

Placement-specific personal development plan - Core 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 psychiatry
Post Length	Six months
Training Year	CT2 /3

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
I.1 Professional Relationships	Work collaboratively with patients, families, their carers of all ages and colleagues respecting their autonomy, diversity and valuing their contribution.	 Participate in a multiprofessionals meeting/ Best Interest meeting involving general hospital colleagues, patients and carers with your senior supervisor Develop and agree a shared person-centred care plan Produce minutes of the meeting. 	Supervisor notes Reflective entry CBD Mini-PAT
	Understand, recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and carers of all ages and on working relationships with colleagues.		
	Consistently demonstrate a person-centred holistic clinical approach to 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.	Manage own workload and supervise juniors when on call; use information technology for effective clinical handover	Emergency case log DONCS CBD Mini PAT Reflective entry 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.		
	Develop 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 and manage the emotional impact of work on yourself, the individual and the team, including the impact of suicide and homicide.	 Attend one or more of: a Coroner's inquest a Serious Incident investigation a Schwartz Round involving acute hospital colleagues regarding 	Reflective entry DONCS Anonymised report for the Coroner / SI report

	patient suicide in the liaison psychiatry team	
Consistently demonstrate a positive and conscientious approach to the completion of your work.		
Make clear, accurate and contemporaneous records.	Audit your/team clinical records in reference to agreed standards (e.g. PLAN) noting the issues related to using two or more patient record systems between acute hospital and mental health Trusts	Audit report Reflective entry Supervisor notes Mini-PAT
Demonstrate the ability to use reflective practice during psychiatric supervision throughout core training, and through consistent attendance at a Balint group or case-based discussion group for a recommended minimum of a year.		
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 an appropriate understanding of the ways in which you, as well as patients and others, communicate both verbally and non-verbally.		
	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.		
	Consistently use active listening skills and empathic language which respects the individual, removes barriers and inequalities, ensures partnership and shared decision-making and is clear, concise, nondiscriminatory and non-judgemental.		
	Demonstrate effective communication and shared decision making with patients, taking into consideration their ideas, values, concerns and expectations.	Write letters addressed to patient, using respectful, inclusive language	Reflective notes Supervisor notes Anonymised correspondence
	Explain the outcome of assessment, treatment and management to patients,		

	families, carers of all ages as well as relevant others. Demonstrate an inclusive approach which considers all aspects of communication, language, sensory and cognitive needs, as well as the ethnic, social, and cultural, context of a patient.		
	trate skill in the psychiatric assessment, formu ate range of presentations in a variety of clinic		d holistic management of an
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 understanding of the history of psychiatry, the development of diagnostic concepts and psychiatric treatments, as well as the profession, and the historical relationships between psychiatry and society.		
	Demonstrate an appropriate understanding of a person-centred holistic approach to mental disorders, including a knowledge of developmental, social, cultural, spiritual/religious, trauma, adversity, genetic and epigenetic risks (including resilience and vulnerability factors) and neurobiological influences on mental disorders.		
	Demonstrate an in-depth understanding of human psychology, including the importance of early relationships,		

attachment styles, parenting, the impact of adverse childhood experiences, and traumatic events throughout life.	
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 an appropriate in-depth understanding of social determinants of health including the lived environment, deprivation and disadvantage and the impact these have on the aetiology and presentation of mental disorder across the lifespan.	
Apply knowledge of the pharmacodynamics, pharmacokinetics, efficacy, tolerability, interactions, and short and long-term side effects of medication.	
Receive a full psychiatric history from and perform a Mental State Examination (MSE) on, patients within a range of mental and neurodevelopmental disorders across the lifespan, in routine, urgent and emergency situations incorporating appropriate terminology	

Also 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.		
Assess the risk of self-harm, suicide, risk to others as well as other risks, and ensure a safety plan is in place.	Assess patients following self- harm and develop collaborative safety plan	Mini-ACE ACE CbD
Receive a collateral history from a range of informants involved in patient care.	 Elicit a clear collateral history Integrate this with other information to clarify diagnosis and assist in developing a management plan 	Mini-ACE ACE CbD
Conduct a thorough physical examination, undertaking relevant physical investigations and take responsibility for acting on your findings in a timely fashion.		
Thoroughly assess the general health of your patients, taking into account the interplay between physical health and psychiatric needs, considering nutritional, metabolic, endocrine, and reproductive factors, and the physical impact of substance use and addiction.		
Demonstrate skills in assessing and managing patients with addictions.		

Demonstrate an understanding of the inherent power imbalance between doctor and patient, particularly for those with protected characteristics, which can result in barriers to clinical effectiveness.	
Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual and religious factors, including effects of deprivation, discrimination and racism.	
Clearly and concisely present the history, mental state examination, diagnosis and differential diagnosis, and findings of the physical examination using appropriate classification systems to other professionals.	
Use an appropriate formulation framework to devise a safe, systemic, effective, collaborative and co-productive management plan to ensure continuity of care in the immediate, short and longer term.	
Where appropriate, safely prescribe evidence-based pharmacological treatment referring to relevant guidelines.	
Demonstrate an understanding of how Electro-Convulsive Therapy (ECT) and other physical treatments can be used for the treatment of mental disorders and apply this under supervision.	

	Demonstrate appropriate psychotherapeutic capabilities through having delivered treatment in a minimum of two psychotherapeutic modalities over both short and long durations in a suitable setting, under the governance of the Medical Psychotherapy Tutor.		
	trate an understanding of the various factors to and the impact that they have on self, patients	• • •	ncertainty within psychiatric
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.		
	Review treatment and management plans of patients when the outcome is not as expected or hoped for.		
	Understand the limits of your clinical capabilities, seeking timely support and supervision when appropriate.		
	Observe, absorb, contain and reflect on complex clinical/non-clinical situations to develop a balanced response.		

	Manage increasing levels of uncertainty safely under supervision.				
HLO 3.1: Apply ad	HLO 3.1: Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients.				
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 knowledge of the current legislation governing the care and treatment of people with mental disorders.	Assess the capacity of a patient in the acute trust – around treatment or stay in hospital, demonstrating your understanding of the principles around assessing capacity	ACE CBD Reflection Supervisor 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.				
	Meet the requirements to apply for relevant statutory approval where appropriate.				

HLO 3.2: Work eff	ectively within the structure and organisation	of the NHS, and the wider health ar	nd 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, national health and care services and regulatory authorities through your interactions with them, both routinely and in unforeseen circumstances.		
HLO 4: Apply co commun	re knowledge of mental and physical health priity.	romotion and illness prevention for	patients and the wider
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	Apply an understanding of the factors contributing to health inequalities, and the social, cultural, spiritual and religious determinants of health.	Assess one patient whose presentation to hospital has been influenced by poverty.	ACE CbD Reflective note
settings		Represent one patient at a Case Conference organised by	Reflective note
		social work.	CbD

		Counsel a patient on their drug or alcohol misuse.	Reflective note
	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 experiencing mental disorder.	Conduct and disseminate a brief scoping survey of social media use in patients presenting with self-harm	Survey report Poster or presentation
		Develop (or audit the use of) a 'key numbers' card for patients for local or national crisis resources.	Copy of card in portfolio Audit results
		Learn more about gambling addiction and the extent of local treatment options.	JCP Reflective note
		Complete online training about mental health stigma.	Course certificate
	amworking and core leadership skills to work or re systems that support people with mental di	about mental health stigma. constructively and collaboratively w	
		about mental health stigma. constructively and collaboratively w	

		Complete online training in Course certificate Communication Skills or Teamwork.	
	Demonstrate a working knowledge of the roles and responsibilities of, and the interface between, multidisciplinary team members.	Spend at least one day shadowing each role within your liaison psychiatry team placement. Reflective note CbD (if relevant) Mini-PAT	
		Chair an MDT meeting DONCS Mini-PAT	
		Take the lead on explaining the clinical plan for patients to acute hospital staff. Answer questions and negotiate under supervision. Mini-ACE Mini-PAT Reflective note	
5.2 Leadership	Recognise the leadership skills of others in a range of contexts.	Supervise and appraise Copy of teaching feedback medical students in case presentations.	
		Attend a departmental Minutes of meeting management meeting.	
		Shadow a local Clinical Nurse Specialist to learn more about their role. Reflective note	
	Demonstrate the development and application of your own leadership skills.	Develop and lead a Quality Improvement project under supervision. Project report Poster or presentation slides	

	 Provide teaching to medical students / FYs attached to the department. Nurture relationships with administrative, allied, and nursing staff 	Teaching feedback Mini-PAT Mini-PAT
Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.	Negotiate and manage a conflict with general ward / A&E staff under supervision.	CbD Reflective note MSF (Mini-PAT)
	Assess a patient whose anti- social personality has contributed to their	ACE CbD Reflective note
	presentation.	Reflective note
te in and promote activity to improve the safe ric practice of a person with mental disorder.	•	
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6.2 Quality improvement	Demonstrate an understanding of the impact on quality improvement activities in improving patient outcomes and system performance.	•		
	Undertake quality improvement activities relevant to your clinical practice.	Develop QI skills via relevant training opportunities.	Certificate for QI conferences or training.	
	HLO 7: Identify patients, their families and others from the wider community who may be vulnerable and work collaboratively in safeguarding their welfare.			
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 the vulnerabilities and safeguarding concerns in people of all ages.	 Participate in Best Interests meeting 	Reflection Supervision discussion	
	Work within legislative frameworks and local procedures to raise and report safeguarding and welfare concerns in a timely manner and contribute to safeguarding processes.			

HLO 8.1: Plan and provide 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 &	Apply the principles of lifelong learning to your own learning and teaching of others, including the principles of feedback.	 Plan teaching sessions at start of placement, seek out training lead for medical trainees and nursing/ allied health staff 	DONCS
Training			AoT (ideally from general hospital physician / matron)
			Session feedback
		Teach session(s) in general hospital on common mental health comorbidity (e.g. depression/ anxiety/ delirium/ dementia), for non-psychiatric staff:	Mini-PAT
		o Doctors	
		o Nurses	
		 Allied health professionals (OT/PT) 	
		o Medical students.	

HLO 8.2: Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments. **Key Capabilities (KCs):** Planned activities **Evidence including WPBAs** High Level Outcomes By the end of this training year, you will be (HLOs) and able to: Themes 8.2 Supervision Actively participate in clinical, psychiatric Mini-PAT (supervisee feedback) Consider opportunities for and educational supervision. supervision of other MDT **AOT** members (liaison nurses/ OTs/ social workers) or foundation doctors from other specialities Take an active role in planning Reflective note weekly supervision with Supervisor report supervisor, e.g., timetable to topics to discuss in liaison psychiatry Consider how unconscious processes are Discussion of challenging/ CbD managed effectively and safely to help with complex cases in general Reflective notes ongoing clinical care via supervision and hospital environment, reflective practice. especially if risks have to be Case presentation managed/in case of serious untoward incidents

HLO 9: Apply an up-to-date knowledge of research methodology, critical appraisal and best practice guidance to your clinical practice. **High Level** Key Capabilities (KCs): Planned activities **Evidence including WPBAs** Outcomes By the end of this training year, you will be (HLOs) and able to: Themes Demonstrate knowledge of ethical Reflective notes 9.1 Undertaking Seek out available links to frameworks and research methodologies research and research networks and Supervisor report critical when carrying out or appraising research. availability of GCP course with appraisal Course certificate local CRN Attend teaching/reading and discussion with supervisor around research methodologies/appraisal Governance/ audit certificate Discuss the differences between research, Plan local/ national audit audit, and quality improvement and how projects early in placement JCP these approaches can complement each Carry out a complete cycle of other. **DONCS** clinical audit and understand the steps involved. Complete data collection prior to completion of placement Present report on completed audit at audit meeting. Arrange to present at journal club to appraise papers. Critically appraise research and understand JCP Summarise evidence for MDT generalisability of findings to different Case presentation Demonstration of the groups in the implementation of research application of evidence based findings in your clinical practice. Reflective notes

	psychiatry in practice (eg. Antidepressants in epilepsy)	Supervisor report
Develop or participate in a research project where relevant research support is available.		