



## GP Specialty Training Intended Learning Outcomes from Clinical Placement PSYCHIATRY

*This guideline is for GP Specialty Trainees and Clinical Supervisors during clinical placements, and should accompany the trust job description. The intended learning outcomes should inform the planned clinical experience and training, and should be used as a template for the clinical supervisor's assessment of the trainee's performance at the end of the placement.*

The intended learning outcomes relate to three main areas:

- Knowledge (relevant to the placement)
- Practical skills (relevant to the placement)
- Professional competencies (generic GP Curriculum)

To be read in conjunction with RCGP Curriculum statement 13: Care of People with Mental Health Problems

[http://www.rcgp-curriculum.org.uk/PDF/curr\\_13\\_Mental\\_Health.pdf](http://www.rcgp-curriculum.org.uk/PDF/curr_13_Mental_Health.pdf)

### 1. Knowledge-base relevant to the placement

#### **Symptoms**

Tired all the time, insomnia, anxiety, depression, multiple somatic complaints, dizziness, palpitations, paraesthesiae, abdominal pain (children), early signs of possible psychotic illness.

#### **Common and/or important conditions**

The most common primary care mental health problems are depression, eating disorders and anxiety disorders. ADHD, post-traumatic stress disorder. Alcohol and drug misuse. Dual diagnosis.

#### **Investigations**

Use of depression rating scales, and other aids in the evaluation of possible diagnosis and severity

#### **Treatment**

Pharmacology, cognitive behavioural therapy (CBT) and simple behavioural techniques, problem-solving therapy and basis of systemic and strength-focused therapies, self-administered therapy, ECT and detox.

#### **Emergency care:**

Threatened or attempted suicide, delirium, psychosis, panic, aggressive or violent patients, drug overdose and alcohol withdrawal

#### **Resources**

The family of the patient

Members of the primary healthcare team, receptionist, counsellor, Citizens' Advice Bureau (CAB) worker

Specialist mental health services and non-medical agencies (non-professional, lay or voluntary resources).

When and how the Mental Health Act is used.

Police, working w CPN, day services

#### **Prevention**

Mental health promotion, especially children, families and adolescents

Screening of all language-delayed children for autism

Early intervention in psychosis.

Driving issues

### 2. Practical Skills relevant to the placement

Mental state assessment  
Suicide risk assessment

### 3. Professional Competencies

1. Communication and consultation skills

*This competency is about communication with patients and the use of recognised consultation techniques. Behaviours you may wish to consider: listening well, exploring patients ideas, providing good explanations, checking the patient's understanding, tailoring communication to the patient's needs.*

2. Practising holistically

*This competency is about the ability of the doctor to consider physical, psychological, socioeconomic and cultural aspects, taking into account feelings as well as thoughts. Behaviours you may wish to consider: exploring the way in which the problem affects the patient's life, exploring the impact of the problem on the patient's family/carers*

3. Data gathering and interpretation

*This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, making appropriate inferences from the findings and results.*

4. Making diagnosis/ making decisions

*This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, making appropriate inferences from the findings and results.*

5. Clinical Management

*This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: the appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues*

6. Managing medical complexity

*This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking advice and engaging in remedial action where personal performance is an issue*

7. Primary care administration and IMT

*This competency is about the appropriate use of primary care administration systems, effective record-keeping and information technology for the benefit of patient care. Behaviours you may wish to consider: using administrative and computer systems appropriately, keeping good clinical records (timely, coded, sufficiently comprehensive)*

8. Working with colleagues and in teams

*This competency is working effectively with other professionals to ensure patient care, including the sharing of information with colleagues. Behaviours you may wish to consider: being available to colleagues, working cooperatively, sharing information with others involved in the patient's care, using appropriate methods of communication according to the circumstances.*

9. Community orientation

*This competency is about the management of the health and social care of patients in the local community. Behaviours you may wish to consider: identifying important characteristics of the local community that might*

*impact upon patient care, particularly the epidemiological, social, economic and ethnic features, using this understanding to improve patient management, identifying resources in the community, encouraging patients to access available resources, using health care resources effectively e.g. through cost-effective prescribing*

10. Maintaining performance, learning and teaching

*This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: the appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues*

11. Maintaining an ethical approach to practise

*This competency is about practising ethically with integrity and a respect for diversity. Behaviours you may wish to consider: Identifying and discussing ethical issues in clinical practice. Treating patients, colleagues and others fairly and with respect for their beliefs, preferences, dignity and rights. Valuing differences between people and avoiding prejudice.*

## **Deanery Guidelines for inclusion in the Trust Job Description**

### **Clinical Supervision**

All GP Specialty Trainees should have a named clinical supervisor, with whom they will meet at the beginning, middle and end of their training placement.

### **Training**

All GP Specialty Trainees should have a minimum of 10 days / annum of study leave in each of their training years to support the generic GP Specialty Programme training programme, together with 5 further days of study leave for placement in a GP training practice. Arrangements for release to be negotiated locally with trusts.

### **Assessment**

All GP Specialty Trainees should collect a minimum data set of evidence about their clinical performance and professional behaviour, and clinical departments are expected to support this process and including recording assessments in the electronic portfolio. At the end of each clinical placement, the clinical supervisor is required to complete a clinical supervisor's report against the intended learning outcomes guideline.

### **Educational Supervision**

All GP Specialty Trainees will have an educational supervisor, usually based in primary care, whom they will meet at 6 monthly intervals for review of the electronic portfolio documenting progression through the GP training programme.