

## Placement-specific personal development plan – Old Age Psychiatry exemplar

This exemplar provides suggestions of the ways in which capabilities can be developed and evidenced. It can be used to inform the conversation between trainee and trainer at the start of each placement / training post, in which they should agree activities and evidence as part of setting up a personal development plan.

<b>Post Description</b>	Community OA Psychiatry
<b>Post Length</b>	One year
<b>Training Year</b>	ST4
<b>Career Progression Plan</b>	
<b>ST4</b>	Inpatient old age community placement with CMHT (six months) and memory service (six months)
<b>ST5</b>	Community old age inpatient placement
<b>ST6</b>	Old age liaison placement (liaison endorsement if 12 months' completed, and opportunity for Acting Up Consultant post according to availability)
<b>Professional Development Sessions</b>	
<b>ST4</b>	Clinical: neuropsychiatry outpatient clinic; non-clinical: foundation trainee teaching
<b>ST5</b>	Clinical: ECT clinic and CRISIS team; non-clinical: leadership & management training
<b>ST6</b>	Clinical: old age care home service, non-clinical: quality improvement/research project

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

**Specialty HLO statements**

HLO1: Demonstrate the professional values and behaviours required of a consultant psychiatrist, with reference to Good Medical Practice, and Core Values for Psychiatrists (CR204) and other relevant faculty guidance.			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>1.1 Professional Relationships</b>	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"> <li>Work alongside and lead MDT in managing patients e.g. through participation and chairing referral meetings, MDTs and care planning meetings</li> </ul>	CbD DONCS
		<ul style="list-style-type: none"> <li>Liaise regularly with family and caregivers where appropriate</li> </ul>	Supervisor/team/personal feedback (e.g. Patient & Family Tests)
	<b>Supervisor sample progress comments</b>	You have undertaken 2 x CbD and 1 x DONCS with me. You have performed well and are on track with working collaboratively with patients and families.	
	Recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and their carers of all ages and on working relationships with colleagues.		
Consistently demonstrate a holistic and person-centred clinical approach to older adults that is honest, empathic, compassionate, and respects their dignity			

	while maintaining therapeutic optimism remaining realistically optimistic, honest and maintaining boundaries.		
	Recognise the importance of liaising with colleagues from other psychiatric specialties where appropriate to provide advice and support on the management of care of older adults with mental disorders in these specialties.	<ul style="list-style-type: none"> <li>Work collaboratively with external members of the MDT including third sector, primary and secondary care</li> </ul>	Mini-PAT Reflective notes Supervisor reports
	<b>Supervisor sample progress comments</b>	You need to practice enabling the MDT presenter to provide their own decision of care planning rather than immediately stating the plan.	
		<ul style="list-style-type: none"> <li>Provide support and supervision for junior trainees and teaching junior doctors, undergraduates, MDT</li> </ul>	Mini-PAT DONCS AOT Reflective notes on teaching materials used and feedback received Supervisor's report CPD on supervisory skills e.g. feedback skills, using TEL, Time management
		Positive feedback on first Mini-PAT from colleagues including medical students We reflected in supervision on skills needed to be a clinical supervisor. You are going to undertake CPD in delivering feedback We reflected in supervision on your AOT and teaching feedback. You have strong skills as a teacher but have taken on board the need to engage the audience more to keep them interested. You are planning to try interactive teaching techniques at your next teaching	

		session.	
	Demonstrate flexibility, leadership, use of initiative, prioritisation, and adaptability, effectively managing your time and resources and using new technologies as appropriate.		
	<b>Supervisor sample end of year comments</b>	<p>You have undertaken 4 x CBD and 2 x DONCS, 2 x AOT with senior clinicians. Your serial CBDs, DONCS and Mini-PATs show you have acted on constructive feedback to show competency attainment.</p> <p>You have evidenced several CPD events with thoughtful reflections. You have 2 x Mini-PATs which show above average scores in your team working and leadership skills.</p>	
<b>1.2 Professional Standards</b>	Understand the impact of workload, patient, team and organisational dynamics on your own well-being, taking into account available resources.		
	Use supervision and reflection effectively recognising your skills, limitations, and your duty of candour.	<ul style="list-style-type: none"> <li>Attend regular supervision and include discussions on significant events/compliments or complaints</li> </ul>	<p>Reflective notes on weekly supervision</p> <p>Reflective notes on significant events/complaints/compliments</p> <p>Supervisor reports</p>
	<b>Supervisor sample progress comments</b>	<p>You have prepared well and led our weekly supervision sessions based on your Personal development needs.</p> <p>You are regularly updating your portfolio.</p>	
		<ul style="list-style-type: none"> <li>Attend my special interest sessions</li> </ul>	<p>Personalised work schedule</p> <p>Personal Development Plan</p> <p>Mini-PAT</p>

	<b>Supervisor sample progress comments</b>	Following comments on your lack of visibility in your Mini-PAT, you reflected on this with me in supervision and have agreed to use the shared calendar electronically so the team know when you are in clinically.	
	Apply strategies to take care of your wellbeing, seeking timely support and guidance.		
	Use the method of receiving, reflecting and responding towards understanding the emotional impact of work you do, on the individual and the team, including the impact of self-neglect, vulnerability, availability of resources, suicide and homicide.		
	Consistently demonstrate a positive and conscientious approach to the completion of your work.		
	Make clear, accurate and contemporaneous records.		
	Promote and protect the specialism of Old age psychiatry including acting as an advocate for your patients and their carers.	<ul style="list-style-type: none"> <li>• Deliver career talks to undergraduates/foundation year doctors on old age psychiatry</li> <li>• Set up bite sized teachings for MDT on e.g. capacity assessment, DoLS, managing BPSD</li> </ul>	AOT Reflection on feedback forms
	<b>Supervisor sample progress comments</b>	You showed great enthusiasm in your career talk and my AOT reflects this. I look forward to seeing the bite sized teaching plan you are creating	

		as part of a continuous improvement project.	
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.		
<b>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.</b>			
High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
2.1 Communication	Consistently demonstrate advanced communication skills when undertaking complex clinical discussions with your patients and with others in relation to their care.		
	Consistently demonstrate effective communication approaches with patients and relevant others, including those with neurodevelopmental disorders, making reasonable adjustments and adaptations where appropriate, including the use of new technologies.	<ul style="list-style-type: none"> <li>Demonstrate ability to provide, verbally and in writing, a formulation and risk management plan whether directly with the patient or as part of MDT discussion</li> </ul>	DONCS Reflective notes on capacity decisions Reflective notes on shared decision making and best interest meetings Supervisor reports Mini-PAT CbD
	<b>Supervisor sample progress comments</b>	Your letter writing shows excellent communication skills though we have discussed the need for you to use dictation rather than typing them yourself as your workload intensity increases. We have had some sessions together to build up your dictation skills.	

	You continue to master written communication to primary care via dictation rather than self- typed and will continue to develop this competency in your next placement.	
Demonstrate proficiency in explaining the outcome of assessment and management to patients, families, carers of all ages, and relevant others.		
Demonstrate skills in supporting those in whom English is not their first language, including the use of interpreters, and providing information in other languages.		
Synthesise complex information and communicate this succinctly and coherently in your written and verbal communication.		
Build and sustain therapeutic relationships with older adult patients, relatives and carers. Be sure to recognise and manage the complexity and conflict that may arise in the course of these relationships.		
Demonstrate flexibility in your communication style with older adults taking into account difference and diversity and how these impact on the therapeutic interaction.	<ul style="list-style-type: none"> <li>Undertake observed clinical encounters with patients and carers including encounters where alternative forms of communication are required (e.g. use of interpreters, visual aids, digital healthcare)</li> </ul>	CBD ACE Mini ACE Case logs Reflective notes
<b>Supervisor sample progress comments</b>	You performed well in the ACE and mini-ACE we did together. You showed good communication skills on working with interpreters and patients with marked sensory impairments.	

	Demonstrate an inclusive approach which considers all aspects of communication, language, sensory and cognitive needs, as well as the ethnic, social, cultural, spiritual and religious context of older adult patients.		
	Demonstrate and promote shared decision making with older adult patients, taking into consideration their ideas, values, concerns and expectations.		
<b>HLO 2.2: Demonstrate advanced skills in the psychiatric assessment, formulation, diagnosis and person-centred holistic management of an appropriate range of presentations in a variety of clinical and non-clinical settings within Old age psychiatry.</b>			
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
<b>2.2 Clinical Skills</b>	Demonstrate an advanced understanding of functional mental disorders and how these present differently in older adults, delirium, cognitive impairment and dementias and other organic health disorders, substance use disorders and the interplay between physical health disorders and mental health.		
	Apply an advanced level of knowledge of psychology, including the importance of early relationships, attachment styles, parenting, the impact of adverse life experiences, traumatic events, and protective factors and their impact on functional and organic disorders in older people.		
	Understand the importance of, and consistently demonstrate, the ability to		



receive a collateral history from the relevant people involved in the care of your patients		
Demonstrate proficiency in the specialist risk assessment and management of older adults.		
Demonstrate advanced skills in assessing and managing the issues of self-neglect, vulnerability, physical health co-morbidities, frailty, self-harm and abuse.		
Conduct person-centred holistic assessments of older people including history, mental state, and relevant psychopathology, that includes psychological, social, cultural, spiritual and religious aspects of ageing, activities of daily living, physical health, medication, frailty and falls, and death and dying.	<ul style="list-style-type: none"> <li>Assessment, formulation and management of patients presenting with a wide range of clinical issues including functional and organic presentations</li> </ul>	CBD ACE Mini ACE DONCS Case logs
<b>Supervisor sample progress comments</b>	You have undertaken a good range of assessments with management plans in both CMHT and memory services. You seek timely supervision.  Further case logs are needed reflecting increasing complexity and behavioural and psychological symptoms of dementia	
<b>Supervisor sample progress comments</b>	<ul style="list-style-type: none"> <li>Attendance at relevant training and conferences</li> </ul>	CPD Certificate
	You have plans for CPD in ECG interpretation, Parkinson's update and managing BPSD. You will provide a reflection of your learning in your portfolio	
	<ul style="list-style-type: none"> <li>Teaching holistic assessments to undergraduates or junior doctors on placement</li> </ul>	DONCS AOT Reflective notes on feedback as a

		teacher
<b>Supervisor sample progress comments</b>	You will provide a reflection of your learning in your portfolio	
Demonstrate an appropriate understanding of learning and behavioural stages of human development through the lifespan including awareness of normative as well as variations in presentations, for example with neurodevelopmental conditions and across cultures.		
Synthesize all information available, including collateral information to construct a formulation relevant to older people and share your formulation with patients and others in a timely and appropriate manner.		
Demonstrate advanced knowledge in assessing capacity in older patients with complex needs.	<ul style="list-style-type: none"> <li>Demonstrate understanding of legal framework of the Mental Capacity Act by providing MDT supervision and attendance at best interest meeting</li> </ul>	Case logs CBD Mini ACE DONCS Supervisor's report
<b>Supervisor sample progress comments</b>	We have done 2 x CBD, DONCS and mini-Ace around capacity assessments and decisions. I recommend you making some reflective notes on reaching least restrictive decisions.	
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		

**Commented [KQ1]:** Please check that I have distributed these correctly.

addiction on clinical presentation.		
Conduct relevant physical examinations of your patients and interpret findings, referring on appropriately to other clinicians.		
Assess how relationships, systems and dynamics within the older patient's life impact on their wellbeing and work with them and others to manage these.		
Assess how relationships, systems and dynamics within the older patient's life impact on their wellbeing and work with them and others to manage these.		
Conduct and interpret detailed cognitive assessments, including the use of relevant, standardised, neuropsychological tools.		
Use international classification systems to establish diagnoses and co-morbidities in older adult patients.		
Assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate an understanding of how protected characteristics may impact on clinical presentation.		
Appropriately interpret the findings of relevant biological, psychological, and social investigations and assessments for both functional and organic mental disorders in older people and refer to others as appropriate.		

Use early diagnosis in general, and post diagnostic support in older people with mental disorders to help prevent vulnerability and safeguarding concerns in older people with mental disorders.		
Construct a safe, effective, collaborative and co-productive management plan based on the individual views, needs, and wishes of the patient, and review the effectiveness of these interventions in a timely manner to ensure continuity of care in the immediate, short and longer term.		
Manage patient care in emergency, urgent and routine situations.		
Work across a variety of settings including the community, other residential settings, care homes and in-patient services.		
Use formulation to devise a safe, effective, collaborative and co-productive management plan to ensure continuity of care in the immediate, short and longer term.		
Demonstrate an understanding of how physical treatments can be used for the treatment of mental disorders and apply this under supervision.		
Apply an understanding of psychological and psychotherapeutic interventions in order to assess the suitability of, and refer, older adult patients and their carers for these treatments.		

	Be able to apply principles of functional and behavioural assessment in patients with dementia presenting with behavioural and psychological symptoms and use these assessments in the development of appropriate management plans.		
	Demonstrate advanced skills in the safe prescribing and management of medications in older people.	<ul style="list-style-type: none"> <li>• Undertake initiation of psychiatric medications for your patients</li> <li>• Evidence your ability to consider impact of non-psychiatric medications on your own prescribing as well as the overall health of your patients</li> <li>• Consider how and when to de-prescribe medications that are no longer indicated in your patients</li> </ul>	Case logs Reflective notes CBD ACE Mini Ace
	<b>Supervisor sample progress comments</b>	During supervision and WPBAs you have shown good knowledge and practical application of safer prescribing in older people. You are keen to develop your skills in the patient benefits of de-prescribing and will link this to evidence in your portfolio on understanding sustainable healthcare	
<b>HLO 2.3: Apply advanced management skills within Old age psychiatry in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.</b>			
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

<b>2.3 Complexity &amp; Uncertainty</b>	Demonstrate proficiency in managing unconscious processes, including transference, countertransference, projecting and splitting, and know how to manage these effectively and safely to help with ongoing management.		
	Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.		
	Elicit salient information from the psychiatric history and mental state examination in situations of urgency and complexity and prioritise management as appropriate.		
	Devise care plans in urgent situations where information may be incomplete or unavailable.		
	Consciously vary from established care pathways where clinically indicated and justify these decisions as needed.	<ul style="list-style-type: none"> <li>Undertake reviews from MDT asking for a medical opinion due to unresolved or chronic symptomatology causing ongoing distress.</li> </ul>	CbD DONCS Reflective notes Supervisor reports
	<b>Supervisor sample progress comments</b>	We have discussed in supervision the importance of reviewing all medical notes to understand and review a patient's formulation. You provided a case log for going outside an established care pathway of using Rivastigmine for psychosis in a patient without dementia and benefits this showed for the patient.	
	Recognise why, when and how to access timely support and consultation as part of your professional practice when	<ul style="list-style-type: none"> <li>Discuss in supervision about accessing and utilising clinical supervision as you have</li> </ul>	CbD Reflective notes

	uncertain/stuck.	become more autonomous in practice	Supervisor notes
	<b>Supervisor sample progress comments</b>	You have used your clinical supervision effectively and are becoming more autonomous in your practice. We have discussed the importance of life- long case based discussions as a senior clinician to enable ongoing reflective practice, avoid clinical blind spots and remain patient centred	
	Maintain good professional attitudes and behaviour when responding to difficult situations involving ambiguity and uncertainty.		
	Manage unconscious dynamics between yourself, patients, and other professionals.		
	Provide support, advice and consultation to trainees and other professionals to work in complex situations.		
<b>HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Old age psychiatry.</b>			
<b>High Level Outcomes (HLOs) and Themes</b>	<b>Key Capabilities (KCs):</b> By the end of this training year, you will be able to:	<b>Planned activities</b>	<b>Evidence including WPBAs</b>
<b>3.1 Knowledge of legal and organisational frameworks in your UK</b>	Apply the current legislation governing the care and treatment of older people with mental disorder; both as inpatients and in the community, including the use of emergency powers and compulsory treatment.		

jurisdiction	Balance the duty of care to the older adult patient and the protection of others, taking into consideration human rights legislation.	<ul style="list-style-type: none"> <li>Assess patients BPSD in dementia</li> </ul>	ACE Mini-ACE CbD
	<b>Supervisor sample progress comments</b>	On a mini-ACE together you did not pick up on a carer's reluctance to discuss how things were. Fortunately you referred for a period of care co-ordination and soon became evident of physical aggression to the carer as part of BPSD. We discussed importance of a collateral history and sensitively exploring risk to carer from BPSD who may not wish to be disloyal to their loved one.	
	Demonstrate and develop advanced knowledge and application of legal and safeguarding frameworks appropriate for managing older patients who lack capacity to make decisions about their care or treatment.	<ul style="list-style-type: none"> <li>Assess capacity to decide care needs and residence</li> <li>Demonstrate understanding of legal frameworks including MCA versus MHA</li> </ul>	CbD ACE Mini ACE
	<b>Supervisor sample progress comments</b>	In your case logs, during supervision and in a mini-ACE, I have seen you evidence your understanding and application of decision and time specific capacity assessments. You will build your capability in this area in your next placement.	
	Demonstrate an understanding of relevant legislation as applicable to the patient's families and carers of all ages.		
	Apply the principles of least restrictive practice when considering the application of legal powers across different settings.		
	Meet the requirements to apply for relevant statutory approval where appropriate.		
	Prepare and deliver relevant legal reports.	<ul style="list-style-type: none"> <li>Participate in preparing a report for community treatment orders</li> </ul>	CbD



	<b>Supervisor sample progress comments</b>	You have drafted a CTO report. You needed supervision to understand the difference between 'nature' and 'degree'. In supervision you agreed you need much more experience in preparing relevant legal reports and having opportunity to present at tribunals	
<b>HLO 3.2: Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.</b>			
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
<b>3.2 Working within NHS and organisational structures</b>	Demonstrate knowledge of and contribute to the structure and function of national health and social care services and regulatory authorities, particularly as it applies to the care of older adults.	<ul style="list-style-type: none"> <li>Explore and discuss the social, political and economic factors that influence the delivery of care within the NHS and demonstrate an understanding of how this affects our work and training</li> </ul>	Reflection Supervisor reports DONCS
	<b>Supervisor sample progress comments</b>	<p>You have used induction and educational supervision to good effect to understand local organisational structure. You have attended all locality business meetings and contributed to discussions and local solutions.</p> <p>I undertook a DONCS in a best interest meeting and you were a good advocate for the patient.</p>	
	Demonstrate proficiency in inter-agency working.		

**HLO 4: Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Old age psychiatry and the wider community.**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>4.1 Health promotion and illness prevention in community settings</b>	Apply an understanding of the factors (including physical economic and cultural factors) that contribute to health inequalities, and the social, cultural, spiritual and religious determinants of health as relevant to older adults.	<ul style="list-style-type: none"> <li>Reflections on this in context of older adults by using different cases and how these factors affect health outcomes</li> </ul>	CBD Reflections Supervisor reports
	<b>Supervisor sample progress comments</b>	We have discussed four different cases you have diagnosed dementia and how socioeconomic status, ethnicity and religious belief had an impact on not only aetiology, but also ongoing risk, support structures etc. You have provided some thoughtful reflections in your portfolio.	
	Apply, where appropriate, the basic principles of global health including governance, health systems and global health risks, and use these in your practice.		
	Apply the principles of patient self-management, self-care and “expert by experience” in your practice.		
	Identify and challenge stigma and discrimination that are associated with both ageing and mental disorder in older adults in both clinical and community settings.		

	Lead, advocate and educate health and non-health professionals in health promotion and illness prevention for older adults.		
	Promote physical health, mental health and wellbeing in older adult patients, and the wider community.		
<b>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.</b>			
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
<b>5.1 Teamworking</b>	Recognise the strengths, weaknesses and skill levels within a team and work with these to provide containment and support to the team and to colleagues when needed contributing to service development.	<ul style="list-style-type: none"> <li>Attend and contribute to team meetings.</li> <li>Discuss team dynamics, strengths and weaknesses in supervision</li> </ul>	ACE Mini ACE DONCS Mini PAT
	<b>Supervisor sample progress comments</b>	<p>You found it difficult initially to manage your clinical and non-clinical time and this was reflected in your Mini-PAT comments about visibility.</p> <p>You corrected this via calendar sharing and your second Mini-PAT shows excellent feedback on your teamwork and leadership skills.</p>	
	Understand the role of the Consultant Psychiatrist for older adults in identifying and managing conflict and dysfunction that can arise in teams and use effective negotiation skills to manage these.		
	Encourage contribution from individual team members in order to develop their practice whilst also taking into account their particular		

	skills and build confidence.		
	Support colleagues to develop their practice.	<ul style="list-style-type: none"> <li>Set up bite sized teachings for MDT on e.g. capacity assessment, DoLS, managing BPSD</li> </ul>	Supervisor report Reflection AOTs
	<b>Supervisor sample progress comments</b>	You have evidenced great feedback from your bite sized teaching initiative.	
<b>5.2 Leadership</b>	Understand the leadership role of a consultant psychiatrist in relation to the team and wider systems in managing and adapting to difficult clinical and nonclinical situations as they arise and delegate when required.		
	Manage the prioritisation and assessment of referrals and allocate according to need and expertise within the team.	<ul style="list-style-type: none"> <li>Demonstrate a good understanding of your team skills and lead on assigning tasks and delegating where appropriate</li> </ul>	DONCS Mini-PAT
	<b>Supervisor sample progress comments</b>	I have undertaken a DONCS with you leading the referral meeting. You showed strong skill in decision making. We discussed encouraging MDT members to use communication tools such as SBARD to enable you to make effective and efficient decisions on allocations.	
	Actively seek out opportunities to gain feedback about your practice and adapt and develop in response to this feedback as appropriate.	<ul style="list-style-type: none"> <li>Complete the Trust leadership and management course</li> </ul>	Training Certificates Mini Pat

Commented [KQ2]: Check this is correct evidence please.

	<b>Supervisor sample progress comments</b>	You have not managed to get on the leadership course till ST5 and so have moved the completion of this course on to your next PDP.	
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.		
<b>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.</b>			
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
<b>6.1 Patient safety</b>	Demonstrate proficiency in reflective practice when involved in adverse incidents, learning and adapting as appropriate.		
	Apply the principles of clinical governance, human factors and team dynamics to assess and improve patient safety for older adults.	<ul style="list-style-type: none"> <li>Attend team business meetings and use supervision to reflect on human factors and concerns</li> </ul>	CBD Reflective notes Supervisor reports
	<b>Supervisor sample progress comments</b>	You have been a valued member of the team business meetings and shown continuous improvement in action with your bite sized teaching initiative. You have used our supervision to discuss human factors and we have discussed the importance of structured communication tools in teams to improve patient safety.	
	Respond in a timely and effective way to address concerns relating to the safety of older adult patients.	<ul style="list-style-type: none"> <li>Work with team to raise risk and safeguarding concerns</li> </ul>	CBD Reflective notes Supervisor reports

Commented [KQ3]: Is this evidence correct?

Commented [AB4]: yup

	<b>Supervisor sample progress comments</b>	You encouraged and supported an MDT colleague to complete a DATIX	
<b>6.2 Quality improvement</b>	Use accepted quality improvement methodologies to identify and implement improvements within older adult services and supervise others in this regard as appropriate.	<ul style="list-style-type: none"> <li>Identify areas in clinical practice for improvement and develop a sustainable QI project as individual or ideally within a team</li> </ul>	Reflection QI project Poster / Presentation AOT
	<b>Supervisor sample progress comments</b>	<p>You have modelled well your understanding of continuous improvement via your bite-sized teaching model and in your reflections extrapolated how this MDT approach benefits patient holistic care.</p> <p>You are aware that in your next posting you should look at a project encompassing full audit cycle.</p> <p>You are preparing a poster on your Bite-sized teaching initiative for the regional education conference.</p>	
	Consistently apply the principles of service improvement and high-quality care.		

**HLO 7: Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Old age psychiatry.**

**Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.**

High Level Outcomes (HLOs) and Themes	Key Capabilities (KCs): By the end of this training year, you will be able to:	Planned activities	Evidence including WPBAs
<b>7.1 Safeguarding</b>	Demonstrate specialist knowledge and the ability to manage the individual and systemic factors contributing to the vulnerabilities and safeguarding concerns in older adults with mental disorders.		
	Demonstrate clinical expertise in recognising all forms of abuse in older adults, families and carers of all ages, and the wider community.	<ul style="list-style-type: none"> <li>• Incorporate robust risk assessments into assessment of older adult patients</li> <li>• Discuss cases with MDT and supervision and refer to safeguarding authorities or relevant risk management bodies where appropriate</li> </ul>	CBD ACE Mini ACE Supervisor Reports Reflections
	<b>Supervisor sample progress comments</b>	You have shown a good understanding all forms of abuse and risk. I was particularly impressed when you considered the child safeguarding risk in a CBD around a grandparent with dementia driving to collect grandchildren from school. You dealt with this case with great sensitivity and a good outcome for all.	
	Apply your understanding of how physical health comorbidity contributes to the vulnerabilities and safeguarding concerns in older people with mental disorders.		

	Recognise physical, emotional and economic pressures on patients, their families and carers of all ages which contribute to the vulnerabilities and safeguarding concerns in older adults with mental disorders.		
	Apply legislative frameworks where safeguarding concerns are identified and contribute to interagency assessments and risk management and protection plans.		
	Demonstrate a detailed working knowledge of safeguarding frameworks for older adults within which identified risks can be managed.	<ul style="list-style-type: none"> <li>Understand use of legal frameworks (e.g. MHA or DoLS) where appropriate</li> </ul>	CBDs Reflective notes
	<b>Supervisor sample progress comments</b>	You have discussed a case where you were involved with a care co-ordinator requiring a safeguarding referral. You are planning to join a safeguarding meeting related to this patient in the next few weeks.	
<b>HLO 8.1: Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.</b>			
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
<b>8.1 Education &amp; Training</b>	Teach effectively on clinical and non-clinical topics using a variety of teaching methods.	<ul style="list-style-type: none"> <li>Attend and deliver teaching to MDT, peers and juniors</li> <li>Attend Train the Trainers Course</li> </ul>	Attendance register Reflective notes on feedback forms Upload teaching materials CPD certificates for teaching courses CBD AOT



	<b>Supervisor sample progress comments</b>	<p>You have excellent attendance at local teaching.</p> <p>I note your good feedback in your multiple AOTs.</p> <p>We discussed increasing teaching portfolio with range of didactic, small and large group teachings.</p>	
	Provide supportive, effective, honest and constructive feedback to colleagues.	•	
	Effectively complete appropriate workplace-based assessment tools for other medical colleagues.	• Offer completion of WBPAs to junior colleagues on joint visits or during on calls	<p>Reflective notes</p> <p>Supervisor reports</p>
	<b>Supervisor sample progress comments</b>	<p>You have undertaken an assessment of teaching with the core trainee in the team. We have discussed you now undertaking a clinical WPBA with the core trainee (mini-ACE)</p>	
<b>HLO 8.2: Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.</b>			
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
<b>8.2 Supervision</b>	Demonstrate a knowledge of the principles of, and differences between clinical, psychiatric and educational supervision.	• Reliably prepare, attend and actively participate in psychiatric and educational supervision, as per my educational agreement	<p>Reflective notes on educational and psychiatric supervision</p> <p>Supervisor reports</p> <p>Feedback forms</p> <p>Mini-PAT</p>
		• Provide observed educational supervision for core trainee	DONCS
	<b>Supervisor sample progress comments</b>	<p>You have regularly attended supervision and shown good preparation for your psychiatric and educational supervision. You use clinical</p>	

		supervision effectively and are showing increasing levels of autonomy in your cases.	
	Demonstrate provision of safe and effective clinical supervision to others in emergency and non-emergency situations involving older adults.	<ul style="list-style-type: none"> <li>Provide clinical supervision for junior colleagues/MDT core placement and when on call</li> </ul>	Reflective notes on handover tools to aid safe communication Mini Pat Case logs
	<b>Supervisor sample progress comments</b>	Your Mini-PAT free comments praised your availability by the team for clinical supervision.  On the DONCS I observed you did well but remember educational supervision should be self-directed so in future get the core trainee to prepare in advance what they are bringing to the session.	

**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
<b>9.1 Undertaking research and critical appraisal</b>	Critically evaluate data, papers, reviews, and meta-analyses and implement findings in daily clinical practice.	<ul style="list-style-type: none"> <li>Discuss evidence-based practice in psychiatric supervision, in relation to clinical questions</li> </ul>	DOPS Mini ACE
		<ul style="list-style-type: none"> <li>Attend CPD including local journal club</li> </ul>	CBD CPD certificates Reflective notes on local journal clubs
	<b>Supervisor sample progress comments</b>	Great feedback on your DONCS from chairing journal club. You really demonstrated your sound knowledge in critical appraisal and engaged audience well.	

	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.		
	Apply the principles of Research Study Protocols where available.		
	Demonstrate practical contribution to an ethically approved research study.	<ul style="list-style-type: none"> <li>Support a local centre in delivering a clinical trial by contributing to patient screening or medical assessment</li> </ul>	<p>Uploaded copy of proposal and its approval</p> <p>Research supervisor report</p> <p>Supervisor reports</p>
	<b>Supervisor sample progress comments</b>	You plan to work as a data collector for a research trial in your next placement and have uploaded the protocol.	