageing, or of a compromised brain and body, and adapt treatment strategies accordingly.		
Arrange appropriate follow up when required to provide continuity of care.		
Manage psychiatric emergencies in the physical health care setting including emergency use of medication, rapid tranquilisation, use of restraint and post event management aspects.		
Demonstrate an understanding of how physical treatments can be used for the treatment of mental disorders and apply this under supervision.		
Manage at least one supervised psychotherapy case, using an appropriate		

<p>psychotherapy modality, drawn from the liaison psychiatry setting.</p>		
<p>Demonstrate proficiency in initiating, changing, discontinuing psychotropic medication, including advising colleagues who don't have a mental health care background, and be aware of limitations and interactions.</p>	<ul style="list-style-type: none"> Confidently advise acute hospital colleagues in prescribing decisions for complex interaction between physical and mental illness and medication interactions (e.g. use of appropriate antipsychotics in psychosis related to Parkinson's disease) 	<p>Mini-ACE CbD Mini-PAT Reflective notes</p>
<p>Work across interfaces, between psychiatric, and other medical and non-medical specialties and services, demonstrating appropriate liaison and collaboration.</p>		
<p>Offer psychiatric expertise and guidance to other practitioners (e.g., through consultation or clinical supervision) to provide alternative perspectives for understanding and treatment.</p>		
<p>Demonstrate involvement and contribution to multi-professional management of patients' needs and risks.</p>		

HLO 2.3: Apply advanced management skills within Liaison 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 an understanding of unconscious processes, including transference, countertransference, projection and splitting and the impact of these on yourself and others.		
	Identify, understand, and negotiate complexity and uncertainty in a wide range of clinical and non-clinical contexts.		
	Demonstrate proficiency in managing conflict involving patients, professionals, teams and systems, and utilise psychotherapeutic skills in assisting staff groups in other disciplines to manage complex situations.		
	Recognise and manage clinical uncertainty, ambiguity, complex co-morbidities of mental and physical illness, including risks associated with various presentations.		
	Deviate from care pathways/guidelines when clinically indicated.		

Understand the limits of your clinical capabilities, seeking timely support and consultation when appropriate.	<ul style="list-style-type: none"> Reflect on the threshold for seeking support for in-hours and out-of-hours work. 	<p>Reflective notes</p> <p>Supervision notes</p>
Manage divergent views about patient care or intervention and deliver appropriate interventions.		
Prioritise information in situations of urgency and demonstrate expertise in applying the principles of crisis intervention in emergency situations. Be able to make urgent care plans and maintain professionalism.		
Observe, absorb, contain and reflect on complex clinical/non-clinical situations in liaison psychiatry, develop a balanced response, and support colleagues to do likewise.	<ul style="list-style-type: none"> Lead MDT discussion in the Liaison Psychiatry team involving frequent self-harm in a patient with complex biopsychosocial adversities and entrenched maladaptive behaviours, manage own and team anxiety 	<p>DONCS</p> <p>Mini-PAT</p> <p>Reflective notes</p>
Review treatment and management plans of patients when the outcome is not as expected or hoped for.		

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

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs):	Planned activities	Evidence including WPBAs
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	By the end of this training year, you will be able to:		
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	Demonstrate understanding of and apply the current legislation governing the care and treatment of people with mental disorder in physical healthcare settings, including emergency powers and compulsory treatment.	<ul style="list-style-type: none"> Assess an inpatient in the acute trust using mental health legislation. 	ACE Mini-ACE CbD Reflective notes
	Balance the duty of care to the patient and the protection of others with the restriction of human rights when considering the use of legal powers.	<ul style="list-style-type: none"> Give advice to acute colleagues on use of emergency mental health legislation, e.g., by running a teaching session 	Feedback from teaching session AoT
	Demonstrate advanced practical knowledge and application of the relevant mental capacity legislation, in physical healthcare settings.	<ul style="list-style-type: none"> Be able to explain the arguments for use of mental capacity vs Mental Health Act for an acute trust setting 	Reflective entry CBD Supervision notes Mini-PAT to collect feedback from other non-medical colleagues
	Demonstrate understanding of the current national standards, policies and guidelines in relation to the mental health and social care needs of patients in physical health care settings.		
	Understand models of consultation within liaison psychiatry and emergency working sufficiently to explain and negotiate with physical and mental health care colleagues and managers.		

	Meet the requirements to apply for relevant statutory approval where appropriate.		
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 working knowledge of local health and social care services through your interactions with them.		
	Demonstrate awareness and understanding of clinical governance structures in physical health care settings.	<ul style="list-style-type: none"> • Attend joint governance meetings • Establish joint working plans with medical/surgical teams, e.g., spinal injuries team • Participate in acute trust meetings including Schwartz rounds, interface meetings, mortality meetings etc. 	CbD ACE Reflective notes Minutes of MDT meetings
	Awareness of interfaces between Liaison Psychiatry and other psychiatric specialties, other branches of medicine and other service providers, including social services.	<ul style="list-style-type: none"> • Attendance at service interface meetings • Attend advanced liaison psychiatry and management courses 	Course certificates

HLO 4: Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Liaison 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 contributing to health inequalities, and the social, cultural, religious and spiritual determinants of adult mental health.		
	Promote mental well-being and prevention of Mental Disorders within the context of societal change and social technology, identifying and challenging stigma and discrimination against people with mental disorders.		
	Demonstrate understanding of public health issues related to mental and physical health; work collaboratively with colleagues within physical health disciplines, and other agencies to promote mental well-being and quality of life.	<ul style="list-style-type: none"> • Manage a hospitalised patient with comorbid mental disorder and substance dependence. • Provide motivational interviewing to a patient with substance misuse. 	ACE CbD Reflective notes Feedback from non-medical colleagues e.g. CPN / SW
	Demonstrate proficiency in working collaboratively across agencies to promote mental well-being and quality of life, including in unforeseen circumstances.		

	Ensure that appropriate physical health treatments, including optimal nutrition, lifestyle interventions and social prescribing are appropriately used for improving the outcome of treatment of mental disorders.	<p>Counsel a patient with newly-diagnosed Type II diabetes</p> <ul style="list-style-type: none"> Further your understanding about re-feeding syndrome by carrying out a teaching session or journal club 	<p>ACE CbD JCP AoT Reflective notes</p>
	Participate in the design and delivery of services, working with patients, families and carers of all ages and the wider community, taking into account local and national health promotion and illness prevention strategies.		
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	Use your understanding of how individual personal qualities, emotions and behaviours impact on teamworking and the quality of patient care.	<ul style="list-style-type: none"> Identify one example of suboptimal teamwork leading to lower quality patient care 	<p>Supervision note Reflective writing CbD</p>
		<ul style="list-style-type: none"> Learn about one model of team functioning (e.g., Belbin) by carrying out a bite size teaching session for the team. 	<p>Reflective writing AoT</p>

	Demonstrate a working knowledge of the roles and responsibilities of, and the interface between multidisciplinary team members, including peer support and peer working.		
	Understand team dynamics and use effective negotiation skills to resolve conflict and dysfunction.		
	Recognise and manage unconscious dynamics between yourself, your patients, the liaison team, and other healthcare teams.		
	Model, educate and adapt the service, using conflict resolution skills within and between teams, co-producing improvements with patients and carers.		
	Actively participate and contribute to the success of a team by working collaboratively with colleagues from diverse backgrounds and experiences and promoting inclusivity.		
	Demonstrate proficiency in the use of negotiating skills with medical and surgical colleagues and managers in physical healthcare settings.	<ul style="list-style-type: none"> • Negotiate the transfer of a patient with challenging behaviour to a local psychiatric hospital. • Negotiate with general ward staff in a case where such transfer is impossible/inappropriate. 	CbD DONCS Supervision note Reflective note Mini-PAT

5.2 Leadership	Recognise and appraise the leadership skills of others in various contexts.	<ul style="list-style-type: none"> Supervise one Core Trainee in executing and disseminating an audit project. 	Audit report Poster Presentation
		<ul style="list-style-type: none"> Participate in local Journal Club rota to appraise a Core Trainee. 	Anonymised copy of WPBA completed for the trainee
		<ul style="list-style-type: none"> Participate in multi-source feedback or complete Mini-PAT for colleagues 	Mini-PATs completed
	Demonstrate the development and application of your own leadership skills in a variety of clinical and non-clinical settings.		
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.		
	Demonstrate an understanding of how your own leadership style and approach impact on others, adapting your approach to meet the needs of the team.		
	Lead, take charge, and offer opinions and direction.	<ul style="list-style-type: none"> Broaden experience of supervising Core Trainees in daily clinical duties, including in cases where supervision was challenging. 	DONCS Mini-PAT Reflective notes

		<ul style="list-style-type: none"> • 'Act up' to lead the discussion in a weekly (or daily) departmental review of currently active patients, e.g., by questioning and directing Core Trainees under supervision. 	DONCS Mini-PAT Reflective notes
		<ul style="list-style-type: none"> • Organise one departmental meal out or event (e.g., Secret Santa, charity challenge – be creative) 	Group photo Reflective notes
	Support colleagues to enhance their performance and support their development.		
	Provide clinical supervision to colleagues at all times.		
	Competently manage and lead a team/service, providing consultation and specialist advice to team members and other agencies, including medical and surgical colleagues, and managers in physical healthcare settings.		

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	Understand and apply the principles and systems of clinical governance that assure, promote, and improve safety and quality of patient care.	<ul style="list-style-type: none"> Actively participate in meetings relevant to clinical governance for instance relevant liaison team business meetings or crisis care pathway business meetings. 	CbD Reflective notes DONCS Anonymised Report for Coroner SI report
	Participate in activities that promote reflection and learning from critical incidents.	<ul style="list-style-type: none"> Demonstrate understanding of good clinical governance through everyday clinical work, e.g.: <ul style="list-style-type: none"> report incidents through appropriate channels. respond to complaints participate in SI investigations as a reviewer involvement in a critical incident 	Reflective notes Supervision notes DONCS SI report
6.2 Quality improvement	Apply an understanding of the impact of quality improvement activities in improving patient outcomes and system performance.	<ul style="list-style-type: none"> Attend relevant courses to improve understanding of QI process 	Course/conference certificate QIP presentation at Trust, regional or national level.

		<ul style="list-style-type: none"> Participate or lead on a QIP in the liaison setting and disseminate your results. 	<p>QI poster</p> <p>QIP publication.</p>
	Lead on quality improvement activities relevant to your clinical practice, including supervising others.		
	Disseminate findings from quality improvement activities, implement and manage relevant change.		
<p>HLO 7: Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Liaison psychiatry.</p> <p>Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.</p>			
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	Apply knowledge of individual and systemic factors contributing to vulnerabilities and safeguarding concerns in people of all ages.		
	Work within legislative frameworks and local processes to raise and report safeguarding concerns in a timely manner and contribute to safeguarding processes.	<ul style="list-style-type: none"> Assess and manage a patient where there are concerns around safeguarding – make a referral to safeguarding team Proactively develop a relationship with the safeguarding team (either in 	<p>ACE</p> <p>Mini-ACE</p> <p>CBD</p> <p>DONCS</p> <p>Reflective notes</p> <p>Supervisor notes</p>

		<p>the acute trust or mental health trust).</p> <ul style="list-style-type: none"> Participate in a Best Interests meeting 	Anonymised referral
	Demonstrate understanding of the impact of victimisation/exploitation and trauma in vulnerable groups.		
	Understand how physical health comorbidity contributes to the vulnerabilities and safeguarding concerns in people with mental disorders.		
	Demonstrate advocacy, leadership and collaborative working around vulnerability and use of safeguarding procedures in patients in physical health care settings.		
	Advise others on the use of mental health and capacity legislation in people in physical health care settings.	<ul style="list-style-type: none"> Offer advice around legislative framework either for Emergency Department or medical ward patient 	<p>CbD</p> <p>Reflective notes</p> <p>Supervisor notes</p> <p>Colleague feedback on advice</p>

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	Apply understanding of the principles and methods of learning, education, teaching, training and feedback in a variety of clinical and non-clinical settings.		
	Identify your own training needs and pursue your own continuing professional development.	<ul style="list-style-type: none"> • Explore available F2F and online courses with supervisor at start of placement, book early • Identify and book training/ conferences relevant to liaison psychiatry (TNNC/ faculty conference)/ interface areas such as neuropsychiatry/ eating disorders/ drug and alcohol addiction • Consider audits/ surveys 	AoT Supervisor's report Course certificates Reflective notes
	Adapt teaching and training to the needs of particular learners in physical healthcare settings.	<ul style="list-style-type: none"> • Plan /aim to deliver at least two teaching sessions – one to medical and one to non-medical staff. • Teach session(s) in general hospital on common mental health comorbidity (e.g. depression/ anxiety/ delirium/ 	DONCS AoT (ideally from general hospital physician / matron) Session feedback Mini-PAT Reflective note

		<p>dementia), for non-psychiatric staff:</p> <ul style="list-style-type: none"> ○ Doctors ○ Nurses ○ Allied health professionals (OT/PT) <ul style="list-style-type: none"> ● Reflect on preparation and level of understanding gained by audience 	
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 the professional qualities of an effective trainer, teaching and guiding individuals and groups, providing safe and effective clinical supervision in emergency and non-emergency situations or settings.	<ul style="list-style-type: none"> ● Provide clinical supervision/ review of diagnosis, risk assessment and management plans from core trainees and foundation doctors in psychiatry and other specialties. ● Provide clinical supervision to non-medical MDT members. 	<p>AoT DONCS Mini-PAT Feedback from supervisees</p>
	Actively participate in clinical, psychiatric and educational supervision, demonstrating as appropriate effective skills, creating safe and effective learning environments.	<ul style="list-style-type: none"> ● Identify courses / training available at start of placement and book sessions. ● Undertake a broad range of activities including: 	<p>Reflective notes Course certificates</p>

		<ul style="list-style-type: none"> ○ Training/ courses about learning environments and teaching ○ Attending educational supervision courses provided by Deanery 	
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"> • Identify journal club/ teaching coordinators and book times for presentations • Work towards data collection/ literature review with conference submission deadlines in mind • Journal club presentations • Participation in reviews of best practice / systematic reviews • Disseminate evidence-based practice 	JCP CP AoT Poster Presentation Publication
	Translate research into local clinical practice and disseminate critical appraisal findings to wider communities.		

	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.	• Research training – Good Clinical Practice (GCP) course	Course certificate
	Apply the principles of Research Study Protocols where available.		
	Demonstrate practical contribution to an ethically approved research study where relevant research support is available.	<ul style="list-style-type: none"> • Plan research activity early in placement, identify supervisors, progress reports through the year • Participation in research activity – literature searches, data collection, analysis, report writing 	<p>Supervisor's report</p> <p>Reflective notes</p> <p>Publications</p>