logo_imperial_college_london School of Medicine

Year 5

2012/13

## Psychiatry

Course Guide and Logbook

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**Psychiatry Course Guide**

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#### Please note that it is a condition of your entry to the end-of-year examination in Psychiatry that you submit the logbook by the end of the Wednesday of the final week of the firm.

#### Logbooks should be submitted to the FEO, 1st floor, Reynolds Building on the Charing Cross Campus.

#### Ensure that you have discussed your performance on the firm with your Firm Leader and that they have signed off your logbook prior to its submission. They should also complete your end of firm assessment form at this time.

#### Handbook section 1:

#### INTRODUCTION

**Welcome to your psychiatry course!**

Psychiatry is one of the most varied, interesting and rewarding specialties in medicine and we hope you will enjoy your experience during the next six weeks.

We expect you to gain knowledge and skills in recognising a person with mental health problems and assess his/her difficulties and needs. Psychiatric practice will challenge your skills as a communicator and introduce you to new ways of exploring signs and symptoms from patient with mental health problems.

There is a lot to learn and many important skills to take away from your placement.

The high prevalence of mental health problems in the community and in a general hospital setting means that these skills will be valuable regardless of the medical specialty you might choose as a career.

During your placement you will be able to experience how psychiatric services work, how truly multidisciplinary they are and how they link up with other agencies involved in patients’ care. It is important that you gain an understanding of how and why a patient in primary care might require secondary care input, or why a patient in the community might require inpatient care.

**TIMETABLE**

Your psychiatry course lasts six weeks.

**Week 1**

**PSYCHIATRY INTRODUCTORY COURSE**

This course is held at Charing Cross Hospital and starts on Monday at 9am of week one. Day one focuses on assessment, day two on management and day three (a half day) on liaison and community psychiatry.

If your week one starts on a bank holiday Monday, this order might be slightly different.

**LOCAL INDUCTION & SITE CONTACTS**

On the **Thursday morning of week one (Fri in case you start during a bank holiday week)** you will have a local induction and will be asked to make contact with your allocated firm. **Please check the teaching intranet pages or your CNWL/WLMHT student information packs issued prior to the start of your firm for the most up to date instructions**.

**CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST (CNWL)**

| **SITE** | **TIME** | **CONTACT** |
| --- | --- | --- |
| **St.Charles** | **09:00** | Please meet teaching fellow Dr Stefan Holzer at 9.00am on the ground floor of Kelfield House, at St Charles MHU, Exmoor St, London W10 6DZ. You are asked to bring £20 as a refundable deposit for your locker key and swipe card (cash or cheque). In case of a problem, please contact Dr Holzer on 07871 080001 or email: [stefan.holzer@nhs.net](mailto:stefan.holzer@nhs.net) |
| **Chelsea & Westminster /SK&C or South Kensington & Chelsea** | **9:30** | Report to Dr Claudia Wald at 9.30 am in the outpatient sitting room, near the reception area, at the South Kensington and Chelsea Mental Health Centre (SK&CMHC), 1 Nightingale Place, London, SW10 9NG. In case of a problem please contact Dr Wald on T.020 7963 5778 or email: [claudia.wald@nhs.net](mailto:claudia.wald@nhs.net). You are asked to bring £20 as a refundable deposit for your locker key and swipe card. |
| Chelsea & Westminster /Gordon Hospital | **Please check student pack** | On arrival at the Gordon Hospital, report to reception and ask to see Dr Ronnie Taylor or his SpR who will introduce you to your consultant’s team. (020 8746 5508). In case of problems please call Dr Taylor’s Secretary on 020 8746 5508. |
| **Central Middlesex** | 9:00 | Please report to Juliette Thompson, CMH Undergraduate Teaching Co-ordinator, at 9:00 am at the Undergraduate Centre, to register and obtain locker keys etc. You are asked to bring £20.00 as a refundable deposit. Email: [juliette.thompson@imperial.ac.uk](mailto:juliette.thompson@imperial.ac.uk)  Later you will meet your site coordinator Dr Jona Lewin or her deputy at Coombe Wood Unit, Park Royal Centre for Mental Health (PRCMH). The time for this meeting might vary. In case of a problem please contact Dr Lewin on 07966454358 or email: [jona.lewin@nhs.net](mailto:jona.lewin@nhs.net) |
| **Northwick Park** | **09:30** | At 9.30 please register with teaching co-ordinator Anup Jethwa or Maggie Ross at the undergraduate department, room 6U011 of the Education Centre at Northwick Park Hospital. Please bring £20.00 cash as a refundable deposit for a padlock.  If you are driving to Northwick Park you will need to park the car in the multi-storey car park and pay. For a parking permit please collect an application form from the undergraduate teaching coordinator.  At 10am please report to your Site Coordinator Dr Tanya Thirkell in the reception area of Northwick Park Mental Health Unit. In case of a problem please contact Dr Thirkell or Asmita Soni, Teaching Services Coordinator on 020 8869 3612.  Dr Thirkell Email: [tanya.thirkell@nhs.net](mailto:tanya.thirkell@nhs.net)  Ms Soni Asmita Email: [soni.asmita@nhs.net](mailto:soni.asmita@nhs.net) |
| **Hillingdon** | **09:30** | Please report to your site coordinator Dr Jeffrey Fehler in the Reception area of the Riverside Centre, Hillingdon Hospital. Please contact Dr Fehler on 07917 557062  email: [jeffrey.fehler@nhs.net](mailto:jeffrey.fehler@nhs.net) or his PA Denise Curtis on  01895 207777 [denise.curtis2@nhs.net](mailto:denise.curtis2@nhs.net) in case of any problems. |

**WEST LONDON MENTAL HEALTH NHS TRUST (WLMHT)**

| **SITE** | **TIME** | **CONTACT** |
| --- | --- | --- |
| **West Middlesex** | **9:15** | Report at 9.15am to Bee Vaitha, teaching coordinator, Undergraduate Office, Education Centre. (Food is available at lunchtime in the Education Centre) 020 8321 5448, [b.vaitha@imperial.ac.uk](mailto:b.vaitha@imperial.ac.uk) |
| **Ealing** | **9:00** | Please report to Narinder Virdee, undergraduate teaching coordinator at Ealing General Hospital – 3rd floor, Postgraduate Centre. The Psychiatry Teaching Co-ordinator, Dr Sam Nayrouz, will meet with you, give you a site induction and inform you about allocation to firms and your tutorial timetable.  In case of queries, please phone 020 8967 5704.  Email: [n.virdee@imperial.ac.uk](mailto:n.virdee@imperial.ac.uk) |
| **Charing Cross** | **09:30** | Report to the reception at The Claybrook Centre, Charing Cross MH unit at 09.30. You will be met by Dr Goater, Dr Arora or SpR and teaching administrator Annette Mc Mayo. If you have any problems please contact Annette Mc Mayo on 020 7386 1305 or email: [annette.mcmayo@wlmht.nhs.uk](mailto:annette.mcmayo@wlmht.nhs.uk) |

**Weeks 2-6**

**CLINICAL ATTACHMENT**

The remainder of week 1 (usually Thu & Fri) and weeks 2-6 will be spent in your clinical placements. The teaching sites are Central Middlesex, Charing Cross, Chelsea and Westminster/Gordon, Ealing, Hillingdon, Northwick Park, St. Mary’s / St. Charles and West Middlesex Hospitals.

Timetables might vary between sites and firms. There are also centralised teaching sessions, which are highlighted in your timetables.

CLINICAL ATTACHMENT

You may be attached to a general adult or older adult psychiatry consultant. Either placement is likely to offer you a sufficient range of experience and help you gain insight into the general principles of assessing and managing a patient with mental health problems.

Assessing and reviewing patients – Service changes in psychiatry, including the development of home treatment teams and community services, have led to a reduction in inpatient beds over the last few years. It is often better for patients to receive treatment in the community from their multidisciplinary teams than having to be admitted to an inpatient unit. Subsequently, those patients needing admission are often in hospital due to the severity of their symptoms or because they are treated under the Mental Health Act.

In order to see a wide range of conditions it is important that you take advantage of any opportunity to see patients in other settings, for example in out-patients, during home visits with the Crisis/Home Treatment Teams, attached to Liaison Psychiatry on medical wards, and with other mental health professionals.

Inpatient reviews – a few tips: Get a list of patients who are appropriate for a review from the psychiatric team on the ward. Please always check with the nurse in charge of the ward *before* seeing a patient and inform staff of your whereabouts on the ward. You will also need to discuss whether there are any risk issues relating to the patients for you to be aware of.

When you interview patients in hospital please ensure that you seek their consent first (or the approval of the consultant in charge if the patient lacks capacity for this) and make an entry in the case notes to document that you have seen the patient. If you access paper notes, you should print your name, state that you are a medical student, sign your name and date the entry. On some sites, the case notes will be entirely electronic and currently medical students have ‘read-only’ access to these. You should discuss with your consultant, how your assessment/input to the patient’s care could be incorporated into the notes, but it might be best to ask your SHO (core trainee) to make an entry on your behalf.

Please also inform the team looking after the patient of any risk issues or other important information you might have obtained when interviewing the patient. If you have any difficulty getting access to patients speak to your supervising consultant or the site co-ordinator.

Psychiatric specialities

You will also have the opportunity to gain experience of psychiatric specialities**:**

*Child and Adolescent Mental Health Services (CAMHS) – clinic visits*

You will be expected to attend one clinical session, where new or on-going cases will be assessed, and a diagnostic formulation and management plan discussed.

**In preparation, please read the ‘*Assessment’* slides in the Child & Adolescent Psychiatry section of the Intranet before your visit.**

The dates for your attachment will be given to you at the start of your placement. Clinical sessions will take place at a CAMHS clinic linked to your placement, or at alternative placements where this is not practicable. It is likely to run for 2 to 3 hours and a senior child psychiatrist (Consultant or Specialist Trainee) will lead it.

During the visit, you will be expected to complete a brief diagnostic formulation on one case seen or discussed. It is strongly encouraged that clinics have the ICD-10 available to help discussion of diagnostic formulation.

Some clinics may wish to offer additional sessions to interested students where specific treatment techniques will be demonstrated. Arrangements for this will made directly with students following the index visit described above.

*Learning Disability*

For learning disability you will be split into five groups and spend a full day with a Learning Disability firm in one of the services in London. Details of this will be available during the attachment. The day will include clerking patients, discussion of clinical cases and service organisation, as well as some didactic teaching. This day will take place on the Tuesday of Week 5 of the firm.

*Substance Misuse*

Visits to, or tutorials with substance use services take place on most sites.

TEACHING & LEARNING

*Mandatory Case-Based Tutorials*

At each teaching site you will be offered tutorials from a Specialist Registrar (SpR) in psychiatry. These tutorials are designed to complement the introductory teaching sessions and e-learning resources. Please ensure that you identify the lead SpR for these tutorials at an early stage and contact the local site co-ordinator if you encounter any problems with the tutorials. The tutorials will cover some or all of the topics shown below.

Tutorial topics

|  |  |
| --- | --- |
| 1. Assessing psychiatric patients  2. Psychopharmacology  3. The psychotherapies  4. Ethics and managing ethical dilemmas  5. Medically unexplained symptoms/somatisation  **6.** Psychosis/Schizophrenia  **7.** Depression | **8.** Neurotic disorders (phobias, generalised anxiety disorder, panic disorder, obsessive compulsive disorder)  **9.** Personality disorders  **10.** Cognitive disorders –chronic  **11.** Cognitive disorders- acute  **12.** Self Harm  **13.** Mental health act and mental capacity act |

*Interactive Online Learning*

There are three online learning modules in Blackboard relating to the   
psychiatry course. All will be available to you from the start of the year and   
you are strongly encouraged to use these

**1. Psych-e:** This includes a range of learning aids including learning outcomes, quizzes, interactive cases, audio lectures, and video cases. Guidance on the ethics and law group case discussion is also provided.

**2. Formative exam**: This contains a complete mock written exam (EMQs and SBAs), and is useful exam practice. There is also a moderated student discussion board where you can post questions for consideration by your peers.

**3. Ethics and Law modules:** These review Year 2 Ethics and Law content, and have brief but compulsory self-assessments. They will also help you with your ethics and law case discussion.

**FEEDBACK**

Please contribute to this as we continue to evaluate and improve the course. Please try to give specific and constructive feedback.

*SOLE*

The **Student On-Line Evaluation System (SOLE)** allows you to enter feedback relating to the specific psychiatry firm you are attached to. **Please note that you will be able to enter your evaluations for a 2-week period towards the end of each firm** - the last week of the attachment and the week after. You will not be able to enter your evaluations before or after this time.

*Focus Group- Feedback*

We would appreciate if the student cohort at each teaching site (Central Middlesex, Charing Cross, Chelsea and Westminster / Gordon, Ealing, Hillingdon, Northwick Park, St. Mary’s / St. Charles and West Middlesex Hospitals) would nominate a site-secretary who will attend the focus group in week 6 (Thursday pm following the revision session). During this meeting we will invite you to give feedback on your and your colleagues’ experience during the psychiatric attachment. The meeting will be attended by the Teaching Administrators and the Directors of Clinical Studies for the Mental Health Trusts.

**TROUBLESHOOTING**

If you encounter any problems during your placement, please inform your firm lead/consultant or your local site co-ordinator (please see section 3 for contact details). You may also contact the Undergraduate Teaching Administrator or the Director of Clinical Studies for the NHS Trust within which you are placed (please see section 3 for contact details). Please do this early in your attachment so we can facilitate a quick resolution to the problem and make sure you have a good learning experience during your attachment.

#### Handbook section 2: ASSESSMENT IN PSYCHIATRY

**FORMATIVE ASSESSMENT**

**Logbook**

The psychiatry logbook makes up the final section of this document. You are required to write a paragraph for exemplar cases you have seen within general adult psychiatry and subspecialties. This should include a description of the case, diagnostic possibilities, management plan and any ethical, legal or professionalism issues involved in the case.

All cases seen are to be discussed with members of the clinical team you are attached to and then signed off.

**If you have any difficulty in completing your logbook please discuss this at an early stage with your firm lead consultant so that advice can be given and remedial action taken.**

#### Please note that it is a condition of your entry to the end-of-firm written examination in psychiatry that you submit the psychiatry logbook by the end Wednesday of the week after the end of your psychiatry firm (i.e. the Wednesday after week 6). Logbooks should be submitted to the FEO on the first floor of the Reynolds Building, Charing Cross Campus. Ensure that you have discussed your performance on the firm with your firm lead consultant and that they have signed off your logbook prior to its submission.

**Mini-CEX (Clinical Evaluation Exercices)**

The logbook contains 5 copies of the assessment form for the Mini-CEX (Clinical Evaluation Exercise). ***You are required to complete at least 3 of these during the firm****.* **The first of these MUST be completed by the end of Week 2 of your psychiatry firm**.

The Mini-CEX is a 15 minute snapshot of an actual clinical encounter. Strengths, areas for development and agreed action points should be identified following each Mini-CEX encounter.   
One of the doctors on your firm (F2s, STs, SpRs, Specialist Associate/Staff Grades, and Consultant) will assess you; at least one of the Mini-CEXs should be with the supervising firm lead consultant. The completed forms are kept in your logbook. Further details for raters and students are found in the logbook.

**Assessment Forms**

Your performance and attendance on each attachment will be assessed by your firm lead consultant and will be recorded on an **assessment form**, which should be completed and discussed with you at the end of the attachment, at the same time that your logbook is signed off. These forms are returned to the FEO.

**Ethics and Law Case Discussion (mandatory)**

The psychiatry rotation is part of the vertical integration program for medical ethics and law.   
The aim of this program is to help you apply and integrate your year 2 teaching in ethics and law into clinical practice.

During your attachment you will be divided into groups, and in week 6 will be required to deliver a   
**15-minute** group **presentation** on a clinical case that you have identified.

You may ask your consultant for help in identifying suitable cases or issues. You will be expected to identify and analyse the ethical and legal aspects of the case, and to incorporate this analysis into a management plan.

Each presentation will be followed by a facilitated discussion. You should then record details of your presentation, as well as the feedback you receive, in your logbook. Further guidance on the assignment (including a model presentation) will be given in the introductory week law lecture, and will be replicated in the psych-e online learning module.

Please note that the Joint Psychiatry Course Leaders will be informed of any non-attendees.

**Ethics and Law e-modules**

We have created a series of e-modules to help you refresh yourself on the key areas in ethics and law. These e-modules are based on your year 2 teaching material, so the content should be familiar to you. There are 6 e-modules:

1. Autonomy, paternalism and consent
2. **Confidentiality (compulsory during this rotation)**
3. Resource allocation
4. Children
5. Abortion and disability
6. **Mental disability and the Mental Capacity Act (compulsory during this rotation)**

The e-modules are designed to be used flexibly. E-modules 1, 2 and 6 are likely to be particularly relevant to you during this rotation. Each module has a self–assessment section for you to review your learning and understanding. By the end of year 5 you should have completed all 6 modules. During this rotation the self assessment section of the Mental Capacity Act and Confidentiality modules form part of your compulsory formative assessment.

**SUMMATIVE ASSESSMENT**

**Written Examination**

Year 5 students will sit written papers for Obstetrics and Gynaecology, Paediatrics and Psychiatry and associated areas of primary care of these subjects (see General Practice section of the course guide). Further details will be given later in the year.

**Clinical Assessment**

At the end of the academic year (see dates below) there will be a final practical examination in the clinical areas of Obstetrics and Gynaecology, Paediatrics and Psychiatry and associated areas of General Practice in these subjects

The examinations will take the form of a **PACES** examination (Practical Assessment of Clinical Examination Skills), containing 6 stations. These will be a combination of General Practice, O&G, Paediatrics and Psychiatry. They will each be a 15 minute examination and it is anticipated that the stations will not be e.g. a clear cut “psychiatry station” or “paediatrics station” but more or a combination of issues in each station.

Identical mark sheets will be used in all specialities and will cover **four domains: clinical skills, formulation of the case, discussion of management of case with the examiner and professionalism, (including legal, ethical issues).** A copy of the mark sheet is available on the intranet.

Students who are unsuccessful in any of the examinations in the summer will have the opportunity to resit. Students who attend the resit examination session and successfully complete Year 5 at this time will have a shortened elective period. It is not possible to commence year 6 with year 5 written examination failures.

**Summer and Resit Examination Dates**

Please go to the Exams and Assessment webpages on the Intranet for announcements of these dates.

#### Handbook section 3:

#### CO-ORDINATORS AND HOSPITALS

###### Course Leaders

|  |  |  |  |
| --- | --- | --- | --- |
| Specialty | Co-ordinator | Telephone | **e-mail** |
| Psychiatry | Dr Pramod Prabhakaran  Dr Amrit Sachar | 020 8869 2309  020 8383 3036 | [pprabhakaran@nhs.net](mailto:pprabhakaran@nhs.net)  [amrit.sachar@wlmht.nhs.uk](mailto:amrit.sachar@wlmht.nhs.uk) |

###### Psychiatry specialities Co-ordinators

|  |  |  |  |
| --- | --- | --- | --- |
| Specialty | Co-ordinator | Telephone | **e-mail** |
| Child Psychiatry | Dr Paul Ramchandani | 020 3312 1145 | [p.ramchandani@imperial.ac.uk](mailto:p.ramchandani@imperial.ac.uk) |
| Old Age Psychiatry | Dr James Warner | 020 8962 4107 | [j.warner@imperial.ac.uk](mailto:j.warner@imperial.ac.uk) |
| Learning Disabilities | Dr Sherva Cooray | 020 8238 0919/17 | [cooray@medimail.net](mailto:cooray@medimail.net) |

**Director of Clinical Studies (DCS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mental Health Trust** | **Name** | **Telephone** | **e-mail** |
| Central and North West London Mental Health Foundation Trust | Dr James Warner | 020 8962 4107 | [j.warner@imperial.ac.uk](mailto:j.warner@imperial.ac.uk) |
| West London Mental Health NHS Trust | Dr Amrit Sachar | 020 8383 3036 | [amrit.sachar@wlmht.nhs.uk](mailto:amrit.sachar@wlmht.nhs.uk) |

###### Site Co-ordinators

|  |  |
| --- | --- |
| SITE | **CO-ORDINATOR** |
| Charing Cross  (WLMHT\*) | Dr Nicky Goater [nicky.goater@wlmht.nhs.uk](mailto:nicky.goater@wlmht.nhs.uk)  Dr Niraj Arora [Niraj.arora@wlmht.nhs.uk](mailto:Niraj.arora@wlmht.nhs.uk) |
| St.Charles  (CNWL\*\*) | Dr. Jo Emmanuel [jo.emmanuel@nhs.net](mailto:jo.emmanuel@nhs.net)  020 7266 9780 |
| Gordon Hospital  (CNWL) | Dr Ronnie Taylor [rtaylor2@nhs.net](mailto:rtaylor2@nhs.net)  020 3315 5508 |
| Chelsea & Westminster  (CNWL) | Dr Claudia Wald [claudia.wald@nhs.net](mailto:claudia.wald@nhs.net)  020 7963 5778 |
| West Middlesex  (WLMHT) | Dr Ronald Doctor  020 8483 1489 [ronald.doctor@wlmht.nhs.uk](mailto:ronald.doctor@wlmht.nhs.uk) |
| Ealing  (WLMHT) | Dr. Sam Nayrouz  020 8354 8012 [sam.nayrouz@wlmht.nhs.uk](file:///\\icwwwd\educationmed\Years\5-1011\psych\sam.nayrouz@wlmht.nhs.uk) |
| Central Middlesex  (CNWL) | Dr. Jona Lewin [jona.lewin@nhs.net](file:///\\icwwwd\educationmed\Years\5-1011\psych\paul.mallett1@btinternet.com)  020 8955 4495 / 07966 454358 |
| Northwick Park  (CNWL) | Dr. Tanya Thirkell [tanya.thirkell@nhs.net](mailto:tanya.thirkell@nhs.net)  Sec. Asmita Soni [asmita.soni@nhs.net](mailto:asmita.soni@nhs.net) on  020 8869 3612 |
| Hillingdon Hospital  (CNWL) | Dr. Jeffrey Fehler [jeffrey.fehler@nhs.net](mailto:jeffrey.fehler@nhs.net)  01895 207777 |

###### \*WLMHT denotes West London Mental Health NHS Trust.

###### The Undergraduate Teaching Administrator for WLMHT is Annette McMayo 020 7386 1305

###### [annette.mcmayo@wlmht.nhs.uk](mailto:annette.mcmayo@wlmht.nhs.uk)

###### \*\*CNWL denotes Central & North West London NHS Foundation Trust.

###### The Undergraduate Teaching Administrator for CNWL is Constanza Martinez 020 3214 5884

**constanza.martinez@nhs.net**

#### Handbook section 4:

#### LEARNING OUTCOMES –you may be examined at the end of year 5 on anything in this list

***Upon successful completion of your psychiatric attachment, you should be able to:***

**Key:**

Margin text View the online version of the Guide   
Generic Abbreviation to see the text colour-coding more clearly

Child & adolescent psychiatry **CA**

Learning disability **L**

Old age psychiatry **OA**

1. **HISTORY TAKING, EXAMINATION AND PROCEDURES**
2. Elicit and accurately document a full psychiatric history.
3. Take collateral history as appropriate and demonstrate the ability to evaluate and integrate information obtained from various sources
   1. Outline how you would assess a child and family, including: who  **CA**   
      you might involve; where you might assess; what observations you would make on the family; how you would evaluate the family’s perspectives, ideas, concerns and beliefs.
   2. Demonstrate a holistic approach towards assessing people with LD, **L**   
      considering likely bio, psycho, social and cultural factors.
4. Perform a mental state examination including assessment of cognitive function using AMTS and MMSE
5. Perform a history and mental state examination of a person with dementia including **OA**  
   assessment of the principal domains of cognitive function (including frontal lobes).
6. **PATIENT-CENTRED PRACTICE AND COMMUNICATION SKILLS**
7. Summarise the history and examination findings both verbally and in writing
8. Demonstrate effective communication with patients of all ages and backgrounds, their families and their carers, as well as other professionals involved in the care of the patient.
9. Discuss diagnosis, aetiology, prognosis, investigation and treatment with patients, relatives (including sharing difficult news), as well as other professionals involved in the care of the patient.
10. Demonstrate an ability to develop a therapeutic relationship with the patient and their carers and work collaboratively towards an appropriate management plan.
11. Appreciate a patient’s right to be involved in decisions about their care.
12. Demonstrate respect, empathy and a non-discriminatory approach in your relations with patients, families and carers.
13. Demonstrate sensitivity to the concerns of patients and their families about the stigmatization of psychiatric illnesses
14. Understand the effect dementia has on capacity and activities of daily living. **OA**
15. Appreciate issues with relation to communication which underpins effective **L**  
    healthcare in people with LD.
    1. Appreciate the need for additional enquiry, appropriate investigations and **L** careful examination of those with LD who are unable to verbalize or describe symptoms.
    2. Demonstrate an awareness for the need for more time to deal effectively **L**  
       with the needs of people with Learning Disability.
16. **FORMULATING PLAN OF INVESTIGATION**
17. Request investigations as appropriate
18. **INTERPRETING FINDINGS and DIAGNOSIS**
19. Describe common psychopathology
20. Describe the clinical presentation of common psychiatric conditions and how these may differ according to age, developmental stage and socio-cultural background
21. Recognise the differences between mental health problems and the range of normal responses to stress and life events
22. Demonstrate basic knowledge of classification systems in Psychiatry such as ICD 10
23. Interpret findings of common physical investigations
24. Systematically derive a differential diagnosis
25. Define psychiatric disorder in relation to children, and outline the  **CA**   
    relevance of age and developmental stage.
26. Describe how psychiatric and physical illness may present atypically in people **L**   
    with LD since they may have sensory, communication and cognitive problems.
27. Demonstrate awareness of “diagnostic overshadowing”. **L**
28. State how the common causes of dementia can be differentiated clinically. **OA**
29. Describe a typical presentation of delirium.
30. Explain the differences in presentation of illnesses between older adults and **OA**   
    younger patients
31. Describe how atypical presentation is a feature of old age psychiatric disorders. **OA**  
    e.g. Depression presenting as anxiety, somatization or dementia.
32. **MANAGEMENT**
33. Integrating all of the available information, formulate treatment plan using a bio-psycho-social model.
34. Formulate a risk management plan.
35. List several types of treatment approaches for child psychiatric disorders **CA**
36. Manage common mental health problems and challenging behaviour in people with LD.
37. **SAFE AND EFFECTIVE PRESCRIBING**
38. Describe current, common physical treatments for psychiatric conditions, including indications for their use, contraindications, mechanism of action, unwanted side effects and issues regarding compliance. Include:
    1. the indications for pharmacotherapy for child psychiatric disorders. **CA**
    2. examples of antidepressants, antipsychotics and anti-dementia drugs **OA**  
       used in treating older people with mental illness.
39. Demonstrate basic knowledge of pharmacokinetics and pharmacodynamics of **OA**  
    psychotropic drugs in older people.
40. **ASSESSMENT AND MANAGEMENT OF EMERGENCIES**
41. Describe how to assess and manage psychiatric emergencies, which may occur in psychiatric, general medical or other settings.
42. Undertake basic management of a patient presenting with delirium **OA**
43. **WORKING WITH THE MULTI-DISCIPLINARY TEAM AND OTHER PROFESSIONALS; ADMISSION, DISCHARGE AND PLACE OF TREATMENT**
44. Describe referral pathways to and within psychiatric services, including outlining roles and tasks within the multidisciplinary team and interface between primary and secondary care services.
45. Recognise and manage common mental health problems in non psychiatric settings   
    e.g. primary care, general hospitals
46. Recognise the importance of multidisciplinary teamwork in the field of mental illness in psychiatric, community, general medical, and primary care settings.
47. Outline the specific roles of various CAMHS professionals, and  **CA**   
    appreciate the value of multi-disciplinary teamwork.
48. Outline the principles of an Early Intervention in Psychosis.service. **CA**
49. Understand the role of Independent Mental Capacity Advocates. **OA**
50. **APPLYING SCIENTIFIC METHOD, RESEARCH APPROACHES, EVIDENCE-BASED MEDICINE AND STATISTICS.**

* Formulate a treatment plan using evidence-based principles.
* Describe the principles of research and assess critically the available evidence to answer questions.
* Awareness of evidence regarding the health needs of people with LD **L**

1. **APPLY TO MEDICAL PRACTICE BIOMEDICAL SCIENTIFIC PRINCIPLES, METHOD AND KNOWLEDGE**
2. Explain multifactorial aetiology of psychiatric illnesses using a bio-psycho-social model\*
3. Discuss the relationship principles between biological factors, psychological  **CA**   
   functioning and psychiatric disorder, using examples from Autism & Attention Deficit Hyperactivity Disorder (ADHD) / Hyperkinetic syndrome.
4. Describe the medical problems in commonly encountered conditions that **L**  
   make up learning disability including Downs, Fragile X Syndromes, Autistic Disorders, Cerebral Palsy, etc.
5. Describe the impact the physical, social and psychological consequences **OA**   
   of ageing has on mental health.
6. State the common causes of dementia how to differentiate them clinically. **OA**
7. List the causes of delirium **OA**
8. **ASSESSING PSYCHOLOGICAL FACTORS; PSYCHOLOGICAL AND PSYCHOSOCIAL MANAGEMENT AND CHANGING BEHAVIOUR**
9. Explain multifactorial aetiology of psychiatric illnesses using a bio-psycho-social model\*
   1. List the components of normal development (e.g. language,  **CA**   
      cognitive, emotional, etc) and outline how developmental stage may influence behaviour and the manifestation of psychiatric disorder.
   2. Describe the impact the physical, social and psychological **OA**  
      consequences of ageing on mental health.
10. Describe current, common psychological treatments for psychiatric conditions, including indications for their use, contraindications, mechanism of action, unwanted side effects and issues regarding compliance.
    1. Outline the role of Psycho-education as a therapeutic intervention **CA**   
       in child psychiatric disorders.
    2. Outline the principles of Family Therapy and list its indications for  **CA**   
       child psychiatric disorders.
    3. Describe when psychological treatments including cognitive behavioural **OA**   
       therapy and psychotherapy are appropriate for older people.
    4. Describe the causes and treatment of Behavioural and Psychological **OA**  
       Symptoms of Dementia (BPSD).
11. Recognise the psychological impact of disease and illness behaviour
12. Evaluate the impact of psychiatric illness on the individual and their family and those around them
13. Appreciate the importance of psychological factors in the presentation and management of medical and surgical disorders
14. **SOCIOLOGICAL PRINCIPLES, PROCESSES AND FACTORS; THE DISTRIBUTION AND DETERMINANTS OF DISEASE**
15. Explain multi-factorial aetiology of psychiatric illnesses using a bio-psycho-social model\*
16. Apply the principles of epidemiology to mental health, including the role of culture, diet and lifestyle.
    1. Describe the epidemiology of common psychiatric conditions with regard to age and socio-cultural background.
17. Discuss the impact of family/personal relationships on presentation, course and management of psychiatric illness.
18. Outline the role of child, family & environmental factors in the origin of  **CA**   
    psychiatric disorders in children.
19. Identify the prevalence of psychiatric disorders in children in the general  **CA**   
    population and how this differs in children with chronic physical disorders.
20. Outline some age-specific factors that contribute to psychopathology in  **CA**   
    children, and relate them to principles in the management of child psychiatric disorder
21. List aetiological factors that may have contributed towards a child  **CA**   
    psychiatric disorder or resilience for a particular case and organise these in terms of a formulation of predisposing, precipitating, perpetuating or protective factors.
22. Discuss the influence of the family unit on child development. **CA**
23. Describe the impact of parental mental health on the child. **CA**
24. Describe the epidemiology and common causes of Learning Disability **L**
25. Concept of Disability and its effect on health from a bio, psycho, social perspective **L**
26. Describe the impact the physical, social and psychological consequences **OA**  
    of ageing has on mental health.
27. Compare the differences in epidemiology of illnesses between older adults **OA**  
    and younger patients.
28. **DISEASE PREVENTION, HEALTH PROMOTION, PATIENT SAFETY and CLINICAL GOVERNANCE**
29. Describe what may constitute risk to self (suicide, self harm and/or neglect, engaging in high risk behaviour) and risk to and from others (including knowledge of safeguarding children, adults with learning disabilities and elder protection requirements).
30. Assess risk to self including neglect, suicide, and to others
31. Including in older people. **OA**
32. Discuss the principles of health promotion and disease prevention in mental health, particularly with regards to culture, diet and lifestyle.
33. Reflect on how working in mental health settings may impact upon your own health and that of colleagues.
34. Apply an understanding of the NHS and principles of innovation within the health service and reflect on resource management in the NHS.
35. Demonstrate the awareness that people with LD constitute a small and **L**  
    disparate sector of the populationwho may have significant healthcare needs   
    as a consequence of their cognitive, sensory and communication problems.
36. **ETHICS, LAW and the GMC**
37. Describe the provision for assessment and treatment of medical and psychiatric conditions under Mental Capacity Act 2005 and the Mental Health Act 1983.
    1. Describe the sequential process for assessing capacity to make decisions.
    2. Describe the process of determining ‘best interests’
    3. Describe the principles underlying the MCA – (e.g. principle of least restrictive alternative, presumption of capacity, decision and time specific nature of capacity)
    4. Describe the criteria that must be met for a patient to be placed on Section 5(2) of the MHA
    5. Describe the powers and limitations of Section 5(2) of the MHA
    6. Recognise situations in which requesting a Mental Health Act assessment would be appropriate
    7. Describe how to request a Mental Health Act assessment
    8. Assess capacity in a range of common clinical scenarios
    9. Describe the criteria that must be met for a patient to be placed on Section 2 or 3.
    10. Outline the powers of detention and treatment given by Section 2 and 3.
    11. Outline the process by which a patient appeals against a Section 2 or 3.
    12. Discuss the ethical issues raised by compulsory detention and treatment.
38. Describe and apply the legal and ethical principles of medical practice including capacity, consent and autonomy, confidentiality and safeguarding vulnerable patients.
    1. Be aware of issues surrounding confidentiality and consent with regard to taking collateral histories.
39. Describe issues of risk and professional boundaries in relation to patients with psychiatric disorder
40. Identify and critically reflect on the ethical issues of individual cases (ethical analysis)
41. Incorporate ethical analysis into a clinical management plan
42. Demonstrate an understanding of ethical and legal issues, capacity and deprivation **L**  
    of liberties, within the context of Intellectual Disability
43. Demonstrate an understanding of every citizen’s right to equitable healthcare **L**  
    within the context of their needs.
44. Understand the ethical and legal issues relevant to old age psychiatry including **OA**  
    Mental Capacity Act, use of lasting power of attorney and court of protection.
45. **CONTINUING PROFESSIONAL DEVELOPMENT**
46. Recognise personal and professional limits and know when and where to seek advice.
47. Reflect on how your own attitudes to patients with mental health problems might influence your approach to such patients

**APPENDIX 1** (broad topics to which above outcomes apply)

**Psychiatric disorders and related topics**

Classification systems in Psychiatry i.e. ICD-10

Anxiety disorders

Mood disorders

Psychoses and specifically Schizophrenia (including the differences in aetiology, presentation and management of schizophrenia at early, mid and late ages of onset)

Delirium

Dementia

Somatoform disorders/ Medically unexplained somatic or physical conditions

Acute reactions to stress, PTSD and adjustment disorders (including reaction to terminal illness and normal/abnormal grief reaction)

Disorders of eating, sleep and psychosexual functions

Personality disorders

Effects of organic brain disease

Patients who self harm

Substance misuse, especially alcohol and cannabis

Perinatal disorders including antenatal and postnatal depression and puerperal psychosis

Common mental health disorders of children and adolescents, including conduct disorders, neurodevelopmental disorders (e.g. Autistic Spectrum Disorders and ADHD), early-onset psychosis, and childhood depression and anxiety.

Learning Disability – common causes, assessment and management

Psychopharmacology

Psychological therapies

#### Handbook section 5:

#### KEY READING

It is recommended that students use the Handbook of Psychiatric Examination (distributed at the introductory day) in addition to a standard psychiatric text.

The following are basic texts, all relatively inexpensive and available in paperback, which cover the specialties in the level of detail required for the attachment.

Stringer S, Church L, Davison S, Lipsedge M. ***Psychiatry P.R.N****.* Oxford University Press 2009.

(Filled with facts and great illustrations. Interesting sections with case examples plus psychiatry related films and books. Very readable and highly recommended)

Guthrie E, Lewis S. ***Master Medicine: Psychiatry****.* Churchill Livingstone 2002.

(Excellent. Well laid out, includes examples and self assessment)

Stevens L, Rodin I. *Psychiatry,* ***An Illustrated Colour Text****.* Churchill Livingstone 2001.

(Excellent. Easy to read and very well illustrated)

Sharpe M. ***Lecture Notes On Psychiatry***. Blackwell publishing. 2005.

(Good but concise)

Puri BK, Laking PJ, Treasaden IH. ***Textbook of Psychiatry***. Churchill Livingstone 2002.

(Comprehensive. Full of illustrations, tables and diagrams)

Gelder MG, Mayou R, Geddes J. ***Psychiatry*.** Oxford Core Texts. Oxford University Press, 2005.

(Comprehensive but rather dry)

Bowke J, Cotte M. ***Crash Course*** – ***Psychiatry***, Mosby 2008.

(Written by a very junior doctor. Recommended more by students than psychiatrists)

Tyrer P, Steinbeg D. ***Models for Mental Disorder :******Conceptual Models in Psychiatry***. Wiley, 2005.

(Good additional reference text)

Washer, L. ***Clinical Communication Skills****.* Oxford University Press 2009.

(Contains a number of relevant chapters including one on talking to/assessing patients with psychiatric disorders)

***Child Psychiatry***

Graham P, Turk J, Verhulst F (eds) *Child Psychiatry A Developmental Approach* (3rd Edition). Oxford University Press, 1999. (ISBN 0-19-262864-X)

Goodman R and Scott S. *Child Psychiatry, 2nd Edition*. Blackwell, 2005

#### Handbook section 6:

#### CINEMA AND PSYCHIATRY

Many films over the years have dealt with psychiatric illness in its many forms. Unfortunately the need to sell tickets has often led to incorrect and damaging depictions of both psychiatric illness and its treatment. There are however, many films which give more realistic depictions of psychiatric illness that could greatly improve the understanding of psychiatry (as well as hopefully being entertaining!). We have listed a number of disorders and films, which are generally accepted as good both to watch and to learn from. There is also a link to an excellent essay entitled “Psychiatry at the movies” in the medical students section of the Royal College website.

[http://www.rcpsych.ac.uk/specialtytraining/students/psychiatryinthemedia/psychiatryatthemovies.aspx](https://web.nhs.net/owa/redir.aspx?C=6a9be5f15b9e4fcea5b4a179f3eae746&URL=http%3a%2f%2fwww.rcpsych.ac.uk%2fspecialtytraining%2fstudents%2fpsychiatryinthemedia%2fpsychiatryatthemovies.aspx)

|  |  |
| --- | --- |
| **Schizophrenia and psychosis:**  \* A Beautiful Mind (2001)  \* Spider (2002)  12 monkeys (1995)  Donnie Darko (2001)  K PAX (2002) Depression and Suicide: The Hours (2002)  Ordinary People (1980)  **Bipolar Disorder:**  \* Shine (1996)  Mr Jones (1993)  Michael Clayton (2007) Learning Disability \* Rainman (1988)  What’s Eating Gilbert Grape (1993)  Snow Cake (2006) Child and Adolescent \* Ordinary People (1980)  The Ice Storm (1997) | Dementia \* Iris (2001)  **Organic Disorder**  \* Memento (2000) Drug Dependence \* Trainspotting (1996)  Fear and Loathing in Las Vegas (1998) Alcohol Dependence \*The Lost Weekend (1945)  Leaving Las Vegas Personality Disorder Girl Interrupted (1999)  American Psycho (2000) Post Traumatic Stress Disorder Deer Hunter (1978) Obsessive Compulsive Disorder \* As Good As It Gets (1997)  *\* Highly Recommended* |

#### Handbook section 7:

#### INTRANET AND INTERNET RESOURCES

Some lecture notes and PowerPoint presentations for the firm are available on the Undergraduate Teaching Intranet.

<https://education.med.imperial.ac.uk/>

Mental health resources and information on careers in psychiatry can be found on The Royal College of Psychiatrists website.

<http://www.rcpsych.ac.uk/traindev/career/career.htm>

The Undergraduate Education in Psychiatry (UEP) website is run jointly by the Association for University Teachers in Psychiatry and the University Psychiatry Committee of the Royal College of Psychiatrists. The site contains a variety of information and resources, including links to other UK medical school sites, some of which allow open access to their psychiatry resources. <http://www.rcpsych.ac.uk/traindev/uep/index.htm>

Central and North West London Mental Health NHS Trust home page.

<http://www.cnwl.org/index.html>

West London Mental Health NHS Trust home page.

<http://www.wlmht.nhs.uk/>

The Department of Health – Mental Health pages

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/MentalHealth/fs/en>

National Institute for Health and Clinical Excellence NICE – Mental Health pages

<http://www.nice.org.uk/search.aspx?search-mode=simple&ss=Mental+Health>

The British Association for Psychopharmacology.

<http://www.bap.org.uk/>

Rethink – Mental Health Charity

<http://www.rethink.org/>

The Mental Health Foundation – Mental Health Charity

<http://www.mentalhealth.org.uk/>

#### PSYCHIATRY LOGBOOK

**Including mini-CEX**

1. **Please remember that it is a condition of your entry to the end of YEAR examination in psychiatry that you submit this logbook ON TIME**
2. **each CASE is TO BE DISCUSSED WITH A CLINICIAN ON YOUR FIRM AND SIGNED OFF**
3. **aT LEAST 3 MINI-CEX should be completed**
4. **ALL SIX KEY CLINICAL EXPERIENCES ON PAGe 33 SHOULD HAVE BEEN completed**
5. **CLINICAL ETHICS CASE AND LEARNING DISABILITIES CASE SHOULD BE WRITTEN UP**
6. **at the end of the firm your firm lead consultant is required to sign off the logbook BELOW**

**FIRM LEADERS TO COMPLETE FOLLOWING SECTION**

I confirm that I met with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

to discuss their performance on the psychiatry firm and to review their logbook. I am satisfied with this student’s performance throughout the attachment.   
(Any concerns should be escalated to site lead consultant/ DCS)

Signed:

Name:

Students are also required to complete an end of firm assessment form in conjunction with their firm lead consultant, which acts as confirmation that they have satisfactorily completed the attachment. Students are responsible for the collection, completion and return of each assessment form to the FEO at Charing Cross Hospital Campus.

**Please refer to the Intranet (Year 5 Examinations and Assessment section) for appropriate action to be taken if a student is awarded a 3 or 4 on the end of firm assessment.**

**Psychiatry Ethics and Law Case-Base Discussion-Formative assessment**

Group Name............................................Centre............................................

Please grade the following areas, ticking the appropriate box. The standard expected is that of a thoughtful, reflective and competent doctor at the start of the Foundation programme.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Below  Expectations | Borderline | Meets  Expectations | Above  Expectations |
| **1. Defining the problem**  What is the clinical problem / key clinical features?  What are the ethical and/or legal issues raised?  What are the conflicts/dilemmas? | |  |  |  |  |
| **2. Identifying additional information**  What are the perspectives of the patient and parents/family?  What are the relevant psychological and social aspects?  What is the empirical evidence relevant to decision making in this case? | |  |  |  |  |
| **3. Reflection and analysis**  What are the different perspectives on the ethical and legal issues raised?  What are the strengths and weaknesses of these arguments?  How does the information/evidence available affect your ethical and legal assessment of the case? | |  |  |  |  |
| **4. Integrating information and analysis – a holistic management plan**  How did you propose to move forward?  How do you explain this proposal in terms of your ethics/legal assessment and the available information/evidence? | |  |  |  |  |
| **5. Involving other parties**  Which colleagues did you suggest involving?  Who else could you have involved?  What use have you made of the network of services and resources available? | |  |  |  |  |
| **6. Group participation**   * Have the students: * Shown evidence of team working in the presentation? * Contributed constructively to the facilitated discussion? * Responded to questions / feedback from their peers? | |  |  |  |  |
|  | | | | | |
| **Particular Strenghts** | **Suggestions for development** | | | | |
| 1. | 1. | | | | |
| 2. | 2. | | | | |
|  |  | | | | |
| Facilitator Name (please print and sign) | **..................................................................** | | | | |
| Facilitator Grade: Consultant / SAS / SpR | Date: **..........................................................** | | | | |

**ESSENTIAL CASES TO LOG**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethics and Law Case presentation - essential**  You should record below a brief description of the ethics and law case that you presented as a group in Week 6. | | | |
| **Clinical case and ethical / legal analysis**  **Feedback from facilitator** | | | |
| Signature of clinician facilitator | Date case discussed | | |
| **LEARNING DISABILITY** | | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | | |
| Signature of clinician with whom case was discussed | | Date case discussed | |
| **CHILD AND ADOLESCENT PSYCHIATRY** (CLINIC VISIT)  The visit will especially help students achieve the following learning outcomes:   * Outline how you would assess a child and family, including: who you might involve; where you might assess; what observations you would make on the family; how you would evaluate the family’s perspectives, ideas, concerns and beliefs. * List the aetiological factors that may have contributed towards a child psychiatric disorder or resilience for a particular case, and organise these in terms of a formulation of predisposing, precipitating, perpetuating or protective factors.  |  |  | | --- | --- | | Age, gender, and family situation of child: | | | Referrer (profession) and presenting problem: | | | Aetiological Grid   |  |  |  |  | | --- | --- | --- | --- | | **FACTORS** | **Child** | **Family** | **Environment** | | ***Predisposing*** |  |  |  | | ***Precipitating*** |  |  |  | | ***Perpetuating*** |  |  |  | | ***Protective*** |  |  |  | | | | Most likely ICD-10 Diagnosis: | Most likely treatment offered: | | Signature of consultant/specialist trainee: | Clinic visited and date: | | | | |
| GENERAL ADULT AND OLD AGE PSYCHIATRY | | | |
| **Depression in Older Adults** | | | |
| Describe at least one ethical/legal/professionalism issue that came to light in this case | | | |
| What challenges might there be if the patient were on a medical or surgical ward | | | |
| Signature of clinician with whom case was discussed | | | Date |
| **Depression in working age adult** | | | |
| Describe at least one ethical/legal/professionalism issue that came to light in this case | | | |
| What challenges might there be if the patient were on a medical or surgical ward | | | |
| Signature of clinician with whom case was discussed | | | Date |
| **Dementia** | | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | | |
| What challenges might there be if the patient were on a medical or surgical ward | | | |
| Signature of clinician with whom case was discussed | | | Date |
| Psychosis/Schizophrenia/Schizoaffective disorder | | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | | |
| **What are the features of this that makes it different from acute confusional state/delirium** | | | |
| How might this patient get difficulty getting their needs met in a medical or surgical ward | | | |
| Signature of clinician with whom case was discussed | | | Date |
| **Hypomanic/manic episode or Bipolar Disorder** | | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | | |
| Signature of clinician with whom case was discussed | | | Date |
| **Anxiety disorder** (may include phobic anxiety, panic disorder, generalized anxiety, or obsessive compulsive disorder) | | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | | |
| Signature of clinician with whom case was discussed | | | Date |
| **Personality disorder** | | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | | |
| How might this patient get difficulty getting their needs met in a medical or surgical ward | | | |
| Signature of clinician with whom case was discussed | | | Date |
| **Alcohol or other drug abuse** | | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | | |
| Signature of clinician with whom case was discussed | | | Date |
| **Self harm: behaviour/thinking** | | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | | |
| Signature of clinician with whom case was discussed | | | Date |

**NON-ESSENTIAL CASES TO LOG**

|  |  |  |
| --- | --- | --- |
| You should try to see each of these conditions if at all possible  Again, for each condition write a paragraph giving the key features of a case you have seen. | | |
| **Eating disorder** | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | |
| Signature of clinician with whom case was discussed | | Date |
| **Post-traumatic stress disorder** | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | |
| Signature of clinician with whom case was discussed | | Date |
| **Somatoform Disorder** (Somatization disorder or Hypochondriasis) | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | |
| Describe what challenges may be encountered in the management of this patient by the healthcare professionals | | |
| Signature of clinician with whom case was discussed | | Date |
| **Acute organic brain syndrome** (Delirium | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | |
| Signature of clinician with whom case was discussed | Date | |
| **CONSULTATION / LIAISON PSYCHIATRY** | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | |
| Signature of clinician with whom case was discussed | | Date |
| **FORENSIC PSYCHIATRY** | | |
| Describe at least one ethical/legal/professional issue that came to light in this case | | |
| Signature of clinician with whom case was discussed | | Date |

|  |  |
| --- | --- |
| **ANY OTHER CASE 1** | |
| Describe at least one ethical/legal/professional issue that came to light in this case | |
| Signature of clinician with whom case was discussed | Date |
| **ANY OTHER CASE 2** | |
| Describe at least one ethical/legal/professional issue that came to light in this case | |
| Signature of clinician with whom case was discussed | Date |

**KEY CLINICAL EXPERIENCES**

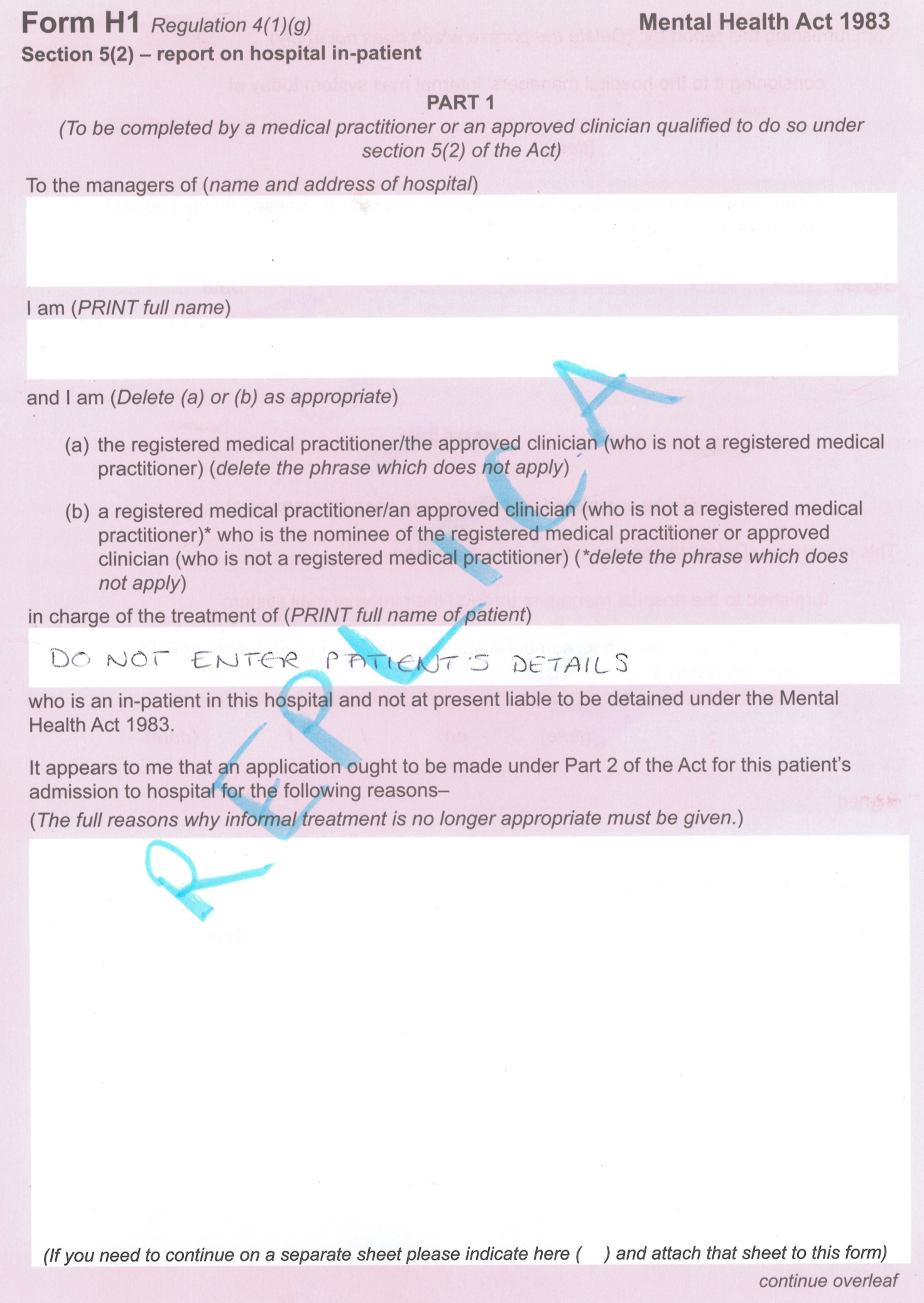
This section is designed to help guide your learning experience on the psychiatry firm.   
The checklist of experiences is not intended to be exhaustive but should help you to make the most of your placement and also become aware of the sub specialities within psychiatry.

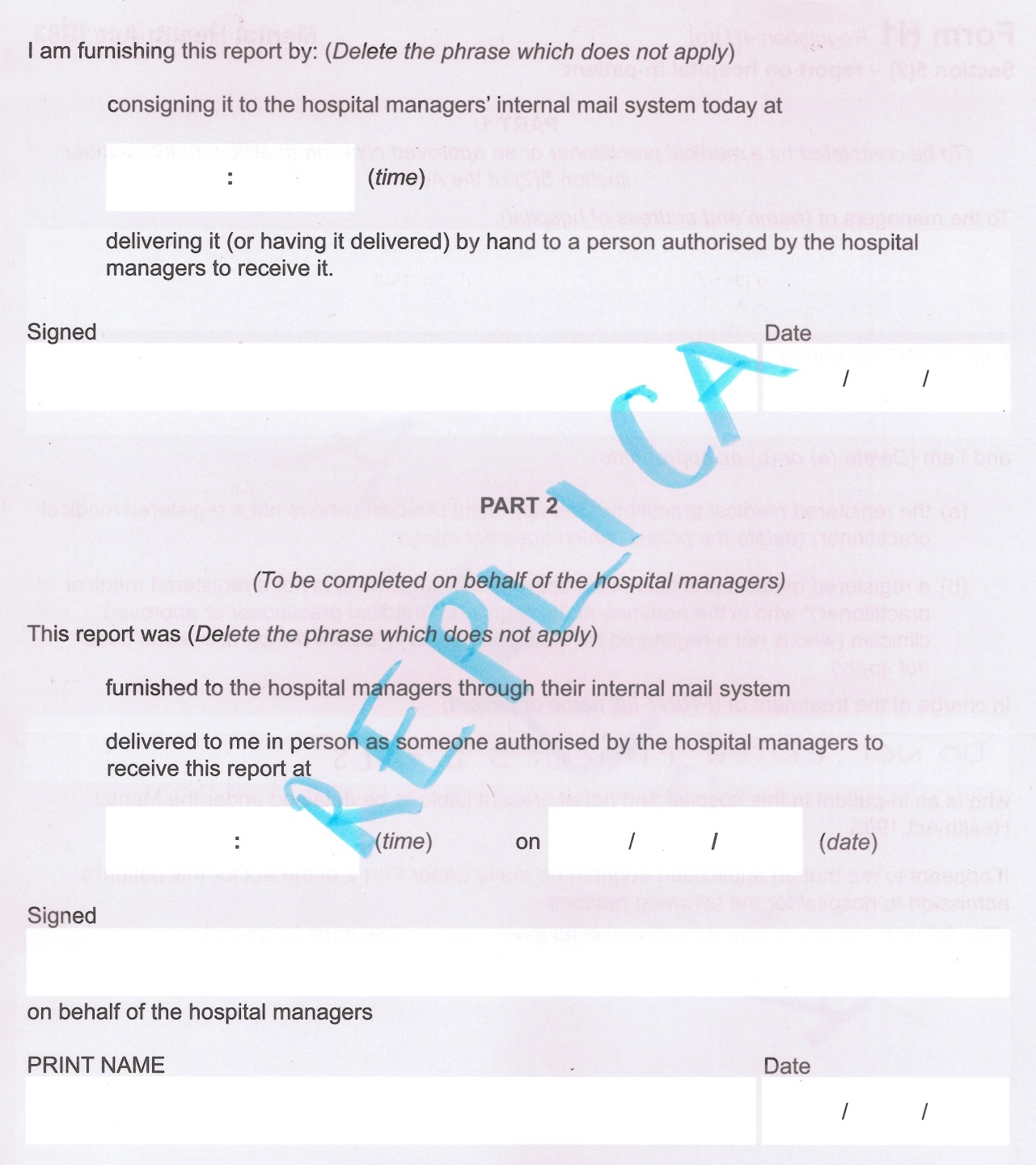
It is assumed that students will be routinely attending outpatient clinics and ward rounds.

| Clinical experience | Date & Place |
| --- | --- |
| **Essential experience – do all of the following five:** |  |
| Attend a multidisciplinary team meeting |  |
| Attend a Care Programme Approach (CPA)  review meeting |  |
| Shadow the SHO for ward work |  |
| Spend a session with a community worker  e.g. Community psychiatric nurse/social worker |  |
| Attend local specialist services\*\* (at least two of these) |  |
| Fill out a replica **Section 5 (2) form** (see pages 39-40) as if you were the treating doctor for a patient you have seen (in log book) who is wishing to leave hospital.  You may use a tutorial case. |  |
| **Essential experience - do at least two of the following four:** | |
| Talk to a patient who is detained under the MHA |  |
| Talk to a patient’s carer |  |
| See an emergency assessment |  |
| See a patient being assessed at home |  |
| **Additional experience**  Spend a session in a Lithium clinic |  |
| Spend a session in the clozapine clinic |  |
| Talk to an occupational therapist about their role |  |
| Talk to a mental health pharmacist about their role |  |
| Talk to a clinical psychologist about their role |  |
| Talk to the Patient Advocacy Service about their role |  |
| See the Mental Health Act (MHA) being used |  |
| Spend a session with the Crisis / Home  Treatment team |  |
| Spend a session with the Assertive Outreach team |  |
| Spend a session with the Liaison Psychiatry Team |  |
| See patients receiving ECT |  |
| Shadow the SHO on call up to 8pm |  |

\*\* e.g. Alcohol/Substance Misuse, Child Psychiatry, Eating Disorders, Court Diversion/Forensic Services, Gender Identity Clinic.

**Replica section 5 (2) form**





|  |  |
| --- | --- |
| Signature of clinician with whom case was discussed | |
| Date case discussed | Feedback on case given |

**Psychiatry MINI-CEX**

**Guidance for Students**

***What is the mini-CEX?***

Mini-CEX (Clinical Evaluation Exercise) is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. The mini-CEX is a “snapshot” of a student/patient interaction. In keeping with the Foundation programme quality improvement assessment model, strengths, areas for development and agreed action points should be identified following each mini-CEX encounter. This form samples a range of areas within the Foundation curriculum and can be mapped to *Good Medical Practice* but was designed originally by the American Board of Internal Medicine.

***Who will assess you?***

The usual scenario is that the assessor will be a doctor on your firm, but they need not have prior knowledge of you. They should be a Consultant Psychiatrist or a SpR or SASG level psychiatrist or a Senior House Officer / Specialist Trainee on a psychiatry training scheme. Mini-CEX is suitable for use in a community-based, out-patient, in-patient or acute care setting. You are required to undertake a minimum of 3 mini-CEXs during the firm. You are welcome to do more. At least one of the 3 mini-CEXs on the firm should be rated by the firm lead consultant.

***How should it work?***

The patient should be aware that the mini-CEX is being carried out. The observed process should take no longer than 15-20 minutes. Immediate feedback should take between 5 and 10 minutes, however, there may be occasions when students will require more feedback for example when they are below expectation or borderline as there will be need for fairly lengthy discussion about suggestions for development. Further guidance on the use of the mini-CEX in the Foundation Year programme, including demonstration videos, is available online at [www.mmc.nhs.uk/pages/assessment](http://www.mmc.nhs.uk/pages/assessment)

***What is an appropriate clinical encounter to assess?***

This is not intended to be an observed full “long case” assessment. The mini-CEX could be used to assess the taking of part of a standard psychiatric history (e.g. family history, personal history, social history), part of a mental state examination (e.g. assessment of mood, thought content, cognitive assessment), or an interview in a specific situation (e.g. assessing suicide risk, a patient with alcohol related problems, eating disorders). It could also be a combination of an element of history taking and mental state examination. Clinical judgement (e.g. aspects of differential diagnosis, management) can be assessed during subsequent discussion between the rater and student. Please note that if a particular area or areas are not assessed then the U/C column can be ticked. The important thing is that the patient chosen is amenable to an observed interview lasting up to 15 or 20 minutes and that there is further time available to complete the feedback to the student.

***What is an acceptable performance?***

The standard against which each mini-CEX is assessed is that expected of a bright, motivated Imperial College student at the particular point of the attachment when the mini-CEX is done. In other words a mini-CEX done in week 2 of the 9 week course should be appraised at a lower standard than one done in week 9. The mini-CEX exercises are formative; i.e. they are not pass/fail exercises, nor do they contribute to the marks of the student in finals. They are intended to demonstrate to the students where their strengths and weaknesses are in clinical assessments.

***Feedback:***

In order to maximise the educational impact of using mini-CEX, you and the rater need to identify agreed strengths, areas for development and an action plan. This is a formative assessment; performance on the mini-CEXs will inform your end of firm grade.

**Psychiatry MINI-CEX**

**Guidance for Raters**

Thank you for agreeing to complete this assessment for this Year 5 student.

***What is the mini-CEX?***

Mini-CEX (Clinical Evaluation Exercise) is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. The mini-CEX is a “snapshot” of a medical student/patient interaction. Not all elements need be assessed on each occasion. In keeping with the Foundation programme quality improvement assessment model, strengths, areas for development and agreed action points should be identified following each mini-CEX encounter. This form samples a range of areas within the Foundation curriculum and can be mapped to *Good Medical Practice* but was designed originally by the American Board of Internal Medicine.

***Am I qualified to be an assessor?***

The usual scenario is that the student will be on your firm, but you need not have prior knowledge of this student. You should be a Consultant Psychiatrist, a SpR or SASG level psychiatrist, or a Senior House Officer / Specialist Trainee on a psychiatry training scheme. Mini-CEX is suitable for use in a community-based, out-patient, in-patient or acute care setting. The students are required to undertake a minimum of 3 mini-CEXs during the firm (but can do more).   
At least one of the 3 mini-CEXs on the firm should be rated by the firm lead consultant.

***How should it work?***

Please ensure that the patient is aware that the mini-CEX is being carried out. The observed process should take no longer than 15-20 minutes. Immediate feedback should take between 5 and 10 minutes, however, there may be occasions when students will require more feedback for example when they are below expectation or borderline as there will be need for fairly lengthy discussion about suggestions for development. Further guidance on the use of the mini-CEX in the Foundation Year programme, including demonstration videos, is available online at [www.mmc.nhs.uk/pages/assessment](http://www.mmc.nhs.uk/pages/assessment)

***What is an appropriate clinical encounter to assess?***

This is not intended to be an observed full “long case” assessment. The mini-CEX could be used to assess the taking of part of a standard psychiatric history (e.g. family history, personal history, social history), part of a mental state examination (e.g. assessment of mood, thought content, cognitive assessment), or an interview in a specific situation (e.g. assessing suicide risk, a patient with alcohol related problems, eating disorders). It could also be a combination of an element of history taking and mental state examination. Clinical judgement (e.g. aspects of differential diagnosis, management) can be assessed during subsequent discussion between the rater and student. Please note that if a particular area or areas are not assessed then the U/C column can be ticked. The important thing is that the patient chosen is amenable to an observed interview lasting up to 15 or 20 minutes and that there is further time available to complete the feedback to the student.

***What is an acceptable performance?***

The standard against which each mini-CEX is assessed is that expected of a bright, motivated Imperial College student at the particular point of the attachment when the mini-CEX is done. In other words a mini-CEX done in week 2 of the 9 week course should be appraised at a lower standard than one done in week 9. The mini-CEX exercises are formative; i.e. they are not pass/fail exercises, nor do they contribute to the marks of the student in finals. They are intended to demonstrate to the students where their strengths and weaknesses are in clinical assessments.

***Feedback:***

In order to maximise the educational impact of using mini-CEX, you and the student need to identify agreed strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment.

**Mini-Clinical Evaluation Exercise (Mini-CEX) – Psychiatry 1**

Please complete the questions with black ink and capital letters

|  |  |
| --- | --- |
| Teaching Site |  |
| Student’s name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clinical Setting for Mini-CEX | OPD | In-Patient | A&E / EPS | Community | Other |
|  |  |  |  |  |  |
| Complexity of case | Low | Average | High |  |  |
| Brief description of case / scenario |  | | |  |  |
|  |  |  |  |  |  |
| Examiner’s position | Consultant | SpR | SASG | Other |  |
|  |  |  |  |  |  |

**Please grade the following areas where relevant using the full range of scores. The standard expected is that of a bright, motivated Imperial College student at the particular point of the attachment when the assessment is done.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the relevant domains by ticking the appropriate box (note: not all domains may be tested in this exercise)** | Below  expectations | Borderline | Meets expectations | Above expectations | U/C\* |
| **History Taking** - Facilitates patient’s telling of story, effectively uses appropriate questions to obtain accurate, adequate information, responds appropriately to verbal and non-verbal cues. |  |  |  |  |  |
| **Mental State Examination -** Follows a logical sequence. The examination is appropriate to the clinical problem and is sensitive to the patient’s feelings and behaviour. |  |  |  |  |  |
| **Professionalism** - Shows respect, compassion, empathy, establishes trust. Attends to patient’s needs of comfort, respect, confidentiality. Behaves in an ethical manner, awareness of relevant legal frameworks. Aware of limitations. |  |  |  |  |  |
| **Clinical judgement** - Makes appropriate differential diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic investigations. Considers risks / benefits. |  |  |  |  |  |
| **Communication skills** – Explores patient’s perspective, jargon free, open and honest, empathic, discusses management plan/therapy with patient. |  |  |  |  |  |
| **Organisation/ Efficiency** – Prioritises; is timely, succinct. Summarises. |  |  |  |  |  |
| **Overall clinical care -** Demonstrates satisfactory clinical judgement, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations. |  |  |  |  |  |

**U/C\* please mark this if the mini-CEX did not assess this area**

Feedback - You and the student need to identify and agree strengths, areas for development and an action plan. This should be done with sensitivity and in the appropriate environment.

**Particular strengths Suggestions for development**

|  |  |
| --- | --- |
|  |  |

Time taken for observation (minutes) \_\_\_\_ Time taken for feedback (minutes) \_\_\_\_

Examiners name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examiner’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_/\_\_/\_\_

This form should be attached to the student’s logbook.

Students are required to complete at least 3 MINI-CEXs, one of which should be assessed by the firm lead consultant.

The MINI-CEXs are part of the formative assessment for the firm and should be used to inform the overall grade for the firm.

**Mini-Clinical Evaluation Exercise (Mini-CEX) – Psychiatry 2**

Please complete the questions with black ink and capital letters

|  |  |
| --- | --- |
| Teaching Site |  |
| Student’s name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clinical Setting for Mini-CEX | OPD | In-Patient | A&E / EPS | Community | Other |
|  |  |  |  |  |  |
| Complexity of case | Low | Average | High |  |  |
| Brief description of case / scenario |  | | |  |  |
|  |  |  |  |  |  |
| Examiner’s position | Consultant | SpR | SASG | Other |  |
|  |  |  |  |  |  |

**Please grade the following areas where relevant using the full range of scores. The standard expected is that of a bright, motivated Imperial College student at the particular point of the attachment when the assessment is done.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the relevant domains by ticking the appropriate box (note: not all domains may be tested in this exercise)** | Below  expectations | Borderline | Meets expectations | Above expectations | U/C\* |
| **History Taking** - Facilitates patient’s telling of story, effectively uses appropriate questions to obtain accurate, adequate information, responds appropriately to verbal and non-verbal cues. |  |  |  |  |  |
| **Mental State Examination -** Follows a logical sequence. The examination is appropriate to the clinical problem and is sensitive to the patient’s feelings and behaviour. |  |  |  |  |  |
| **Professionalism** - Shows respect, compassion, empathy, establishes trust. Attends to patient’s needs of comfort, respect, confidentiality. Behaves in an ethical manner, awareness of relevant legal frameworks. Aware of limitations. |  |  |  |  |  |
| **Clinical judgement** - Makes appropriate differential diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic investigations. Considers risks / benefits. |  |  |  |  |  |
| **Communication skills** – Explores patient’s perspective, jargon free, open and honest, empathic, discusses management plan/therapy with patient. |  |  |  |  |  |
| **Organisation/ Efficiency** – Prioritises; is timely, succinct. Summarises. |  |  |  |  |  |
| **Overall clinical care -** Demonstrates satisfactory clinical judgement, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations. |  |  |  |  |  |

**U/C\* please mark this if the mini-CEX did not assess this area**

Feedback - You and the student need to identify and agree strengths, areas for development and an action plan. This should be done with sensitivity and in the appropriate environment.

**Particular strengths Suggestions for development**

|  |  |
| --- | --- |
|  |  |

Time taken for observation (minutes) \_\_\_\_ Time taken for feedback (minutes) \_\_\_\_

Examiners name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examiner’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_/\_\_/\_\_

This form should be attached to the student’s logbook.

Students are required to complete at least 3 MINI-CEXs, one of which should be assessed by the firm lead consultant.

The MINI-CEXs are part of the formative assessment for the firm and should be used to inform the overall grade for the firm.

**Mini-Clinical Evaluation Exercise (Mini-CEX) – Psychiatry 3**

Please complete the questions with black ink and capital letters

|  |  |
| --- | --- |
| Teaching Site |  |
| Student’s name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clinical Setting for Mini-CEX | OPD | In-Patient | A&E / EPS | Community | Other |
|  |  |  |  |  |  |
| Complexity of case | Low | Average | High |  |  |
| Brief description of case / scenario |  | | |  |  |
|  |  |  |  |  |  |
| Examiner’s position | Consultant | SpR | SASG | Other |  |
|  |  |  |  |  |  |

**Please grade the following areas where relevant using the full range of scores. The standard expected is that of a bright, motivated Imperial College student at the particular point of the attachment when the assessment is done.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the relevant domains by ticking the appropriate box (note: not all domains may be tested in this exercise)** | Below  expectations | Borderline | Meets expectations | Above expectations | U/C\* |
| **History Taking** - Facilitates patient’s telling of story, effectively uses appropriate questions to obtain accurate, adequate information, responds appropriately to verbal and non-verbal cues. |  |  |  |  |  |
| **Mental State Examination -** Follows a logical sequence. The examination is appropriate to the clinical problem and is sensitive to the patient’s feelings and behaviour. |  |  |  |  |  |
| **Professionalism** - Shows respect, compassion, empathy, establishes trust. Attends to patient’s needs of comfort, respect, confidentiality. Behaves in an ethical manner, awareness of relevant legal frameworks. Aware of limitations. |  |  |  |  |  |
| **Clinical judgement** - Makes appropriate differential diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic investigations. Considers risks / benefits. |  |  |  |  |  |
| **Communication skills** – Explores patient’s perspective, jargon free, open and honest, empathic, discusses management plan/therapy with patient. |  |  |  |  |  |
| **Organisation/ Efficiency** – Prioritises; is timely, succinct. Summarises. |  |  |  |  |  |
| **Overall clinical care -** Demonstrates satisfactory clinical judgement, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations. |  |  |  |  |  |

**U/C\* please mark this if the mini-CEX did not assess this area**

Feedback - You and the student need to identify and agree strengths, areas for development and an action plan. This should be done with sensitivity and in the appropriate environment.

**Particular strengths Suggestions for development**

|  |  |
| --- | --- |
|  |  |

Time taken for observation (minutes) \_\_\_\_ Time taken for feedback (minutes) \_\_\_\_

Examiners name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examiner’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_/\_\_/\_\_

This form should be attached to the student’s logbook.

Students are required to complete at least 3 MINI-CEXs, one of which should be assessed by the firm lead consultant.

The MINI-CEXs are part of the formative assessment for the firm and should be used to inform the overall grade for the firm.

**Mini-Clinical Evaluation Exercise (Mini-CEX) – Psychiatry 4**

Please complete the questions with black ink and capital letters

|  |  |
| --- | --- |
| Teaching Site |  |
| Student’s name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clinical Setting for Mini-CEX | OPD | In-Patient | A&E / EPS | Community | Other |
|  |  |  |  |  |  |
| Complexity of case | Low | Average | High |  |  |
| Brief description of case / scenario |  | | |  |  |
|  |  |  |  |  |  |
| Examiner’s position | Consultant | SpR | SASG | Other |  |
|  |  |  |  |  |  |

**Please grade the following areas where relevant using the full range of scores. The standard expected is that of a bright, motivated Imperial College student at the particular point of the attachment when the assessment is done.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the relevant domains by ticking the appropriate box (note: not all domains may be tested in this exercise)** | Below  expectations | Borderline | Meets expectations | Above expectations | U/C\* |
| **History Taking** - Facilitates patient’s telling of story, effectively uses appropriate questions to obtain accurate, adequate information, responds appropriately to verbal and non-verbal cues. |  |  |  |  |  |
| **Mental State Examination -** Follows a logical sequence. The examination is appropriate to the clinical problem and is sensitive to the patient’s feelings and behaviour. |  |  |  |  |  |
| **Professionalism** - Shows respect, compassion, empathy, establishes trust. Attends to patient’s needs of comfort, respect, confidentiality. Behaves in an ethical manner, awareness of relevant legal frameworks. Aware of limitations. |  |  |  |  |  |
| **Clinical judgement** - Makes appropriate differential diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic investigations. Considers risks / benefits. |  |  |  |  |  |
| **Communication skills** – Explores patient’s perspective, jargon free, open and honest, empathic, discusses management plan/therapy with patient. |  |  |  |  |  |
| **Organisation/ Efficiency** – Prioritises; is timely, succinct. Summarises. |  |  |  |  |  |
| **Overall clinical care -** Demonstrates satisfactory clinical judgement, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations. |  |  |  |  |  |

**U/C\* please mark this if the mini-CEX did not assess this area**

Feedback - You and the student need to identify and agree strengths, areas for development and an action plan. This should be done with sensitivity and in the appropriate environment.

**Particular strengths Suggestions for development**

|  |  |
| --- | --- |
|  |  |

Time taken for observation (minutes) \_\_\_\_ Time taken for feedback (minutes) \_\_\_\_

Examiners name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examiner’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_/\_\_/\_\_

This form should be attached to the student’s logbook.

Students are required to complete at least 3 MINI-CEXs, one of which should be assessed by the firm lead consultant.

The MINI-CEXs are part of the formative assessment for the firm and should be used to inform the overall grade for the firm.

**Mini-Clinical Evaluation Exercise (Mini-CEX) – Psychiatry 5**

Please complete the questions with black ink and capital letters

|  |  |
| --- | --- |
| Teaching Site |  |
| Student’s name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clinical Setting for Mini-CEX | OPD | In-Patient | A&E / EPS | Community | Other |
|  |  |  |  |  |  |
| Complexity of case | Low | Average | High |  |  |
| Brief description of case / scenario |  | | |  |  |
|  |  |  |  |  |  |
| Examiner’s position | Consultant | SpR | SASG | Other |  |
|  |  |  |  |  |  |

**Please grade the following areas where relevant using the full range of scores. The standard expected is that of a bright, motivated Imperial College student at the particular point of the attachment when the assessment is done.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the relevant domains by ticking the appropriate box (note: not all domains may be tested in this exercise)** | Below  expectations | Borderline | Meets expectations | Above expectations | U/C\* |
| **History Taking** - Facilitates patient’s telling of story, effectively uses appropriate questions to obtain accurate, adequate information, responds appropriately to verbal and non-verbal cues. |  |  |  |  |  |
| **Mental State Examination -** Follows a logical sequence. The examination is appropriate to the clinical problem and is sensitive to the patient’s feelings and behaviour. |  |  |  |  |  |
| **Professionalism** - Shows respect, compassion, empathy, establishes trust. Attends to patient’s needs of comfort, respect, confidentiality. Behaves in an ethical manner, awareness of relevant legal frameworks. Aware of limitations. |  |  |  |  |  |
| **Clinical judgement** - Makes appropriate differential diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic investigations. Considers risks / benefits. |  |  |  |  |  |
| **Communication skills** – Explores patient’s perspective, jargon free, open and honest, empathic, discusses management plan/therapy with patient. |  |  |  |  |  |
| **Organisation/ Efficiency** – Prioritises; is timely, succinct. Summarises. |  |  |  |  |  |
| **Overall clinical care -** Demonstrates satisfactory clinical judgement, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations. |  |  |  |  |  |

**U/C\* please mark this if the mini-CEX did not assess this area**

Feedback - You and the student need to identify and agree strengths, areas for development and an action plan. This should be done with sensitivity and in the appropriate environment.

**Particular strengths Suggestions for development**

|  |  |
| --- | --- |
|  |  |

Time taken for observation (minutes) \_\_\_\_ Time taken for feedback (minutes) \_\_\_\_

Examiners name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examiner’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_/\_\_/\_\_

This form should be attached to the student’s logbook.

Students are required to complete at least 3 MINI-CEXs, one of which should be assessed by the firm lead consultant.

The MINI-CEXs are part of the formative assessment for the firm and should be used to inform the overall grade for the firm.

**Abbreviated logbook checklist**

A. ESSENTIAL DISORDERS/SYNDROMES to Log

* 1 – Ethics and Law case
* 2 – Learning Disability
* 3 – Child and Adolescent Psychiatry (clinic visit)

General Adult & Old Age

* 4 – Depression in older adults
* 5 – Depression in working age adult
* 6 – Dementia
* 7 – Psychosis/Schizophrenia/Schizoaffective disorder
* 8 – Hypomanic/manic episode or Bipolar Disorder
* 9 – Anxiety Disorder
* 10 – Personality Disorder
* 11 – Alcohol or other drugs
* 12 – Self harm: behaviour/thinking

B. NON-ESSENTIAL DISORDERS/SYNDROMES to Log

* 13 – Eating Disorder
* 14 – Post Traumatic Stress Disorder
* 15 – Somatoform Disorder
* 16 – Acute organic brain syndrome (Delirium)
* 17 – Consultation/Liaison Psychiatry
* 18 – Forensic Psychiatry
* 19 – Other 1
* 20 – Other 2
* 1st Mini-cex
* 2nd Mini-cex
* 3rd Mini-cex
* Clinical experience checklist