**Case-based discussion group assessment (CbDGA)**

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| **Field** | **Options** |
| **Curriculum level** | CT1 |
|  | CT2 |
|  | CT3 |
|  | ST4 |
|  | ST5 |
|  | ST6 |
|  |  |
| **Assessment date** |  |
|  |  |
| **Forename** |  |
|  |  |
| **Surname** |  |
|  |  |
| **Professional registration** | GMC |
|  | None |
|  | Other |
|  |  |
| **Please state professional registration if not with GMC.** |  |
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| **Assessor position** | Consultant psychiatrist in medical psychotherapy |
|  | Psychologist |
|  | SASG (with training in psychotherapy) |
|  | Band 7 professional (for CT/ST 1-3) |
|  | Senior psychotherapist (Band 7-8) |
|  | Senior medical psychotherapy trainee (ST5 – 6) |
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| **Please state your position if not in above list** |  |
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| **Group composition – please state** |  |
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**Assessment gradings**

Think about the standard of capability expected of your trainees **at the end of the current year** and select a button to indicate their current progress towards that.

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| HLO & Themes | Working towards expected standard | | | | Meets expected standard | Above expected standard | | Unable to comment |
| **1.1 Professional relationships** | | | | | | | | |
| **Demonstrates an understanding of the importance of time-keeping and of having a predictable and regular setting (frame) for therapeutic work** |  | |  |  | |  |  | |
| Consistently late for the Balint group, regularly takes calls or leaves during the group or is otherwise distracted during sessions. | | Lateness and / or distractions interfere with trainee’s ability to reflectively work in the Balint group. | Is consistently punctual for Balint groups and manages other work to create a space for reflective work (turning of mobile phones, etc) | | As before and demonstrates an awareness of how unpredictability can affect the setting for therapeutic work and therapeutic relationships. | Insufficient evidence to be able to form a view | |
| **Able to recognise and manage the different factors (gender, culture, age, disability etc) contributing to the practitioners' emotional responses to the patient** |  | |  |  | |  |  | |
| Is either oblivious to such factors or demonstrates racist, sexist ageist or discriminatory attitudes. | | Demonstrates some lack of awareness of such factors and their importance to the therapeutic relationship. | Demonstrates sufficient awareness of own reaction to such factors that relationships with patients do not appear to be adversely affected. | | As before but with increased confidence and demonstrates reflective curiosity about how these factors are affecting the therapeutic relationship. | Insufficient evidence to be able to form a view | |
| **1.2 Professional standards** | | | | | | | | |
| **Able to attend regularly and manage future predicted absences** |  |  | | |  |  | |  |
| Poor attendance at Balint group or gives no notice of absences. | Irregular attendance or sometimes fails to inform group of absences. | | | Regularly attends Balint group. Can think ahead and keeps others in group informed in good time of predicted absences. | Not applicable | | Insufficient evidence to be able to form a view |
| **2.1 Communication** | | | | | | | | |
| **Self aware enough that (s)he does not have to impose personal solutions or self management strategies** |  |  | | |  |  | |  |
| Consistently either imposes inappropriate personal strategies on the patient or does so to other trainees within the Balint group. | At times imposes inappropriate personal strategies on the patient or does so to other trainees within the Balint group | | | Demonstrates an understanding that all people are different and that what works for the psychiatrist may not work (or be appropriate) for the patient. | Shows recognition of how the psychiatrist can get drawn into offering solutions both by the patient and through their own wish to cure and why it might not be appropriate to do so. | | Insufficient evidence to be able to form a view |
| **Able to listen to and connect with the patient adequately containing own anxiety.** |  |  | | |  |  | |  |
| Unable to reflect in the group on how the patient makes the trainee feel or shows evidence of inability to make any connections with patients discussed. | Demonstrates difficulty in reflecting in the Balint group about how the patient makes the trainee feel or shows evidence of difficulty connecting with patients’ feelings. | | | Can reflect on the personal impact of the patient without reacting too defensively, e.g., by becoming too theoretical at the expense of a connection or by being too quick to act (driven by strong emotion). | Can confidently reflect on the personal impact of the patient and use this information to inform potential management strategies. | | Insufficient evidence to be able to form a view |
| **Able to provide a narrative account of contact with the patient without adopting a purely biological or medical model.** |  |  | | |  |  | |  |
| Unable to think about the patient as a person in their own right who has problems. Rather, shows evidence of thinking of patients as ‘cases’ or medical diagnoses. | Struggles to provide an account of the patient as a person in their own right. | | | Can demonstrate an interest in the patient as a person with their own story which can be communicated both avoiding jargon and separately from a medical/psychiatric diagnosis. | As before and demonstrates an increased ability to pick out details and nuances of the story, attempting to link symptoms with anxiety and hidden feelings | | Insufficient evidence to be able to form a view |
| **Able to respond to others in a non-judgemental way** |  |  | | |  |  | |  |
| Is consistently opinionated, dogmatic or dismissive of other viewpoints within the group or shows evidence of doing this with patients. | Can at times be opinionated, dogmatic or dismissive of other viewpoints within the group or shows evidence of doing this with patients. | | | Demonstrates in the Balint group an acceptance of others’ experiences as different from one’s own yet equally valid and informative. | As before and is curious to understand how different reactions from within the group may relate to the patient’s internal world. | | Insufficient evidence to be able to form a view |
| **2.3 Complexity and uncertainty** | | | | | | | | |
| **Able to recognise the influence of unconscious process on the interaction with the patient.** |  |  | | |  |  | |  |
| Demonstrates a significant lack of awareness of unconscious processes or is obviously unwilling or unable to think about those factors. | Demonstrates some lack of awareness of unconscious processes or struggles to think about them. | | | Demonstrates an awareness that all that occurs in the therapeutic relationship may not be explained by conscious motivation. | Has some understanding of projective processes and is willing to think about these and how they impact on the therapeutic relationship. | | Insufficient evidence to be able to form a view |

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| **Comments** |  |
| **Anything especially good**  Identify areas where the trainee is performing strongly. |  |
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| **Areas for development**  Identify areas where the trainee could improve performance. |  |
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| **Suggested actions for development**  Identify actions that the trainee could undertake to improve performance. |  |
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| **Trainee reflection on WPBA**  Space for trainee reflection on current performance and development plans. |  |
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