

Placement-specific personal development plan – Rehabilitation 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	Rehabilitation Psychiatry (community rehabilitation team with some sessions in inpatient rehabilitation)
Post Length	One year
Training Year	ST5
Career Progression Plan	
ST4	General Adult Psychiatry CMHT and acute inpatients
ST5	Rehabilitation Psychiatry (community rehabilitation team with some sessions in inpatient rehabilitation)
ST6	Crisis Team with inpatient Admissions Unit experience
Professional Development Sessions	
ST4	Clinical: addictions and intellectual disabilities clinics Non-clinical: PG Certificate in Medical Education
ST5	Clinical: early intervention service Non-clinical: leadership training
ST6	Clinical: perinatal and neuropsychiatry experience Non-clinical: Quality Improvement Project

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

Specialty HLO statements

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
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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, colleagues within and external to the service/trust, 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 person-centred holistic strengths-based clinical approach to adult patients with long-term complex mental health conditions, that is honest, empathic, compassionate, and respects their dignity and autonomy while maintaining therapeutic optimism.	<ul style="list-style-type: none"> • Create a WRAP (wellness recovery action plan) for a patient. 	Mini-ACE CbD Upload anonymised WRAP onto Portfolio Online
		<ul style="list-style-type: none"> • Use standardised tools (e.g., Dialog +) to guide patient reviews. 	Mini-ACE CbD
		<ul style="list-style-type: none"> • Use standardised tools (e.g., CANSAS) to assess rehabilitation needs. 	Mini-ACE CbD
		<ul style="list-style-type: none"> • Prepare a tribunal/medical report that demonstrates person-centredness and acknowledges a person's strengths. 	Mini-ACE Upload anonymised report
		<ul style="list-style-type: none"> • CPA reviews – ensure care planning is person centred. 	Mini-ACE CbD
	Demonstrate the ability, when working with others to be flexible, lead, use initiative, be able to prioritise, and be adaptable, effectively managing your time and resources, including effective use of new technologies where appropriate.		
1.2 Professional Standards	Recognise and develop strategies (seeking guidance when necessary) to respond to 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.		
	Use the method of receiving, reflecting and responding to understand the emotional impact of the work on the individual and team, including the impact of natural deaths, suicide and homicide, in the context of longstanding therapeutic relationships with patients and families.		
	Consistently demonstrate a positive and conscientious approach to the completion of your work.		
	Make clear, accurate and contemporaneous records.		
	Maintain the appropriate professional standards while working clinically as a leader within healthcare organisations. This includes relevant CPD and personal development plans with the aim of improving patient care.		
	Work with increasing autonomy within a framework of supervision.		

	Promote the specialism of Rehabilitation Psychiatry, including acting as an advocate for your patients, their families and carers of all ages.	<ul style="list-style-type: none"> Create and deliver a presentation about rehabilitation psychiatry to group of people/medical students/non-psychiatric MDT - why is it so important and vital? 	AoT CbD in supervision Reflective report Upload presentation to portfolio
		<ul style="list-style-type: none"> Write and submit article about the specialty of rehabilitation psychiatry. 	Upload article
	Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.		
	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	Consistently demonstrate effective communication skills with all patients,	<ul style="list-style-type: none"> Using MS teams or video technology for a review, ensuring patient 	ACE Mini-ACE Reflective entry

	families, carers of all ages, colleagues and all other agencies.	understanding and participation is respected.	Patient feedback
		<ul style="list-style-type: none"> Use the services of an interpreter 	ACE Mini-ACE Reflective entry
		<ul style="list-style-type: none"> Liaise with appropriate agencies to improve communication (e.g. referral to SALT) 	Reflective entry Upload referral letter Mini-PAT
		<ul style="list-style-type: none"> Individual clinical encounters 	ACE/Mini-ACE
		<ul style="list-style-type: none"> Demonstrate appropriate development of care plans, considering communication needs, with regard to digital inclusion 	ACE Mini-ACE CbD Upload care plan
	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.		
	Communicate effectively in person, using technology or via third parties.		

Adapt communication formats to the needs of all patients, families, carers including those with frailty, sensory problems and cognitive needs.		
Demonstrate skills in supporting those in whom English is not their first language including the use of interpreters and providing information in other languages.		
Use and apply advanced communication skills in managing de-escalation in challenging settings.		
Adapt communication in dealing proactively with those who are likely to present with anger, frustration and violence.		
Use communication skills to build and sustain effective therapeutic relationships on a long-term basis in community and inpatient settings.		
Demonstrate strengths-based approaches to clinical engagement and incorporate patient narratives into clinical care and treatment planning.		
Effectively communicate clinical information including 'bad news' to patients and be able to listen to concerns and respond.		
Write clinical notes that can summarise complex clinical patient presentations to formulate the evidence into appropriate treatment plans.		

	Prepare informed and succinct reports and present evidence at Mental Health Act hearings in a focused and expert, evidence-informed manner, presenting facts and opinions separately.		
	Write detailed and focussed new referral assessment reports to communicate to referring agencies.		
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 Rehabilitation 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.		
	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.		

Perform detailed mental state examinations that can separate the presence of different groups of symptoms.		
Chart the timelines of symptom progression to enable more accurate clinical diagnosis		
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.		
Screen for organic disorders and request appropriate laboratory investigations to assist with this e.g., CT/MRI and EEG as indicated.		
Integrate the use of structured clinical assessment tools in clinical practice, for the evaluation of nature and severity of psychosis, level of disability, indices of social function and quality of life, and to monitor change with treatment and to use validated outcome measures.	<ul style="list-style-type: none"> Use standardised tools (e.g., CANSAS) to assess rehabilitation needs or level of psychosis. 	Mini-ACE CbD
Effectively obtain information to formulate detailed clinical assessments including person-centred holistic factors, leading to a diagnostic formulation for patients presenting with complex needs, and severe and enduring Mental Disorders/disorder.		
Effectively follow a multi-disciplinary approach in the assessment and management of people with both short term		

and long term Mental Disorders, taking into consideration a corroborative history as well as factors relating to ethnicity, race, gender and other relevant protected characteristics to arrive at a personalised understanding of clinical problems and how protected characteristics may impact on clinical presentation and on patient preferences.		
Apply appropriate clinical criteria to diagnosing, investigating and managing treatment resistant psychosis before initiating Clozapine or alternative medication.		
Apply knowledge of policy and protocols when using high dose antipsychotic medication to ensure patient safety.		
Develop effective personalised, multi-faceted treatment plans that take into account primary conditions, clinical comorbidity, social needs and disability.		
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.		
Adopt an evidence-based approach to treatment planning incorporating person-centred holistic interventions to deliver safe, effective, collaborative and co-productive management plans ensuring continuity of care.	<ul style="list-style-type: none"> Show involvement in initial assessments with MDTs (e.g., involved in formulation session with psychologist). 	ACE Mini-ACE Written report / outcome
	<ul style="list-style-type: none"> Lead patient reviews (CTPs). 	ACE

		Mini-ACE
Demonstrate knowledge and skills to treat comorbidity including depression, insomnia, anxiety, OCD, ASD, addiction, eating disorders, and other conditions that co-exist in people with long term severe and enduring mental disorders.		
Utilise non-pharmacological (social, occupational therapy and psychological) interventions as appropriate in those with severe and enduring mental disorders.		
Assess the medication burden and undertake safe de-prescribing of non-essential medications, through active discussions with patients, their families and carers of all ages.		
Optimise medication, balancing the benefits and risks depending upon the stage of the illness.		
Recommend the appropriate level of support for those with SMI in the community to ensure risk is managed appropriately.		
Demonstrate an understanding of how physical treatments can be used for the treatment of mental disorders and apply this under supervision.		

HLO 2.3: Apply advanced management skills within Rehabilitation 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.		
	Manage the interpersonal dynamics between yourself, your patients and others to undertake an effective formulation.		
	Demonstrate a pragmatic and flexible approach to your clinical practice to support the patient with SMI to achieve their goals and maintain therapeutic optimism.		
	Assess risks taking into account the contributory factors (e.g., addiction, mental disorder, lifestyle variables and lack of social support) that increase risk and vulnerability.		
	Assess and evaluate iatrogenic and environmental factors that leading to increased risk.		
	Demonstrate knowledge of factors that can lead to injustice and invalidation during an episode of care ensuring you listen to and value subjective experience and personal narratives.		

Demonstrate an enhanced understanding of the dynamics of clinical encounters, where there are challenges to achieving therapeutic engagement. These will include both patient and clinician factors and arrive at a shared understanding of the management.		
Demonstrate safe and autonomous practice incorporating multi-disciplinary views and seeking support and supervision from senior colleagues as appropriate.		
Recognise, acknowledge and manage uncertainty, clinical complexity and conflicting information, navigating and developing creative and appropriate management plans to progress clinical situations that are at an impasse/stuck.	<ul style="list-style-type: none"> Present a case at postgraduate presentations /grand rounds. 	CP Upload presentation
	<ul style="list-style-type: none"> Lead a complex case discussion, which may involve a novel or flexible approach to a challenging situation. 	CbD DONCS
	<ul style="list-style-type: none"> Draft a referral letter to a colleague or to specialist services 	Upload referral letter CbD Reflective entry Discussion in supervision

HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Rehabilitation 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 national mental health legislation and relevant case law in the care and treatment of patients and management of risk, in rehabilitation settings.	<ul style="list-style-type: none"> • Prepare statutory hearing reports. 	DONCS
		<ul style="list-style-type: none"> • Present verbal evidence for statutory hearings. 	ACE DONCS
	Apply local and national health and social care policies, guidelines and legal frameworks in relation to the overall care needs of patients in rehabilitation settings.		
	Apply an understanding of equality, disability, human rights and other relevant civil law to support patients to retain dignity, combat discrimination, and access justice and fair treatment in society.		
	Apply an understanding of aspects of criminal and mental health legislation, and the procedural frameworks of the Criminal Justice System as relevant to patients in rehabilitation psychiatry settings.		
	Demonstrate knowledge of legislation and principles of care under the least restrictive principles and enabling autonomy and choice.		

	Apply the specific legislative frameworks governing care, treatment, and restriction of liberty where patients receive care in community mental health settings.		
	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	Work at a system level to ensure the best provision and outcomes for the rehabilitation population with complex needs.		
	Demonstrate knowledge of how rehabilitation services and individual patient care pathways are organised and funded across the health and social care sectors.		
	Use relevant data across the health and social care system collaboratively to develop and run services optimally with continuous improvement.		
	Support patients at interfaces between mental health rehabilitation, the Criminal Justice System and forensic mental health services, with regard to systemic		

	inequalities and biases that patients may encounter.		
HLO 4: Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Rehabilitation 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	Advocate for, and ensure access to, all relevant services for our patients and carers.		
	Apply an in-depth knowledge of the person-centred holistic model of psychiatry to inform and advise on the development of public mental health strategies for those with SMI.		
	Advocate for patients suffering from the effects of discrimination and social isolation using resources to promote inclusion.		
	Lead and advocate for individuals with severe and complex co-morbidities to achieve optimal physical and mental health.		
	Ensure patients are linked into appropriate national screening and prevention programmes, including	<ul style="list-style-type: none"> Audit/project around access of screening programmes to patient caseload. 	Audit presentation uploaded to portfolio Reflective note.

	reasonable adjustments to prevent discrimination and exclusion.	<ul style="list-style-type: none"> Evidence of communication and liaison with GPs and screening programmes for individual patients. 	Anonymised letters of referral to GP / screening programmes
	Deliver appropriate, targeted and audience-specific education on mental disorders to relevant stakeholders.	<ul style="list-style-type: none"> Deliver training to GP and other primary care colleagues about specific factors to bear in mind in working with our patients, encouraging parity of esteem between physical and mental health. 	<p>Uploaded presentation</p> <p>Reflective entry</p> <p>Feedback from primary care/audience</p>
	Screen for common complications and physical health comorbidities arising alongside the prescription of psychotropic medications, e.g., diabetes, hyperlipidaemia and obesity.		
	Promote a healthy lifestyle and encourage the self-management of both mental and physical health problems by working collaboratively with patients to create wellness recovery action plans.		
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	Demonstrate effective leadership, team working and negotiation skills to work constructively and collaboratively within the complex health, housing and social care systems and with other stakeholders	<ul style="list-style-type: none"> Coordinate care planning and multi-professional meetings (which may involve Voluntary, Community Sector and Social 	<p>ACE</p> <p>DONCS</p> <p>Supervisor's report</p>

	including families and carers, criminal justice, commissioning bodies and non-statutory organisations.	Enterprises) for designated case load over the placement.	Mini-PAT
	Liaise with both primary and secondary care colleagues, following shared care systems and protocols to ensure equal access and parity of esteem to optimise physical health and reduce mortality in those with SMI.		
	Understand the evidence base around building and running good teams, and the inherent risks of poor teamworking, including negative impact on quality of care and patient safety, as well as increased staff turnover, sickness and burnout.		
	Work with staff and carers to address challenging behaviour in a manner that is sensitive to the individual and sustains the therapeutic relationship.		
	Understand the importance of optimising one's own self-care and wellbeing and supporting that of the wider staff team.	<ul style="list-style-type: none"> Facilitate reflective practice groups for teams (Higher) 	Formal accreditation pathway for Balint evidence SAPE (for facilitation)
		<ul style="list-style-type: none"> Away day: present at team event (teaching) 	AoT Reflective entry Feedback from team
5.2 Leadership	Recognise the impact of leadership across systems and in managing partnerships, including optimising one's own impact		

	and influence for the benefits of patients, carers, staff and the whole system		
	Know how to maintain a strategic focus on and influence the provision of, work opportunities, leisure, social and educational services for patients with severe mental disorders.		
	Use negotiation and management skills to promote and develop rehabilitation services and care settings for patients with severe and enduring mental disorders and to develop strategies to promote rehabilitation services.		
	Promote enthusiasm for, and satisfaction with, work with long-term and enduring conditions, amongst trainees and other staff.	<ul style="list-style-type: none"> • Prepare and deliver presentation to medical students/other professionals regarding rehabilitation psychiatry. 	<p>AoT</p> <p>Feedback</p> <p>Upload presentation to portfolio.</p>
	Promote a social psychiatry/recovery culture amongst staff of services delivering rehabilitation.		
	Sensitively develop understanding of staff in partner services/agencies, such as residential and community support staff, of concepts and culture of recovery, social inclusion and social psychiatry, both in the immediate clinical situation and through teaching programmes.		
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy		

	and power within relationships with patients and colleagues.		
	Demonstrate knowledge and ability to collect and analyse service, organisational, and system level data, and implement necessary changes to one's services.		
	Manage conflict within a team to provide a balanced professional response ensuring you are able to contain the anxiety of others.		
LO 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	Apply the principles of clinical governance, team dynamics and human factors to manage and improve patient safety and care.	<ul style="list-style-type: none"> To collaborate with another senior clinician in leading an SUI (serious untoward incident) review. 	Upload report Note of discussion in supervision Minutes of relevant meetings
	Recognise and respond to patient safety and critical incidents.	<ul style="list-style-type: none"> Completing an incident report in collaboration with relevant team member. 	Uploaded incident report Reflective entry of discussions in supervision.
	Respond to complaints in a timely and appropriate manner.		
	Engage with patients and carers in responding to safety concerns.		

	Demonstrate proficiency in reflective practice when involved in adverse incidents, learning and adapting as appropriate.		
6.2 Quality improvement	Adopt models and principles of continuous quality improvement in rehabilitation services.		
	Acquire skills to design a QI project, with identified change ideas. To be able to design and deliver a plan-do-study-act model for an identified area for improvement. Show ability to engage a wide group of patients, carers and all stakeholder professionals in the project.		
	Demonstrate ability to collect data in real time as relevant to the project, present the data and to show where change needs to happen in subsequent cycles of PDSA.		
	Ability to present the findings and to disseminate and embed learning at team level and to present the findings and methodology to other services to scale up the project.		
	Demonstrate skills to design and collect routine patient outcomes using validated measures.		
	Show ability to use routinely collected feedback measures from patients and carers, as well as other agencies to evaluate and improve services.		

	Understand the importance of obtaining feedback from patients, families and other services. Learn about the processes in place used to obtain feedback.	<ul style="list-style-type: none"> Design a feedback survey for patients and carers to express their views about the rehabilitation service Feed results back to patients and carers. 	Upload survey
		<ul style="list-style-type: none"> Obtain patient and carer stories about their journey through the rehabilitation service. 	Upload anonymised patient and carer stories
		<ul style="list-style-type: none"> Participate in regular reviews of patient and carer feedback 	Upload minutes of meetings Reflective notes
		<ul style="list-style-type: none"> Attend local governance meetings 	Upload anonymised meeting minutes Reflective notes
		<ul style="list-style-type: none"> Seek feedback from ongoing ward based and community patient fora and meetings. 	Evidence of involvement in quality improvement project on service user experience
	Demonstrate awareness of locally, regionally and nationally collected rehabilitation data and how they are utilised to improve or commission rehabilitation services.		

HLO 7: Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Rehabilitation 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 knowledge of the individual and systemic factors contributing to vulnerability and safeguarding concerns in mental health rehabilitation settings.		
	Recognise that patients with complex mental health conditions may have experienced trauma, abuse and victimisation, and continue to be at increased risk of victimisation and exploitation by others.		
	Assess capacity in those with long-term complex mental health conditions, in particular regarding making decisions about placement/community support packages and making decisions about physical healthcare and undergoing interventions and treatment.	<ul style="list-style-type: none"> • Conduct regular reviews of physical and mental healthcare treatments and patient's capacity to consent to these. 	Uploaded entries and notes. Mini-ACE (capacity assessment) CbD Anonymised completed capacity form.
	Apply safeguarding guidelines when appropriate.		
	Understand and work within legislative and local frameworks to anticipate and report safeguarding concerns, providing leadership and demonstrating cross-agency working.	<ul style="list-style-type: none"> • Completed referrals to: <ul style="list-style-type: none"> • Safeguarding team. • Multi-Agency Public Protection Arrangements (MAPPA) 	Upload completed referral forms and related correspondence.

		<ul style="list-style-type: none"> Multi-Agency Risk Assessment Conferences (MARAC). Local risk panel. 	
	Understand that people with complex mental health needs face disadvantages in access to both criminal and civil justice; collaborate with relevant agencies to ensure patients receive appropriate advocacy and support.		
	Demonstrate advocacy, leadership and collaborative working around vulnerability and in safeguarding procedures, for patients with severe and complex mental disorders and with their families and carers.		
	Understand that people with complex mental health conditions are at increased risk of self-neglect and social isolation and demonstrate leadership regarding interventions to address this.		
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	With respect to all education and training, ensure that factors such as complexity of needs, the longer length of time required for recovery and number of services involved in	<ul style="list-style-type: none"> Case presentation of person supported by rehabilitation psychiatry at local academic meeting. 	AoT CP form Feedback from trainee group

	a patient's care, are considered and training is tailored accordingly.		
	Promote enthusiasm for and satisfaction with work with long term and enduring condition, amongst trainees and other staff.		
	Promote a social psychiatry/recovery culture amongst staff of services delivering rehabilitation.		
	Sensitively develop the understanding of staff in partner services/agencies, such as residential and community support staff, of concepts and culture of recovery, social inclusion and social psychiatry both in the immediate clinical situation and through teaching programmes.	<ul style="list-style-type: none"> Teaching session/programme about rehabilitation services. 	Upload presentation Feedback from audience Minutes of meeting / teaching session
		<ul style="list-style-type: none"> Communicate patient's needs, strengths, and presentation to supported accommodation staff during a period of transition working towards discharge. Complete person-centred care documentation (in collaboration with other clinical staff) as required by supported accommodation 	Upload anonymised documentation
	Promote and lead on the provision of effective psychiatric education and training in clinical, academic and relevant multi-disciplinary settings in collaboration with patients and their wider community.		
	Use feedback effectively and adopt lifelong learning.		

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	Supervise, mentor and coach colleagues to enhance their performance and development.	<ul style="list-style-type: none"> Act as mentor for new junior medical trainees, or IMGs. 	Reflective entry Anonymous notes from discussions with mentee Feedback from mentee at end of placement
	Demonstrate effective supervision and mentoring skills to promote safe and effective learning environments.	<ul style="list-style-type: none"> Participate in three-way supervision session with a consultant and junior medical colleague. 	DONCS Reflective entry
		<ul style="list-style-type: none"> Run a workshop at a local induction event 	Upload programme/workshop evidence Feedback from audience / trainees
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
		<ul style="list-style-type: none"> Present at journal club 	Upload copy of presentation JCP

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"> Case presentation demonstrating review of literature leading to an appropriate management plan for the patient. 	CP CbD Grand Round feedback Upload copy of presentation
	Translate research into local clinical practice and disseminate critical appraisal findings to wider communities.		
	Apply knowledge of up to date appropriate statistical methods where appropriate research support is available.		
	Demonstrate proficiency in the use of objective evidence-based clinical assessment instruments.		
	Work within ethical frameworks when carrying out or appraising research.	<ul style="list-style-type: none"> Submit research proposal through completion of relevant research application form, e.g., IRAS. 	Upload application form. Upload evidence of submission of proposal form Upload a copy of poster or abstract, if project has been presented at local or other seminar/conference.
	Apply the principles of Research Study Protocols where available.		
	Demonstrate practical contribution to an ethically approved research study.		
	Demonstrate an understanding of the findings from classic studies that have informed the development and practice of mental health rehabilitation.	<ul style="list-style-type: none"> Prepare and deliver presentation to medical students/other professionals 	AoT Feedback

		regarding rehabilitation psychiatry.	Upload presentation to portfolio.
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