



College of  
Psychiatrists  
of Ireland

# CURRICULUM FOR BASIC AND HIGHER SPECIALIST TRAINING IN PSYCHIATRY

July 2012

**Revision 6 July 2017** (Clarification on Supervisor eligibility for completion of HST Workplace Based Assessments; Amendments & Additions to Portfolio Documentation for both BST and HST – Assessment of Teaching, Supervisor's Reports, Record of On Call Sessions, Reflective Notes)

# CURRICULUM FOR BASIC AND HIGHER SPECIALIST TRAINING IN PSYCHIATRY

July 2012

This Curriculum applies to the following Trainees:

- All Trainees who entered their first 6 month Foundation Year placement prior to July 2016.
- All Trainees who entered their first 6 month BST Year 1-3 placement prior to July 2016.
- All Trainees on the National Higher Training Scheme in Adult Psychiatry (and related disciplines) who entered prior to July 2017.
- All Trainees on the National Higher Training Scheme in Child and Adolescent Psychiatry who entered prior to July 2016.

Other Trainees should refer to the Curriculum for Basic and Higher Specialist Training in Psychiatry - July 2016 Revision 1.

## Revision 6 July 2017

- Clarification on Supervisor eligibility for completion of HST Workplace Based Assessments
- Amendments & Additions to Portfolio Documentation for both BST and HST – Assessment of Teaching, Supervisor's Reports, Record of On Call Sessions, Reflective Notes.



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# PREVIOUS REVISIONS TO CURRICULUM FOR BASIC AND HIGHER SPECIALIST TRAINING IN PSYCHIATRY

Revision 1 September 2013

(Addition/amendments to notes on Portfolio items: Pages 8 & 9)

Revision 2 January 2014

(Amendments to requirements for Reflective Practice attendance (page 8) and updates to FY/BST Learning Outcome Attainment Grids [pages 237-272]. Minor typographical errors corrected on FY Grid and allocation of outcomes per training year removed from the grid)

Revision 3 July 2014

(Amendments to assessment method for Learning Outcome 2.10 on the BST Learning Outcomes Attainment Grid [pages 259-260] & Learning Outcome 2.1 on the HST Learning Outcomes Attainment Grid [pages 281-282])

Revision 4 July 2015

(Additional HST Learning Outcomes for Child and Adolescent Psychiatry with a Special Interest in Intellectual Disability & Clarification of Mandatory Learning Outcomes for HST).

Revision 5 July 2016

(Addition of new portfolio item - Declaration of Non-Annual & Non-Education Leave)

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## **CURRICULUM FOR BASIC AND HIGHER SPECIALIST TRAINING**

### **Introduction**

The College of Psychiatrists of Ireland (referred to in this document as the College) is responsible for all aspects of postgraduate training in Psychiatry in Ireland. Satisfactory completion of training confers eligibility for inclusion in the Irish Medical Council's Specialist Division Register. The Medical Council recognises four psychiatric specialties: Psychiatry, Psychiatry of Old Age, Child and Adolescent Psychiatry and Psychiatry of Learning Disability.

The College of Psychiatrists of Ireland was established in January 2009 and one of the main objectives of the College was to review the existing training programme. The College convened an Education Advisory Group (EAG) which consisted of senior clinical and academic Trainers, Basic and Higher Specialist Trainees, representatives from all the College Faculties and an Education Specialist. The EAG reviewed best international practice, developed learning outcomes and aligned the outcomes to the Union Européenne des Médecins Spécialistes (UEMS) and the Irish Medical Council's *Eight Domains of Good Professional Practice*.

The College introduced a Foundation Year (FY) as part of the Basic Specialist Training (BST) component to identify and retain Trainees with the aptitude for further training. The BST component was implemented in July 2011.

Upon completion of its remit the EAG was superseded by the Postgraduate Training Committee (PTC). The PTC is the governance mechanism for postgraduate training.

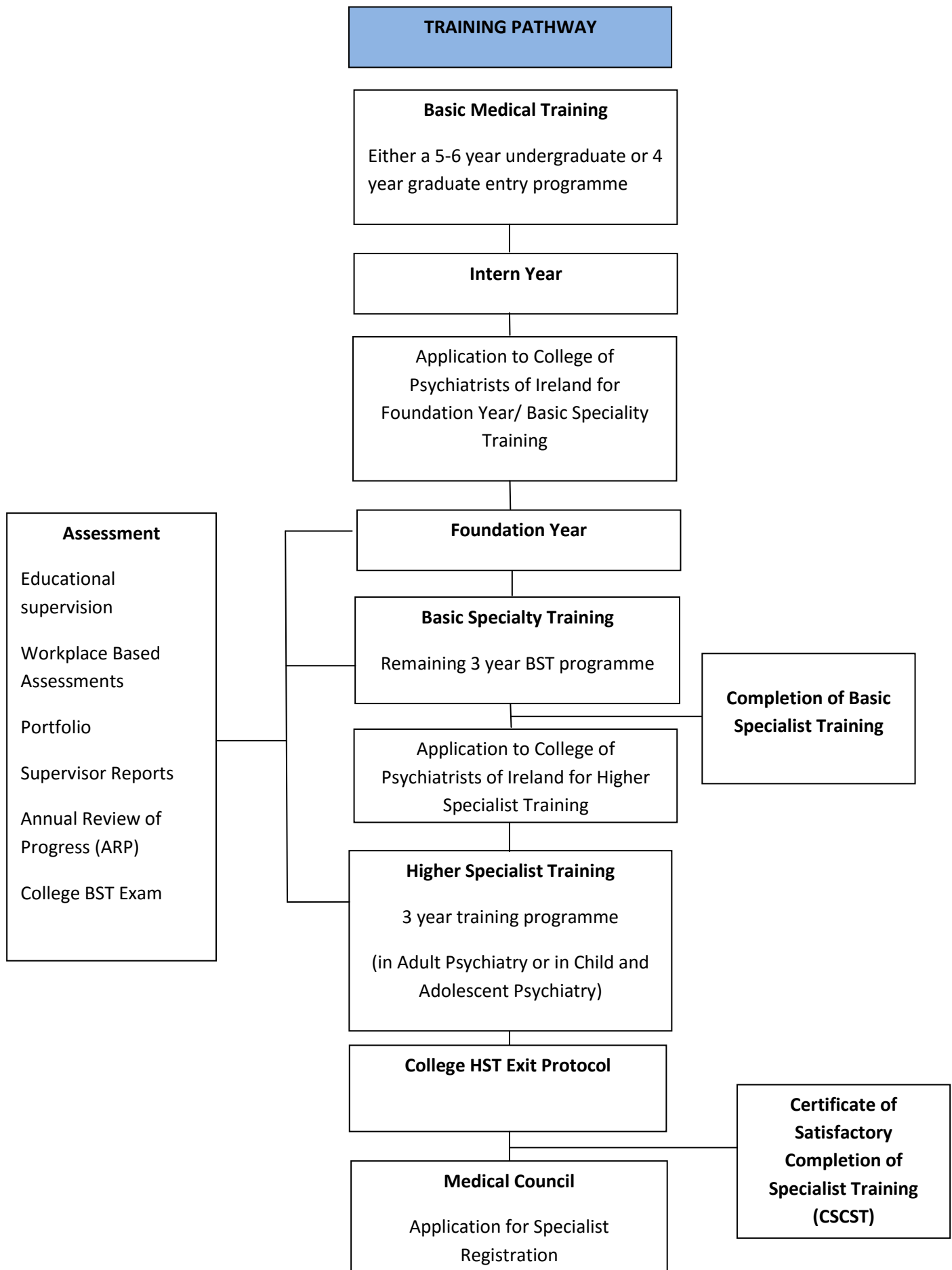
The Curriculum is based on learning outcomes. The attainment of these outcomes will be assessed continuously throughout training and be demonstrated by Work Place Based Assessments (WPBAs), a Portfolio and by passing the College BST Exam. The College acknowledges the WPBA forms developed by the Royal College of Psychiatrists upon which it has developed its own WPBA instruments. Progression through training will depend on approval by an Annual Review of Progress (ARP) Panel. Education and training will be supported by College run and approved courses and an e-learning platform.

This document is the Curriculum for both the Basic Specialist Training (BST) and Higher Specialist Training (HST) components of the College's postgraduate training programme. It replaces the BST Blueprint (July 2011), the Higher Specialist Training Handbook (January 2010) and the Annual Training Plan. It should be read in conjunction with the *Regulations for Basic and Higher Specialist Training*. The Curriculum is reviewed annually by the PTC and invites input from the College membership. Any member of the College who wishes to suggest a change should submit any proposed change to the relevant Faculty and/or College committee. In turn, that Faculty / College committee should make a recommendation on the proposed change to the Director of Postgraduate Training.

This edition would not have been possible without the support of the College staff and the commitment of the College membership to voluntary contribution to the many committees and working groups which produced the above documents.

**Dr John Hillery**  
**President, CPsychI**

**Prof Greg Swanwick**  
**Dean of Education, CPsychI**



## **Overview of Training**

### **1. Purpose**

A Psychiatrist assesses, diagnoses and treats people with mental illness. Postgraduate Psychiatry training in Ireland is designed to produce specialists with the necessary knowledge, skills and behaviour to manage patients by delivering high quality, effective and ethical care. The specialist in Psychiatry will be a medical expert, communicator, collaborator, manager, professional, scholar and health advocate.

### **2. Structure**

Training in Psychiatry is divided between Basic and Higher Specialist training. There are learning outcomes for each year. A learning outcome defines what a Trainee can do after a learning experience.

Basic training consists of an initial Foundation Year (FY) and usually another three years of Basic Specialist Training (BST). If a Trainee has previous training experience and can demonstrate learning outcome attainment, Basic Specialist Training may be accelerated by one year, subject to the approval of an ARP Panel.

BST gives Trainees experience across the life span. The Higher Specialist Trainee selects further training in either Adult or Child and Adolescent Psychiatry. Those who chose higher training in Adult Psychiatry may become specialists in Psychiatry (General Adult) alone (single certification) or in combination with, Learning Disability Psychiatry or Psychiatry of Old Age (dual certification). Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the subspecialty learning outcomes achieved in the Annual Review of Progress Panel Report.

HST usually lasts for three years for certification in a single recognised specialty. Training periods in HST will be longer if dual certification is pursued.

Application for training at BST and HST is via the College and shortlisted applicants are interviewed.

### **3. Clinical Experience and Supervision**

Foundation Year placements must be in General Adult Psychiatry and Trainees must be provided with a balance of hospital and community experience. The remainder of BST will be divided amongst further experience in General Adult Psychiatry (including the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry) and the other three specialties.

At BST the learning outcomes for all specialties and subspecialties must be attained regardless of which training placements are undertaken. This will ensure a broad base of knowledge and skill acquisition. General Adult Psychiatry provides opportunities for a wide range of clinical experience and this can be supplemented by specific learning activities such as attendance at a specialist clinic or course. In practice it will not be possible to achieve outcomes in some specialties without a clinical attachment.

At HST the learning outcomes for the specialties and subspecialties must only be attained by Trainees seeking certification in those areas.

Clinical supervision of Trainees serves to foster their professional development as well as to promote best care of patients. Clinical supervision must be provided at a level appropriate to the needs and experience of the Trainee. It must be provided by the Supervising Consultant who will supervise inpatient and outpatient work and emergency consultations, except for when the Trainee is on call, when clinical supervision will be provided by the on call Consultant. Basic Specialist Trainees may receive additional supervision by a Senior Registrar. This must be overseen by the Supervising Consultant.

#### **4. Educational Supervision**

Educational supervision is distinct from clinical supervision. Educational supervision is devoted to career and training planning and completion of the placement training plan and midpoint and end point reports. Mentoring, coaching, WPBAs and ensuring learning outcomes are being attained and recorded are other activities that form part of educational supervision. Each Trainee has a weekly, protected session of one hour with the designated Trainer. Educational supervision must not be delegated to other staff. No Consultant may supervise more than three Trainees.

#### **5. Assessment**

Assessment is a continuous process throughout training. It is designed to inform Trainees on their progress, to guide their development and to demonstrate learning outcome attainment. Assessment consists of Workplace Based Assessments (WPBAs), Portfolio completion, Supervisor Reports, Annual Review of Progress (ARP) and a College Exam. In HST there is no Exam but the other assessment methods pertain to obtain a Certificate of Satisfactory Completion of Specialist Training (CSCST).

##### **(a) Workplace Based Assessments**

WPBAs are assessments of performance in the workplace. They can assess clinical and non-clinical skills. They are designed to be done on a regular basis by a variety of assessors. Their primary purposes are to provide useful feedback to a Trainee on performance in the work setting and to document attainment of learning outcomes. Trainees and Trainers select an outcome or outcomes from the Curriculum, decide upon an assessment method, perform the assessment under direct observation and discuss the performance. One WPBA may assess several outcomes and some outcomes may need several different types of assessment. WPBAs should be utilised throughout a placement and not be left until near the end.

In BST there is a minimum requirement of 7 WPBAs per 6 month placement but to demonstrate attainment of the outcomes it is likely that many more will have to be performed. Though there is no minimum requirement in HST the principle of demonstration of outcome attainment will still rest on WPBA. As a Trainee progresses through training the focus on Assessment of Clinical Expertise (ACE) will move towards Case Based Discussion (CBD) as the preferred WPBA.

Senior Registrars can complete WPBAs on Basic Specialist Trainees provided they have completed appropriate training but their contribution must not exceed 50% of the total number of WPBAs. It is required that Supervisors will review assessments done by senior Trainees on Basic Specialist Trainees.

<b>WPBA</b>	<b>Minimum requirement for each BST training placement</b>
ACE (Assessment of Clinical Expertise)	1
Mini-ACE (mini-Assessment of Clinical Expertise)	2
DOPS (Direct Observation of Procedural Skills)	No minimum requirement
CBD (Case Based Discussion)	1
AoT (Assessment of Teaching) DONCS (Direct Observation of Non-Clinical Skills) CP (Case Presentation) JCP (Journal Club Presentation)	1 from this group, however, all must be performed at least once over the course of BST

<b>WPBA</b>	<b>Purpose</b>
<b>ACE</b>	To assess a Trainee performing a full history and examination of a patient in order to reach a diagnosis and plan for treatment
<b>AoT</b>	To assess a Trainee's ability to prepare, present and deliver a teaching session to other colleagues, medical or other healthcare students or an appropriate non-healthcare group (e.g. public education programme).
<b>CBD</b>	To assess clinical decision making, clinical reasoning, application of medical knowledge, formulation and record keeping. CBD involves brief presentation of a case by a Trainee, a documented structured interview and review of the Trainee's entries to the patient's clinical record.
<b>CP</b>	To assess a Trainee's ability to prepare, present and discuss a clinical case in a teaching setting.
<b>DOPS</b>	To test practical technical skills.
<b>DONCS</b>	To test performance and behaviour in the workplace in a non-clinical setting. The focus is on assessing skills other than those related directly to patient care.
<b>JCP</b>	To assess a Trainee's ability to prepare, present and discuss a journal article in a clinical teaching setting.
<b>miniACE</b>	To assess an aspect of a patient's history /Mental State Examination in order to reach a diagnosis and plan for treatment / explain a treatment plan / obtain consent etc.

## **(b) Portfolio**

The Portfolio is a structured body of evidence that Trainees must maintain during training. The Portfolio will allow Trainees to demonstrate evidence of progress and attainment of learning outcomes.

Certificates of completion of e-learning modules and attendance at courses must be included.

Trainees can include other documents relevant to training such as Curriculum Vitae, records of presentations, research publications or diplomas.

*By the completion of **BST** the Portfolio must contain:*

1. Training Placement Plans
2. Midpoint Supervisor's Reports (**Revised July 2017**)
3. Endpoint Supervisor's Reports (**Revised July 2017**)
4. Annual Review of Progress Reports
5. Workplace Based Assessments
6. Learning Outcomes Attainment Grids
7. Summary of Supervision Sessions
8. Audit Report
9. Care Plan
10. Case Conference
11. Case Review
12. Home Visit
13. Risk Assessment
14. BST Research Participation Report
15. Literature Search Report
16. Supervisor's Assessment of Psychotherapy Experience
17. Reflective Notes (**Revised July 2017**)
18. Reflective Practice Group Attendance Record
19. BST Record of On Call Sessions (**From July 2017**)
20. Post Appraisals
21. Course attendance certificates
22. E-learning module completion certificates
23. Current Basic Life Support Certificate
24. Current Non Violent Crisis Intervention Certificate
25. Declaration of Non-Annual & Non-Educational Leave

*By the completion of **HST** the Portfolio must contain:*

1. Training Placement Plans
2. Midpoint Supervisor's Reports (**Revised July 2017**)
3. Endpoint Supervisor's Reports (**Revised July 2017**)
4. Annual Review of Progress Reports
5. Workplace Based Assessments
6. Learning Outcomes Attainment Grids
7. Summary of Supervision Sessions

8. Audit Report
9. Care Plan
10. Case Conference
11. Case review
12. Court report(s)
13. Development and appraisal of a teaching programme
14. Literature Search Report
15. Initial Research Proposal Record, Six Monthly and End of Year Research Progress Reports
16. HST Supervision Project
17. HST Special Interest Record (Initial Outline, Midpoint Update and Endpoint Records)
18. Risk Assessment
19. Supervisor's Assessment of Psychotherapy Experience
20. Risk Management Project
21. Reflective Notes - (***Revised July 2017***) including:
  - a) General clinical and non-clinical notes
  - b) Tribunal attendance (X3)
  - c) Review Board attendance (X3\*)
  - d) Acting as Consultant
22. Service Development Project
23. HST Record of On-Call Sessions (***From July 2017***)
24. Post Appraisals
25. Certificates of Completion of E-learning modules
26. Course Attendance Certificates
27. Current Basic Life Support certificate
28. Current Non Violent Crisis Intervention certificate
29. Declaration of Non-Annual & Non-Educational Leave

(\*) pertains to training in Forensic Psychiatry

## **Notes on Portfolio Contents**

<i>Training Placement Plan</i>	At this meeting the Trainee and Trainer agree a Training Plan, review the Trainee Portfolio and previous ARP and Midpoint and Endpoint Supervisor Report(s). The Learning Outcomes Attainment Grid will also be reviewed. The Trainer will also ensure that weekly supervision meetings take place and outline the arrangements in place locally for the provision of WPBAs.
<i>Mid-Point and End of Placement Supervisor's Reports</i>	These reports are completed at the mid-point and approaching the end of each clinical placement. A number of documents will be reviewed at these meetings including Training Placement Plan, Trainee Portfolio, WPBAs, previous Midpoint and Endpoint Supervisor Reports and the Learning Outcomes Attainment Grid. Other documents which may also be present for review include those outlined in the Portfolio contents list (shown above). A report is generated as an outcome of these meetings and the Trainer will make a determination on the Trainee's overall performance which will inform the ARP panel whether a Trainee's progress is satisfactory or not.
<i>Audit Project</i>	Trainees are required to show evidence of participation in an audit project by completion of Year 3 of BST and another by the end of HST. Copies of any audit project must be included in the Trainee Portfolio.
<i>Care Plan</i>	The Trainee must complete a care plan and the Supervisor must complete the relevant form.
<i>Case Conference</i>	The Trainee must organise invitations for those who should attend a case conference, prepare a case summary in advance of the conference, identify the key issues to be addressed, take minutes and complete the case conference report. The Supervisor must complete the relevant form.
<i>Case Review</i>	A Trainee must review the records of a complex or difficult case and produce a structured case summary which is reviewed by a Supervisor who completes the relevant form.
<i>Court Report</i>	A Higher Specialist Trainee must complete at least one court report which must be assessed by the Supervisor who completes the relevant form.
<i>Declaration of Non-Annual &amp; Non-Educational Leave</i>	Trainees are required to annually (when submitting the Learning Outcomes Attainment Grid) declare any non-annual and non- educational leave (see Duration of Training sections in Regulations) that occurred during the training year (since last declaration). Final Year BST and HST trainees must also submit this document along with the Endpoint Supervisors Report.
<i>Development and Appraisal of a Teaching Programme</i>	A Higher Specialist Trainee is expected to develop, implement and appraise a teaching programme, usually at their local clinical site, or as part of their role as a College Lecturer. A copy of this project must be included in the Trainee Portfolio.
<i>Home Visit</i>	The Basic Specialist Trainee must perform a home visit which must be discussed with a Supervisor and documented on the relevant form.
<i>Literature Review</i>	Trainees are required to conduct one literature review on a topic relevant to Psychiatry by completion of BST and one during HST and document them in the Portfolios on the relevant forms.



<i>Reflective Practice Group Participation</i>	Attendance at a reflective practice group is mandatory and documented evidence of attendance at 40 sessions is required by the end of BST.
<i>Reflective Note</i>	Over the course of every training post a Trainee is required to complete reflective practice notes in relation to at least one clinical and at least one non-clinical event. These notes should form the basis of a discussion during an educational supervision session and the relevant form completed. Higher Specialist Trainees are required to complete reflective notes on periods when they act as Consultants when their Educational Supervisors are on leave.
<i>Research Participation (BST)</i>	Trainees are required to show evidence of participation in research in BST. Copies of any publications (e.g. published meeting abstracts, journal articles etc.) should be included in the Trainee Portfolio.
<i>Research Participation (HST)</i>	Trainees are required to show evidence of participation in research in HST. An outline of the proposed research and periodic updates on progress are required. Both the Research and Educational Supervisors must sign the relevant forms. Copies of any publications (e.g. published meeting abstracts, journal articles etc.) should be included in the Trainee Portfolio.
<i>Review Board Attendance</i>	During Higher Specialist Training in Forensic Psychiatry Trainees must attend three review boards and complete reflective notes on each one.
<i>Risk Assessment</i>	During Basic and Higher Specialist Training Trainees must perform a risk assessment of a patient utilising a recognised risk assessment tool. This must be evaluated by a Supervisor and documented on the relevant form in the Portfolio.
<i>Risk Management Project</i>	The Higher Specialist Trainee must perform a risk management project on an aspect of one service where a training placement is undertaken. A copy of this project must be included in the Trainee Portfolio.
<i>Supervisor's Assessment of Psychotherapy Experience</i>	The Psychotherapy Supervisor must complete a Supervisor's Assessment of Psychotherapy Experience form once during the course of and on completion of therapy. This must take place during both Basic and Higher Specialist Training.
<i>Service Development Project</i>	A Higher Specialist Trainee is required to perform a service development project and include a copy of the final report in the Portfolio.
<i>Tribunal Attendance (x3)</i>	The Trainee must attend at least 3 tribunals during the course of Higher Specialist Training. This must be certified by the Clinical Supervisor on the appropriate form and reflective notes must be completed by the Trainee.
<i>Review Board Report</i>	During Higher Specialist Training in Forensic Psychiatry, Trainees must complete one report for a mental health review board. The Supervisor must assess the report and complete the relevant form.
<i>Summary of Supervision Sessions</i>	The dates and topics covered in all educational supervision sessions must be recorded on the form.
<i>Supervision Project</i>	Higher specialist Trainees must carry out a project in which they supervise some aspect the work or training of junior medical colleagues. The Supervisor must assess the project and complete the relevant form.

**(c) Supervisor's Report**

At the midpoint and at the end of a Trainee's placement with a Supervisor, the Supervisor completes reports. The Trainee and Supervisor review a number of documents including Training Placement Plan, Trainee Portfolio, WBPAs, previous Supervisor reports and the Learning Outcomes Attainment Grid. The Supervisor comments on the Trainee's progress. In the strengths and weakness sections of the reports the Supervisor must comment specifically on attainment of outcomes in the Professional Domain which have been documented to be attained by this method of assessment.

**(d) Annual Review of Progress (ARP)**

There will be an Annual Review of Progress (ARP) for each year of BST and HST to decide if the Trainee progresses. The ARP is a review of the evidence produced by the Trainee to demonstrate outcome attainment and to approve satisfactory completion of training at basic and higher levels. An ARP panel consists of three Consultant Trainers who review the educational evidence and who may interview the Trainee. The panel can approve entry to BST at a point other than FY and can adjudicate on accelerated progression during BST or HST. Candidates at an ARP have the right to appeal the outcome.

**(e) College Exam**

The Exam consists of both written and clinical components. Passing the Exam is necessary to complete BST.

## **Curriculum Domains**

At Basic and Higher training the Curriculum encompasses Clinical and Professional Domains.

### **Clinical Domain**

#### **1. The Psychiatric Interview (History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)**

A Psychiatrist is able to take a history in a skilled manner, using a formal template for history taking, but adapting this according to circumstances while establishing a therapeutic relationship. A Psychiatrist balances diagnostic and formulation skills; eliciting and clarifying historical information in order to reach an accurate diagnosis. A Psychiatrist requires a detailed knowledge of psychopathology and is able to accurately describe and record mental state while empathising with and understanding the importance of the narrative for the interviewee. A Psychiatrist is aware of the varied ways in which psychiatric illness may present and the need for situation-specific history taking and interviewing skills.

#### **2. Physical Examination and Medical Management**

A Psychiatrist is able to assess physical health and comorbidity, as well as physical complications of psychiatric treatment, and is aware of physical morbidity presenting with psychiatric symptoms. Physical Examination is therefore an integral part of psychiatric assessment. A Psychiatrist does not always have direct access to medical expertise and therefore is able to provide basic management of certain medical conditions.

#### **3. Collateral History Taking**

A Psychiatrist works in partnership with other professionals who are involved in the care of individuals or specific groups of patients. It is therefore essential that Psychiatrists are able to collaborate effectively with patients, their carers and a multidisciplinary team of expert health professionals for the provision of optimal patient care, education and research. Therefore a Psychiatrist uses information from external sources (collateral history) to inform assessment and management of the patient while being sensitive to the interests and concerns of families and carers.

#### **4. Communication**

A Psychiatrist establishes effective and empathic relationships with patients, their carers, other physicians, and other health professionals. Communication skills (verbal and written) are essential for the functioning of a Psychiatrist and are necessary for obtaining information from, and conveying information to, patients, carers and patients' families as well as other health professionals. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns and expectations about their illnesses and for assessing key factors impacting on patient health.

#### **5. Formulation**

A Psychiatrist develops formulations and uses them appropriately as a guide to determining prognosis and designing treatment strategies and care plans for the patient. Formulation provides an understanding of clinical problems, symptoms and illness over and beyond diagnosis. Formulation integrates a number of perspectives including biological, social, psychological,

behavioural and systemic, and thereby enhances understanding of the patient and of clinical management.

#### **6. Risk Assessment and Management**

A Psychiatrist is able to carry out an assessment of risk in a variety of clinical contexts, including risk of self-harm and suicide, violence and risk to others including children. A Psychiatrist develops risk management strategies in collaboration with other team members and senior colleagues. A Psychiatrist also maintains personal safety in the context of clinical work.

#### **7. Clinical Management and Care Planning**

A Psychiatrist develops integrated, coordinated and individualised care plans on both a short-term and long-term basis, in order to optimise care for the patient. These care plans are developed in collaboration with other mental health professionals and address the concerns and wishes of patients and carers.

#### **8. Pharmacotherapeutics and Physical Treatments**

A Psychiatrist possesses an in-depth knowledge of all relevant pharmacological and physical treatments and their application. A Psychiatrist is aware of the scientific basis for these treatments and is able to utilise them according to evidence-based practice in a safe and effective manner.

#### **9. Psychosocial Interventions**

A Psychiatrist can utilise non-pharmacotherapeutic and physical treatments, including different psychosocial interventions (for example occupational therapy, rehabilitation and social work). A Psychiatrist appropriately selects and refers patients for these interventions, being aware of the risks and benefits of these interventions. A Psychiatrist is able to explain the use of psychosocial interventions to patients and carers.

#### **10. Psychotherapy**

Psychotherapy allows a Psychiatrist to develop and maintain therapeutic alliances with patients. The practice of psychotherapy is a key aspect of psychiatric practice. A Psychiatrist is aware that psychological theories contribute to the development of formulation as well as to risk assessment and management. A Psychiatrist is able to appropriately select and refer patients for psychotherapy, to perform psychotherapy and to reflect on issues that arise in the doctor patient relationship.

### **Professional Domain**

#### **11. Professional Behaviour**

A Psychiatrist acts in a professional manner and upholds the principles of best clinical and ethical practice at all times. A Psychiatrist demonstrates professionalism, honesty and integrity, follows an ethical code of practice and maintains professional boundaries. A Psychiatrist is aware of the rights of patients and the need to maintain high standards of care. A Psychiatrist acts as an advocate for improved mental health services and endeavours to minimise the stigma of mental illness.

#### **12. Ethics and the law**

A Psychiatrist safeguards patient confidentiality, abides by ethical principles including that of informed consent, and is aware of ethical challenges that may arise in clinical practice and research,

in particular the need to balance patient autonomy with the protection of the patient and others. A Psychiatrist adheres to and practices within recognised ethical guidelines and relevant legislation.

### **13. Clinical Governance**

A Psychiatrist is involved in clinical governance in order to maintain and improve the quality of the care they provide to patients and to ensure full accountability to patients. A Psychiatrist, through the use of a methodical, systematic approach, via guidelines, systems and policies, ensures that clinical care is delivered in an optimum fashion, that unnecessary risks, errors and sources of bias are avoided and that patient safety is protected insofar as possible.

### **14. Team Working**

A Psychiatrist works as a leader and a member of the multidisciplinary team (MDT) and therefore is a good communicator in this context as well as a collaborator with other professionals so as to optimise patient care.

### **15. Audit**

A Psychiatrist participates in audit as a method to both inform clinical practice and to promote quality improvement. A Psychiatrist maintains a stance of scientific enquiry to all aspects of practice and is able to perform, evaluate and critically analyse audit data. A Psychiatrist audits practice on a continuous basis.

### **16. Research**

A Psychiatrist is a scholar and maintains a stance of scientific enquiry to all aspects of practice and is able to evaluate and critically analyse research data.

### **17. Teaching**

A Psychiatrist participates in the education of Psychiatry Trainees, medical students and allied health professionals. A Psychiatrist is able to apply adult learning principles to his or her teaching practice and strives to improve his or her teaching ability by seeking feedback and updating skills where necessary.

### **Learning Outcomes**

The learning outcomes for the entire BST programme [Foundation Year (**FY**) and the remaining BST years (**B1, B2 & B3**)] and HST follow. Outcomes are listed under sub-headings within each of the two [(i) clinical and (ii) professional] domains. Each table lists the outcomes, gives examples of how the outcomes might be assessed and, for BST, lists the year by which the outcomes must be achieved. The learning outcomes cover skills and behaviours that will apply throughout a Psychiatrist's career. Some of the outcomes for BST pertain to the psychiatric specialties and subspecialties, which Trainees will usually undertake during either of their final two years of training, but may also undertake such a rotation in B1. For this reason the attainment year is designated B1-B3. Not every Trainee will complete a rotation in every specialty or subspecialty during BST but must still attain the outcomes. Trainees, Tutors and Vice-Deans must ensure that Trainees obtain the necessary learning opportunities to attain all outcomes.

At HST there are core learning outcomes which all Trainees must attain in both the clinical and professional domains (Sections 1–17). The specialty outcomes (Sections 18–26) must be attained by those seeking certification in the specific areas.

All HST Trainees in Adult Psychiatry and Related Disciplines must attain the outcomes for General Adult Psychiatry (Section 18). In addition to attaining the General Adult Psychiatry Learning Outcomes the award of a CSCST in Psychiatry of Learning Disability or Old Age Psychiatry requires attainment of the Learning Outcomes in Sections 19 and 20, respectively. Certification of meeting the College's requirements for a sub-specialty requires attainment of the learning outcomes from the relevant sub-specialty section of the curriculum (Sections 21-24 & 26).

Learning Outcomes in all Sections must be assessed by a Consultant on the Specialist Register. Please note that from July 2017 the Learning Outcomes in Section 18 must be assessed by a consultant on the Specialist Register for Psychiatry; Learning Outcomes in Section 19 must be assessed by a Consultant on the Specialist Register for Learning Disability Psychiatry; Learning Outcomes in Section 20 must be assessed by a consultant on the Specialist Register for Psychiatry of Old Age; Learning Outcomes in Sections 25 & 26 must be assessed by a consultant on the Specialist Register for Child and Adolescent Psychiatry; Learning Outcomes in Sections 21 to 24 must be assessed by a consultant on the Specialist Register who is an Educational Supervisor (BST or HST) accredited by the College of Psychiatrists of Ireland for the relevant sub-specialty.

Unlike BST, HST learning outcomes are not aligned to a year for attainment. It is recommended that a proportionate number be attained each year.

Given the balance that must be struck between clinical work, Exams, Portfolio completion and attainment of learning outcomes, regular review of a Trainee's overall progress in meeting these various demands is essential, as is planning how and when they will be met.

## BST Learning Outcomes

### Clinical Domain

#### 1. The Psychiatric Interview (History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)

	Learning outcomes	Assessment Method(s)	Year
1	Obtain detailed and accurate histories from patients with psychoses, mood disorders, anxiety disorders, personality disorders, addictions, eating disorders and organic disorders.	ACE, miniACE, CBD, CP	FY
2	Observe and describe mental state accurately.	miniACE, CBD, CP	FY
3	Present information obtained in a clinical encounter in a logical and scientific manner.	CBD, CP	FY
4	Accurately document clinical findings in a standardised format.	CBD	FY
5	Formulate and defend a logical differential diagnosis based on the clinical findings.	CBD, CP	FY
6	Exhibit the ability to be both an effective and empathic interviewer in a variety of clinical situations.	ACE, miniACE	FY
7	Demonstrate awareness of the impact of cultural, religious and ethnic differences on a psychiatric interview.	ACE, miniACE, CBD	FY
8	Prioritise and elicit essential information in challenging clinical encounters.	ACE, miniACE, CBD, CP	FY
9	Recognise common forms of psychopathology (refer to Descriptive Psychopathology section of the syllabus).	CBD, miniACE, ACE, CP	FY
10	Detect psychiatric and substance misuse comorbidities.	ACE, CBD, CP	B1-B3
11	Diagnose according to ICD or DSM criteria.	CBD, CP	B1-B3
12	Utilise translation services when patients or carers are not proficient in English.	miniACE, ACE, CBD	B1-B3
13	Recognise medical conditions that are incidental, consequential or contributory to mental illness and its treatment.	ACE, CBD, CP	B1-B3
14	Identify delirium and differentiate it from other psychiatric disorders.	CBD, CP	B1-B3
15	Identify intellectual disabilities in individuals.	ACE, CBD	B1-B3
16	Perform a detailed developmental history with particular reference to the impact of adverse life events.	ACE, miniACE, CBD, CP	B1-B3
17	Identify unconscious factors influencing the patient's symptoms and presentation.	CBD	B1-B3

18	Demonstrate an awareness of the importance of sexual identity, gender, and sexual orientation in the presentation, diagnosis and management of psychiatric disorder.	ACE, CBD	B1-B3
19	Adapt history taking style and method and mental state Examination to patients with (a) moderate or severe cognitive impairment, (b) dysphasia and (c) sensory or other physical impairments.	ACE, miniACE	B1-B3
20	Diagnose or exclude psychiatric disorder in the presence of confounding physical illness and biological symptoms.	CBD, ACE	B1-B3
21	Describe the psychological responses to injury and illness in patients, families and carers.	CBD	B1-B3
22	Identify the most common ways in which psychological problems and psychiatric disorders may present in medical/surgical care settings.	CBD, CP	B1-B3
23	Outline the impact of older age on the presentation of (a) depression and (b) non-affective non organic psychosis.	CBD, CP	B1-B3
24	Identify the relevance of psychopathology in the differential diagnosis of dementias.	CBD, CP	B1-B3
25	Perform a full biopsychosocial assessment of an adult with intellectual disability, presenting with psychiatric or behavioural symptoms.	ACE, CP, CBD	B1-B3
26	Assess the impact of intellectual disability on the clinical presentation of psychiatric disorder.	ACE, CP, CBD	B1-B3
27	Elicit psychopathology in people with mild to moderate intellectual disability.	miniACE, ACE, CBD	B1-B3
28	Elicit psychopathology in people with severe intellectual disability.	miniACE, ACE CBD	B1-B3
29	Assess activities of daily living and social functioning.	ACE, miniACE, CBD	B1-B3
30	Judge whether the presence of a co-interviewer or co-therapist is appropriate.	CBD, CP	B1-B3
31	Conduct a family interview in a way that enables all family members to participate in supplying a family history and to explain their personal perspective on the problem.	ACE	B1-B3
32	Adapt interviewing style and use age appropriate interviewing skills in the mental state Examination of children and adolescents.	ACE, miniACE	B1-B3
33	Obtain detailed and accurate histories of ADHD, mood disorders, anxiety disorders, behavioural disorders, eating disorders, and autism spectrum disorders from children or adolescents and their parents.	ACE, CBD	B1-B3



34	Perform detailed biopsychosocial assessments on children or adolescents for each of the above.	ACE, CBD	B1-B3
35	Discuss the impact of developmental age on the presentation of neurodevelopmental, emotional and behavioural disorders in children and adolescents.	CBD	B1-B3

## 2. Physical Examination and Medical Management

	Learning outcomes	Assessment Method(s)	Year
1	Recognise medical emergencies and facilitate urgent referral of same.	CBD, DOPS	FY
2	Perform immediate resuscitation and stabilisation of patients in medical emergencies.	DOPS, BLS course	FY
3	Recognise and assess medical co- morbidities and substance misuse.	DOPS, miniACE, ACE, CBD	FY
4	Identify and appropriately refer those patients who require further specialist medical treatment.	CBD, CP	FY
5	Assess functional ability.	DOPS, ACE, miniACE	B1-B3
6	Utilise and interpret an appropriate range of investigations to complete the diagnostic process and document the results.	CBD, CP	B1-B3
7	Interpret ECGs, Chest X-rays and basic blood investigations.	CBD, DOPS	B1-B3
8	Perform cognitive testing of global functioning.	DOPS, miniACE	B1-B3
9	Recognise and evaluate the physical signs of substance misuse.	DOPS	B1-B3
10	(i)Perform, (ii) document and interpret Examinations, of the CNS, cardiovascular, respiratory, musculoskeletal, gastrointestinal and genitourinary systems.	(i) DOPS <u>and</u> (ii) CBD	B1-B3

## 3. Collateral History Taking

	Learning outcomes	Assessment Method(s)	Year
1	Obtain collateral information from patients' relatives and carers.	CBD, miniACE	FY
2	Obtain collateral history from general practitioners and other health professionals.	CBD, miniACE	FY
3	Document and communicate collateral history in an appropriate manner.	CBD	FY
4	Exhibit the ability to be an empathic and effective history taker when dealing with carers.	miniACE	FY

5	Analyse the importance of collateral history in the overall clinical context.	CBD	B1-B3
6	Recognise the impact of carer burden.	CBD, CP	B1-B3
7	Assess the difficulties of living with a person with an intellectual disability.	CBD, CP	B1-B3
8	Obtain a detailed developmental and attachment history of a child or adolescent and a history of his/her relationships with family members and peers.	CBD, ACE, miniACE	B1-B3
9	Obtain a history of a child or adolescent's level of functioning in home, school and social setting.	CBD, ACE, miniACE	B1-B3

#### 4. Communication

	Learning outcomes	Assessment Method(s)	Year
1	Elicit emotional expression and thought content from patients.	ACE, mini ACE	FY
2	Communicate clearly and effectively with other team members.	miniACE	FY
3	Provide clear and appropriate written communication to GPs and other agencies.	CBD	FY
4	Demonstrate comprehensible and accurate clinical note taking.	CBD	FY
5	Present clinical findings in a clear manner to senior medical staff in an on call situation.	miniACE	FY
6	Present to a group in a clear and informative manner.	CP, JCP, AoT	FY
7	Disclose diagnoses effectively and sensitively.	ACE, miniACE	B1-B3
8	Discuss diagnosis, treatment and prognosis with (a) patients and (b) carers in a professional and effective manner.	ACE, miniACE,	B1-B3
9	Communicate with those who have poor verbal skills.	miniACE, ACE	B1-B3
10	Communicate in a developmentally appropriate way with children and adolescents.	ACE, miniACE	B1-B3

#### 5. Formulation

	Learning outcomes	Assessment Method(s)	Year
1	Develop formulations on adult patients with (a) psychoses, (b) mood disorders and (c) anxiety disorders.	CBD, CP	FY
2	Develop formulations on adult patients with (a) personality disorders, (b) addictions, (c) eating disorders and (d) organic disorders.	CBD, CP	B1-B3

3	Apply formulation to the development of treatment plans.	CBD	B1-B3
4	Apply a psychodynamic, systemic or cognitive behavioural model to develop a formulation.	CBD, CP	B1-B3
5	Perform a basic functional analysis of disturbed behaviour.* <i>*This also encompasses, history taking, diagnosis, collateral history taking and professional domains.</i>	CBD, CP	B1-B3
6	Develop formulations on child and adolescent patients that take into account the family, social and systemic contexts.	CBD, CP	B1-B3

## 6. Risk Assessment and Management

	Learning outcomes	Assessment Method(s)	Year
1	Assess risk of self-harm and suicide.	ACE, CBD	FY
2	Assess other potential risks to the patient.	ACE, CBD	FY
3	Ensure personal safety in clinical practice.	NVCI Course	FY
4	Assess potential risks to others from the patient.	ACE, CBD	FY
5	Recognise child protection issues and utilise child protection procedures.	CBD	B1-B3
6	Consult with other team members and senior colleagues in response to identified risks.	CBD	B1-B3
7	Implement risk management plans in response to identified risks.	CBD	B1-B3
8	Document risk factors and management plan in clinical notes.	CBD	B1-B3
9	Communicate risks to colleagues, carers and others where appropriate.	CBD, miniACE	B1-B3
10	Apply the MHC rules regarding the management of seclusion.	CBD	B1-B3
11	Conduct a comprehensive risk assessment of a patient utilising a risk assessment instrument.	CBD, Risk Assessment	B1-B3
12	Assess the potential risk to children and adolescents of abuse and neglect where the patient is a child or adolescent.	CBD	B1-B3

## 7. Clinical Management and Care Planning

	Learning outcomes	Assessment Method(s)	Year
1	Identify and manage psychiatric emergencies ((a) behavioural disturbances and (b) suicidal intent).	CBD	FY
2	Complete the relevant documentation associated with a	CBD, Care Plan	B1-B3

	care plan model.		
3	Utilise the skills of the different team members in implementing care plans.	CBD	B1-B3
4	Implement biopsychosocial treatment strategies.	CBD, CP	B1-B3
5	Consider the broader health and social needs of the individual.	CBD, CP	B1-B3
6	Develop care plans integrated with other agencies involved in the patient's care.	CBD, CP, Care Plan	B1-B3
7	Prepare pre and post case conference reports.	Case Conference	B1-B3
8	Perform a case review of a patient with a long or complex history.	Case Review	B1-B3
9	Involve patients as central agents in care planning.	miniACE, Care Plan	B1-B3
10	Outline the structures and resources required to support persons with severe psychiatric disability in the community.	CBD	B1-B3
11	Devise immediate, short-term and long-term treatment strategies.	CBD	B1-B3
12	Recognise the importance of involving the parents of children and adolescents in the care planning process.	CBD	B1-B3

## 8. Pharmacotherapeutics and Physical Treatments

	Learning outcomes	Assessment Method(s)	Year
1	Safely prescribe (a) antidepressant, (b) antipsychotic, (c) anxiolytic, (d) mood stabilising and (e) hypnotic medication.	CBD, CP	FY
2	Utilise psychotropic medication as part of the emergency management of disturbed behaviour.	CBD	FY
3	Describe the potential benefits and side-effects of psychotropic drugs to the patient.	ACE, miniACE	B1-B3
4	Describe the process involved in providing electro-convulsive therapy (ECT).	miniACE	B1-B3
5	Describe the potential benefits and side-effects of ECT to the patient.	ACE, miniACE	B1-B3
6	Describe and address the factors which may affect concordance with treatment.	miniACE, ACE, CBD	B1-B3
7	Manage the side effects of psychotropic medication.	CBD, miniACE	B1-B3
8	Recognise the impact of physical illness and medical treatments on pharmacokinetics and pharmacodynamics.	CBD, CP	B1-B3
9	Safely prescribe psychotropic medications to those with physical health problems.	CBD	B1-B3
10	Safely and appropriately prescribe for elderly people.	CBD	B1-B3

11	Prescribe for those with treatment resistant schizophrenia.	CBD	B1-B3
12	Prescribe for those with treatment resistant depression.	CBD	B1-B3
13	Safely and appropriately prescribe for people with intellectual disability.	CBD	B1-B3
14	Safely and appropriately prescribe for pregnant and breastfeeding patients.	CBD	B1-B3
15	Safely and appropriately prescribe for children and adolescents.	CBD	B1-B3

## 9. Psychosocial Interventions

	Learning outcomes	Assessment Method(s)	Year
1	Utilise the skills of other mental health professionals providing social interventions.	CBD	FY
2	Utilise local social and cultural networks, voluntary organisations and self-help groups.	CBD	B1-B3
3	Identify when social interventions are appropriate and refer for such interventions.	miniACE, CBD, CP	B1-B3
4	Identify when it is appropriate to refer to a rehabilitation service.	CBD	B1-B3
5	Conduct domiciliary assessments of patients to determine necessary interventions.	CBD, CP, Home Visit	B1-B3
6	Use motivational interviewing in those with substance misuse.	ACE, miniACE	B1-B3

## 10. Psychotherapy

	Learning outcomes	Assessment Method(s)	Year
1	Establish and maintain supportive relationships with a variety of patients.	ACE, SAPE, miniACE	FY
2	Discuss the factors involved in the therapeutic alliance.	CBD, SAPE	FY
3	Participate in a Reflective Practice Group (minimum of 40 sessions).	Reflective Practice Group Attendance	B1-B3
4	Utilise a supportive relationship to inform the development of (a) management plans, (b) risk assessments, (c) psycho-education and (d) carer support and education.	miniACE, ACE, CBD	B1-B3
5	Recognise transference and counter transference and discuss how these may impact on the doctor-patient relationship.	CBD	B1-B3
6	Identify potentially suitable patients for psychotherapy.	ACE, miniACE, CBD	B1-B3

7	Describe the main types of psychotherapy ((a) CBT, (b) family therapy, (c) psychoanalytic psychotherapy and (d) group therapy) to patients in the context of psychoeducation.	miniACE	B1-B3
8	Complete at least one psychotherapy case (minimum of 12 sessions) under supervision.	SAPE	B1-B3
9	Assess psychological mindedness.	ACE, CBD	B1-B3
10	Refer children and adolescents appropriately for (a) family therapy, (b) group therapy, (c) play therapy and (d) CBT.	CBD, CP	B1-B3

### **Professional Domain**

#### **11. Professional Behaviour**

	<b>Learning outcomes</b>	<b>Assessment Method(s)</b>	<b>Year</b>
1	Care for patients, with integrity in a sensitive, empathic and compassionate manner.	ACE, CBD, miniACE	FY
2	Demonstrate decision making ability in clinical practice.	ACE, miniACE, DOPS, CBD	FY
3	Describe the importance of continuity of care.	CBD	FY
4	Recognise personal limitations.	DOPS, Reflective Note	FY
5	Demonstrate probity in all aspects of professional activity.	Supervisor's report **	FY
6	Display initiative both in clinical and non-clinical settings.	Supervisor's report	FY
7	Develop, implement and document a personal continuing education strategy.	Supervisor's report	FY
8	Observe professional boundaries with patients, carers and colleagues.	Supervisor's report,	FY
9	Utilise a supportive relationship to inform the development of (a) management plans, (b) risk assessments, (c) psycho-education and (d) carer support and education.	miniACE, Supervisor's report, ACE, CBD	B1-B3
10	Appreciate the impact of (a) racial, (b) cultural, (c) ethnic, (d) religious, (e) sexual, (f) gender and (g) socioeconomic diversity on the individual.	CBD, ACE	B1-B3
11	Recognise that one's own behaviour can be a model for the learning of others.	AoT, Supervisor's report	B1-B3
12	Demonstrate good time management.	Supervisor's report	B1-B3
13	Show awareness of the stigmatisation of people with mental illness, their carers and the mental health profession.	CBD, Reflective Note	B1-B3

14	Advocate for high standards in mental health services.	Reflective Note	B1-B3
15	Identify barriers to accessing health care.	CBD, CP	B1-B3
16	Balance personal and professional priorities to ensure personal health and professional sustainability.	Reflective Note	B1-B3

*\*\*Supervisor's report - Where Supervisor's report is suggested as an assessment method the Supervisor must give an explicit comment about the outcome in the strength or weakness sections of the report.*

## 12. Clinical Governance

	Learning outcomes	Assessment Method(s)	Year
1	Describe the components of clinical governance.	JCP, CBD	B1-B3

## 13. Team Working

	Learning outcomes	Assessment Method(s)	Year
1	Recognise ethical and professional values and expertise of other MDT members.	CBD, Reflective Note	FY
2	Maintain professional relationships with colleagues to provide quality care.	Supervisor's report	FY
3	Contribute effectively to teamwork.	CP, CBD, Reflective Note	B1-B3

## 14. Audit

	Learning outcome	Assessment Method(s)	Year
1	Describe the audit cycle.	Audit Report	B1-B3
2	Perform a complete audit cycle.	Audit Report	B1-B3

## 15. Research

	Learning outcome	Assessment Method(s)	Year
1	Describe the main study designs.	JCP	B1-B3
2	Critically appraise research publications.	JCP	B1-B3
3	Conduct a literature review of a topic relevant to clinical Psychiatry.	JCP, Literature Search	B1-B3
4	Show evidence of participation in a research project.	Research Participation	B1-B3

## 16. Teaching

	Learning outcome	Assessment Method(s)	Year
1	Participate in local teaching programmes.	CP, JCP, AoT	FY
2	Facilitate learning in students, Trainees and health professionals.	AoT	B1-B3
3	Develop learning outcomes for individual teaching sessions*.	CP, JCP, AoT	B1-B3
4	Obtain feedback from participants involved in individual teaching sessions*.	AoT	B1-B3

*\* Assessor to comment specifically on these in the comments sections of the WPBA forms*

## 17. Ethics and the Law

	Learning outcomes	Assessment Method(s)	Year
1	Observe and maintain patient confidentiality.	CBD, CP	FY
2	Recognise when a breach of confidentiality is appropriate.	Reflective Note, CBD	FY
3	Recognise when mandatory reporting of a child protection issue must occur.	CBD, CP	FY
4	Explain the principle of informed consent.	CBD, CP	FY
5	Describe the principle of patient autonomy.	CBD, CP	FY
6	Utilise the Mental Health Act appropriately in relation to (a) the involuntary admission and (b) the detention of voluntary patients.	CBD, miniACE	FY
7	Utilise the Mental Health Act appropriately in relation to restraint and seclusion of patients.	CBD, miniACE	FY
8	Comply with the provisions of the Data Protection Act 1988.	CBD	FY
9	Assess capacity to consent to treatment.	ACE, miniACE	B1-B3
10	Describe the provisions in the Mental Health Act for the administration of treatment without consent.	CBD, CP	B1-B3
11	Recognise the ethical and legal issues in research and audit.	Audit Report	B1-B3
12	Recognise the issues of consent and guardianship when children are not living with parents, are in voluntary care or are on full care orders.	CBD	B1-B3



## HST Learning Outcomes

While many of the learning outcomes for HST are similar to those of BST, a greater level of clinical autonomy and case complexity is expected of the Higher Specialist Trainee. There are core learning outcomes in both clinical and professional domains which all Senior Registrars must attain. Those in red, marked \* do not pertain to Child & Adolescent Psychiatry.

The outcomes for specialties and subspecialties are listed subsequently. Only Trainees undertaking higher specialty/subspecialty training must meet these outcomes.

Learning Outcomes in all Sections must be assessed by a consultant on the Specialist Register. Please note that from July 2017 the Learning Outcomes in Section 18 must be assessed by a consultant on the Specialist Register for Psychiatry; Learning Outcomes in Section 19 must be assessed by a consultant on the Specialist Register for Learning Disability Psychiatry; Learning Outcomes in Section 20 must be assessed by a consultant on the Specialist Register for Psychiatry of Old Age; Learning Outcomes in Sections 25 & 26 must be assessed by a consultant on the Specialist Register for Child and Adolescent Psychiatry; Learning Outcomes in Sections 21 to 24 must be assessed by a consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for the relevant sub-specialty.

### Clinical Domain

#### 1. The Psychiatric Interview

(History Taking, Interviewing Skills, Assessment and Diagnosis)

	Learning outcomes	Assessment Method(s)
1	Exhibit the ability to be both an effective and empathic interviewer in a variety of clinical situations.	ACE, miniACE
2	Prioritise and elicit essential information in challenging clinical encounters.	ACE, miniACE, CBD, CP
3	Detect psychiatric and substance misuse comorbidities.	ACE, CBD, CP
4	Diagnose or exclude psychiatric disorder in the presence of confounding physical illness and biological symptoms.	CBD, ACE
5	Recognise medical conditions that are incidental, consequential or contributory to mental illness and its treatment.	ACE, CBD, CP
6	Identify intellectual disabilities in individuals.	ACE, CBD
7	Perform a detailed developmental history with particular reference to the impact of adverse life events.	ACE, miniACE, CBD, CP
8	Identify unconscious factors influencing the patient's symptoms and presentation.	CBD
9	Adapt history taking style and method and mental state Examination to patients with (a) moderate or severe cognitive impairment, (b) dysphasia and (c) sensory or other physical impairments.	ACE, miniACE
10	Identify the ways in which psychological problems and psychiatric	CBD, CP

	disorders may present in medical/surgical care settings.	
11*	Outline the impact of older age on the presentation of (a) depression and (b) non affective non organic psychosis.	CBD, CP
12*	Identify the relevance of psychopathology in the differential diagnosis of dementias.	CBD, CP
13	Assess activities of daily living and social functioning.	ACE, miniACE, CBD
14	Judge whether the presence of a co-interviewer or co-therapist is appropriate.	CBD, CP
15	Conduct a family interview in a way that enables all family members to participate in supplying a family history and to explain their personal perspective on the problem.	ACE
16	Utilise translation services when patients or carers are not proficient in English.	miniACE, ACE
17	Perform a case review of a patient with a long or complex history.	Case Review

## 2. Physical Examination and Medical Management

	Learning outcomes	Assessment Method(s)
1	(i)Perform and (ii) interpret Examinations of the (a) CNS, (b) cardiovascular, (c) respiratory, (d) musculoskeletal, (e) gastrointestinal and (f) (where appropriate) genitourinary systems.	(i)DOPS <u>and</u> (ii) CBD
2	Recognise and assess medical co- morbidities and substance misuse.	DOPS, miniACE, ACE, CBD
3	Identify and appropriately refer those patients who require further specialist medical treatment.	CBD, CP
4	Recognise and evaluate the physical signs of substance misuse.	CBD, DOPS
5	Utilise and interpret an appropriate range of investigations to complete the diagnostic process and document the results.	CBD, CP
6	Interpret ECGs and basic blood investigations.	CBD, DOPS
7	Appropriately use neuroimaging.	CBD, CP
8	Appropriately refer for neuropsychological assessment.	CBD, CP
9*	Perform cognitive testing of global functioning.	DOPS, miniACE

## 3. Collateral History Taking

	Learning outcomes	Assessment Method(s)
1	Obtain collateral information from patients' relatives and carers.	CBD, miniACE
2	Obtain collateral history from general practitioners and other health care practitioners.	miniACE, CBD
3	Exhibit the ability to be an empathic and effective history taker	miniACE

	when dealing with carers.	
4	Recognise the impact of carer burden.	CBD, CP

#### 4. Communication

	Learning outcomes	Assessment Method(s)
1	Disclose diagnosis to patients and carers sensitively and effectively.	ACE, miniACE
2	Discuss treatment and prognosis with patients and carers.	ACE, miniACE
3	Communicate clearly and effectively with other team members.	Reflective Note, Supervisor's Report
4	Provide clear and appropriate written communication to GPs and other agencies.	CBD
5	Demonstrate comprehensible and accurate clinical note taking.	CBD
6	Present to a group in a clear and informative manner.	CP, JCP, AoT
9	Communicate with those who have poor verbal skills.	miniACE, ACE

#### 5. Formulation

	Learning outcomes	Assessment Method(s)
1	Develop and discuss formulations on a wide range of patients.	CBD, CP
2	Use the formulation to develop treatment plans.	CBD
3	Use the formulation to develop risk management plans.	CBD
4	Apply a psychodynamic, systemic or cognitive behavioural model to develop a psychotherapeutic formulation.	CBD, CP, SAPE

#### 6. Risk Assessment and Management

	Learning outcomes	Assessment Method(s)
1	Manage risk of self-harm and suicide.	ACE, CBD
2	Manage other potential risks to the patient.	ACE, CBD
3	Assess potential risks to others from the patient.	ACE, CBD
4	Recognise child protection issues and utilise child protection procedures.	CBD
5	Consult with other team members and senior colleagues in response to identified risks.	CBD, Reflective Note
6	Implement risk management plans in response to identified risks.	CBD, CP
7	Communicate risks to colleagues and carers and others where appropriate.	CBD
8	Ensure personal safety in clinical practice.	Supervisor's report, NCVI course

9	Apply the MHC rules regarding the management of seclusion.	CBD
10	Apply the MHC code of practice regarding the use of physical restraint.	CBD
11	Conduct a comprehensive risk assessment of a patient utilising a risk assessment instrument.	CBD, Risk Assessment
12	Identify the risks attendant on admitting vulnerable people to institutions.	CBD, CP, Risk Assessment, Risk Management Project

## 7. Clinical Management and Care Planning

	Learning outcomes	Assessment Method(s)
1	Manage psychiatric emergencies (acute behavioural disturbance and suicidal intent).	CBD, CP
2	Manage psychiatric and substance misuse comorbidities.	CBD, CP
3	Coordinate a care plan for a complex and enduring psychiatric disorder.	Care Plan
4	Identify the structures and resources required to support persons with severe psychiatric disability in the community.	CBD, CP
5	Implement immediate, short-term and long-term treatment strategies.	CBD, CP
6	Involve patients as central agents in care planning.	miniACE, Portfolio
7	Incorporate significant (a) cultural, (b) religious and (c) ethnic factors into a patient's care plan.	CBD, CP
8	Incorporate the impact of intellectual disability, where present, to the management of people with mental illness.	CBD, CP
9	Incorporate the influence of (a) sexual identity, (b) gender, and (c) sexual orientation to the management of a patient's care plan.	CBD, CP
10	Organise and chair a case conference.	DONCS
11	Seek a second opinion or refer to a specialised service where appropriate.	CBD, CP
12	Perform a comprehensive assessment of need.	CBD, CP, Care Plan
13*	Apply recovery principles to care planning.	CBD, CP

## 8. Pharmacotherapy and Physical Treatments

	Learning outcomes	Assessment Method(s)
1	Safely prescribe psychotropic drugs.	CBD, CP
2	Utilise psychotropic medication as part of the emergency management of disturbed behaviour.	CBD, CP
3*	Explain electro-convulsive therapy (ECT) to a patient.	miniACE
4*	Administer ECT.	DOPS

5	Describe the potential benefits and side-effects of psychotropic drugs to the patient.	ACE, miniACE,
6	Manage non concordance to treatment.	miniACE, ACE, CBD
7	Manage the side effects of psychotropic medication.	CBD, CP, miniACE
8	Manage drug interactions in patients prescribed drugs for medical illnesses.	CBD, CP
9	Safely and appropriately prescribe for people with learning disability.	CBD, CP
10	Safely prescribe psychotropic medications for those with physical health problems.	CBD, CP
11*	Safely and appropriately prescribe for elderly people.	CBD, CP
12*	Safely and appropriately prescribe for pregnant and lactating women.	CBD, CP
13*	Prescribe for those with treatment resistant schizophrenia.	CBD, CP
14*	Prescribe for those with treatment resistant depression.	CBD, CP

## 9. Psychosocial Interventions

	Learning outcomes	Assessment Method(s)
1	Manage chronic and enduring mental illnesses using psychosocial interventions.	CBD
2	Identify when social interventions are appropriate and refer for such interventions.	miniACE, CBD, CP
3	Conduct domiciliary assessments of patients to determine necessary interventions.	CBD, CP

## 10. Psychotherapy

	Learning outcomes	Assessment Method(s)
1	Establish and maintain supportive relationships with a variety of patients.	ACE, SAPE, CBD
2	Identify potentially suitable patients for psychotherapy.	ACE, miniACE, CBD
3	Describe the main types of psychotherapy to patients in the context of psychoeducation.	miniACE
4	Complete a long psychotherapy case (minimum of 24 sessions) under supervision.	SAPE

## Professional Domain

### 11. Professional Behaviour

	Learning outcomes	Assessment Method(s)
1	Care for patients, with integrity in a sensitive, empathic and compassionate manner.	ACE, CBD, miniACE
2	Demonstrate decision making ability in clinical practice.	ACE, miniACE, DOPS, CBD
3	Describe the importance of continuity of care.	CBD
4	Recognise personal limitations.	DOPS, Reflective Note, Supervisor's Report
5	Demonstrate probity in all aspects of professional activity.	Supervisor's Report
6	Display initiative both in clinical and non-clinical settings.	Supervisor's Report
7	Appreciate the impact of (a) racial, (b) cultural, (c) ethnic, (d) religious, (e) sexual, (f) gender and (g) socioeconomic diversity on the individual.	CBD, ACE
8	Develop, implement and document a personal continuing education strategy.	Supervisor's Report
9	Observe professional boundaries with patients, carers and colleagues.	ACE, miniACE, Supervisor's Report
10	Utilise a supportive relationship to inform the development of management plans, risk assessments, psycho-education and carer support and education.	miniACE, ACE, CBD
11	Recognise that one's own behaviour can be a model for the learning of others.	AoT, Supervisor's Report
12	Demonstrate good time management.	Supervisor's Report
13	Show awareness of the stigmatisation of people with mental illness, their carers and the mental health profession.	Reflective Note, CBD
14	Advocate for high standards in mental health services.	Reflective Note
15	Identify barriers to accessing health care.	CBD
16	Balance personal and professional priorities to ensure personal health and professional sustainability.	Supervisor's report, Reflective Note
17	Optimally utilise finite healthcare resources.	CBD, CP, Reflective Note

### 12. Clinical Governance

	Learning outcomes	Assessment Method(s)
1	Maintain an evidence based approach to the clinical care of patients.	CP, JP, CBD
2	Adopt new practice where a deficiency exists or new evidence emerges.	CBD, CP
3	Recognise the role of audit in clinical governance.	Audit Report
4	Participate in risk management systems and protocols in an organization.	Risk Management

5	Participate in patient and public involvement in a health service.	Reflective Note, Service Development Project
6	Use information and information technology to measure outcomes and plan service delivery in a health care organization.	Audit, Risk Management Project, Service Development Project
7	Motivate and develop junior colleagues.	Supervision Project

### 13. Team Working

**Working as an effective team member, leadership, supervision, management and service development**

	<b>Learning outcomes</b>	<b>Assessment Method(s)</b>
1	Recognise ethical and professional values and expertise of other MDT members.	CBD
2	Maintain professional relationships with health care professionals to provide quality care.	Reflective Note, Supervisor's Report
3	Contribute effectively to (a) teamwork and (b) team development.	DONCS
4	Manage conflict in the workplace.	Reflective Note
5	Evaluate and manage junior colleagues' performance.	Supervision Project
6	Chair a clinical meeting.	DONCS
7	Chair a management meeting.	DONCS
8	Manage team anxiety about a patient.	CBD
9	Collaborate with the management team to effectively manage resources.	Service Development Project, Audit
10	Appraise an institution's culture.	Reflective Note
11	Contribute to an organisation's service development plan.	Service Development Project
12	Supervise the clinical work of junior colleagues.	DONCS, Supervision Project

### 14. Audit

	<b>Learning outcome</b>	<b>Assessment Method(s)</b>
1	Perform a complete audit cycle.	Audit Report
2	Lead junior colleagues through the audit cycle process.	Audit Report

## 15. Research

	Learning outcome	Assessment Method(s)
1	Critically appraise research publications.	JCP
2	Conduct a literature review of a topic relevant to clinical Psychiatry.	JCP, Literature Search
3	Show evidence of participation in a research project.	Research Participation

## 16. Teaching

	Learning outcome	Assessment Method(s)
1	Organise and appraise the local teaching programme during one SR placement.	Development and Appraisal of a Teaching Programme
2	Facilitate learning in students, Trainees and health professionals.	AoT
3	Develop clear learning outcomes for each teaching session personally delivered and obtain feedback from participants.*	CP, JCP, AoT

\* The assessor must comment specifically on these outcomes in the comments section of the WPBA forms.

## 17. Ethics and the Law

	Learning outcomes	Assessment Method(s)
1	Observe and maintain patient confidentiality.	CBD
2	Recognise when a breach of confidentiality is appropriate.	CBD
3	Recognise when mandatory reporting of a child protection issue must occur.	CBD
4*	Utilise the Mental Health Act appropriately in relation to (a) the involuntary admission and (b) the detention of voluntary patients.	CBD
5	Utilise the Mental Health Act appropriately in relation to restraint and seclusion of patients.	CBD
6	Comply with the provisions of the Data Protection Act 1988.	CBD
7	Assess capacity to consent to treatment.	ACE, miniACE
8	Describe the provisions in the Mental Health Act for the administration of treatment without consent.	CBD
9	Balance risk management and autonomy in the management of the patient.	CBD, CP
10	Recognise the ethical and legal issues in research and audit.	Audit Report, Research Participation
11	Apply common law principles.	CBD
12	Liaise with Gardaí, the legal profession and probation and welfare services where appropriate.	CBD, miniACE
13	Write a court report.	Court Report
14*	Attend at least three mental health tribunals.	Reflective Note
15*	Assess testamentary capacity.	miniACE



## 18. General Adult Psychiatry

All adult specialty/sub-specialty HST Trainees must attain the outcomes for General Adult Psychiatry. In addition to attaining the General Adult Psychiatry learning outcomes the award of a CSCST in Adult Psychiatry requires a minimum of 24 months in General Adult Psychiatry placements plus 12 months in any adult specialty or subspecialty. However, the General Adult Psychiatry learning outcomes may be attained during any HST placement. The Learning Outcomes in Section 18 must be assessed by a Consultant on the Specialist Register for Psychiatry.

	Learning Outcomes	Assessment Method(s)
1	Diagnose the following: <ul style="list-style-type: none"><li>• Dementia</li><li>• Organic psychosis</li><li>• Organic mood disorders</li><li>• Organic amnesic syndrome</li><li>• Alcohol dependence</li><li>• Opiate dependence</li><li>• Other psychoactive drug dependence</li><li>• Psychoactive drug induced amnesic syndrome</li><li>• Schizophrenia</li><li>• Delusional disorder</li><li>• Schizoaffective disorder</li><li>• Depression</li><li>• Bipolar affective disorder</li><li>• Cyclothymia</li><li>• Panic disorder</li><li>• Generalised anxiety disorder</li><li>• Mixed anxiety and depressive disorder</li><li>• Agoraphobia</li><li>• Social phobia</li><li>• PTSD</li><li>• Adjustment disorders</li><li>• Dissociative disorders</li><li>• Somatoform disorders</li><li>• Chronic Fatigue Syndrome</li><li>• Anorexia nervosa</li><li>• Bulimia nervosa</li><li>• Personality disorders</li></ul>	CBD, CP
2	Manage the following: <ul style="list-style-type: none"><li>• Cognitive impairment due to Alzheimer's disease</li><li>• Behavioural problems associated with dementia</li><li>• Behavioural and emotional problems associated with head injury</li></ul>	CBD, CP

	<ul style="list-style-type: none"> <li>• Alcohol withdrawal</li> <li>• Opiate withdrawal</li> <li>• First episode schizophrenia</li> <li>• Chronic schizophrenia</li> <li>• Treatment resistant schizophrenia</li> <li>• Schizoaffective disorder</li> <li>• Recurrent depressive disorder</li> <li>• Depression</li> <li>• Treatment resistant depression</li> <li>• Mania</li> <li>• Cyclothymia</li> <li>• Panic disorder</li> <li>• Generalised anxiety disorder</li> <li>• Mixed anxiety and depressive disorder</li> <li>• Agoraphobia</li> <li>• Social phobia</li> <li>• PTSD</li> <li>• Adjustment disorders</li> <li>• Dissociative disorders</li> <li>• Somatoform disorders</li> <li>• Chronic Fatigue Syndrome</li> <li>• Anorexia nervosa</li> <li>• Bulimia nervosa</li> <li>• Personality disorders</li> </ul>	
3	Collaborate with specialised services within adult mental health services such as assertive outreach teams.	CBD

## 19. Learning Disability

All adult specialty/sub-speciality HST Trainees must attain the outcomes for General Adult Psychiatry (Section 18). In addition to attaining the General Adult Psychiatry and Psychiatry of Learning Disability learning outcomes the award of a CSCST in Psychiatry of Learning Disability requires a minimum of 24 months in Psychiatry of Learning Disability placements plus 12 months in a General Adult Psychiatry placement. However, the learning outcomes may be attained during any HST placement. The Learning Outcomes in Sections 18 and 19 must be assessed by Consultants on the Specialist Register for Psychiatry and for Psychiatry of Learning Disability, respectively.

	Learning Outcome	Assessment Method(s)
1	Perform a full biopsychosocial assessment of an adult with intellectual disability, presenting with psychiatric or behavioural symptoms.	ACE, CP, CBD
2	Assess the impact of intellectual disability on the clinical	ACE, CP, CBD

	presentation of psychiatric disorder.	
3	Elicit psychopathology in people with mild to moderate intellectual disability.	miniACE, ACE
4	Elicit psychopathology in people with severe intellectual disability.	ACE, CP CBD
5	Assess functional ability.	DOPS, ACE, miniACE
6	Assess the difficulties of living with a person with an intellectual disability.	CBD, miniACE, ACE

## 20. Psychiatry of Old Age

All adult specialty/sub-speciality HST Trainees must attain the outcomes for General Adult Psychiatry (Section 18). In addition to attaining the General Adult Psychiatry and Psychiatry of Old Age learning outcomes the award of a CSCST in Psychiatry of Old Age requires a minimum of 24 months in Psychiatry of Old Age placements plus 12 months in a General Adult Psychiatry placement. However, the learning outcomes may be attained during any HST placement. The Learning Outcomes in Sections 18 and 20 must be assessed by Consultants on the Specialist Register for Psychiatry and for Psychiatry of Old Age, respectively.

	Learning Outcomes	Assessment Method(s)
1	Diagnose and manage the following conditions in older people: <ul style="list-style-type: none"> <li>• Dementia</li> <li>• Psychoactive substance dependence</li> <li>• Late onset schizophrenia and delusional disorders</li> <li>• Depression</li> <li>• Anxiety Disorders</li> </ul>	CBD, CP
2	Identify the subtypes of dementia and associated behavioural and psychological symptoms.	CBD, CP
3	Manage the challenging behaviour associated with dementia.	CBD, CP, miniACE
4	Identify the atypical presentations of mental disorders in older people.	CBD, CP
5	Conduct assessments in multiple care settings (home, residential unit, hospital, day centre, day hospital, outpatient clinic).	CBD
6	Obtain corroborative information from carers and others regarding an older person with psychiatric disorder.	miniACE, ACE, CBD
7	Collaborate in the end of life management of a patient with dementia.	CBD
8	Liaise with statutory, voluntary and social agencies involved in the care of older people.	CBD, CP
9	Access continuing care for older people.	CBD, CP
10	Manage the interactions between physical and mental disorders in older people.	CBD, CP
11	Perform a detailed assessment of cognitive function.	miniACE, DOPS

12	Identify and manage risk factors for elder abuse.	CBD, CP
13	Perform a risk assessment of an older person with dementia living in the community.	CBD, CP

## 21. Liaison Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Liaison Psychiatry requires attainment of all of the Liaison Psychiatry learning outcomes and a minimum of 12 months in a Liaison Psychiatry placement. The Liaison Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Liaison Psychiatry (BST or HST).

	Learning Outcomes	Assessment Method(s)
1	Manage patients with the following in the general medical setting: <ul style="list-style-type: none"> <li>• Schizophrenia</li> <li>• BPAD</li> <li>• Depression</li> <li>• Personality Disorder</li> <li>• Medically unexplained symptoms</li> <li>• Self-harm</li> <li>• Suicidal ideation</li> <li>• Alcohol dependence</li> <li>• Opiate dependence</li> <li>• Dysmorphophobia</li> <li>• Chronic Fatigue Syndrome</li> <li>• Acquired brain injury</li> <li>• Dementia</li> </ul>	CBD, CP
2	Manage patients with mental health problems in collaboration with the following teams: <ul style="list-style-type: none"> <li>• Emergency Department</li> <li>• Neurology</li> <li>• Oncology</li> <li>• Dialysis</li> <li>• Transplant</li> <li>• Endocrinology</li> <li>• Cardiology</li> <li>• Pain</li> <li>• Infectious Diseases</li> </ul>	CBD, CP

	<ul style="list-style-type: none"> <li>• Intensive Care</li> <li>• Plastic Surgery</li> <li>• Gerontology</li> <li>• Obstetrics</li> </ul>	
3	Liaise with the following in the management of patients: <ul style="list-style-type: none"> <li>• General Practitioners</li> <li>• General Adult Mental Health Services</li> <li>• Child and Adolescent Mental Health Services</li> <li>• Psychiatry of Old Age Services</li> <li>• Social agencies</li> <li>• Voluntary agencies</li> <li>• Statutory agencies</li> </ul>	CBD, CP
4	Co-ordinate a case meeting with a medical or surgical multidisciplinary team.	CBD, DONCS
5	Develop therapeutic relationships with medical or surgical patients who may not see the need for psychiatric input to their care.	CBD, CP
6	Provide advice and support to general medical and surgical staff about mental health problems and psychiatric illness.	miniACE, DONCS
7	Present a case at the hospital's grand rounds.	CP

## 22. Forensic Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Forensic Psychiatry requires attainment of all of the Forensic Psychiatry learning outcomes and a minimum of 36 months in Forensic Psychiatry placements. The Forensic Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Forensic Psychiatry (BST or HST).

	Learning Outcomes	Assessment Method(s)
1	Take detailed histories, which include psychosexual, intoxicant use and personal offending histories and are supported by corroborative sources.	CBD, CP
2	Assess and treat mentally disordered offenders who are sentenced, on remand, in a secure hospital and in the community.	CBD
3	Participate in the court diversion of a person on remand.	CBD, CP
4	Assess for evidence of prosocial or antisocial attitudes.	miniACE, ACE, CBD, CP

5	Perform risk assessments using at least three risk assessment instruments.	Risk Assessment
6	Perform comprehensive risk assessments on patients referred from other mental health services and from the criminal justice system.	CBD
7	Develop risk management plans on the above.	CBD, CP
8	Communicate risk assessment and management plans to relevant stakeholders.	CBD
9	Prepare reports for mental health tribunals and review boards (one of each) and court (five).	Review Board Report
10	Attend three mental health review boards.	Reflective Note
11	Triage referrals for admission to a secure forensic hospital.	DONCS
12	Utilise the Criminal Law (Insanity) Acts in relation to admission of patients from prison or courts to a designated centre.	CBD
13	Assess fitness to be tried.	miniACE, CBD, CP
14	Prepare an opinion as to whether a person who has committed a crime was not guilty by reason of insanity.	CBD, CP

### 23. Addiction Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Addiction Psychiatry requires attainment of all of the Addiction Psychiatry learning outcomes and a minimum of 12 months in an Addiction Psychiatry placement. The Addiction Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Addiction Psychiatry (BST or HST).

	Learning Outcomes	Assessment Method(s)
1	Take comprehensive histories from people who are dependent on the following: <ul style="list-style-type: none"> <li>• Opiates</li> <li>• Alcohol</li> <li>• Hallucinogens</li> <li>• Stimulants</li> <li>• Benzodiazepines</li> <li>• Marijuana/ Cannabis</li> </ul>	ACE, CBD, CP
2	Manage people with the above.	CBD, CP
3	Establish and maintain therapeutic relationships with people with substance misuse.	CBD, Reflective Note
4	Manage patients with dual diagnosis.	CBD, CP
5	Manage pregnant women with psychoactive substance dependence.	CBD, CP

6	Manage adolescents with psychoactive substance dependence.	CBD, CP
7	Initiate and stabilise people with opiate dependence on opioid substitutes.	CBD, CP
8	Manage detoxification from: <ul style="list-style-type: none"> <li>• Opiates</li> <li>• Benzodiazepines</li> <li>• Alcohol</li> </ul>	CBD, CP
9	Collaborate with the following in the management of people with substance misuse: <ul style="list-style-type: none"> <li>• General Adult Services</li> <li>• Forensic Psychiatry Services</li> <li>• Criminal Justice Services</li> <li>• General Practitioners</li> <li>• General Hospitals</li> <li>• Maternity Services</li> <li>• Social Agencies</li> <li>• Child and Adolescent Psychiatric Services</li> </ul>	CBD, CP
10	Assess people with substance misuse in the following settings: <ul style="list-style-type: none"> <li>• General Hospitals</li> <li>• Addiction Services</li> <li>• Prisons</li> <li>• Community Settings</li> <li>• Residential Settings</li> <li>• Outpatient Clinics</li> </ul>	CBD
11	Use a psychological therapy in the treatment of a person with substance misuse.	CBD, SAPE
12	Prepare 3 court reports in people with substance misuse.	Court Report

## 24. Social and Rehabilitation Psychiatry

Higher training in the subspecialties of Liaison Psychiatry, Social and Rehabilitation Psychiatry, Addiction Psychiatry and Forensic Psychiatry will be recognised by the College by a formal record of the sub-specialty learning outcomes achieved in the Annual Review of Progress Panel Report. The sub-specialty outcomes are mandatory only for Trainees seeking certification in those areas. Recognition of Social and Rehabilitation Psychiatry requires attainment of all of the Social and Rehabilitation Psychiatry learning outcomes and a minimum of 12 months in a Social and Rehabilitation Psychiatry placement. The Social and Rehabilitation Psychiatry learning outcomes may be attained during any HST placement but must be assessed by a Consultant on the Specialist Register who is an Educational Supervisor accredited by the College of Psychiatrists of Ireland for training in Social and Rehabilitation Psychiatry (BST or HST).

	Learning Outcomes	Assessment Method(s)
1	Perform needs assessments on complex patients.	CBD, CP
2	Manage treatment resistant schizophrenia.	CBD, CP
3	Collaborate with the following: <ul style="list-style-type: none"><li>• General Adult Services</li><li>• Forensic Services</li><li>• Addiction Services</li><li>• Social agencies</li></ul>	CBD, CP

## 25. Child and Adolescent Psychiatry

All Child and Adolescent Psychiatry HST Trainees must attain the outcomes for Child and Adolescent Psychiatry. In addition to attaining the Child and Adolescent Psychiatry learning outcomes the award of a CSCST in Child and Adolescent Psychiatry requires a minimum of 36 months in Child and Adolescent Psychiatry placements of which a minimum of 24 months must be in community based Child and Adolescent Mental Health Services and 6 months in a Child and Adolescent In-patient Service.

	Learning Outcomes	Assessment Method(s)
1	Obtain detailed and accurate histories from children or adolescents (and their parents) with: <ul style="list-style-type: none"><li>• hyperkinetic disorders</li><li>• conduct disorders</li><li>• emotional disorders with onset specific to childhood</li><li>• elective mutism</li><li>• attachment disorders</li><li>• autism spectrum disorders</li><li>• tic disorders</li><li>• Rett's syndrome</li></ul>	ACE, CBD



	<ul style="list-style-type: none"> <li>• feeding disorders of infancy and childhood</li> <li>• anorexia nervosa</li> <li>• bulimia nervosa</li> <li>• non organic encopresis</li> <li>• non organic enuresis</li> <li>• sleep disorders</li> <li>• mood disorders</li> <li>• psychotic disorders</li> <li>• OCD</li> <li>• PTSD</li> <li>• phobic and other anxiety disorders</li> <li>• substance misuse</li> <li>• gender identity disorder</li> <li>• dissociative disorders</li> <li>• somatoform disorders</li> <li>• personality disorders</li> </ul>	
2	Develop management plans for each of the above disorders.	CBD, CP
3	Perform a developmental assessment of a child to diagnose learning disability.	ACE, CBD
4	Assess for the presence of co-morbid conditions in children with learning disability.	ACE, CBD
5	Utilise play therapy in the diagnosis and treatment of children.	ACE, miniACE
6	Utilise principles of behaviour therapy in the treatment of children and adolescents.	ACE, miniACE
7	Utilise principles of family therapy in the treatment of children and adolescents.	ACE, miniACE
8	<p>Safely and appropriately prescribe the following medications:</p> <ul style="list-style-type: none"> <li>• stimulants</li> <li>• noradrenaline reuptake inhibitors</li> <li>• anti-depressants</li> <li>• anti-psychotics</li> <li>• mood stabilisers</li> <li>• <math>\alpha 2</math> adrenergic agonists</li> <li>• benzodiazepines</li> <li>• hypnotics</li> <li>• opiate substitutes</li> </ul>	CBD, CP
9	Monitor for and manage side effects of psychotropic drugs.	CBD
10	Assess and manage children who may have been physically or sexually abused.	CBD
11	Manage medically unexplained symptoms and psychiatric illness which co-exist with physical illness.	CBD, CP, miniACE, ACE
12	Advise other professionals on the presentation and management of psychiatric illness in the general hospital setting.	CBD, miniACE
13	Assess the capacity of adolescents to consent to or to refuse treatment.	miniACE, CBD

14	Utilise the Mental Health Act in the course of an involuntary admission of a child or adolescent.	CBD
15	Manage the transition of an adolescent to an adult mental health service.	CBD, CP

## 26. Child and Adolescent Psychiatry with a Special Interest in Intellectual Disability

**All Child and Adolescent Psychiatry HST Trainees must attain the outcomes for Child and Adolescent Psychiatry. In addition to attaining the Child and Adolescent Psychiatry learning outcomes the award of a CSCST in Child and Adolescent Psychiatry requires a minimum of 36 months in Child and Adolescent Psychiatry placements of which a minimum of 24 months must be in community based Child and Adolescent Mental Health Services and 6 months in a Child and Adolescent Psychiatry In-patient Service. HST Trainees who wish to have recognition of a Special Interest in Intellectual Disability must also attain the following learning outcomes and are required to have a placement of a minimum of 12 months in an Intellectual Disability of Childhood service.**

	<b>Learning Outcomes</b>	<b>Assessment Method(s)</b>
1	Communicate effectively with children and adolescents with a learning disability, their families and other care-givers.	ACE, miniACE
2	Lead, coordinate and contribute to a multi-disciplinary assessment of a child or adolescent with a learning disability (with or without an autism spectrum disorder) and associated mental health disorder, utilizing a biopsychosocial model.	ACE, miniACE
3	Formulate, implement and co-ordinate a multi-disciplinary treatment programme for a child or adolescent with learning disability (with or without an autism spectrum disorder) and associated mental health disorder, utilizing a biopsychosocial model.	Portfolio Care Plan, CBD, CP, miniACE.
4	Safely prescribe medication for children and adolescents with a learning disability (with or without an autism spectrum disorder), including assessing for side effects, appropriate dosing, and the objective assessment of the outcome of pharmacological treatment.	ACE, miniACE, CBD, CP.
5	Demonstrate competence in managing the psychiatric sequelae of epilepsy in children with a learning disability.	ACE, miniACE, CBD, CP.
6	Effectively liaise with child health colleagues and other professionals in associated agencies (including schools) regarding the assessment, diagnoses and management of a child or adolescent with learning disability (with or without an autism spectrum disorder) and associated mental health disorder(s).	CBD, DONCS.
7	Contribute to the development of a specialist mental health services for children and adolescents with learning disability and autism spectrum disorders.	Reflective Note. HST Service Development Project.

## **Syllabus**

This section describes the knowledge base necessary for completion of training in Psychiatry at basic and higher levels. It is intended to be read in parallel with the Curriculum section on learning outcomes.

The syllabus consists of detailed lists of subjects that are to be covered by a Trainee during the course of their educational programme. The syllabus is particularly useful in determining specific content to be studied in preparation for Examinations.

### **1. NEUROSCIENCES**

<b>Neuroanatomy</b>	
<b>Cells</b>	<ul style="list-style-type: none"><li>• Structure and function of neurons and neuroglia cells</li></ul>
<b>Brain Structure and Function</b>	<ul style="list-style-type: none"><li>• External topography of the cerebral hemisphere</li><li>• Location of main functional areas within the cerebrum</li><li>• Principal operations of the cerebrum</li><li>• Cognitive effects of brain injury in different functional areas and at different points in brain development</li><li>• Association, commissural and projection tracts</li><li>• Position and function of the midbrain, pons, medulla oblongata and vestibular activating system</li><li>• Structure and function of the thalamus and hypothalamus</li><li>• Structure and function of the basal ganglia and clinical features indicating damage to the basal ganglia with particular emphasis on Parkinson's and Huntington's disease.</li><li>• Structure and function of the limbic system</li><li>• Structure and function of the cerebellum and clinical features of cerebellar dysfunction</li></ul>
<b>Cerebrospinal Fluid (CSF)</b>	<ul style="list-style-type: none"><li>• Structure of the meninges</li><li>• Component parts of the ventricular system</li><li>• Production, circulation and flow of CSF</li><li>• Composition of CSF</li><li>• Disorders of the ventricular system</li></ul>
<b>Vascular Supply</b>	<ul style="list-style-type: none"><li>• Blood supply of the brain</li><li>• Territorial distribution of blood vessels</li><li>• Structure and function of the blood-brain barrier</li></ul>
<b>Spinal cord</b>	<ul style="list-style-type: none"><li>• Structure of the spinal cord</li><li>• Distribution and function of the ascending and descending pathways</li><li>• Location, function and clinical evaluation of upper and lower motor neurons</li><li>• Description of a simple reflex arc</li><li>• Causes and clinical features of spinal cord lesions</li></ul>
<b>Peripheral Nervous System</b>	<ul style="list-style-type: none"><li>• Structure and function of a typical spinal nerve</li><li>• Dermatomes</li></ul>
<b>Cranial Nerves</b>	<ul style="list-style-type: none"><li>• Origin and anatomical pathway of the 12 cranial nerves</li><li>• Function and clinical Examination of the cranial nerves</li></ul>

<b>Autonomic Nervous System (ANS)</b>	<ul style="list-style-type: none"> <li>• Structure and function of both divisions of the ANS</li> <li>• Mechanism of referred pain</li> </ul>
<b>Special Senses</b>	<ul style="list-style-type: none"> <li>• Anatomy of the special senses (eye, ear, nose)</li> <li>• Visual, auditory, vestibular and gustatory pathways</li> <li>• Speech pathway</li> <li>• Assessment of vision, hearing and speech in a routine clinical setting</li> </ul>
<b>Cerebral Development and Neural Plasticity</b>	<ul style="list-style-type: none"> <li>• Development and localisation of cerebral functions</li> <li>• Neurodevelopmental models of psychiatric disorders</li> <li>• Causes of neuronal and neuroglial damage</li> <li>• Defence and repair mechanisms within the brain</li> <li>• Concept of neural plasticity</li> </ul>

<b>Neurochemistry</b>	
<b>Action Potential</b>	<ul style="list-style-type: none"> <li>• Cell membrane structure</li> <li>• Structure and function of ion channels</li> <li>• Sodium-potassium pump</li> <li>• Action potential generation</li> <li>• Depolarisation, hyperpolarisation and refractory period</li> </ul>
<b>Synapse</b>	<ul style="list-style-type: none"> <li>• Synapse structure</li> <li>• Synaptic transmission</li> <li>• Nerve conduction</li> <li>• Long term potentiation and memory acquisition</li> </ul>
<b>Neurotransmitters</b>	<ul style="list-style-type: none"> <li>• Excitatory and inhibitory neurotransmitters</li> <li>• Synthesis of neurotransmitters</li> <li>• Function and effect of neurotransmitters</li> <li>• Distribution of neurotransmitters within the brain the following neurotransmitter pathways: <ul style="list-style-type: none"> <li>○ Cholinergic</li> <li>○ Corticofugal</li> <li>○ Mesocortical</li> <li>○ Mesolimbic</li> <li>○ Noradrenergic</li> <li>○ Nigrostriatal</li> <li>○ Serotonergic</li> </ul> </li> <li>• Effect of psychotropic and other drugs on neurotransmitters</li> <li>• Function of selected neuropeptides including CRH, CCK, enkephalins and endorphins</li> </ul>
<b>Receptors</b>	<ul style="list-style-type: none"> <li>• Structure of receptors for serotonin, acetylcholine, dopamine, noradrenaline, GABA and glutamate</li> <li>• Structure and function of G-protein linked receptors</li> <li>• Action of psychotropic drugs on G-protein linked receptors, ligand gated ion channels and voltage sensitive ion channels</li> </ul>

<b>Neurophysiology</b>	
<b>Electroencephalography (EEG)</b>	<ul style="list-style-type: none"> <li>• Normal EEG including different frequency bands</li> <li>• Evoked responses technique</li> <li>• EEG in cerebral pathology, seizure disorders and psychiatric disorders (including personality disorder and organic disorders)</li> <li>• Effect of medication, including psychotropic medication, on the EEG</li> </ul>
<b>Integrated Behaviour</b>	<ul style="list-style-type: none"> <li>• Neural and endocrine pathways of perception, pain, memory, motor function, arousal, drives (sexual, hunger, and thirst), motivation and emotions (aggression, fear and stress)</li> <li>• Clinical features of disturbances integrated behaviour pathways with relevance to organic and non- organic (functional) Psychiatry</li> </ul>
<b>Neuroendocrine System</b>	<ul style="list-style-type: none"> <li>• Control of secretion of hypothalamic and pituitary hormones</li> <li>• Posterior pituitary function</li> <li>• Hormonal changes in psychiatric disorders</li> <li>• Neuroendocrine pathways and disturbances in psychiatric disorders</li> <li>• Physiology of arousal and sleep, with emphasis on noradrenergic activity and the locus coeruleus</li> <li>• Overview of endocrine system and effects of endocrine hormones</li> <li>• Pain perception</li> <li>• Gate theory and transcutaneous nerve stimulation</li> </ul>

<b>Neuroimaging</b>	
	<ul style="list-style-type: none"> <li>• Structural and functional neuroimaging</li> <li>• Indications for neuroimaging in Psychiatry</li> </ul>

## 2. GENETICS

<b>Chromosomes, Genes and DNA</b>	<ul style="list-style-type: none"> <li>• Structural relationship between chromosomes, genes and DNA</li> <li>• Molecular structure of DNA</li> <li>• Mutation</li> <li>• Autosomes and sex chromosomes</li> <li>• Genome, haploid cell, diploid cell and karyotype</li> </ul>
<b>Protein Synthesis</b>	<ul style="list-style-type: none"> <li>• Origin and structure of mRNA</li> <li>• Mechanism of transcription</li> <li>• Mechanism of translation</li> </ul>
<b>Cell Division</b>	<ul style="list-style-type: none"> <li>• Mechanism of DNA replication</li> <li>• Mitosis and meiosis</li> <li>• Genetic diversity</li> </ul>
<b>Genetic Pattern of Inheritance</b>	<ul style="list-style-type: none"> <li>• Patterns of inheritance</li> <li>• Recessive and dominant genes</li> </ul>

	<ul style="list-style-type: none"> <li>• Transmission of sex-linked characteristics</li> </ul>
<b>Genetic Basis of Disease</b>	<ul style="list-style-type: none"> <li>• Causes of cell mutation</li> <li>• Disorders caused by gene mutation</li> <li>• Disorders caused by chromosomal abnormalities</li> <li>• Genes associated with psychiatric disorders</li> <li>• Genes associated with organic brain disorders</li> <li>• Genetic anticipation</li> <li>• Environmental factors in genetic disease</li> </ul>
<b>Investigation and Diagnosis of Genetic Disorders</b>	<ul style="list-style-type: none"> <li>• Family, twin and adoption studies</li> <li>• Prenatal genetic screening utilising chorionic villous sampling and amniocentesis</li> <li>• Genetic counselling</li> <li>• DNA banks</li> </ul>
<b>Molecular Genetics</b>	<ul style="list-style-type: none"> <li>• Restriction enzymes</li> <li>• Restriction fragment length polymorphism</li> <li>• Recombinant DNA techniques</li> <li>• Molecular cloning</li> <li>• Gene probes</li> <li>• Candidate genes</li> <li>• Southern blotting</li> <li>• Northern blotting</li> <li>• Genetic markers</li> <li>• Linkage studies</li> <li>• Association studies</li> <li>• LOD score</li> </ul>

### 3. PSYCHOLOGY

<b>Basic Psychology</b>	
<b>Learning Theory</b>  <i>Associative learning</i>     <i>Cognitive learning</i>  <i>Observational (social) learning</i>	<ul style="list-style-type: none"> <li>• Classical and operant conditioning, higher-order conditioning, simultaneous, delayed and trace conditioning, stimulus generalisation, extinction, reinforcement, shaping, chaining</li> <li>• The work of Pavlov, Skinner, Watson and Thorndike</li> <li>• Behavioural theory, aversion therapy and token economies</li> <li>• Escape and avoidance conditioning</li> <li>• Punishment</li> <li>• Insight learning, latent learning</li> <li>• Effective models for observational learning</li> <li>• Social learning theory</li> </ul>
<b>Thought</b>	<ul style="list-style-type: none"> <li>• Basic thought processes</li> <li>• Differentiate normal thinking from obsessions, overvalued ideas and delusions</li> <li>• Thought form</li> </ul>

	<ul style="list-style-type: none"> <li>• Thought stream</li> </ul>
<b>Perception</b>	<ul style="list-style-type: none"> <li>• Visual, auditory, olfactory, gustatory, tactile and somatic perception</li> <li>• Perceptual organisation</li> <li>• Perceptual constancy</li> <li>• Development of vision</li> <li>• Depth perception and the 'visual cliff'</li> <li>• "Figure-ground" differentiation</li> <li>• The effects of sensory deprivation</li> <li>• Illusions, hallucinations and agnosias</li> </ul>
<b>Attention and Information Processing</b>	<ul style="list-style-type: none"> <li>• Divided, selective, controlled, sustained and automatic attention</li> <li>• Sensory buffer</li> <li>• Data driven and conceptually driven information processing</li> </ul>
<b>Memory</b>	<ul style="list-style-type: none"> <li>• Registration, storage, encoding and retrieval</li> <li>• Sensory memory, short-term (working) memory and long-term memory</li> <li>• Mechanisms of forgetting</li> </ul>
<b>Personality</b>	<ul style="list-style-type: none"> <li>• Nomothetic and idiographic theories of personality development</li> <li>• Factor Analysis</li> <li>• Eysenk's Type Theory</li> <li>• Kelly's Personal Construct Theory</li> <li>• Cattell's Trait Theory</li> <li>• Erikson's theory of psychosocial development</li> <li>• Humanism and the Rogerian concept of the self</li> <li>• Q sort technique</li> <li>• Repertory grid</li> <li>• Freud's psychoanalytic theory in relation to personality (dreams, neurotic symptoms, unconscious, preconscious, conscious, ego, id, superego and defence mechanisms)</li> <li>• Temperament</li> <li>• Minnesota Multiphasic Personality Inventory (MMPI)</li> <li>• Hare's Psychopathy Checklist</li> </ul>
<b>Emotion</b>	<ul style="list-style-type: none"> <li>• Components of emotional response</li> <li>• The theories of James Lange, Cannon Bard, Schachter, Singer and the cognitive appraisal theory of Lazarus</li> <li>• Emotion and performance</li> </ul>
<b>Stress and Coping Mechanisms</b>	<ul style="list-style-type: none"> <li>• Models of stress</li> <li>• Causes of stress</li> <li>• Locus of control</li> <li>• Learned helplessness</li> <li>• The Social Readjustment Rating Scale</li> <li>• Coping mechanisms</li> </ul>

	<ul style="list-style-type: none"> <li>• Cohen and Lazarus' classification of coping mechanisms</li> </ul>
<b>Motivation</b>	<ul style="list-style-type: none"> <li>• Needs and drives</li> <li>• Extrinsic motivation theories</li> <li>• Intrinsic motivation theories</li> <li>• Need for achievement</li> <li>• Maslow's hierarchy of needs</li> </ul>
<b>Awareness</b>	<ul style="list-style-type: none"> <li>• Consciousness, arousal, attention and alertness</li> <li>• Hypnosis and suggestibility</li> <li>• Neurophysiology of sleep</li> <li>• Parasomnias</li> </ul>
<b>Brain Organisation</b>	<ul style="list-style-type: none"> <li>• Brain neuroanatomy and its function in relation to memory, language, perception and visuo-spatial abilities</li> <li>• The function of the lobes of the brain</li> </ul>

<b>Social Psychology</b>	
<b>Attitudes</b>	<ul style="list-style-type: none"> <li>• Components and functions of attitudes</li> <li>• Measurement of attitudes</li> <li>• Relationship of attitudes to behaviour</li> <li>• Cognitive dissonance theory</li> <li>• Prejudice as an attitude</li> </ul>
<b>Social Influence</b>	<ul style="list-style-type: none"> <li>• Social influence and behaviour change</li> <li>• Attribution theory</li> <li>• Conformity</li> <li>• Obedience and Milgram's experiments</li> <li>• Group decision-making</li> <li>• Social facilitation</li> <li>• Social power</li> <li>• Leadership</li> <li>• Crowd behaviour</li> <li>• Deindividuation</li> <li>• Social deviance including the theories of Durkheim and Merton</li> </ul>
<b>Aggression and Violence</b>	<ul style="list-style-type: none"> <li>• Psychodynamic, ethological and social learning theories of aggression</li> <li>• Frustration aggression hypothesis</li> <li>• Aggressive cue theory</li> <li>• Gender, childhood, social and personality factors of those who are violent</li> <li>• The relationship between violence and mental illness</li> </ul>
<b>Pro-social Behaviour</b>	<ul style="list-style-type: none"> <li>• Empathy and altruism</li> <li>• Social exchange theory</li> <li>• Interpersonal cooperation</li> </ul>



<b>Developmental Psychology</b>	
<b>Development</b>	<ul style="list-style-type: none"> <li>• Prenatal influences on development</li> <li>• Nature and Nurture theories</li> <li>• Maturation and behaviourism</li> <li>• Stage theories of development</li> <li>• The contribution of genetic and environmental factors to development</li> </ul>
<b>Intelligence</b>	<ul style="list-style-type: none"> <li>• Definitions of intelligence</li> <li>• Intelligence tests (Wechsler Intelligence Scale for Children (WISC), Wechsler Adult Intelligence Scale (WAIS), Wechsler Abbreviated Scale of Intelligence (WASI) National Adult Reading Scale (NART) and Stanford-Binet Test)</li> <li>• The effect of psychiatric disorders and abnormal mental states on the measurement of intelligence</li> <li>• Theories of intelligence</li> </ul>
<b>Cognitive Assessment</b>	<ul style="list-style-type: none"> <li>• Uses and limitations of cognitive tests</li> <li>• Mini Mental State Examination</li> <li>• Addenbrooke's Cognitive Examination – Revised (ACE-R)</li> <li>• Alzheimer's Disease Assessment Scale</li> <li>• Autobiographical Memory Interview</li> <li>• Behavioural Assessment of the Dysexecutive Syndrome (BADS)</li> <li>• Behavioural Inattention Test</li> <li>• Boston Naming Test</li> <li>• Cambridge Cognitive Examination (CAMCOG)</li> <li>• Cambridge Neuropsychological Test Automated Battery (CANTAB)</li> <li>• Category and letter fluency tests</li> <li>• Cognitive Estimates Test</li> <li>• Digit Span</li> <li>• Graded Naming Test</li> <li>• Hodkinson Mental Test</li> <li>• Mattis Dementia Rating Scale</li> <li>• Information Memory Concentration (IMC) Test</li> <li>• Raven's Progressive Matrices</li> <li>• Recognition Memory Test</li> <li>• Rey Auditory Verbal Learning Test</li> <li>• Rey Osterrieth Complex Figure Test</li> <li>• Rivermead Behavioural Memory Test</li> <li>• Story Recall</li> <li>• Stroop Tests</li> <li>• Trail Making Test</li> <li>• Wechsler Memory Scales</li> <li>• Western Aphasia Battery (WAB)</li> <li>• Wisconsin Card Sorting Test</li> </ul>

<b>Cognitive Development</b>	<ul style="list-style-type: none"> <li>• Piaget's stages of cognitive development</li> <li>• Vygotsky's theory</li> <li>• Bruner's theory</li> </ul>
<b>Moral Development</b>	<ul style="list-style-type: none"> <li>• Freud's psychoanalytic theory (the structure of the personality, psychosexual development and the Oedipus Complex)</li> <li>• Piaget's theory of moral development</li> <li>• Kohlberg's theory of moral development</li> <li>• Social learning theory</li> </ul>
<b>Attachment</b>	<ul style="list-style-type: none"> <li>• Phases in the development of attachment</li> <li>• Harlow's attachment experiments</li> <li>• Ethological theories and the experiments of Lorenz</li> <li>• Maternal-infant bonding</li> <li>• Bowlby's theory of maternal deprivation and Rutter's refinement of the theory</li> <li>• Bowlby's theory of attachment</li> <li>• Ainsworth's 'strange situation' and types of attachment</li> <li>• Separation anxiety</li> <li>• The effects of early attachment on later adult relationships</li> <li>• The work of Mary Main</li> <li>• The theories of Donald Winnicott in relation to the mother-infant relationship</li> </ul>
<b>Object Relations</b>	<ul style="list-style-type: none"> <li>• Melanie Klein and Donald Winnicott's object relations theories</li> </ul>
<b>Development of the self-concept</b>	<ul style="list-style-type: none"> <li>• Self-esteem, self-image, ideal self, self-recognition, self-definition, psychological self, categorical self and self-fulfilling prophecy</li> <li>• Theory of mind</li> </ul>
<b>Trauma and Loss</b>	<ul style="list-style-type: none"> <li>• The bereavement process</li> <li>• The psychological and psychiatric consequences of trauma, abuse and loss</li> <li>• The effects on individuals and families of bereavement, divorce and abuse</li> <li>• Munchausen Syndrome by Proxy</li> </ul>
<b>Family Structure</b>	<ul style="list-style-type: none"> <li>• Family structures</li> <li>• Family life-cycle</li> <li>• Family dysfunction</li> <li>• Parenting styles</li> </ul>
<b>Language Development</b>	<ul style="list-style-type: none"> <li>• Learning and innate processes of language development</li> <li>• Stages of language acquisition</li> <li>• The theories of Chomsky</li> <li>• Language abnormalities present in psychiatric conditions and pervasive developmental disorders</li> <li>• Stuttering and cluttering</li> <li>• Selective mutism</li> </ul>

	<ul style="list-style-type: none"> <li>• Developmental language disorder</li> <li>• Pragmatic language impairment</li> </ul>
<b>Sexual Development</b>	<ul style="list-style-type: none"> <li>• Sexual development and the interplay of biological, psychological and social influences</li> <li>• Sexual identity and sexual orientation</li> <li>• Gender identity, gender role and gender typing</li> </ul>
<b>Adolescence</b>	<ul style="list-style-type: none"> <li>• Adolescence and Development</li> <li>• Adolescent “turmoil”</li> <li>• Puberty</li> <li>• Erikson’s theory of identity crisis</li> </ul>
<b>Adulthood</b>	<ul style="list-style-type: none"> <li>• The adaptations involved in becoming an adult - pairing, parenting, illness, loss and bereavement</li> <li>• Erikson’s stages of development</li> <li>• The physiological and psychological changes involved in pregnancy and childbirth</li> <li>• The psychological changes associated with ageing</li> <li>• The physical, social, emotional and cognitive changes of later life</li> <li>• The theories of Kubler-Ross in relation to death and dying</li> </ul>

#### 4. EVOLUTION OF MODERN PSYCHIATRY

<b>Classification Systems</b>	<ul style="list-style-type: none"> <li>• The history of the development of classification systems in Psychiatry</li> <li>• International Classification of Disease (WHO) and Diagnostic and Statistical Manual (APA) -clinical descriptions and diagnostic guidelines for mental and behavioural disorders</li> <li>• The advantages and disadvantages of classification systems</li> </ul>
<b>Philosophy &amp; Psychiatry</b>	<ul style="list-style-type: none"> <li>• The philosophical theories underpinning phenomenology</li> <li>• Philosophically-based analyses and critiques of Psychiatry</li> <li>• The principles underlying values-based practice</li> </ul>
<b>History of Psychiatry</b>	<ul style="list-style-type: none"> <li>• The history of concepts of mental health and mental illness</li> <li>• History of schizophrenia</li> <li>• Historical figures associated with psychotic disorders including Bleuler, Kraepelin and Schneider</li> <li>• History of mood disorders</li> <li>• Historical figures associated with mood disorders, such as Greisinger, Falret and Kraepelin</li> <li>• History of anxiety disorders</li> <li>• Historical figures associated with anxiety disorders including James, Beard, Janet and Freud</li> <li>• The history of the care of the mentally ill and those with learning disability</li> <li>• The history of the development of addiction services</li> </ul>

	<ul style="list-style-type: none"> <li>• The history of the development of rehabilitation services</li> <li>• The history of the development of child and adolescent services</li> <li>• The development of physical and psychological treatments</li> <li>• The Anti-Psychiatry Movement</li> <li>• Deinstitutionalisation</li> <li>• The Recovery approach</li> </ul>
<b>Psychiatry &amp; Society</b>	<ul style="list-style-type: none"> <li>• Cultural, sociological and economic influences on individual experiences of mental health problems</li> <li>• Representation of mental illness in the media and arts</li> <li>• Stigma and mental illness</li> </ul>
<b>Transcultural Psychiatry</b>	<ul style="list-style-type: none"> <li>• Universalism, globalisation, acculturation, cultural diversity, cultural stereotypes and social capital</li> <li>• Models of ethnic and racial identity</li> <li>• The influence of culture on psychiatric symptoms, psychopathology, somatic idioms of distress, coping mechanisms and responses to distress</li> <li>• The influence of cultural factors on presentation, assessment and management of individual cases</li> <li>• The prevalence and prognosis of mental disorders across cultures</li> <li>• The association of migration and common psychiatric disorders (particularly depression and schizophrenia)</li> <li>• Culture-bound syndromes such as koro, amok, latah, boufée delirante, dhat, susto, pibloqtoq and brain fog syndromes</li> </ul>

## 5. DESCRIPTIVE PSYCHOPATHOLOGY

	<ul style="list-style-type: none"> <li>• Disturbed consciousness</li> <li>• Disturbances of attention, concentration and orientation</li> <li>• Disturbances of memory</li> <li>• Disturbances of time sense</li> <li>• Perceptual abnormalities</li> <li>• Delusions and other disorders of thought content</li> <li>• Disorders of the thinking process</li> <li>• Language and speech disorders</li> <li>• Disorders of intellectual performance</li> <li>• Disorders of the sense of self</li> <li>• Disorders of the awareness of the body</li> <li>• Affect and emotional disorders</li> <li>• Anxiety, phobia and obsession</li> <li>• Disturbances of will</li> <li>• Impulsive and aggressive acts</li> <li>• Disturbances of movement and behaviour</li> <li>• The relative importance and the diagnostic relevance of the different types of psychopathology</li> </ul>
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## 6. CLINICAL PSYCHOPHARMACOLOGY

<b>General Principles</b>	<ul style="list-style-type: none"> <li>• Classification of psychotropic drugs</li> <li>• The history of the development of psychotropic drugs</li> <li>• The placebo effect</li> <li>• Principles of rational prescribing for psychotic, mood, anxiety, personality, substance misuse and eating disorders, dementias, ADHD, Autism Spectrum Disorder, tics and Tourette's syndrome</li> </ul>
<b>Pharmacokinetics</b>	<ul style="list-style-type: none"> <li>• Drug absorption, distribution, metabolism and elimination</li> <li>• Factors affecting the permeability of the blood-brain barrier</li> <li>• Cytochrome P450 enzyme system</li> <li>• The concepts of half-life and steady state</li> <li>• Distribution of medication and the association with protein-binding</li> <li>• Comparative pharmacokinetics of oral, intramuscular and intravenous psychotropic agents</li> <li>• The role of plasma level monitoring of psychotropic agents</li> <li>• Effects of physical illness on the pharmacokinetics of psychotropic agents</li> <li>• Effects of age and ethnicity on the pharmacokinetics of psychotropic agents</li> <li>• Principles of prescribing in the elderly, pregnancy, lactation, child bearing women, children, those with intellectual disability and renal or hepatic impairment</li> </ul>
<b>Pharmacodynamics</b>	<ul style="list-style-type: none"> <li>• Mode of action of anti-psychotics, anti-depressants, mood stabilisers, anxiolytics, anti-epileptic drugs, hypnotics and drugs used in the management of substance misuse</li> </ul>
<b>Side Effects and Adverse Drug Reactions</b>	<ul style="list-style-type: none"> <li>• Side-effects and adverse effects of psychotropic drugs</li> <li>• Toxic effects of psychotropic medications including the effects of these drugs in overdose</li> <li>• Risk/benefit ratio of prescribing medication</li> <li>• Drug interactions of psychotropic medications including interactions with medications used for physical illness</li> <li>• Extrapyrimal side-effects</li> <li>• Serotonin syndrome</li> <li>• Neuroleptic Malignant Syndrome</li> <li>• The dependency-forming nature of benzodiazepines as well as of some non-benzodiazepine hypnotics</li> <li>• Strategies used to monitor, minimise and treat the development of side-effects and adverse effects</li> <li>• Patient education in relation to prescribing psychotropic medications</li> <li>• The system for reporting adverse drug reactions</li> <li>• Principles related to the prescription of controlled drugs</li> <li>• NICE prescribing guidelines for psychotropic drugs</li> </ul>

<b>Drug Concordance</b>	<ul style="list-style-type: none"> <li>• The drug and patient factors associated with drug concordance</li> <li>• Strategies for improving concordance</li> </ul>
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## 7. PROVISION OF CARE

<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• The role and functions of community mental health teams</li> <li>• Models of service delivery e.g. assertive outreach</li> <li>• Day hospital functions</li> <li>• Home-based care</li> <li>• Crisis intervention</li> <li>• Early intervention</li> <li>• Enduring illness and care provision</li> </ul>
<b>Psychosocial Interventions</b>	<ul style="list-style-type: none"> <li>• Psychoeducation</li> <li>• Social skills training</li> <li>• Vocational rehabilitation</li> <li>• Cognitive remediation</li> <li>• Family Interventions</li> <li>• Motivational Interviewing</li> </ul>
<b>Health Promotion and Social Inclusion</b>	<ul style="list-style-type: none"> <li>• The inter relationships of social functioning, psychological well being and physical and mental health</li> <li>• The principles of preventative medicine in Psychiatry</li> <li>• Inequalities in physical health in people with mental illness</li> <li>• Social exclusion and barriers to health care among the homeless, prisoners, offenders, members of the Travelling Community, other ethnic minorities and asylum seekers and refugees</li> </ul>
<b>ECT</b>	<ul style="list-style-type: none"> <li>• Indications for ECT</li> <li>• Prescribing principles</li> <li>• Adverse effects</li> <li>• Principles of administration of ECT</li> <li>• Psychotropic drugs and ECT</li> </ul>
<b>Carer Burden</b>	<ul style="list-style-type: none"> <li>• The physical, emotional and financial effects on those providing formal and informal care to adults and children with mental illness or learning disability and to the elderly with dementia</li> </ul>
<b>Care of the Dying and Bereaved</b>	<ul style="list-style-type: none"> <li>• Management of aspects of dying which may include fear, insomnia, anxiety, depression, paranoia, confusion</li> <li>• Bereavement and physical and mental illness</li> </ul>

## 8. PSYCHOTHERAPY

<b>General</b>	<ul style="list-style-type: none"> <li>• Levels of psychotherapy (supportive, intermediate, exploratory)</li> <li>• Selection and appropriate referral for psychotherapy</li> <li>• Indications for brief and long term psychotherapy, individual and group psychotherapy</li> <li>• Evidence base for the psychotherapies</li> <li>• Therapeutic factors common to the psychotherapies</li> <li>• The therapeutic relationship</li> <li>• Therapeutic boundaries</li> <li>• Psychotherapeutic formulation</li> <li>• Supervision in psychotherapy</li> </ul>
<b>Psychoanalysis and Psychodynamic Psychotherapy</b>	<ul style="list-style-type: none"> <li>• The unconscious, id, ego and superego</li> <li>• Transference and counter-transference</li> <li>• Resistance</li> <li>• Free association</li> <li>• Dream Interpretation</li> <li>• Defence Mechanisms</li> <li>• Repetition Compulsion</li> <li>• Unconscious conflict</li> <li>• Trauma</li> <li>• Desire</li> <li>• Acting out</li> <li>• Working through</li> <li>• Insight</li> <li>• Dependence</li> <li>• Negative therapeutic reaction</li> <li>• Individual, group and family psychodynamic therapy</li> <li>• Brief dynamic therapy</li> <li>• The role of past experiences in current difficulties</li> <li>• Theories of Sigmund Freud, Karl Jung, Alfred Adler, Erik Erikson, Erich Fromm, Karen Horney, Otto Rank, Ronald Fairbairn, Melanie Klein, Anna Freud, John Bowlby, Donald Winnicott, Heinz Kohut, Michael Balint, Jacques Lacan</li> </ul>
<b>Cognitive Behavioural Therapy</b>	<ul style="list-style-type: none"> <li>• Interactions between thoughts, affect, behaviour and physiology</li> <li>• Negative automatic thoughts, core beliefs and dysfunctional assumptions</li> <li>• Guided discovery</li> <li>• Agenda setting and identification of treatment goals</li> <li>• Cognitive errors</li> <li>• Physical techniques (relaxation, controlled breathing and applied tension)</li> <li>• Cognitive model of depression</li> <li>• Cognitive model of anxiety</li> <li>• Cognitive model of personality disorders</li> <li>• CBT in OCD, eating disorders, psychosis and trauma</li> <li>• Behavioural Activation</li> <li>• Solution focused brief therapy</li> </ul>

	<ul style="list-style-type: none"> <li>• The work of Joseph Wolpe, Mary Cover Jones, Abraham Low, Hans Eysenk Aaron Beck, David Clark, David Barlow</li> </ul>
<b>Family Therapy</b>	<ul style="list-style-type: none"> <li>• Main schools of family therapy (structural, systemic, strategic, social constructionist approach, solution focussed brief therapy)</li> <li>• Family interactions: dyads, triads and repetitive patterns of behaviour and communication</li> <li>• Politics of the family in terms of power hierarchy, alliances, coalitions, regulators and controls</li> <li>• Individual and generational family boundaries in spatial, temporal and emotional fields</li> <li>• Enmeshment, differentiation and disengagement</li> <li>• Individuation and separation</li> <li>• Relationship styles such as complementary, affiliative, oppositional, symmetrical and reciprocal</li> <li>• Family negotiation of transitional stages</li> <li>• Family functioning in both homeostasis and change</li> <li>• Family life cycle</li> <li>• Family belief system</li> <li>• The genogram</li> </ul>
<b>Interpersonal Therapy (IPT)</b>	<ul style="list-style-type: none"> <li>• Structure of IPT: patient selection, treatment contract, interpersonal inventory, interpersonal formulation</li> <li>• IPT techniques and problem areas (disputes, transitions, grief and loss, interpersonal deficits)</li> <li>• The work of Harry Stack Sullivan</li> </ul>
<b>Cognitive Analytic Therapy (CAT)</b>	<ul style="list-style-type: none"> <li>• Psychotherapy file, traps, snags and dilemmas</li> <li>• Procedural Sequence Object Relations Model</li> <li>• Case formulation and CAT reformulation</li> </ul>
<b>Dialectical Behaviour Therapy (DBT)</b>	<ul style="list-style-type: none"> <li>• Mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness</li> </ul>
<b>Group Therapy</b>	<ul style="list-style-type: none"> <li>• Therapeutic factors in group therapy</li> <li>• Group processes</li> <li>• The role of the group therapist</li> <li>• Selection of group participants</li> <li>• Problem group members</li> <li>• Specialised therapy groups</li> <li>• The work of Alexander Wolf, Wilfred Bion, Henry Ezriel, S.H. Foulkes, Irving Yalom</li> </ul>



## 9. RISK

<b>Identification, Assessment and Management of Risk</b>	<ul style="list-style-type: none"> <li>• Self-harm, suicide, self-neglect, risk from others and risk to others</li> <li>• Individual vulnerability factors</li> <li>• Factors associated with the risk of self-harm and suicide</li> <li>• Epidemiology of self-harm and suicide</li> <li>• The risk factors associated with violence to others</li> <li>• Balancing duty to a patient with issues of public safety</li> <li>• The risk factors associated with self-neglect</li> <li>• Risks associated with medical and psychotherapeutic treatments</li> <li>• Risks to Children and Child Protection</li> </ul>
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## 10. ETHICAL AND LEGAL ASPECTS OF PSYCHIATRY

<b>General</b>	<ul style="list-style-type: none"> <li>• Restraint and rules and code of practice governing same</li> <li>• Seclusion and rules governing same</li> <li>• Autonomy and protection of Civil Liberties</li> <li>• The right to treatment and the right to refuse treatment</li> <li>• Informed consent</li> <li>• Capacity to consent to treatment, enter a contract and testamentary capacity</li> <li>• Wards of Court System</li> <li>• Enduring power of attorney</li> <li>• Human rights legislation and how this applies to people with mental illnesses and people with learning disability</li> <li>• The role of advocacy</li> <li>• Confidentiality and situations in which confidentiality may be broken</li> <li>• Children First: National Guidelines for the Protection and Welfare of Children</li> <li>• The role of the Medical Council</li> <li>• Guide to Professional Behaviour and Ethics for Registered Medical Practitioners</li> <li>• Driving assessment in patients with cognitive impairment, psychiatric disorder and in patients on psychotropic medications</li> <li>• Definition, manifestations and management of elder abuse</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>• Ethical principles in research</li> <li>• Special considerations for research involving children and adults who lack the capacity to consent</li> <li>• Declaration of Helsinki</li> <li>• Data Protection Commissioner's Data Protection Guidelines on Research in the Health Sector</li> </ul>

<b>Legislation</b>	<ul style="list-style-type: none"> <li>• Medical Practitioners Act 2007</li> <li>• The Mental Health Act 2001</li> <li>• Mental Capacity Bill 2008</li> <li>• Criminal Law (Insanity) Acts 2006 and 2010</li> <li>• Data Protection Acts 1988 and 2003</li> <li>• Non-Fatal Offences against the Person Act 1997</li> <li>• Criminal Justice Act 2006 (Section 15)</li> <li>• Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations 1998 (The Methadone Protocol)</li> <li>• Misuse of Drugs Acts 1977 and 1984</li> </ul>
<b>Court</b>	<ul style="list-style-type: none"> <li>• Role and duties of the expert court witness</li> <li>• Court etiquette</li> <li>• Principles and conventions concerning the preparation of reports for court with particular reference to Medical Council guidelines, report format, consent and confidentiality</li> </ul>

## 11. RATING SCALES

<b>Rating Scales</b>	<ul style="list-style-type: none"> <li>• Beck Depression Inventory (BDI)</li> <li>• Hamilton Depression Rating Scale (HDRS)</li> <li>• Montgomery &amp; Asberg Depression Scale (MADRS)</li> <li>• Hospital Anxiety &amp; Depression Scale (HADS)</li> <li>• Edinburgh Post-Natal Depression Scale</li> <li>• Young Mania Rating Scale (YMRS)</li> <li>• Beck Anxiety Inventory (BAI)</li> <li>• Hamilton Anxiety Inventory (HAI)</li> <li>• Yale-Brown Obsessive Compulsive Scale (YBOCS)</li> <li>• Obsessive-Compulsive Index Rating (OCI-R)</li> <li>• Positive &amp; Negative Syndrome Scale (PANSS)</li> <li>• Scale for the Assessment of Positive Symptoms (SAPS)</li> <li>• Scale for the Assessment of Negative Symptoms (SANS)</li> <li>• Global Assessment of Functioning (GAF)</li> <li>• Suicide Intent Scale (SIS)</li> <li>• Bulimic Investigatory Test Edinburgh (BITE)</li> <li>• Eating Attitudes Test (EAT)</li> <li>• Eating Disorder Examination (EDE)</li> <li>• Morgan-Russell Scale</li> <li>• Abnormal Involuntary Movement Scale (AIMS)</li> <li>• Barnes Akathisia Rating Scale</li> <li>• Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS)</li> <li>• Arizona Sexual Experience Scale (ASEX)</li> <li>• Addiction Severity Index (ASI)</li> <li>• Clinical Institute Withdrawal Assessment of Alcohol Scale Revised (CIWA-Ar)</li> <li>• Short Alcohol Withdrawal Scale</li> <li>• Severity of Alcohol Dependence Questionnaire (SADQ)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Treatment Outcome Profile</li> <li>• Alzheimer's Disease Assessment Scale</li> <li>• Blessed Dementia Scale</li> <li>• Drug Attitude Inventory</li> <li>• Social Functioning Questionnaire SFQ</li> <li>• Lancashire Quality of Life Profile</li> <li>• Psychiatric Assessment Scale for Adults with Developmental Disability (PAS-ADD)</li> <li>• Glasgow Depression Scale</li> </ul>
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## 12. CRITICAL APPRAISAL OF SCIENTIFIC PAPERS & MEDICAL STATISTICS

<b>Study Design</b>	<ul style="list-style-type: none"> <li>• Quantitative and qualitative research methods</li> <li>• Randomised controlled trials, meta-analysis, systematic reviews, case-control studies, cohort studies, cross sectional surveys, naturalistic studies and economic analysis</li> <li>• The advantages, disadvantages and applications of the different types of study design</li> <li>• Placebo-controlled and parallel group comparison</li> <li>• Databases such as MEDLINE and the Cochrane Library</li> </ul>
<b>Assessing methodological quality</b>	<ul style="list-style-type: none"> <li>• Bias</li> <li>• Sample selection</li> <li>• Blinding</li> <li>• Control in the study</li> <li>• Inclusion and exclusion criteria</li> <li>• Study size, duration, outcome and follow up</li> <li>• Surrogate end points</li> <li>• Management of drop outs and non-responders</li> </ul>
<b>Terminology</b>	<ul style="list-style-type: none"> <li>• Categorical, continuous and ordinal data sets</li> <li>• Mean, median, mode, variance, range, confidence interval</li> <li>• Standard deviation</li> <li>• Standard error of the mean</li> <li>• Probability distribution</li> <li>• Parametric and non-parametric distributions</li> <li>• Null hypothesis</li> <li>• Significance</li> <li>• Effect size</li> <li>• Probability</li> <li>• Reliability and validity</li> <li>• Prevalence</li> <li>• Incidence</li> <li>• Correlation</li> <li>• Regression</li> <li>• Causality</li> <li>• Type 1 and 2 errors</li> <li>• Confounding factors</li> </ul>

<b>Statistical Analysis</b>	<ul style="list-style-type: none"> <li>• P-value</li> <li>• Parametric statistical tests (t-test, analysis of variance, analysis of co-variance, Pearson's r, regression)</li> <li>• Non-parametric statistical tests (chi-square, Mantel Haenszel test, Mann-Whitney-U test, Wilcoxon signed rank test, analysis of variance by ranks e.g. Kruskal-Wallis, McNemar test, Spearman's rank correlation coefficient)</li> <li>• n of 1 trials</li> <li>• Kappa and Cronbach's alpha</li> <li>• Survival analysis</li> <li>• Sensitivity</li> <li>• Specificity</li> <li>• Relative risk</li> <li>• Absolute risk reduction</li> <li>• Relative risk reduction</li> <li>• Odds ratio</li> <li>• Likelihood ratio</li> <li>• Hazard ratio</li> <li>• Number needed to treat/harm</li> <li>• Positive and negative predictive values</li> </ul>
<b>Randomised Controlled Trials</b>	<ul style="list-style-type: none"> <li>• Randomisation</li> <li>• Power</li> <li>• The CONSORT guidelines</li> <li>• Blinding</li> <li>• Placebo-control</li> <li>• Intention to treat analysis</li> <li>• Last observation carried forward</li> <li>• Factorial design</li> </ul>
<b>Systematic Review and Meta-analysis</b>	<ul style="list-style-type: none"> <li>• Differentiation between systematic review and meta-analysis</li> <li>• Sensitivity analysis</li> <li>• Heterogeneity</li> <li>• Weighting of trials</li> </ul>
<b>Graphs</b>	<ul style="list-style-type: none"> <li>• Stem and leaf plot</li> <li>• Box and whisker plot</li> <li>• Forest plot</li> <li>• Scatter plot</li> </ul>
<b>Qualitative studies</b>	<ul style="list-style-type: none"> <li>• Questionnaires, field notes, observation, interviews, focus groups, case studies and consensus methods</li> </ul>

### 13. TEACHING AND LEARNING

<b>Principles of education</b>	<ul style="list-style-type: none"><li>• Theories of learning</li><li>• Learning styles</li><li>• Small group dynamics</li><li>• Principles of instructional design</li><li>• Principles of Curriculum planning and evaluation</li><li>• Principles of assessment and feedback</li><li>• Principles of change</li><li>• New learning technologies</li></ul>
<b>Teaching large and small groups</b>	<ul style="list-style-type: none"><li>• Teaching session preparation and delivery</li><li>• Teaching session assessment and feedback</li><li>• Teaching clinical and practical skills</li></ul>
<b>Teaching in the clinical setting</b>	<ul style="list-style-type: none"><li>• Clinical supervision in the ward, out-patient clinics, on-call and the community</li><li>• Situated learning</li><li>• Reflective practice</li></ul>
<b>Facilitating and managing learning</b>	<ul style="list-style-type: none"><li>• Formulation of learning outcomes</li><li>• Development of teaching strategies and learning experiences</li><li>• Facilitation of learning experiences</li><li>• Appraisal of learning</li></ul>

### 14. MANAGEMENT AND LEADERSHIP

<b>History and Structure of Health Services</b>	<ul style="list-style-type: none"><li>• Precursors of the HSE</li><li>• The role of voluntary and community organisations</li><li>• HSE structure (CEO, board, national directors, regional directors of operations, executive clinical directors, area managers)</li><li>• Private service provision</li></ul>
<b>Health Policy</b>	<ul style="list-style-type: none"><li>• A Vision for Change</li><li>• Quality and Fairness A Health Policy for You</li><li>• Report of the National Task Force on Medical Staffing (Hanley Report)</li><li>• National Action Plan for Social Inclusion 2007-2016</li></ul>
<b>Theory of Management</b>	<ul style="list-style-type: none"><li>• Scientific Management Theory</li><li>• Bureaucratic Management Theory</li><li>• Human Relations Movement</li><li>• Henri Fayol's views on administration</li><li>• Contingency Theory</li><li>• Systems Theory</li><li>• Chaos Theory</li><li>• Team Building Approach</li></ul>

	<ul style="list-style-type: none"> <li>• Organisational Culture</li> </ul>
<b>Management of Change</b>	<ul style="list-style-type: none"> <li>• Planning the change process</li> <li>• Engagement and buy in of stakeholders</li> <li>• Overcoming resistance</li> <li>• Communication</li> <li>• Visible sponsorship</li> <li>• Culture and value systems</li> <li>• Evaluation of the change effort</li> <li>• Kotter's 8 Step model of change management</li> </ul>
<b>Clinical Governance</b>	<ul style="list-style-type: none"> <li>• Clinical effectiveness and research</li> <li>• Audit</li> <li>• Risk Management</li> <li>• Education and Training</li> <li>• Public and Patient Involvement</li> <li>• Staffing and management of staff</li> <li>• Use of information and I.T.</li> </ul>
<b>Personal Development and Management</b>	<ul style="list-style-type: none"> <li>• Time Management</li> <li>• Chairing meetings</li> <li>• Effective committee membership</li> <li>• Team working</li> <li>• Effective communication</li> <li>• Negotiation</li> <li>• Managing people (performance management, supervision, mentoring)</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Leadership styles</li> <li>• Qualities of effective leaders</li> <li>• Roles and responsibilities of the clinical team leader</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• Resource allocation</li> <li>• Service planning</li> <li>• Workforce planning</li> <li>• Recruitment</li> </ul>

## 15. GENERAL ADULT PSYCHIATRY

<b>Psychotic Disorders</b>	<ul style="list-style-type: none"> <li>• Epidemiology of schizophrenia and other psychotic disorders</li> <li>• Aetiology of schizophrenia</li> <li>• Clinical features of schizophrenia</li> <li>• Structural and functional neuroimaging findings in schizophrenia</li> <li>• Neuropathological and neurochemical changes in schizophrenia</li> <li>• Psychological and social theories of schizophrenia</li> <li>• Clinical presentation, aetiology and management of</li> </ul>
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	<p>eponymous and non-eponymous persistent delusional disorders, schizotypal disorder and schizoaffective disorder</p> <ul style="list-style-type: none"> <li>• Diagnosis and classification of psychotic disorders</li> <li>• Course and outcome of psychotic disorders</li> <li>• Treatment of psychotic disorders</li> <li>• Co-morbidity</li> </ul>
<b>Organic Psychiatric Disorders</b>	<ul style="list-style-type: none"> <li>• Clinical features, diagnosis and management of delirium</li> <li>• Clinical features, diagnosis, management and prognosis of the dementias</li> <li>• Clinical features and causes of lesions of specific brain areas</li> <li>• The psychiatric features of specific movement disorders</li> <li>• Clinical features, diagnosis, management and psychiatric co-morbidity of epilepsy and non-epileptic seizures</li> <li>• Clinical features, diagnosis, management and prognosis of head injuries</li> <li>• Clinical features and psychiatric co-morbidity of stroke, subarachnoid haemorrhage and intracranial haematoma</li> <li>• Clinical features of infectious diseases associated with intracranial infections</li> <li>• Clinical features of metabolic disorders which affect the brain</li> <li>• Clinical features of autoimmune conditions which affect the brain</li> <li>• The effects of poisoning on the brain</li> <li>• The clinical features, aetiology, treatment and prognosis of multiple sclerosis, motor neuron disorders, Parkinson's Disease and prion diseases</li> <li>• Psychiatric co-morbidity in neuropsychiatric disorders</li> <li>• Neuropathological features of dementias and prion diseases</li> </ul>
<b>Affective Disorders</b>	<ul style="list-style-type: none"> <li>• Epidemiology of affective disorders</li> <li>• Aetiology of affective disorders</li> <li>• Clinical features of unipolar depression, bipolar affective disorder and persistent mood disorders</li> <li>• Structural and functional neuroimaging changes in affective disorders</li> <li>• Psychological and social components in affective disorders</li> <li>• Course and outcome of affective disorders</li> <li>• Treatment of affective disorders</li> <li>• Co-morbidity</li> </ul>
<b>Anxiety Disorders</b>	<ul style="list-style-type: none"> <li>• Epidemiology of anxiety disorders</li> <li>• Aetiology of anxiety disorders</li> <li>• Clinical features of generalised anxiety disorder, panic disorder, phobic disorders, mixed anxiety and depressive disorder, acute stress reactions, PTSD, adjustment disorders and OCD</li> <li>• Structural and functional neuroimaging changes in anxiety disorders</li> <li>• Psychological and social components in anxiety disorders</li> <li>• Course and outcome of anxiety disorders</li> </ul>

	<ul style="list-style-type: none"> <li>• Treatment of anxiety disorders</li> <li>• Co-morbidity</li> </ul>
<b>Disorders of Adult Personality and Behaviour</b>	<ul style="list-style-type: none"> <li>• Epidemiology of personality disorders</li> <li>• Aetiology of personality disorders</li> <li>• Clinical features of emotionally unstable, dissocial, anxious (avoidant), dependent, histrionic, anankastic, paranoid and schizoid personality disorders</li> <li>• Treatment of personality disorders</li> <li>• Course and outcome of personality disorders</li> <li>• Co-morbidity</li> <li>• Habit and impulse disorders</li> <li>• Disorders of sexual preference</li> <li>• Elaboration of physical symptoms for psychological reasons</li> <li>• Factitious Disorder</li> </ul>
<b>Substance Misuse Disorders</b>	<ul style="list-style-type: none"> <li>• Epidemiology of alcohol and drug misuse</li> <li>• Aetiology of alcohol and drug misuse</li> <li>• Clinical features of alcohol and drug misuse (harmful use, dependence, intoxication, withdrawal)</li> <li>• Alcohol and drug related psychiatric and neurological disorders</li> <li>• Physical, mental and social sequelae of alcohol and drug misuse</li> <li>• CAGE, AUDIT (Alcohol Use Disorder Identification Test) and MAST (Michigan Alcoholism Screening Test) screening tools</li> <li>• Treatment of alcohol and drug misuse (See also Section 20)</li> <li>• Co-morbidity</li> </ul>
<b>Eating Disorders</b>	<ul style="list-style-type: none"> <li>• Epidemiology of eating disorders</li> <li>• Aetiology of eating disorders</li> <li>• Clinical features of anorexia nervosa and bulimia nervosa</li> <li>• Psychological and social consequences of eating disorders</li> <li>• Assessment of medical complications of eating disorders</li> <li>• Treatment of eating disorders</li> <li>• Course and outcome</li> <li>• Co-morbidity</li> </ul>
<b>Dissociative Disorders, Somatoform Disorders and Chronic Fatigue Syndrome</b>	<ul style="list-style-type: none"> <li>• Epidemiology</li> <li>• Aetiology</li> <li>• Clinical features</li> <li>• Treatment</li> <li>• Course and Prognosis</li> </ul>
<b>Gender Identity Disorders</b>	<ul style="list-style-type: none"> <li>• Epidemiology</li> <li>• Aetiology</li> <li>• Clinical features</li> <li>• Treatment</li> </ul>



<b>Perinatal Psychiatry</b>	<ul style="list-style-type: none"> <li>• Epidemiology, aetiology and clinical features of maternity blues, postnatal depression and puerperal psychoses</li> <li>• Pregnancy in women with major mental illness</li> <li>• The features of normal maternal bonding</li> <li>• Principles of prescribing psychotropic medication during pregnancy and lactation</li> <li>• Adverse effects of psychotropic drugs in pregnancy and in lactation</li> <li>• Provision of preconception advice regarding mental illness and its treatment to women and their partners</li> <li>• The role and use of mother-and-baby units</li> </ul>
<b>Emergency Psychiatry</b>	<ul style="list-style-type: none"> <li>• The application, uses and appropriateness of emergency interventions such as crisis intervention, home treatment, hospital admission and the use of the Mental Health Act 2001</li> <li>• Management of acutely disturbed behaviour and rapid tranquilisation</li> <li>• Management of suicidal risk</li> </ul>

## 16. PSYCHIATRY OF LEARNING DISABILITY

<b>Definitions and Classification</b>	<ul style="list-style-type: none"> <li>• WHO definitions of impairment, handicap and disability</li> <li>• Components of the definition of learning disability</li> <li>• Differentiating aspects of learning disability from acquired brain injury</li> <li>• Classification of degree of learning disability and associated levels of adaptive behaviour</li> <li>• Diagnostic Classification in Learning Disabilities (DC-LD), Diagnostic Manual for Intellectual Disability (DMID)</li> </ul>
<b>Historical Perspectives</b>	<ul style="list-style-type: none"> <li>• Societal attitudes and care approaches to people with learning disabilities</li> <li>• Current range of care approaches in Ireland</li> <li>• Inclusion and normalisation</li> </ul>
<b>Epidemiology</b>	<ul style="list-style-type: none"> <li>• Prevalence of learning disabilities in the general population</li> <li>• National Intellectual Disability Database</li> <li>• Prevalence of psychiatric disorders in LD population and biopsychosocial risk factors which contribute to this prevalence</li> <li>• Diagnostic overshadowing</li> </ul>
<b>Developmental Disorders</b>	<ul style="list-style-type: none"> <li>• Role of genetic and environmental factors in developmental brain disorders</li> <li>• Disorders associated with learning disability, with particular reference to Down's syndrome, fragile X, foetal alcohol syndrome, autism spectrum disorders</li> </ul>

<b>Learning Disability and Psychiatric Disorders</b>	<ul style="list-style-type: none"> <li>• The impact of learning disability on the presentation of psychiatric disorder, psychopathology and behaviour</li> <li>• Adaptations of the psychiatric interview and mental state Examination for patients with learning disability</li> <li>• Principles of prescribing in patients with learning disability</li> <li>• Functional analysis of behavioural disorders</li> <li>• Psychological, psychotherapeutic and social approaches to treatment of patients with learning disability with psychiatric or behavioural disorders</li> </ul>
<b>Ethical and legal</b>	<ul style="list-style-type: none"> <li>• See Section 10</li> </ul>

## 17. PSYCHIATRY OF OLD AGE

<b>Neurosciences</b>	<ul style="list-style-type: none"> <li>• Epidemiology of ageing and age- related psychiatric disorders</li> <li>• Genetics, pathophysiology, neuroanatomy and neuroimaging of normal ageing and of age-related psychiatric disorders</li> </ul>
<b>Psychiatric Disorders</b>	<ul style="list-style-type: none"> <li>• Aetiology, clinical features, pharmacological and non-pharmacological management and prognosis of psychiatric disorders occurring in later life with particular reference to late onset non-organic, non-affective psychoses, dementias and delirium</li> </ul>
<b>Community Resources</b>	<ul style="list-style-type: none"> <li>• Community-based resources including: primary care teams, public health nursing, community occupational therapy, social work for the welfare and protection of older people, voluntary agencies, day centres, home help, home care assistance, in-home respite, residential respite, active retirement groups, education and support groups, transport resources</li> </ul>
<b>Psychology of Ageing, Clinical Pharmacology and Ethical and Legal Issues</b>	<ul style="list-style-type: none"> <li>• See Sections 3, 6 and 10</li> </ul>

## 18. FORENSIC PSYCHIATRY

<b>General</b>	<ul style="list-style-type: none"> <li>• Mental disorders and their association with risk of violence and offending behaviour</li> <li>• Epidemiology of mental disorder in custodial settings</li> <li>• Principles of actuarial risk assessment and structured professional judgement</li> <li>• Structured professional judgement instruments with particular emphasis on HCR 20 and SVR 20</li> <li>• Receiver operator characteristic and its application to risk assessment</li> </ul>
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	<ul style="list-style-type: none"> <li>• Concept of therapeutic security</li> <li>• The interface between psychiatric services and criminal justice agencies, e.g. the courts, probation service, Gardaí, prison psychology services, prison healthcare and prison officers</li> <li>• Relationships between mental disorder, substance misuse and crime</li> <li>• Relationships between social marginalisation, mental disorder and offending behaviour with particular reference to homelessness, unemployment, poor educational attainment and substance misuse</li> <li>• Diversity issues in relation to forensic Psychiatry, with particular reference to age, gender, ethnicity and culture</li> <li>• Interaction of specific co-morbidities in the context of forensic Psychiatry, with particular reference to personality and developmental disorders and the co-morbidities of sensory, cognitive or neurological impairment</li> <li>• Impact of violence and offending behaviour on the patient, carers and the wider social network</li> <li>• Impact of violence and offending behaviour on the victim</li> <li>• Concepts of victim and secondary victim</li> <li>• See also Section 10</li> </ul>
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## 19. LIAISON PSYCHIATRY

<b>General</b>	<ul style="list-style-type: none"> <li>• Clinical presentation of psychological problems in physical care settings</li> <li>• Interrelationship between depression and anxiety with chronic medical conditions</li> <li>• Diagnosis of psychiatric disorder in the presence of significant physical illness</li> <li>• Management of severe mental illness in those admitted with physical illness</li> <li>• Deliberate self-harm</li> <li>• Somatoform disorders/medically unexplained symptoms, hypochondriacal disorder, dissociative disorders</li> <li>• Pathophysiological mechanisms, such as muscle tension or chronic hyperventilation, that contribute to somatoform disorders</li> <li>• Problems associated with over investigation of medically unexplained symptoms</li> <li>• Chronic pain – theory, clinical aspects and management</li> <li>• Pain and iatrogenic drug dependence</li> <li>• Delirium – hypoactive and hyperactive</li> <li>• Elaboration of physical symptoms for psychological reasons</li> <li>• Factitious disorder</li> <li>• Malingering</li> <li>• Health anxiety, stress-coping paradigm, and abnormal illness behaviour</li> <li>• Psychological responses to medical illness or injury</li> <li>• Response of families and carers to illnesses and to both primary and secondary disability</li> <li>• Social, psychological and pharmacological treatments used in liaison Psychiatry</li> <li>• Role of the liaison team in advising and educating clinical staff in primary and secondary care</li> <li>• The differences between emergency, consultation and liaison styles of working</li> <li>• Effective delivery of a liaison service</li> <li>• The problems arising from Cartesian (mind-body) dualism</li> </ul>
<b>Substance Misuse Disorders, Eating Disorders, Organic Psychiatric Disorders, Perinatal Psychiatry and Emergency Psychiatry</b>	<ul style="list-style-type: none"> <li>• See Section 15</li> </ul>
<b>Ethical and legal aspects</b>	<ul style="list-style-type: none"> <li>• Applications of the Mental Health Act 2001 and common law to patients in medical/ surgical setting</li> <li>• See also Section 10</li> </ul>

## 20. ADDICTION PSYCHIATRY

<b>Psychoactive Substance Misuse</b>	<ul style="list-style-type: none"> <li>• See also Section 15</li> <li>• Physical and Psychological Dependence</li> <li>• Opioids (heroin, methadone, hydromorphone, morphine, opium, oxycodone), Stimulants (amphetamines, cocaine, methamphetamine), Hallucinogens (Ecstasy/MDMA, ketamine, LSD, mescaline, psilocybin), Marijuana/Cannabis, Inhalants, Cathinone derivatives (e.g. methadone), GHB (gamma hydroxybutyrate), Benzodiazepines and Barbiturates</li> <li>• Effects on the body and mind, overdose effects, withdrawal effects and routes of use of the above psychoactive drugs</li> <li>• The metabolism of alcohol</li> <li>• Actions of alcohol and psychoactive drugs on reward circuits</li> <li>• Actions of alcohol at glutamate and GABA synapses</li> </ul>
<b>Public Health Aspects</b>	<ul style="list-style-type: none"> <li>• Epidemiology of substance misuse</li> <li>• Biological, psychological and socio-cultural theories of drug and alcohol dependence (models of addiction)</li> <li>• National Strategy on Drugs and Alcohol</li> <li>• Substance misuse in special populations including young people, the elderly, homeless people, prison populations, the Travelling Community, commercial sex workers, ethnic minorities and immigrant populations</li> <li>• Strategies for the prevention of substance misuse</li> </ul>
<b>Clinical Management</b>	<ul style="list-style-type: none"> <li>• The four-tier model used in treatment of psychoactive substance misuse</li> <li>• Initiation and stabilisation of opioid substitutes (methadone and buprenorphine <math>\pm</math> naloxone)</li> <li>• Detoxification and management of withdrawal from opiates, benzodiazepines and alcohol</li> <li>• Relapse prevention</li> <li>• Harm minimization</li> <li>• Use of Disulfiram, Acamprosate and Naltrexone in the management of alcohol dependence</li> <li>• Physical, mental and social complications of alcohol and substance misuse</li> <li>• Drug interactions between methadone and other drugs with particular reference to antiretroviral agents and drugs which potentially prolong QTC</li> <li>• Co-morbidity in substance misuse with particular reference to anxiety disorders, mood disorders, personality disorders, conduct disorders and ADHD</li> <li>• Dual diagnosis – management of the co-occurrence of severe mental illness and substance misuse</li> <li>• Interface between addiction services and psychiatric services, criminal justice agencies, emergency and general medical services, maternity services and primary care</li> <li>• States of Change Model</li> <li>• Motivational Interviewing</li> </ul>

	<ul style="list-style-type: none"> <li>• Brief Interventions</li> <li>• Alcoholics Anonymous and Narcotics Anonymous</li> <li>• The impact of substance misuse on families and communities</li> <li>• The role of the family, community and voluntary sector in addressing substance misuse</li> </ul>
<b>Legal Aspects</b>	<ul style="list-style-type: none"> <li>• See Section 10</li> </ul>

## 21. SOCIAL AND REHABILITATION PSYCHIATRY

<b>General</b>	<ul style="list-style-type: none"> <li>• Multidisciplinary needs based assessment of people with severe and enduring psychotic illnesses</li> <li>• Principles of recovery oriented clinical practice</li> <li>• Wellness Recovery Action Planning (WRAP)</li> <li>• The interface of rehabilitation services with general adult and forensic psychiatric services and community and vocational agencies</li> </ul>
<b>Assessment of Need Instruments</b>	<ul style="list-style-type: none"> <li>• Camberwell Assessment of Need (CAN)</li> <li>• Functional Assessment of Care Environment (FACE)</li> </ul>

## 22. CHILD AND ADOLESCENT PSYCHIATRY

<b>Child Development</b>	<ul style="list-style-type: none"> <li>• Milestones in motor, speech and language, vision, hearing, sleep, play, bowel and bladder control, sexual and social development</li> <li>• Effects on child development of parental separation, divorce, parental mental illness and parental criminality</li> <li>• Effects of family size, social class, social disadvantage, ordinal position and parental style on child development and behaviour</li> <li>• Family structures and child-rearing styles</li> <li>• Social competence and peer relationships</li> <li>• Conditions where abnormal peer relationships and reduced social competence occurs (e.g. pervasive developmental disorders)</li> <li>• Childhood development of fears</li> <li>• Resilience</li> <li>• (See also Section 3 Developmental Psychology)</li> </ul>
<b>Disorders of Childhood and Adolescence</b>	<ul style="list-style-type: none"> <li>• Epidemiology, clinical features, aetiology, course and outcome and treatment of: Hyperkinetic Disorders, Conduct Disorders, Substance Abuse, Affective Disorders, Anxiety Disorders, Adjustment Disorders, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Suicide and Self Harm, Anorexia Nervosa and Bulimia, Pica of infancy, Tic Disorders, Autism Spectrum Disorders, Rett's Syndrome, Psychotic Disorders, Personality Disorders, Attachment Disorders, Bed wetting and soiling, Feeding</li> </ul>

	<p>Disorders, Sleep Disorders, specific developmental disorders of speech and language, specific developmental disorders of scholastic skills, school refusal, Sibling Rivalry Disorder, Gender Identity Disorder</p> <ul style="list-style-type: none"> <li>• Psychiatric aspects of intellectual disability, sensory impairment and physical illnesses</li> <li>• Psychiatric illnesses presenting with somatic symptoms</li> </ul>
<b>Psychopharmacology</b>	<ul style="list-style-type: none"> <li>• Principles of prescribing in children and adolescents</li> <li>• Indications, pharmacokinetics, pharmacodynamics, interactions, side effects and adverse effects of drugs used in Child and Adolescent Psychiatry, specifically: stimulants, noradrenaline reuptake inhibitors, anti-depressants, anti-psychotics, mood stabilisers, <math>\alpha_2</math> adrenergic agonists, benzodiazepines, hypnotics and opiate substitutes</li> <li>• Monitoring and management of side effects</li> </ul>
<b>Psychosocial Interventions</b>	<ul style="list-style-type: none"> <li>• Parenting skills training</li> <li>• Special education</li> <li>• Play Therapy</li> <li>• See also section 8</li> </ul>
<b>Legal Issues</b>	<ul style="list-style-type: none"> <li>• Fostering and adoption</li> <li>• Children in residential care</li> <li>• Involuntary admission and compulsory treatment</li> <li>• Consent to treatment</li> <li>• Capacity</li> <li>• See also section 10</li> </ul>
<b>Rating Scales</b>	<ul style="list-style-type: none"> <li>• Childhood Autism Rating Scale (CARS)</li> <li>• Autism Behaviour Checklist (ABC)</li> <li>• Autism Diagnostic Interview-Revised (ADI-R)</li> <li>• Gilliam Asperger's Disorder Scale (GADS)</li> <li>• Strengths and Difficulties Questionnaire (SDQ)</li> <li>• Kiddie-Schedule for Affective Disorders and Schizophrenia (Kiddie-SADS)</li> <li>• Children's Depression Inventory (CDI)</li> <li>• Child Behaviour Checklist (CBCL)</li> <li>• Connors' Rating Scales (ADHD)</li> <li>• See also section 11</li> </ul>

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# College of Psychiatrists of Ireland

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## Assessment of Clinical Expertise

### mini-Assessment of Clinical Expertise

(ACE / miniACE)

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

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#### ASSESSMENT OF CLINICAL EXPERTISE WBPA TOOL

Please Tick: ACE ☐

Mini-ACE ☐

##### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

##### Assessor Details

Please Tick: Supervising Consultant ☐

Tutor ☐

Other Consultant ☐

Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous ACE assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

#### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_



**ASSESSMENT OF CLINICAL EXPERTISE WBPA TOOL**

 Please Tick: ACE ☐ miniACE ☐

Clinical Setting	
Clinical Problem	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
New or Follow-up Case	

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
History Taking						
Mental State Examination						
Communication Skills						
Response to verbal and non-verbal cues						
Clinical Judgement						
Professionalism						
Organisation						
Overall Level of Clinical Care						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with ACE / miniACE <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

## **NOTES ON ASSESSMENT OF CLINICAL EXPERTISE (ACE) ASSESSMENT / mini-ACE**

### **Aim**

The aim of the ACE is to assess a Trainee performing a full history and examination of a patient in order to reach a diagnosis and plan for treatment. The mini-ACE assesses an aspect of a patient's history / Mental State Examination in order to reach a diagnosis and plan for treatment / explain a treatment plan / obtain consent etc.

### **Duration**

The ACE takes a minimum of one hour to perform and includes the time taken to complete the assessment form. Immediate feedback is given to the Trainee; therefore, additional time will be required.

### **Minimum Requirement**

A minimum of one ACE during every six month rotation of BST is required.

### **Case Selection**

The Trainee and Trainer decide which learning outcomes will be assessed by the ACE. The Trainee selects the patient in consultation with the Trainer. New patients are preferable as they allow greater demonstration of overall Trainee ability. It is important to consider in advance what sort of patient might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate attainment of the learning outcomes.

### **Filling in the Form**

Assessors must have completed an Assessor course. The Assessor must observe the entire clinical encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

### **Suitable Settings**

The out-patient clinic, community visit, day hospital or in-patient ward.

### **Feedback**

Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

## Assessment Domains – ACE

History Taking	
1	Incomplete, inadequate history; lack of basic skills
2	Badly constructed history, missing certain key details
3	Basic history achieved
4	Good, structured, methodical history with no important omissions
5	Better than expected, well-structured fluent history

Mental State Examination	
1	Incomplete, inadequate mental state Examination; lack of basic skills
2	Poor Mental State Examination; significant inadequacies and omissions
3	Basic Mental State Examination achieved
4	Good Mental State Examination, minor omissions only
5	Very thorough, detailed Mental State Examination

Communication Skills	
1	Unacceptably poor communication skills
2	Poor / Inadequate communication skills
3	Barely adequate communications skills
4	Good standard of communication skills
5	Better than expected level of communication skills

Clinical Judgement	
1	Unsafe - no evidence of clinical judgement
2	Poor clinical judgement, below expected standard
3	Basic clinical judgement skills present, with room for significant improvement
4	Sound clinical judgement skills, with minor omissions
5	Insightful clinical decision making

Professionalism	
1	Unacceptable lack of professional standards
2	Some evidence of professional standards demonstrated, but below standard
3	Basic level of professional standards demonstrated, still a significant scope for improvement
4	Adequate level of professional standards, scope for further refinement
5	Good demonstration of full range of professional standards

Organisation	
1	Disorganised – falls below standard
2	Poor organisation skills, substantial room for improvement
3	Basic organisation skills demonstrated, scope for improvement
4	Adequate level of organisation, can benefit from focused feedback
5	Well organised, efficient use of resources

Overall Level of Clinical Care	
1	Unsafe and/or unfit to practice
2	Poor standard of clinical care- below standard
3	Basic level of clinical care, still room for substantial improvement
4	Demonstrates clinical care at the required standard
5	High standard of clinical care

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# College of Psychiatrists of Ireland

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## Assessment of Teaching AoT

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### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous AoT assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

## DETAILS OF TEACHING SESSION

Teaching Activity	
Venue	
Group Size	
Duration	
List the learning objectives for the attendees	
Description of how feedback was obtained from attendees	

**The assessor must observe the Trainee teaching.**

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Preparation						
Structure						
Presentation and Delivery						
Teaching Aid Quality						
Appropriateness of Teaching Aids						
Time-Keeping						
Answering Questions						
Obtaining Feedback						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with AoT <i>To be filled in by Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

## **NOTES ON ASSESSMENT OF TEACHING (AoT) ASSESSMENT**

### **Aim**

The aim is to assess a Trainee's ability to prepare, present and deliver a teaching session to other members of the MDT, medical or other healthcare students or an appropriate non-healthcare group (e.g. public education programme).

### **Duration**

The duration will be determined by the length of the teaching session. Additional time will be required to give feedback.

### **Minimum Requirement**

A minimum of one WPBA from the following pool every six month rotation:

- AoT
- CP
- JCP

Note: over the four years of BST all 3 of the above must have been performed at least once.

### **Activity Setting**

The Trainee selects the teaching activity in consultation with the Assessor, with selected learning outcomes in mind.

### **Filling in the form**

Assessors must have completed an Assessor course. The Assessor must observe the entire encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

### **Setting**

An AoT can occur anywhere in the workplace. Possible audiences are MDT members, students, patients, carers or members of the public.

### **Feedback**

Feedback should be given by the Assessor at the end of the presentation and an agreed action plan decided (at a later time, if appropriate). The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.



<b>Assessment of Teaching: Assessment Domains</b>	
<b>Preparation</b>	
<b>1</b>	No evidence of any preparation for presentation
<b>2</b>	Very little evidence of preparation
<b>3</b>	Minimal amount of preparation, scope for significant improvement
<b>4</b>	Good level of preparedness, room for further refinement
<b>5</b>	Structured, well thought out and presented material

<b>Presentation Skills</b>	
<b>1</b>	No evidence of presentation skills
<b>2</b>	Poor presentation skills, still below standard
<b>3</b>	Basic presentation skills only; scope for major improvement
<b>4</b>	Good presentation skills; minor omissions
<b>5</b>	Fluent presentation; good level of engagement with audience

<b>Teaching Aid Quality</b>	
<b>1</b>	No attempt made / illegible/incomprehensible teaching aids
<b>2</b>	Poor quality teaching aids; difficult to interpret
<b>3</b>	Minimal use of teaching aids (where appropriate) / room for major improvement
<b>4</b>	Good use of quality teaching aids
<b>5</b>	High quality teaching aids utilised; added to quality of overall presentation

<b>Appropriateness of Teaching Aids</b>	
<b>1</b>	Completely inappropriate use of teaching aids / not used at all – clearly below standard
<b>2</b>	Poor / inappropriate use
<b>3</b>	Basic use of teaching aids; could benefit from further instruction in appropriate use
<b>4</b>	Appropriate use teaching aids; minor refinements needed only
<b>5</b>	Teaching aids used appropriately and added to value/impact of overall teaching session

<b>Time-Keeping</b>	
<b>1</b>	No evidence of ability to time-keep
<b>2</b>	Minimal attempt at time-keeping; poor
<b>3</b>	Basic time-keeping skills; scope for major improvement
<b>4</b>	Good ability to manage and appropriately use time allocated for presentation
<b>5</b>	Very good ability to manage and appropriately use time allocated for presentation

<b>Answering Questions</b>	
<b>1</b>	Unable to answer questions
<b>2</b>	Poor attempt at question-answering; does not address question appropriately
<b>3</b>	Basic ability to listen and respond appropriately to questions and offer relevant answers
<b>4</b>	Good ability to listen and respond appropriately to questions and offer relevant answers
<b>5</b>	Very good ability to listen and respond appropriately to questions and offer relevant answers

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# College of Psychiatrists of Ireland

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## Case Based Discussion

### CBD

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---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous CBD assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

### Case Based Discussion

Clinical Setting	
Clinical Problem	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
New or Follow-up Case	

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Clinical Record Keeping						
Clinical Assessment						
Formulation						
Risk Assessment & Management						
Medical Treatment						
Investigation & Referral						
Follow-up & Care Planning						
Professionalism						
Clinical Reasoning / Decision Making Skills						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_ minutes

Level of Satisfaction with CBD <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

## **NOTES ON CASE BASED DISCUSSION (CBD) ASSESSMENT**

### **Aim**

CBD involves brief presentation of a case by a Trainee and a documented structured interview. Clinical decision making, clinical reasoning, application of medical knowledge, formulation and record keeping are assessed.

### **Duration**

A CBD can be completed in approximately 30 minutes.

### **Minimum Requirement**

A minimum of one CBD every six month rotation is required during BST.

### **Case Selection**

The Trainee selects the patient in consultation with the Assessor with selected learning outcomes in mind. Cases should have been seen by the Trainee with the Trainee having made entries into the case notes. The assessment will focus on the case notes, in particular, the Trainee's contribution to the case notes. Discussion should focus on: clinical decision making, clinical reasoning, application of medical knowledge and formulation. It is important to consider in advance what sort of patient might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate their level of attainment of the learning outcomes.

### **Filling in the form**

Assessors must have completed an Assessor course. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

### **Setting**

Possible settings are: out-patient clinic, day hospital or in-patient ward.

### **Feedback**

Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

## Assessment Domains – CBD

Clinical Record Keeping	
1	Incomplete, inadequate records, no evidence of systematic record keeping or note taking
2	Poorly constructed record, missing some important elements
3	Structured notes present, still room for significant improvement
4	Good, structured, methodical notes, minor omissions
5	Clear, structured case notes, with all relevant information, easy to navigate

Clinical Assessment	
1	Failure to obtain or interpret clinical evidence
2	Inadequate ability to obtain/interpret clinical evidence; major omissions; poor understanding of clinical evidence
3	Acceptable; but still scope for significant improvement; still inadequate in areas
4	Good interpretation of clinical evidence; scope for improvement
5	Thorough, accurate clinical assessment

Formulation	
1	Failure to address formulation during the discussion
2	Restates facts from the history rather than integrates information, or omits significant biopsychosocial predisposing, precipitating, perpetuating or protective factors
3	Lists some possible biopsychosocial predisposing, precipitating and perpetuating factors but has difficulty accounting for why this particular patient presents in this way at this time
4	Performs an assessment of biopsychosocial predisposing, precipitating and perpetuating factors to account for why this particular patient presents in this way at this time, however, minor omissions may be present
5	Integrates and synthesizes complex information obtained from the history to provide a coherent and comprehensive assessment of the factors contributing to this particular patient's presentation in this way, at this time

Risk Assessment and Management	
1	Unacceptably poor risk assessment and management skills
2	Poor / Inadequate risk assessment and management skills
3	Barely adequate risk assessment and management skills
4	Good standard risk assessment and management skills
5	Better than expected level risk assessment and management skills

Medical Treatment	
1	Unacceptable; inappropriate; unsafe treatment
2	Poor treatment; clearly inadequate
3	Minimum acceptable standard of medical treatment
4	Adequate treatment; still scope for improvement
5	Good medical treatment plan

<b>Investigation and Referral</b>	
1	Minimal or no evidence of either investigation or referral
2	Inappropriate use or inadequate evidence of either investigation or referral
3	Barely adequate evidence of investigation and referral; scope for major improvement
4	Satisfactory evidence of investigation and referral; still some room for improvement
5	Good, appropriate, timely evidence of investigation and referral

<b>Follow-up and Care Planning</b>	
1	Complete lack of care planning- clearly unacceptable
2	Poor follow-up/care planning; major omissions
3	Barely acceptable follow-up/care planning; scope for significant improvement
4	Satisfactory evidence of follow-up/care planning; some room for improvement
5	Good evidence of follow-up/care planning

<b>Professionalism</b>	
1	Unacceptable lack of professional standards
2	Some evidence of professional standards demonstrated, but below standard
3	Basic level of professional standards demonstrated, still a significant scope for improvement
4	Adequate level of professional standards, scope for further refinement
5	Good demonstration of full range of professional standards

<b>Clinical Reasoning / Decision Making Skills</b>	
1	No evidence of clinical reasoning/ decision making skills – unsafe
2	Minimal evidence of clinical reasoning/ decision making skills; below standard
3	Basic level of clinical reasoning/ decision making skills; still significant scope for improvement
4	Acceptable level of clinical reasoning/ decision making skills; scope for further refinement
5	Sound knowledge and approach to clinical reasoning/ decision making skills

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# College of Psychiatrists of Ireland

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## Case Presentation

CP

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

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### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
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### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous CP assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_



## CASE PRESENTATION (CP) WPBA TOOL

### DETAILS OF CASE PRESENTATION

Type of Presentation	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
Venue	
Group Size	
Duration	

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Preparation of Presentation						
Structure of Presentation						
Presentation and Delivery of Case						
Assessment and Clinical Examination						
Interpretation of Clinical Findings						
Role of Investigations						
Formulation						
Time-Keeping						
Answering Questions						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with CP <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

## **NOTES ON ASSESSMENT OF CASE PRESENTATION (CP)**

### **Aim**

The aim is to assess a Trainee's ability to prepare, present and discuss a clinical case in a teaching setting.

### **Duration**

It will take 40 minutes approximately to perform assessment and to complete the assessment form. Immediate feedback is given to the Trainee; therefore, additional time after the assessment will be required.

### **Minimum Requirement**

A minimum of one WPBA from the following pool every six month rotation of BST:

AoT

CP

JCP

Note: over the four years of BST all 3 of the above must have been performed at least once.

### **Case Selection**

The Trainee and Trainer decide which learning outcomes will be assessed by the CP. The Trainee selects the case in consultation with the Trainer. It is important to consider in advance what sort of case might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate their level of attainment of the learning outcomes.

### **Filling in the Form**

Assessors must have completed an Assessor course. The Assessor must observe the entire clinical encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

### **Setting**

The most common setting would be an academic teaching centre, however, anywhere a Trainee can deliver their presentation (conference room, Consultant's office etc.) could also suffice.

### **Feedback**

Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

<b>Case Presentation Assessment Domains</b>	
<b>Preparation of Presentation</b>	
1	No evidence of any preparation for presentation
2	Very little evidence of preparation
3	Minimal amount of preparation, scope for significant improvement
4	Good level of preparedness, room for further refinement
5	Structured, well thought out and presented material

<b>Assessment and Clinical Examination</b>	
1	Failure to perform assessment / examination
2	Inadequate ability to perform assessment and/or obtain/interpret clinical evidence; major omissions;
3	Acceptable; but still scope for significant improvement
4	Good assessment and clinical examination; scope for improvement
5	Thorough, accurate clinical assessment and examination

<b>Interpretation of Clinical Evidence</b>	
1	Unable to interpret clinical evidence
2	Poor or very limited ability to interpret clinical evidence
3	Basic ability to interpret clinical evidence; scope for significant improvement
4	Sound interpretation of clinical evidence; minor omissions only
5	Comprehensive interpretation of clinical evidence; able to discuss / debate interpretation with group

<b>Role of Investigations</b>	
1	No evidence of appropriate investigation
2	Inadequate evidence of appropriate investigation or failure to obtain or follow up on results of investigations
3	Barely adequate evidence of investigation; scope for major improvement
4	Satisfactory evidence of investigation; still some room for improvement
5	Good, appropriate, timely evidence of investigation; minor omissions

<b>Formulation</b>	
1	Failure to address formulation during the discussion
2	Restates facts from the history rather than integrates information, or omits significant biopsychosocial predisposing, precipitating or perpetuating factors
3	Lists some possible biopsychosocial predisposing, precipitating or perpetuating factors but has difficulty accounting for why this particular patient presents in this way at this time
4	Performs an assessment of biopsychosocial predisposing, precipitating or perpetuating factors to account for why this particular patient presents in this way at this time, however, minor omissions may be present
5	Integrates and synthesizes complex information obtained from the history to provide a coherent and comprehensive assessment of the factors contributing to this particular patient's presentation in this way, at this time

<b>Time-Keeping</b>	
<b>1</b>	No evidence of ability to time-keep
<b>2</b>	Minimal attempt at time-keeping
<b>3</b>	Basic time-keeping skills; scope for major improvement
<b>4</b>	Good ability to manage and appropriately use time allocated for presentation
<b>5</b>	Very good ability to manage and appropriately use time allocated for presentation

<b>Answering Questions</b>	
<b>1</b>	Unable to answer questions
<b>2</b>	Poor attempt at question-answering; does not address question appropriately
<b>3</b>	Basic ability to listen and respond appropriately to questions and offer relevant answers
<b>4</b>	Good ability to listen and respond appropriately to questions and offer relevant answers
<b>5</b>	Very good ability to listen and respond appropriately to questions and offer relevant answers

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# College of Psychiatrists of Ireland

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## Direct Observation of Non-Clinical Skills

### DONCS

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

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#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous DONCS assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

#### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

## Direct Observation of Non-Clinical Skills

### Skill Observed

Chairing Meeting	
Clinical Supervision	
Consultation with other agencies	
Court Room Skills	
Educational Supervision	
Teaching	
Tribunal	
Written Communication	
Other (specify)	

Level of complexity of task:    Low ☐    Moderate ☐    High ☐

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Communication						
Professional Behaviour						
Ethics and the Law						
Clinical Governance						
Team Working						
Medical Expert						
Health Advocate						

## Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with DONCS <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	



## **NOTES ON DIRECT OBSERVATION OF NON-CLINICAL SKILLS (DONCS) ASSESSMENT**

### **Aim**

The aim is to test performance and behaviour in the workplace related to non-clinical skills such as chairing a meeting.

### **Duration**

This is dependent upon the skill being assessed.

### **Activity Selection**

The Trainee selects the event in consultation with the Assessor with selected learning outcomes in mind. It is important to consider in advance what sort of event might be involved to ensure the appropriate level of complexity and also to challenge the Trainee's ability to demonstrate their level attainment of the learning outcomes.

### **Filling in the form**

Assessors must have completed an Assessor course. The Assessor must observe the entire encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

### **Setting**

DONCS can be utilised in a wide variety of settings. Examples are given in the WPBA form.

### **Feedback**

Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

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# College of Psychiatrists of Ireland

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## Direct Observation of Procedural Skills

### DOPS

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

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#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous DOPS assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

#### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

## DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) WBPA TOOL

Type of Procedure	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Outlines indications for procedure						
Obtains appropriate consent						
Appropriate preparation						
Technical ability						
Seeks help when necessary						
Post-procedure management						
Communication						
Professionalism						
Answering questions						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with DOPS <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

## **NOTES ON DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) ASSESSMENT**

### **Aim**

The aim is to test practical technical skills.

### **Duration**

This is dependent upon the skill being assessed.

### **Procedure Selection**

The Trainee selects the patient in consultation with the assessor with selected learning outcomes in mind. It is important to consider in advance what sort of patient / procedure might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate their level of attainment of the learning outcomes.

### **Filling in the form**

Assessors must have completed an Assessor course. The Assessor must observe the entire clinical encounter. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

### **Setting**

Any clinical setting such as: out-patient clinic, community visit, day hospital or in-patient ward.

### **Feedback**

Feedback should occur directly after the assessment and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

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# College of Psychiatrists of Ireland

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## Journal Club Presentation

### JCP

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous JCP assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

#### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

# JOURNAL CLUB PRESENTATION (JCP) WPBA TOOL

Title of Paper	
Venue	
Group Size	
Duration	

List which learning outcomes are being assessed as part of this WPBA. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Introduction of topic						
Setting material in appropriate context						
Presentation and delivery						
Analysis and critique of material						
Quality of educational content						
Time keeping						
Answering questions						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_minutes

Level of Satisfaction with JCP <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	



## **NOTES ON ASSESSMENT OF JOURNAL CLUB PRESENTATION (JCP) ASSESSMENT**

### **Aim**

The aim is to assess a Trainee's ability to prepare, present and discuss a journal article in a clinical teaching setting.

### **Duration**

30 minutes to perform assessment and includes the time taken to complete the assessment form.

### **Minimum Requirement**

A minimum of one WPBA from the following pool every six month rotation:

AoT

CP

JCP

Note: over the four years of BST all 3 of the above must have been performed at least once.

### **Journal Selection**

The Trainee and Trainer decide which learning outcomes will be assessed by the JCP. The Trainee selects the article in consultation with the Assessor. It is important to consider in advance what sort of article might be involved to ensure the appropriate level of clinical complexity and also to challenge the Trainee's ability to demonstrate their level of attainment of the learning outcomes.

### **Filling in the form**

Assessors must have completed an Assessor course. The Assessor must observe the entire presentation. Each item must be rated and an overall rating determined. The form must be filled in at the time of the assessment.

### **Feedback**

Feedback should occur directly after the presentation and an agreed action decided. The focus should be on strengths and weaknesses with an emphasis on methods of improvement or further development and agreeing a joint action plan to improve / guide future performance.

<b>Journal Club Presentaiton: Assessment Domains</b>	
<b>Introduction of Topic</b>	
<b>1</b>	No introduction
<b>2</b>	Poor introduction; does not address topic for presentation
<b>3</b>	Basic attempt at an introduction; scope for major improvement
<b>4</b>	Good introduction; clearly outlines topic; minor omissions only
<b>5</b>	Comprehensive, clear introduction

<b>Setting Material in Appropriate Context</b>	
<b>1</b>	No attempt at setting material in appropriate context
<b>2</b>	Poor/minimal attempt at setting material in appropriate context
<b>3</b>	Basic attempt at setting material in appropriate context; scope for major improvement
<b>4</b>	Good effort at setting material in appropriate context; minor omissions only
<b>5</b>	Well-structured and coherent setting of material in a context appropriate for the audience

<b>Presentation and Delivery</b>	
<b>1</b>	No evidence of presentation skills
<b>2</b>	Poor presentation skills
<b>3</b>	Basic presentation skills only; scope for major improvement
<b>4</b>	Good presentation skills; some score for improvement
<b>5</b>	Fluent presentation; good level of engagement with audience

<b>Analysis and Critique of Material</b>	
<b>1</b>	No attempt at analysis or critique of material
<b>2</b>	Poor / incorrect analysis or critique
<b>3</b>	Minimal attempt; scope for major improvement
<b>4</b>	Good attempt at analysis and critique of material
<b>5</b>	Careful, thorough analysis and critique of material

<b>Quality of Educational Content</b>	
<b>1</b>	No educational content
<b>2</b>	Very poor educational content; little relevancy
<b>3</b>	Minimal educational content; room for significant improvement
<b>4</b>	Good, relevant educational content; minor omissions only
<b>5</b>	Well researched, relevant, high quality material

<b>Time-Keeping</b>	
<b>1</b>	No evidence of ability to time-keep
<b>2</b>	Minimal attempt at time-keeping
<b>3</b>	Basic time-keeping skills
<b>4</b>	Good ability to manage and appropriately use time allocated for presentation
<b>5</b>	Very good ability to mange and appropriately use time allocated for presentation

<b>Answering Questions</b>	
<b>1</b>	Unable to answer questions
<b>2</b>	Poor attempt at question-answering; does not address questions appropriately
<b>3</b>	Basic ability to listen and respond appropriately to questions and offer relevant answers
<b>4</b>	Good ability to listen and respond appropriately to questions and offer relevant answers
<b>5</b>	Very good ability to listen and respond appropriately to questions and offer relevant answers

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### BST Training Placement Plan

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

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#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Subspecialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

**Trainee e-mail** \_\_\_\_\_

**Tutor e-mail** \_\_\_\_\_

**Educational Supervisor e-mail** \_\_\_\_\_

Clinical Site:

**TRAINING PLACEMENT PLAN**

*To be agreed with the Consultant at the beginning of the post and evaluated by the Consultant at the end of the post)*

Clinical responsibilities:

**Time Table (\*)**

Day	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

(\*) Please indicate on the above timetable the day and time normally set aside for weekly supervision with your consultant

PERSONAL DEVELOPMENT PLAN: CLINICAL AND NON-CLINICAL ACTIVITIES

What I want to be able to do better at the end of this post	How I intend to improve my ability in this area	How I intend to demonstrate this improved ability (e.g. WPBA)

Has the previous training placement report been reviewed?	YES		NO		NOT RELEVANT	
Has the previous ARP report been reviewed?	YES		NO		NOT RELEVANT	
Has the learning outcomes attainment grid been checked?	YES		NO		NOT RELEVANT	

<b>TRAINEE NAME</b> _____ <b>Signature</b> _____ <b>Date</b> _____ <b>CONSULTANT NAME</b> _____ <b>Signature</b> _____ <b>Date</b> _____ <b>TUTOR NAME</b> _____
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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### BST Midpoint Supervisor's Report

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Subspecialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

**Trainee e-mail** \_\_\_\_\_

**Tutor e-mail** \_\_\_\_\_

**Educational Supervisor e-mail** \_\_\_\_\_

### Clinical and Non-Clinical Activities

What I wanted to be able to do better at the end of this post	What I have done to increase my ability in this area	How I have demonstrated this ability	Plans for continued development

## Formative Assessment

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Psychiatric Interview						
Physical Examination and Medical Management						
Collateral History Taking						
Communication						
Formulation						
Risk Assessment and Management						
Clinical Management and Care Planning						
Pharmacotherapeutics and Physical Treatments						
Psychosocial interventions						
Psychotherapy						
Professional Behaviour*						
Clinical Governance						
Team Working						
Audit						
Research						
Teaching						
Ethics and Law						

**\*Learning outcomes attained in relation to *Professional Behaviour* that are not documented elsewhere either by WPBA or other learning activities.**

Learning outcome	Supervisor's comment



Strengths	Weaknesses

Anything especially good?

Suggestions for further development

Agreed further action

Has the previous Training Placement Plan / Supervisor's Report been reviewed?	YES		NO	
Has the learning outcomes attainment grid been checked?	YES		NO	

#### SUPERVISOR DECLARATION

Based on my own observations, the results of workplace based place assessments, on-going structured review of experience and after discussion with the above-named Trainee, I find that the Trainee:

<i>Is satisfactorily progressing in an approved period of supervised training and is achieving the criteria set out by the College for Basic / Higher Specialist Training</i>	
<i>Is NOT satisfactorily progressing in an approved period of supervised training and is not achieving the criteria set out by the College for Basic / Higher Specialist Training</i>	

*I confirm that:*

I have checked this review and can confirm that to the best of my knowledge it represents a complete and accurate review of the Trainee's evidence.

<b>SUPERVISOR NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>TUTOR / MENTOR NAME</b>		

### Trainee's Level of Satisfaction with Report

Level of Satisfaction with Report <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

### TRAINEE DECLARATION

*I confirm that:*

The evidence provided to inform my training review is a complete, accurate record of the evidence collected and assessments undertaken during the relevant training period

TRAINEE NAME	SIGNATURE	DATE

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### BST Endpoint Supervisor's Report

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

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Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

### Clinical and Non-Clinical Activities

What I wanted to be able to do better at the end of this post	What I have done to increase my ability in this area	How I have demonstrated this ability	Plans for continued development

## End-Point Assessment

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Psychiatric Interview						
Physical Examination and Medical Management						
Collateral History Taking						
Communication						
Formulation						
Risk Assessment and Management						
Clinical Management and Care Planning						
Pharmacotherapeutics and Physical Treatments						
Psychosocial interventions						
Psychotherapy						
Professional Behaviour*						
Clinical Governance						
Team Working						
Audit						
Research						
Teaching						
Ethics and Law						

**\*Learning outcomes attained in relation to *Professional Behaviour* that are not documented elsewhere either by WPBA or other learning activities.**

Learning outcome	Supervisor's comment

Strengths	Weaknesses

Anything especially good?

Suggestions for further development

Agreed further action

Would you work with this Trainee again?

Has the previous Training Placement Plan / Supervisor's Report been reviewed?	YES		NO	
Has the learning outcomes attainment grid been checked?	YES		NO	

#### SUPERVISOR DECLARATION

Based on my own observations, the results of workplace based place assessments, on-going structured review of experience and after discussion with the above-named Trainee, I find that the Trainee:

<i>Is satisfactorily progressing in an approved period of supervised training and is achieving the criteria set out by the College for Basic / Higher Specialist Training</i>	
<i>Is <b>NOT</b> satisfactorily progressing in an approved period of supervised training and is not achieving the criteria set out by the College for Basic / Higher Specialist Training</i>	

*I confirm that:*

I have checked this review and can confirm that to the best of my knowledge it represents a complete and accurate review of the Trainee's evidence.

<b>SUPERVISOR NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>TUTOR / MENTOR NAME</b>		

### Trainee's Level of Satisfaction with Report

Level of Satisfaction with Report <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

### TRAINEE DECLARATION

*I confirm that:*

The evidence provided to inform my training review is a complete, accurate record of the evidence collected and assessments undertaken during the relevant training period

TRAINEE NAME	SIGNATURE	DATE

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### BST Summary of Supervision Sessions

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PLEASE FULLY COMPLETE THIS FORM AND RETURN EVERY 12 WEEKS BY EMAIL TO  
[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

**Trainee e-mail** \_\_\_\_\_

**Tutor e-mail** \_\_\_\_\_

**Educational Supervisor e-mail** \_\_\_\_\_



## Summary of Supervision Sessions

Please fill in this form for every week of your attachment. If no supervision occurred during a particular week, please indicate on the form the reason why it did not occur, e.g. Supervisor on annual leave.

No.	Date	Topic
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Level of Satisfaction with Supervision Sessions <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
<b>Trainee</b>						
Comments						

Supervisor: please fill in this form and sign it at the end of every 12 weeks.

<b>Trainee Name</b>		
Signature		
<b>Assessor Name</b>		

Signature		
<b>Tutor Name</b>		
<b>Date</b>		

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio BST Audit Report

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO  
[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Audits supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

Audit Report Form	
Date audit commenced	
Date audit concluded	
Title	
Background	
Aim(s) of the audit	
Ethical considerations	
Standards	
Methodology	
Results	
Conclusions	
Recommendations & action plan	
Evidence of completion of audit cycle	
Presentation / publication resulting from audit	

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Level of Satisfaction with Audit <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio BST Care Plan

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[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Care Plans supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

### CARE PLAN

Clinical Setting	
Clinical Problem	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Identification of physical health needs						
Identification of mental health needs						
Identification of social needs						
Identification of recreational needs						
Identification of appropriate interventions						
Collaboration with the patient in completing the care plan						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with Care Plan <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	



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# College of Psychiatrists of Ireland

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## Trainee Portfolio BST Case Conference

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO  
[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Conferences supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

## CASE CONFERENCE

Clinical Problem	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

**This is not a Case Presentation, Case Review or Case Based Discussion. Please see the Curriculum for Basic and Higher Specialist Training in Psychiatry for details of the task involved in a Case Conference.**

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Organisation of case conference						
Accuracy of content of case summary						
Accuracy of grammar and syntax of case summary						
Comprehensiveness of case summary						
Accuracy of minutes						
Identification of management challenges						
Identification of possible future interventions						

## Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?
---------------------------

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with Case Conference <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Assessor Name</b>	
Signature	
<b>Tutor Name</b>	
<b>Date</b>	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio BST Case Review

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO  
[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Case Reviews supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

Clinical Setting	
Clinical Problem	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

**This is not a Case Presentation, Case Conference or Case Based Discussion. Please see the Curriculum for Basic and Higher Specialist Training in Psychiatry for details of the task involved in a Case Review.**

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Accuracy of content						
Accuracy of grammar and syntax						
Comprehensiveness of review						
Organisation of review						
Risk Assessment						
Assessment of previous treatments						
Diagnosis/identification of diagnostic challenges						
Identification of management challenges						
Identification of possible future interventions						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with Case Review <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio BST Home Visit

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[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Home Visits supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

**To be filled in by Trainee**

<b>Reason for Home Visit</b>	
------------------------------	--

<b>Details of other accompanying team member</b>	
--	--

<b>Brief outline of assessment of patient and home circumstances</b>	
--	--

<b>Outcome of visit</b>	
-------------------------	--



**To be filled in by Supervisor**

**Comment on assessment and management by Trainee**  
**Anything especially good?**

**Suggestions for further development**

**Agreed action**

<b>Trainee Name</b>	
<b>Signature</b>	
<b>Assessor Name</b>	
<b>Signature</b>	
<b>Tutor Name</b>	
<b>Date</b>	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio BST Risk Assessment

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[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Risk Assessments supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

Clinical Setting	
Clinical Problem	
Risk Assessment Instrument	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Comprehensiveness of review of sources of information						
Accuracy of use of instrument						
Clinical judgement/conclusions						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?
---------------------------

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with Risk Assessment <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio BST Research Participation

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Research Supervisor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Research Projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

## DETAILS OF RESEARCH

To be filled in by Trainee

<b>Name of project</b>	
------------------------	--

<b>Names / details of other research collaborators</b>	
--	--

<b>Brief outline of project</b>	
---------------------------------	--

<b>Are there any ethical considerations to document?</b>	
--	--

<b>Your role in the project</b>	
---------------------------------	--

<b>Presentation or publication details (if any)</b>	
---	--

**To be filled in by Research Supervisor**

<b>Comment on contribution by Trainee to project</b>
--

<b>Additional comments</b>
----------------------------

<b>Level of Satisfaction with Research Participation</b> <i>To be filled in by the Trainee</i>	<b>Not satisfied</b>		<b>Reasonably satisfied</b>		<b>Very satisfied</b>	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Trainee</b>						
<b>Comments</b>						

<b>Trainee Name</b>	
Signature	
<b>Assessor Name</b>	
Signature	
<b>Tutor Name</b>	
<b>Date</b>	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio BST Literature Review

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[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychl No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick: Supervising Consultant ☐ Tutor ☐ Other Consultant ☐ Senior Registrar ☐

Surname								
First name								
Medical Council No.								
CPsychl No.								
Number of Literature Reviews supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_



List which learning outcomes are being attained	Outcome attained?	
	Yes	No

## LITERATURE REVIEW

To be filled in by Trainee

<b>The context underlying why you chose to perform this literature Review</b>	
---	--

<b>Specific question to be addressed by the Literature Review</b>	
---	--

<b>Describe how the Literature Review was conducted</b>	
---	--

<b>Title of key selected papers and brief summary of how these papers were evaluated</b>	
--	--

<b>Application of selected papers to clinical question</b>	
--	--

### To be completed by Assessor

Level of Complexity of underlying topic:	Low <input type="checkbox"/> Moderate    High <input type="checkbox"/>
--	--

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Systematic retrieval of best available evidence						
Critical appraisal of evidence for validity						
Critical appraisal of evidence for clinical relevance						
Critical appraisal of evidence for applicability						
Application of results to practice						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?
---------------------------

Suggestions for further development
-------------------------------------

Agreed further action

<b>Level of Satisfaction with Literature Review</b> <i>To be filled in by the Trainee</i>	<b>Not satisfied</b>		<b>Reasonably satisfied</b>		<b>Very satisfied</b>	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Assessor Name</b>	
Signature	
<b>Tutor Name</b>	
<b>Date</b>	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### BST Structured Assessment of Psychotherapy Expertise (SAPE)

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO

[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details

Please Tick: Supervising Consultant ☐ Other Consultant ☐ Other (Give details) ☐

---

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous SAPE assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

### Structured Assessment of Psychotherapy Experience

Clinical Setting	
Clinical Problem	
Number of Sessions of Psychotherapy	
Level of Complexity	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Modality	

List which learning outcomes are being assessed	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished
	1	2	3	4	5
Attitude towards patient					
Application of the principles of a mode of therapy					
Provision of a working formulation of patient's difficulties					
Development of an empathic and responsive relationship with patient					
Establishment of a framework for treatment					
Use of therapeutic techniques					
Monitoring of the impact of therapy					
Ending of treatment					
Supervision use					
Quality of documentation					

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Level of Satisfaction with SAPE <i>To be filled in by Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

## Notes on Structured Assessment of Psychotherapy Experience

	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished
	1	2	3	4	5
Attitude towards patient	Derogatory, intrusive or disrespectful	Often makes unjustified assumptions	Some difficulties in appreciating patient's position	Respectful and non-judgmental	Informed by realistic but positive view of patient's potential
Application of the principles of a mode of psychotherapy	Cannot apply principles or explain the rationale of treatment	Trainee is uncertain of how to, or clumsy in the application of, the principles	Some difficulty applying the principles but some exploration of the patient's difficulties occurs	Can apply the modality's principles to allow exploration of the patient's difficulties	Application of the principles resembles the skill of a more experienced therapist
Provide working formulation of patient's difficulties	Minimal understanding of what formulation is or no attempt to produce one	Formulation is attempted but significantly incomplete or inaccurate	Formulation lacks at least one important component	Adequate account of predisposition to, precipitation and maintenance of, problems	Formulation is cogent, personalised and theoretically sound
Develop empathic and responsive relationship with patient	Little or no sense of patient's feelings or perspective	Working relationship is limited by lack of rapport, interest or understanding	Relationship is often sound but also lapses through therapist's uneven Atonement	Earns patient's trust and confidence from ability to listen and appreciate their feelings	Developed capacity to feel and imagine events from patient's perspective
Establishing frame for treatment	Behaves as if in another setting entirely, e.g. talking with an acquaintance; leading an interrogation	Repeatedly fails to protect setting, keep to time or confuses patient by behaviour towards them	Occasionally fails to maintain setting appropriately	Manages setting, time, and personal boundaries consistently	Optimises working collaboration by adjusting approach to patient
Use of therapeutic techniques	Actions in sessions bear no relation to patient's needs	Attempts at intervention are often clumsy or inappropriate	Interventions vary considerably in execution and success	Well-chosen interventions are usually carried out thoughtfully and competently	Interventions are sensitively timed and phrased and linked to positive change
Monitor impact of therapy	Repeatedly unable to recognise positive or negative effects when these occur	Limited insight into how patient is being affected by the therapeutic sessions and attendant risks	Evident blind spots in assessments of impact on patient	Describes impact of therapy on patient comprehensively and accurately	Aware of interrelationship between different aspects of change during treatment
Ending treatment	Abandons patient without warning, or is unable to let patient go	Little attention is paid to impact of ending, whether planned or patient leaves early	Ending is considered, but perfunctorily or at unsuitable moments in the treatment	Patient is prepared for ending of treatment and its consequences are anticipated	Patient helped to continue to develop after cessation of treatment
Use of supervision	Misses several sessions without explanation or is very cynical	Guarded and uninvolved or too dominant in discussion Fails to grasp what is being conveyed	Shows capacity to use supervision but this remains inconsistent	Attends regularly, participates honestly and openly in discussion, uses advice received	Allies sensitivity with creativity in reflections about the therapy
Documentation	Records (notes and/or letters) are seriously incomplete, inaccurate or misleading	Records omit key events in treatment, are excessively generalised or are uninformative	Records are informative but may be incomplete	Record of treatment sessions is focused and clear; final summary /letter apt and comprehensive	Records resembles those of a more experienced therapist

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# College of Psychiatrists of Ireland

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## Trainee Portfolio BST Reflective Note

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO  
[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

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### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
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### Consultant with whom the experience was discussed

Surname								
First name								
Medical Council No.								
CPsychI No.								

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR, EDUCATIONAL SUPERVISOR & ASSESSOR

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_



## **Reflective Note**

The Trainee must discuss a written reflective note with a Consultant Psychiatrist. Instead of the Trainee submitting the written note (as was the case prior to July 2017), the Consultant must comment on the reflection demonstrated by the Trainee. The comment from the Consultant does not need to reference any specific details of the incident that the Trainee is reflecting upon and the Trainee's written note is not required to be submitted.

Please indicate whether the note is either Clinical ☐ or Non-Clinical ☐

Comments on the extent of reflection by the Trainee:

List which learning outcomes are being assessed as part of this assessment. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	Outcome attained?	
	Yes	No

<b>Trainee Name</b>	
Signature	
<b>Consultant Name</b>	
Signature	
<b>Date</b>	

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### BST Reflective Practice Group Attendance Record

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO  
[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Group Facilitator e-mail \_\_\_\_\_

### Attendance at Reflective Practice Group

<b>Trainee Name</b>		
<b>Session</b>	<b>Date</b>	
1		
2		
3		
4		
5		
6		
7		
8		
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10		
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12		
13		
14		
15		
16		
17		
18		
19		
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21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
I hereby certify that the above named Trainee has attended the reflective practice group on the above dates		
<b>Facilitator Name</b>		
<b>Signature</b>		<b>Date</b>

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### BST Record of On Call Sessions

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO  
[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Tutor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

**On Call Site:**

**Clinical Site:**

**Is the On Call on site or off site?**

**Does the On Call include a commitment to an Emergency Department?**

**Record of On Call Sessions:**

	<b><u>Date(s)</u></b>	<b><u>Consultant On Call</u></b>	<b><u>Senior Registrar On Call</u></b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
<b>10</b>			
<b>11</b>			
<b>12</b>			
<b>13</b>			
<b>14</b>			
<b>15</b>			

**TRAINEE NAME** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONSULTANT NAME** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TUTOR NAME** \_\_\_\_\_

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### BST / HST Post Appraisal by Trainee

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

#### Attachment Date:

From

--	--	--	--	--	--	--	--

To

--	--	--	--	--	--	--	--

#### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

Clinical Site
---------------

### Appraisal of Clinical Post

Under the following headings, how would you rate your experience at this particular setting	Below my expectation		Met my expectation		Above my expectation		Unable to comment
	1	2	3	4	5	6	
Induction programme							
Academic programme							
Educational supervision							
Clinical supervision							
Reflective Practice Group							
Opportunities to attain learning outcomes							
Level of support in Portfolio completion							
Attention to safety within the work environment							
Library facilities							
Internet and computer access							
On-call facilities							
Research opportunities							
Audit opportunities							

How have you developed as a doctor in this job?

Was there anything particularly good about this attachment?

Additional comments:

Would you recommend this post to a colleague?

**Trainee Name and Signature**

**Date**

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# College of Psychiatrists of Ireland

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## BST Declaration of Non-Annual & Non-Educational Leave

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Supervisor Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, TUTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

**Trainee e-mail** \_\_\_\_\_

**Tutor e-mail** \_\_\_\_\_

**Educational Supervisor e-mail** \_\_\_\_\_



## Declaration of Non-Annual & Non-Educational Leave

Please indicate the number of working days out of BST due to non-annual & non-educational leave for each training year in the spaces below.

Training Year		Please specify (i) no. of days & (ii) relevant dates		Please specify (i) no. of days & (ii) relevant dates
Year 1 July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:
Year 2 July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:
Year 3 July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:
Year 4 July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:
Year 5 (if applicable) July___ to July___	Post 1	No. of Days: Dates:	Post 2	No. of Days: Dates:

### Notes:

Trainees who spend longer than 5 years in BST (e.g. due to part-time working) may need additional rows in the above table. In that case, please submit a second Declaration of Non-Annual & Non-Educational Leave document.

If a Trainee is on a leave of absence for an entire post, they should enter 'Not in Training' in the relevant cell of the table above.

<b>Trainee Name</b>	
Signature	
<b>Trainer Name</b>	
Signature	
<b>Tutor Name</b>	
<b>Date</b>	

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Training Placement Plan

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
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#### Supervising Consultant

Specialty / Subspecialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

#### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Clinical Site:

**TRAINING PLACEMENT PLAN**

*(To be agreed with the Consultant at the beginning of the post and evaluated by the Consultant at the end of the post)*

Clinical responsibilities:

**Time Table (\*)**

Day	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

(\*) Please indicate on the above timetable the day and time normally set aside for weekly supervision with your Consultant

**PERSONAL DEVELOPMENT PLAN: CLINICAL AND NON-CLINICAL ACTIVITIES**

What I want to be able to do better at the end of this post	How I intend to improve my ability in this area	How I intend to demonstrate this improved ability (e.g. WPBA)

Has the previous Training Placement report been reviewed?	YES		NO		NOT RELEVANT	
Has the previous ARP report been reviewed?	YES		NO		NOT RELEVANT	
Has the learning outcomes attainment grid been checked?	YES		NO		NOT RELEVANT	

TRAINEE NAME _____ Signature _____ Date _____   CONSULTANT NAME _____ Signature _____ Date _____
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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Midpoint Supervisor's Report

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

**Trainee e-mail** \_\_\_\_\_

**Educational Supervisor e-mail** \_\_\_\_\_

### Clinical and Non-Clinical Activities

What I wanted to be able to do better at the end of this post	What I have done to increase my ability in this area	How I have demonstrated this ability	Plans for continued development

## Formative Assessment

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Psychiatric Interview						
Physical Examination and Medical Management						
Collateral History Taking						
Communication						
Formulation						
Risk Assessment and Management						
Clinical Management and Care Planning						
Pharmacotherapeutics and Physical Treatments						
Psychosocial interventions						
Psychotherapy						
Professional Behaviour*						
Clinical Governance						
Team Working						
Audit						
Research						
Teaching						
Ethics and Law						

**\*Learning outcomes attained in relation to *Professional Behaviour* that are not documented elsewhere either by WPBA or other learning activities.**

Learning outcome	Supervisor's comment

Strengths	Weaknesses

Anything especially good?

Suggestions for further development

Agreed further action

Please confirm that previous Training Placement Plan / Supervisor's Report been reviewed?	YES	
Please confirm that you have reviewed the learning outcomes attainment grid with the Trainee?	YES	

#### SUPERVISOR DECLARATION

Based on my own observations, the results of workplace based place assessments, on-going structured review of experience and after discussion with the above-named Trainee, I find that the Trainee:

<i>Is satisfactorily progressing in an approved period of supervised training and is achieving the criteria set out by the College for Basic / Higher Specialist Training</i>	
<i>Is <u>NOT</u> satisfactorily progressing in an approved period of supervised training and is not achieving the criteria set out by the College for Basic / Higher Specialist Training</i>	

*I confirm that:*

I have checked this review and can confirm that to the best of my knowledge it represents a complete and accurate review of the Trainee's evidence.

<b>SUPERVISOR NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>MENTOR NAME</b>		



### Trainee's Level of Satisfaction with Report

Level of Satisfaction with Report <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

### TRAINEE DECLARATION

*I confirm that:*

The evidence provided to inform my training review is a complete, accurate record of the evidence collected and assessments undertaken during the relevant training period

TRAINEE NAME	SIGNATURE	DATE

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Endpoint Supervisor's Report

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

### Clinical and Non-Clinical Activities

What I wanted to be able to do better at the end of this post	What I have done to increase my ability in this area	How I have demonstrated this ability	Plans for continued development

## End-Point Assessment

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Psychiatric Interview						
Physical Examination and Medical Management						
Collateral History Taking						
Communication						
Formulation						
Risk Assessment and Management						
Clinical Management and Care Planning						
Pharmacotherapeutics and Physical Treatments						
Psychosocial interventions						
Psychotherapy						
Professional Behaviour*						
Clinical Governance						
Team Working						
Audit						
Research						
Teaching						
Ethics and Law						

**\*Learning outcomes attained in relation to *Professional Behaviour* that are not documented elsewhere either by WPBA or other learning activities.**

Learning outcome	Supervisor's comment

Strengths	Weaknesses

Anything especially good?

Suggestions for further development

Agreed further action

Would you work with this Trainee again?

Please confirm that previous Training Placement Plan / Supervisor's Report been reviewed?	YES	
Please confirm that you have reviewed the learning outcomes attainment grid with the Trainee?	YES	

#### SUPERVISOR DECLARATION

Based on my own observations, the results of workplace based place assessments, on-going structured review of experience and after discussion with the above-named trainee, I find that the Trainee:

<i>Is satisfactorily progressing in an approved period of supervised training and is achieving the criteria set out by the College for Basic / Higher Specialist Training</i>	
<i>Is <u>NOT</u> satisfactorily progressing in an approved period of supervised training and is not achieving the criteria set out by the College for Basic / Higher Specialist Training</i>	

*I confirm that:*

I have checked this review and can confirm that to the best of my knowledge it represents a complete and accurate review of the Trainee's evidence.

<b>SUPERVISOR NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>TUTOR / MENTOR NAME</b>		

### Trainee's Level of Satisfaction with Report

Level of Satisfaction with Report <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

### TRAINEE DECLARATION

*I confirm that:*

The evidence provided to inform my training review is a complete, accurate record of the evidence collected and assessments undertaken during the relevant training period

TRAINEE NAME	SIGNATURE	DATE

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### BST / HST Summary of Supervision Sessions

---

PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL EVERY 12 WEEKS TO  
[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

**Trainee e-mail** \_\_\_\_\_

**Educational Supervisor e-mail** \_\_\_\_\_

### Summary of Supervision Sessions

*Please fill in this form for every week of your attachment. If no supervision occurred during a particular week, please indicate on the form the reason why it did not occur, e.g. Supervisor on annual leave.*

No.	Date	Topic
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Level of Satisfaction with Supervision Session <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
<b>Trainee</b>						
Comments						

*Supervisor: please fill in this form and sign it at the end of every 12 weeks.*

<b>Trainee Name</b>	
Signature	
<b>Supervisor Name</b>	
Signature	
<b>Date</b>	



---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

## HST Audit Project

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick:    Supervising Consultant ☐    Other Consultant ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Audit projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

Audit Report Form	
Date audit commenced	
Date audit concluded	
Title	
Background	
Aim(s) of the audit	
Ethical considerations	
Standards	
Methodology	
Results	
Conclusions	
Recommendations & action plan	
Evidence of completion of audit cycle	
Presentation / Publication resulting from audit	

## Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Level of Satisfaction with Audit <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio HST Care Plan

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick:     **Supervising Consultant** ☐     **Other Consultant** ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Care Plans supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

### CARE PLAN

Clinical Setting	
Clinical Problem	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Identification of physical health needs						
Identification of mental health needs						
Identification of social needs						
Identification of recreational needs						
Identification of appropriate interventions						
Collaboration with the patient in completing the care plan						

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with Care Plan <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Assessor Name</b>	
Signature	
<b>Date</b>	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio HST Case Conference

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick:     Supervising Consultant ☐     Other Consultant ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Conferences supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

## CASE CONFERENCE

Clinical Setting	
Clinical Problem	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

**This is not a Case Presentation, Case Review or Case Based Discussion. Please see the Curriculum for Basic and Higher Specialist Training in Psychiatry for details of the task involved in a Case Conference.**

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Organisation of case conference						
Accuracy of content of case summary						
Accuracy of grammar and syntax of case summary						
Comprehensiveness of case summary						
Accuracy of minutes						
Identification of management challenges						
Identification of possible future interventions						

## Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	



Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with Case Conference <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Assessor Name</b>	
Signature	
<b>Date</b>	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio HST Case Review

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick:    **Supervising Consultant** ☐    **Other Consultant** ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Case Reviews supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

## CASE REVIEW

Clinical Setting	
Clinical Problem	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

**This is not a Case Presentation, Case Conference or Case Based Discussion. Please see the Curriculum for Basic and Higher Specialist Training in Psychiatry for details of the task involved in a Case Review.**

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Accuracy of content						
Accuracy of grammar and syntax						
Comprehensiveness of review						
Organisation of review						
Risk Assessment						
Assessment of previous treatments						
Diagnosis/identification of diagnostic challenges						
Identification of management challenges						
Identification of possible future interventions						

## Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

<b>Level of Satisfaction with Case Review</b> <i>To be filled in by the Trainee</i>	<b>Not satisfied</b>		<b>Reasonably satisfied</b>		<b>Very satisfied</b>	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Assessor Name</b>	
Signature	
<b>Date</b>	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio HST Court Report

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick:     Supervising Consultant ☐     Other Consultant ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Court Reports supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

In relation to the preparation of a Court Report, how would you rate this doctor's performance at their present stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Structure						
Clarity						
Main findings and conclusions						
Avoidance of unnecessary jargon and technical terms						
Review of background case material						
Clinical reasoning						
Consideration of potential ethical issues						
Concordance with professional guidelines and legal framework						

**Supervisor comments and feedback**

Level of Satisfaction with Review of Court Report <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Assessor Name</b>	
Signature	
<b>Date</b>	

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Development and Appraisal of a Teaching Programme

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details

Please Tick:      Supervising Consultant ☐      Other Consultant ☐

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

**Trainee e-mail** \_\_\_\_\_

**Educational Supervisor e-mail** \_\_\_\_\_

**Assessor e-mail** \_\_\_\_\_

<b>Details of Teaching Programme</b>
--------------------------------------

<b>List which learning outcomes are being attained</b>	<b>Outcome attained?</b>	
	<b>Yes</b>	<b>No</b>

<b>Implementation</b>
-----------------------

<b>Appraisal</b>
------------------

<b>Supervisor's Comments and Feedback</b>
---

<b>Level of Satisfaction with Development and Appraisal of a Teaching Programme</b>	<b>Not satisfied</b>		<b>Reasonably satisfied</b>		<b>Very satisfied</b>	
<i>To be filled in by the Trainee</i>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Assessor Name</b>	
Signature	
<b>Date</b>	



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# College of Psychiatrists of Ireland

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## Trainee Portfolio HST Literature Review

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO  
[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick:      Supervising Consultant ☐      Other Consultant ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Literature Reviews supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

## LITERATURE REVIEW

To be filled in by Trainee

<b>The context underlying why you chose to perform this literature Review</b>	
---	--

<b>Specific question to be addressed by the Literature Review</b>	
---	--

<b>Describe how the Literature Review was conducted</b>	
---	--

<b>Title of key selected papers and brief summary of how these papers were evaluated</b>	
--	--

<b>Application of selected papers to clinical question</b>	
--	--

**To be completed by Assessor**

Level of Complexity of underlying topic:	Low <input type="checkbox"/> Moderate    High <input type="checkbox"/>
--	--

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Systematic retrieval of best available evidence						
Critical appraisal of evidence for validity						
Critical appraisal of evidence for clinical relevance						
Critical appraisal of evidence for applicability						
Application of results to practice						

**Overall Rating**

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?
---------------------------

Suggestions for further development
-------------------------------------

Agreed further action

Level of Satisfaction with Literature Review <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Tutor Name	
Date	

---

# The College of Psychiatry of Ireland

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## Trainee Portfolio HST Risk Assessment

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick:      Supervising Consultant ☐      Other Consultant ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of Risk Assessments supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

## RISK ASSESSMENT

Clinical Setting	
Clinical Problem	
Risk Assessment Instrument	
Level of Complexity	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

List which learning outcomes are being attained	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	6
Comprehensiveness of review of sources of information						
Accuracy of use of instrument						
Clinical judgement/conclusions						

## Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?
---------------------------

Suggestions for further development

Agreed further action

Time taken to complete assessment \_\_\_\_\_ minutes

Level of Satisfaction with Risk Assessment To be filled in by the Trainee	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Assessor Name</b>	
Signature	
<b>Date</b>	

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Research Participation

### Initial Research Proposal

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**PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO**  
**[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)**

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Research Supervisor Details

**Please Tick:**      **Supervising Consultant** ☐      **Other Consultant** ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Research Projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, RESEARCH SUPERVISOR AND EDUCATIONAL SUPERVISOR**

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

**Trainee e-mail** \_\_\_\_\_

**Research Supervisor e-mail** \_\_\_\_\_

**Educational Supervisor e-mail** \_\_\_\_\_



## **INITIAL RESEARCH PROPOSAL**

### **DETAILS OF RESEARCH**

**To be filled in by Trainee**

<b>Name of project</b>	
<b>Names / details of other research collaborators</b>	
<b>Brief outline or description of project</b>	
<b>Your proposed role in the project</b>	
<b>Are there any ethical considerations to document?</b>	

<b>Destination of the research (publication, higher degree etc.)</b>	
--	--

**To be filled in by Research Supervisor**

<b>Comment on contribution by Trainee to project</b>		
<b>Additional comments</b>		
<b>Trainee Name</b>	<b>Trainee Signature</b>	<b>Date</b>
<b>Research Supervisor Name</b>	<b>Research Supervisor Signature</b>	<b>Date</b>
<b>Educational Supervisor Name</b>	<b>Educational Supervisor Signature</b>	<b>Date</b>

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Research Participation

### Six Monthly Progress Report

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---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Research Supervisor Details

Please Tick:     Supervising Consultant ☐ Other Consultant ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous Research Projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

#### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, RESEARCH SUPERVISOR AND EDUCATIONAL SUPERVISOR

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Research Supervisor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

## **SIX MONTHLY RESEARCH PROGRESS REPORT**

### **DETAILS OF RESEARCH**

**To be filled in by Trainee**

<b>Name of project</b>	
<b>Names / details of other research collaborators</b>	
<b>Progress Report</b>	

**To be filled in by Research Supervisor**

<b>Comment on contribution by Trainee to project</b>
--

**Additional comments**

Level of Satisfaction with Research Project <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	<b>Trainee Signature</b>	<b>Date</b>
<b>Research Supervisor Name</b>	<b>Research Supervisor Signature</b>	<b>Date</b>
<b>Educational Supervisor Name</b>	<b>Educational Supervisor Signature</b>	<b>Date</b>

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Research Participation

### End of Year Progress Report

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Research Supervisor Details

Please Tick:     **Supervising Consultant** ☐ **Other Consultant** ☐

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous research projects supervised with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

#### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, RESEARCH SUPERVISOR AND EDUCATIONAL SUPERVISOR

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Research Supervisor e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

## **END OF YEAR RESEARCH PROGRESS REPORT**

### **DETAILS OF RESEARCH**

**To be filled in by Trainee**

<b>Name of project</b>	
<b>Names / details of other research collaborators</b>	
<b>Progress Report (including potential presentation and publication details)</b>	

**To be filled in by Research Supervisor**

<b>Comment on contribution by Trainee to project</b>
--

**Additional comments**

Level of Satisfaction with Research Project <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	<b>Trainee Signature</b>	<b>Date</b>
<b>Research Supervisor Name</b>	<b>Research Supervisor Signature</b>	<b>Date</b>
<b>Educational Supervisor Name</b>	<b>Educational Supervisor Signature</b>	<b>Date</b>



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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Supervision Project

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[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

## HST Supervision Project

<b>Educational Project</b>	
<b>Clinical Project</b>	

<b>Description of Project</b>	
-------------------------------	--

<b>Date Commenced</b>	
-----------------------	--

<b>Date completed</b>	
-----------------------	--

**To be completed by Supervising Consultant:**

Under the following headings, how would you rate the Senior Registrar at this stage of training?	Below standard		Meets standard		Above standard		Unable to comment
	1	2	3	4	5	6	
Communication							
Motivation of Trainee(s) by SR							
Organisation							
SR appraisal of Trainee(s) activity							
Quality of feedback given by SR to supervisee(s)							
<b>Overall rating of SR performance</b>							

<b>Advice for further development</b>	
---------------------------------------	--

Level of Satisfaction with HST Supervision Project <i>To be filled in by the Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Senior Registrar						
Comments						

Trainee Name	Trainee Signature	Date
Supervisor Name	Supervisor Signature	Date
Educational Supervisor Name	Educational Supervisor Signature	Date

---

# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Special Interest Record (Initial Outline)

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO

[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details:

Please Tick:     Supervising Consultant ☐     Other Consultant ☐

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE, EDUCATIONAL SUPERVISOR AND SPECIAL INTEREST SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Special Interest Supervisor e-mail \_\_\_\_\_

**HST Special Interest Record**

<b>Outline of activity</b>	
----------------------------	--

<b>Learning outcomes</b>	
--------------------------	--

<b>How learning outcomes will be achieved</b>	
---	--

<b>How learning outcomes will be assessed</b>	
---	--

<b>Trainee Name</b>	<b>Trainee Signature</b>	<b>Date</b>
<b>Special Interest Supervisor Name</b>	<b>Special Interest Supervisor Signature</b>	<b>Date</b>
<b>Educational Supervisor Name</b>	<b>Educational Supervisor Signature</b>	<b>Date</b>

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Special Interest Record (Midpoint Update)

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO

[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details:

Please Tick:      Supervising Consultant ☐      Other Consultant ☐

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE, EDUCATIONAL SUPERVISOR AND SPECIAL INTEREST SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Special Interest Supervisor e-mail \_\_\_\_\_

### HST Special Interest Record

To be filled in by Trainee:

<b>Outline of activity</b>	
----------------------------	--

<b>Learning outcomes</b>	
--------------------------	--

<b>Progress Report</b>	
------------------------	--

To be filled in by Special Interest Supervisor:

<b>Comment on Trainee progress</b>	
------------------------------------	--

<b>Level of Satisfaction with Special Interest Activity</b> <i>To be filled in by the Trainee</i>	<b>Not satisfied</b>		<b>Reasonably satisfied</b>		<b>Very satisfied</b>	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Trainee</b>						
<b>Comments</b>						

<b>Trainee Name</b>	<b>Trainee Signature</b>	<b>Date</b>
<b>Special Interest Supervisor Name</b>	<b>Special Interest Supervisor Signature</b>	<b>Date</b>
<b>Educational Supervisor Name</b>	<b>Educational Supervisor Signature</b>	<b>Date</b>

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Special Interest Record (Endpoint)

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO

[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details:

Please Tick:     Supervising Consultant ☐     Other Consultant ☐

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE, EDUCATIONAL SUPERVISOR AND SPECIAL INTEREST SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **ALL** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Special Interest Supervisor e-mail \_\_\_\_\_



### HST Special Interest Record

To be filled in by Trainee:

<b>Brief outline of activity</b>	
----------------------------------	--

<b>Learning outcomes</b>	
--------------------------	--

<b>How were the learning outcomes attained and assessed?</b>	
--	--

<b>Comment box for Trainee</b>	
--------------------------------	--

To be filled in by Special Interest Supervisor:

I hereby certify that the learning outcomes listed above <b>have been</b> / <b>have not been</b> assessed and attained
--

<b>Comment box for Special Interest Supervisor</b>	
--	--

<b>Level of Satisfaction with Special Interest Activity</b> <i>To be filled in by the Trainee</i>	<b>Not satisfied</b>		<b>Reasonably satisfied</b>		<b>Very satisfied</b>	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Trainee</b>						
<b>Comments</b>						

<b>Trainee Name</b>	<b>Trainee Signature</b>	<b>Date</b>
<b>Special Interest Supervisor Name</b>	<b>Special Interest Supervisor Signature</b>	<b>Date</b>
<b>Educational Supervisor Name</b>	<b>Educational Supervisor Signature</b>	<b>Date</b>

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Reflective Note

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO

[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Consultant with whom the experience was discussed

Surname								
First name								
Medical Council No.								
CPsychI No.								

#### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

## **Reflective Note**

The Trainee must discuss a written reflective note with a Consultant Psychiatrist. Instead of the Trainee submitting the written note (as was the case prior to July 2017), the Consultant must comment on the reflection demonstrated by the Trainee. The comment from the Consultant does not need to reference any specific details of the incident that the Trainee is reflecting upon and the Trainee's written note is not required to be submitted.

Please tick one box below:

General Clinical Note	
General Non-Clinical Note	
Note in relation to tribunal attendance	
Note in relation to role as a responsible Consultant Psychiatrist at a tribunal	
Note in relation to role as a responsible Consultant Psychiatrist at a review board	
Note in relation to Acting-up	

Comments on the extent of reflection by the Trainee

List which learning outcomes are being assessed as part of this assessment. Please include the numbers and text of the learning outcomes as they are on the learning outcomes attainment grid.	Outcome attained?	
	Yes	No

Consultant Signature	
Trainee Signature	
Date	

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Risk Management Project

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO

[PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

#### Assessor Details:

Please Tick:      Supervising Consultant ☐      Other Consultant ☐

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

**Area of identified Risk**

**Management of Risk**

**Impact on Service**

**Supervisor's Comments and Feedback**

Level of Satisfaction with Risk Management Project	Not satisfied		Reasonably satisfied		Very satisfied	
<i>To be filled in by the Trainee</i>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Supervisor Name</b>	
Signature	
<b>Date</b>	

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# College of Psychiatrists of Ireland

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## Trainee Portfolio HST Service Development Project

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

*To be filled in by the Trainee*

**Area of service development**

**Trainee's role in the activity**

*To be filled in by the Supervisor*

**Impact of the activity on the service**

**Supervisor's Comments and Feedback**

Level of Satisfaction with Service Development Project	Not satisfied		Reasonably satisfied		Very satisfied	
<i>To be filled in by the Trainee</i>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Trainee</b>						
Comments						

<b>Trainee Name</b>	
Signature	
<b>Supervisor Name</b>	
Signature	
<b>Date</b>	



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# College of Psychiatrists of Ireland

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## Trainee Portfolio

## HST Record of On Call Sessions

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

#### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE & EDUCATIONAL SUPERVISOR.

A CONFIRMATORY E-MAIL WILL BE SENT TO BOTH E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

**On Call Site:**

**Clinical Site:**

**Is the On Call on site or off site?**

**Does the On Call include a commitment to an Emergency Department?**

**Record of On Call Sessions:**

	<b><u>Date(s)</u></b>	<b><u>Consultant On Call</u></b>	<b><u>Senior Registrar On Call</u></b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
<b>10</b>			
<b>11</b>			
<b>12</b>			
<b>13</b>			
<b>14</b>			
<b>15</b>			

**TRAINEE NAME** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONSULTANT NAME** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

### HST Structured Assessment of Psychotherapy Expertise (SAPE)

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

#### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

Assessor Details      Please Tick:    Supervising Consultant ☐    Other Consultant ☐    Other ☐  
(Please specify) \_\_\_\_\_

Surname								
First name								
Medical Council No.								
CPsychI No.								
Number of previous SAPE assessments performed by assessor with ANY Trainee	Tick	0	1	2	3	4	5-9	>10

**PLEASE INSERT E-MAIL ADDRESSES FOR BOTH TRAINEE AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO **BOTH** E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Clinical Setting	
Clinical Problem	
Number of Sessions of Psychotherapy	
Level of Complexity	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Modality	

List which learning outcomes are being assessed as part of this WPBA	Outcome attained?	
	Yes	No

Under the following headings, how would you rate this doctor's performance at this stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished
	1	2	3	4	5
Attitude towards patient					
Application of the principles of a mode of therapy					
Provision of a working formulation of patient's difficulties					
Development of an empathic and responsive relationship with patient					
Establishment of a framework for treatment					
Use of therapeutic techniques					
Monitoring of the impact of therapy					
Ending of treatment					
Supervision use					
Quality of documentation					

### Overall Rating

Based on this assessment, how would you rate this doctor's overall performance at this stage of training?

Below standard	
Borderline	
Satisfactory	

Anything especially good?

Suggestions for further development

Agreed further action

Level of Satisfaction with SAPE <i>To be filled in by Trainee</i>	Not satisfied		Reasonably satisfied		Very satisfied	
	1	2	3	4	5	6
Trainee						
Comments						

Trainee Name	
Signature	
Assessor Name	
Signature	
Date	

## Notes on Structured Assessment of Psychotherapy Experience

	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished
	1	2	3	4	5
Attitude towards patient	Derogatory, intrusive or disrespectful	Often makes unjustified assumptions	Some difficulties in appreciating patient's position	Respectful and non-judgmental	Informed by realistic but positive view of patient's potential
Application of the principles of a mode of psychotherapy	Cannot apply principles or explain the rationale of treatment	Trainee is uncertain of how to, or clumsy in the application of, the principles	Some difficulty applying the principles but some exploration of the patient's difficulties occurs	Can apply the modality's principles to allow exploration of the patient's difficulties	Application of the principles resembles the skill of a more experienced therapist
Provide working formulation of patient's difficulties	Minimal understanding of what formulation is or no attempt to produce one	Formulation is attempted but significantly incomplete or inaccurate	Formulation lacks at least one important component	Adequate account of predisposition to, precipitation and maintenance of, problems	Formulation is cogent, personalised and theoretically sound
Develop empathic and responsive relationship with patient	Little or no sense of patient's feelings or perspective	Working relationship is limited by lack of rapport, interest or understanding	Relationship is often sound but also lapses through therapist's uneven Atonement	Earns patient's trust and confidence from ability to listen and appreciate their feelings	Developed capacity to feel and imagine events from patient's perspective
Establishing frame for treatment	Behaves as if in another setting entirely, e.g. talking with an acquaintance; leading an interrogation	Repeatedly fails to protect setting, keep to time or confuses patient by behaviour towards them	Occasionally fails to maintain setting appropriately	Manages setting, time, and personal boundaries consistently	Optimises working collaboration by adjusting approach to patient
Use of therapeutic techniques	Actions in sessions bear no relation to patient's needs	Attempts at intervention are often clumsy or inappropriate	Interventions vary considerably in execution and success	Well-chosen interventions are usually carried out thoughtfully and competently	Interventions are sensitively timed and phrased and linked to positive change
Monitor impact of therapy	Repeatedly unable to recognise positive or negative effects when these occur	Limited insight into how patient is being affected by the therapeutic sessions and attendant risks	Evident blind spots in assessments of impact on patient	Describes impact of therapy on patient comprehensively and accurately	Aware of interrelationship between different aspects of change during treatment
Ending treatment	Abandons patient without warning, or is unable to let patient go	Little attention is paid to impact of ending, whether planned or patient leaves early	Ending is considered, but perfunctorily or at unsuitable moments in the treatment	Patient is prepared for ending of treatment and its consequences are anticipated	Patient helped to continue to develop after cessation of treatment
Use of supervision	Misses several sessions without explanation or is very cynical	Guarded and uninvolved or too dominant in discussion Fails to grasp what is being conveyed	Shows capacity to use supervision but this remains inconsistent	Attends regularly, participates honestly and openly in discussion, uses advice received	Allies sensitivity with creativity in reflections about the therapy
Documentation	Records (notes and/or letters) are seriously incomplete, inaccurate or misleading	Records omit key events in treatment, are excessively generalised or are uninformative	Records are informative but may be incomplete	Record of treatment sessions is focused and clear; final summary /letter apt and comprehensive	Records resembles those of a more experienced therapist

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# College of Psychiatrists of Ireland

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## Trainee Portfolio

## HST Mental Health Review Board Report

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Assessor Details

Please Tick:      Supervising Consultant ☐      Other Consultant ☐

Specialty / Subspecialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

### PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, EDUCATIONAL SUPERVISOR & ASSESSOR

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

Trainee e-mail \_\_\_\_\_

Educational Supervisor e-mail \_\_\_\_\_

Assessor e-mail \_\_\_\_\_

In relation to the preparation of a court report, how would you rate this doctor's performance at their present stage of training?	Unacceptable	Much work to be done	Borderline	Satisfactory	Accomplished	Unable to comment
	1	2	3	4	5	
Structure						
Clarity						
Main findings and conclusions						
Avoidance of unnecessary jargon and technical terms						
Review of background case material						
Clinical reasoning						
Demonstration of criteria for mental disorder						

**Supervisor comments and feedback**

Level of Satisfaction with Review of Report	Not satisfied		Reasonably satisfied		Very satisfied	
<i>To be filled in by the Trainee</i>						
	1	2	3	4	5	6
<b>Trainee</b>						
<b>Comments</b>						

<b>Trainee Name</b>	
Signature	
<b>Supervisor Name</b>	
Signature	
<b>Date</b>	



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# College of Psychiatrists of Ireland

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## Trainee Portfolio BST / HST Post Appraisal by Trainee

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Attachment Date:

From

--	--	--	--	--	--	--	--

To

--	--	--	--	--	--	--	--

### Supervising Consultant

Specialty / Sub-specialty								
Surname								
First name								
Medical Council No.								
CPsychI No.								

Clinical Site
---------------

## Appraisal of Clinical Post

Under the following headings, how would you rate your experience at this particular setting	Below my expectation		Met my expectation		Above my expectation		Unable to comment
	1	2	3	4	5	6	
Induction programme							
Academic programme							
Educational supervision							
Clinical supervision							
Reflective Practice Group							
Opportunities to attain learning outcomes							
Level of support in Portfolio completion							
Attention to safety within the work environment							
Library facilities							
Internet and computer access							
On-call facilities							
Research opportunities							
Audit opportunities							

How have you developed as a doctor in this job?

Was there anything particularly good about this attachment?

Additional comments

Would you recommend this post to a colleague?

TRAINEE NAME AND SIGNATURE

DATE

---

# College of Psychiatrists of Ireland

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## HST Declaration of Non-Annual & Non-Educational Leave

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PLEASE FULLY COMPLETE THIS FORM AND RETURN BY EMAIL TO [PORTFOLIO@IRISHPSYCHIATRY.IE](mailto:PORTFOLIO@IRISHPSYCHIATRY.IE)

---

### Trainee Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

FY		BST	1	2	3	HST	1	2	3	Other		DATE	
----	--	-----	---	---	---	-----	---	---	---	-------	--	------	--

### Supervisor Details

Surname								
First name								
Medical Council No.								
CPsychI No.								

**PLEASE INSERT E-MAIL ADDRESSES FOR TRAINEE, MENTOR AND EDUCATIONAL SUPERVISOR.**

A CONFIRMATORY E-MAIL WILL BE SENT TO ALL E-MAIL ADDRESSES ALONG WITH AN ELECTRONIC COPY OF THE FORM SUBMITTED.

**Trainee e-mail** \_\_\_\_\_

**Mentor e-mail** \_\_\_\_\_

**Educational Supervisor e-mail** \_\_\_\_\_

### Declaration of Non-Annual & Non-Educational Leave

<b>Training Year</b>	<b>Please indicate the number of working days out of HST due to non-annual &amp; non-educational leave for each year in the spaces below.</b>
Year 1	<b>Please specify (i) No. of days &amp; (ii) relevant dates</b> No. of Days: Dates:
Year 2	<b>Please specify (i) No. of days &amp; (ii) relevant dates</b> No. of Days: Dates:
Year 3	<b>Please specify (i) No. of days &amp; (ii) relevant dates</b> No. of Days: Dates:
Year 4 (if applicable)	<b>Please specify (i) No. of days &amp; (ii) relevant dates</b> No. of Days: Dates:
Year 5 (if applicable)	<b>Please specify (i) No. of days &amp; (ii) relevant dates</b> No. of Days: Dates:
Year 6 (if applicable)	<b>Please specify (i) No. of days &amp; (ii) relevant dates</b> No. of Days: Dates:

#### Notes:

- Trainees who spend longer than 6 years in HST (e.g. due to part-time working) may need additional rows in the above table. In that case, please submit a second Declaration of Non-Annual & Non-Educational Leave document.
- If a Trainee is on a leave of absence for an entire post, they should enter 'Not in Training' in the relevant cell of the table above.

<b>Trainee Name</b>	
Signature	
<b>Trainer Name</b>	
Signature	
<b>Date</b>	

## Learning Outcome Attainment Grids

FOUNDATION YEAR LEARNING OUTCOMES ATTAINMENT GRID			Revised July 2015	
Trainee name:				
Medical Council Registration Number:				
TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR			TO BE COMPLETED BY ARP PANEL	
PORTFOLIO CHECKLIST	Date Completed	Total	Verified	Comments
Training Placement Plan (post 1)				
Midpoint Supervisor's Report (post 1)				
Endpoint Supervisor's Report (post 1)				
Post Appraisal (post 1)				
Training Placement Plan (post 2)				
Midpoint Supervisor's Report (post 2)				
<b>WPBAs</b> [minimum of 7 WPBAs per 6-month placement]  (List each WPBA completed to date)  1 ACE to be done per 6 month placement  2 miniACEs to be done per 6 month placement  1 CBD to be done per 6 month placement  1 of CP/AoT/JCP/DONCS to be done per 6 month placement and all to be done by the end of BST				

<b>Summary of Supervision Sessions</b>				
<b>Reflective Practice Group Attendance Record</b> <i>40 Sessions to be attended by the end of BST</i>				
<b>Audit Report</b> <i>To be submitted by the end of BST</i>				
<b>Research Participation</b> <i>To be submitted by the end of BST</i>				
<b>Literature Search</b> <i>To be submitted by the end of BST</i>				
<b>Reflective Note(s)</b> <i>2 Reflective Notes must be submitted in each placement</i>				
<b>Care Plan</b> <i>To be submitted by the end of BST</i>				
<b>Risk Assessment</b> <i>To be submitted by the end of BST</i>				
<b>Case Review</b> <i>To be submitted by the end of BST</i>				
<b>Case Conference</b> <i>To be submitted by the end of BST</i>				

<b>Training Courses</b> <i>(Insert title(s) of training course(s) attended)</i>				
<b>E-Modules</b> <i>(Insert title(s) of e-module(s) completed)</i>				
<b>Current Basic Life Support Course Certificate</b>				
<b>Current Non Violent Crisis Intervention Course Certificate</b>				

### ***Clinical Domain***

#### **1. The Psychiatric Interview**

**(History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)**

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1(a)	Obtain detailed and accurate histories from patients with psychoses.		ACE, miniACE, CBD, CP				
1(b)	Obtain detailed and accurate histories from patients with mood disorders.		ACE, miniACE, CBD, CP				
1(c)	Obtain detailed and accurate histories from patients with anxiety disorders.		ACE, miniACE, CBD, CP				

1(d)	Obtain detailed and accurate histories from patients with personality disorders.		ACE, miniACE, CBD, CP				
1(e)	Obtain detailed and accurate histories from patients with addictions.		ACE, miniACE, CBD, CP				
1(f)	Obtain detailed and accurate histories from patients with eating disorders.		ACE, miniACE, CBD, CP				
1(g)	Obtain detailed and accurate histories from patients with organic disorders.		ACE, miniACE, CBD, CP				
2	Observe and describe mental state accurately.		miniACE, CBD, CP				
3	Present information obtained in a clinical encounter in a logical and scientific manner.		CBD, CP				
4	Accurately document clinical findings in a standardised format.		CBD				
5	Formulate and defend a logical differential diagnosis based on the clinical findings.		CBD, CP				
6	Exhibit the ability to be both an effective and empathic interviewer in a variety of clinical situations.		ACE, miniACE				
7(a)	Demonstrate awareness of the impact of cultural differences on a		ACE, miniACE,				



	psychiatric interview.		CBD				
7(b)	Demonstrate awareness of the impact of religious differences on a psychiatric interview.		ACE, miniACE, CBD				
7(c)	Demonstrate awareness of the impact of ethnic differences on a psychiatric interview.		ACE, miniACE, CBD				
8	Prioritise and elicit essential information in challenging clinical encounters.		ACE, miniACE, CBD, CP				
9	Recognise common forms of psychopathology (refer to Descriptive Psychopathology section of the syllabus).		CBD, miniACE, ACE, CP				

## 2. Physical Examination and Medical Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Recognise medical emergencies and facilitate urgent referral of same.		CBD, DOPS				
2	Perform immediate resuscitation and stabilisation of patients in medical emergencies.		BLS COURSE, DOPS				

3(a)	Recognise and assess medical comorbidities.		DOPS, miniACE, ACE, CBD				
3(b)	Recognise and assess substance misuse.		DOPS, miniACE, ACE, CBD				
4	Identify and appropriately refer those patients who require further specialist medical treatment.		CBD, CP				

### 3. Collateral History Taking

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Obtain collateral information from patients' relatives and carers.		CBD, miniACE				
2	Obtain collateral history from general practitioners and other health professionals.		CBD, miniACE				
3	Document and communicate collateral history in an appropriate manner.		CBD				
4	Exhibit the ability to be an empathic and effective history taker when dealing with carers.		miniACE				

#### 4. Communication

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Elicit emotional expression and thought content from patients.		ACE, miniACE				
2	Communicate clearly and effectively with other team members.		miniACE, DONCS				
3	Provide clear and appropriate written communication to GPs and other agencies.		CBD				
4	Demonstrate comprehensible and accurate clinical note taking.		CBD				
5	Present clinical findings in a clear manner to senior medical staff in an on call situation.		Supervisor's Report				
6	Present to a group in a clear and informative manner.		CP, JCP, AoT				

#### 5. Formulation

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR	TO BE COMPLETED BY ARP PANEL
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	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1(a)	Develop formulations on adult patients with psychoses.		CBD, CP				
1(b)	Develop formulations on adult patients with mood disorders.		CBD, CP				
1(c)	Develop formulations on adult patients with anxiety disorders.		CBD, CP				

## 6. Risk Assessment and Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PAMEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Assess risk of self harm and suicide.		ACE, CBD				
2	Assess other potential risks to the patient.		ACE, CBD				
3	Ensure personal safety in clinical practice.		NVCI COURSE				
4	Assess potential risks to others from the patient.		ACE, CBD				

## 7. Clinical Management and Care Planning

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Identify and manage psychiatric emergencies ((a) behavioural disturbances and (b) suicidal intent).		CBD				

## 8. Pharmacotherapy and Physical Treatments

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1(a)	Safely prescribe antidepressant medication.		CBD, CP				
1(b)	Safely prescribe antipsychotic medication.		CBD, CP				
1(c)	Safely prescribe anxiolytic medication.		CBD, CP				
1(d)	Safely prescribe mood stabilising medication.		CBD, CP				
1(e)	Safely prescribe hypnotic medication.		CBD, CP				
2	Utilise psychotropic medication as part of the emergency management of disturbed behaviour.		CBD				

## 9. Psychosocial Interventions

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Utilise the skills of other mental health professionals providing social interventions.		CBD				

## 10. Psychotherapy

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Establish and maintain supportive relationships with a variety of patients.		ACE, SAPE, miniACE				
2	Discuss the factors involved in the therapeutic alliance.		CBD, SAPE				

## Professional Domain

## 11. Professional Behaviour

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Care for patients, with integrity in a sensitive, empathic and compassionate manner.		ACE, CBD, miniACE				
2	Demonstrate decision making ability in clinical practice.		ACE, miniACE, DOPS, CBD				
3	Describe the importance of continuity of care.		CBD				
4	Recognise personal limitations.		DOPS, Reflective Note				
5	Demonstrate probity in all aspects of professional activity.		Supervisor's Report				
6	Display initiative both in clinical and non-clinical settings.		Supervisor's Report				
7	Develop, implement and document a personal continuing education strategy.		Supervisor's Report				
8	Observe professional boundaries with patients, carers and colleagues.		Supervisor's Report				

### 13. Team Working

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Recognise ethical and professional values and expertise of other MDT members.		CBD, Reflective Note				
2	Maintain professional relationships with colleagues to provide quality care.		Supervisor's Report				

## 16. Teaching

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Participate in local teaching programmes.		CP, JCP, AoT				

## 17. Ethics and the Law

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Observe and maintain patient		CBD, CP				



	confidentiality.						
2	Recognise when a breach of confidentiality is appropriate.		Reflective Note, CBD				
3	Recognise when mandatory reporting of a child protection issue must occur.		CBD, CP				
4	Explain the principle of informed consent.		CBD, CP				
5	Describe the principle of patient autonomy.		CBD, CP				
6(a)	Utilise the Mental Health Act appropriately in relation to the involuntary admission of patients.		CBD, miniACE				
6(b)	Utilise the Mental Health Act appropriately in relation to the detention of voluntary patients.		CBD, miniACE				
7(a)	Utilise the Mental Health Act appropriately in relation to the restraint of patients.		CBD, miniACE				
7(b)	Utilise the Mental Health Act appropriately in relation to the seclusion of patients.		CBD, miniACE				
8	Comply with the provisions of the Data Protection Act 1988.		CBD				

B1 / B2 / B3 LEARNING OUTCOMES ATTAINMENT GRID			Revised July 2015	
Trainee name:				
Year:				
Medical Council Registration Number:				
TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR			TO BE COMPLETED BY ARP PANEL	
PORTFOLIO CHECKLIST	Date Completed	Total	Verified	Comments
Previous ARP				
Previous Endpoint Supervisor's Report				
Previous Post Appraisal				
Training Placement Plan (post 1)				
Midpoint Supervisor's Report (post 1)				
Endpoint Supervisor's Report (post 1)				
Post Appraisal (post 1)				
Training Placement Plan (post 2)				
Midpoint Supervisor's Report (post 2)				
WPBAs [minimum of 7 WPBAs per 6-month placement]  (List each WPBA completed to date)  1 ACE to be done per 6 month placement				

2 miniACEs to be done per 6 month placement  1 CBD to be done per 6 month placement  1 of CP/AoT/JCP/DONCS to be done per 6 month placement and all to be done by the end of BST				
<b>Summary of Supervision Sessions</b>				
<b>Reflective Practice Group Attendance Record</b>  <i>40 Sessions to be attended by the end of BST</i>				
<b>Audit Report</b>  <i>To be submitted by the end of BST</i>				
<b>Research Participation</b>  <i>To be submitted by the end of BST</i>				
<b>Literature Search</b>  <i>To be submitted by the end of BST</i>				
<b>Reflective Note(s)</b>  <i>2 Reflective Notes must be submitted in each placement</i>				
<b>Care Plan</b>  <i>To be submitted by the end of BST</i>				
<b>Risk Assessment</b>  <i>To be submitted by the end of BST</i>				

<b>Case Review</b> <i>To be submitted by the end of BST</i>				
<b>Case Conference</b> <i>To be submitted by the end of BST</i>				
<b>Training Courses</b> <i>(Insert title(s) of training course(s) attended)</i>				
<b>E-Modules</b> <i>(Insert title(s) of e-module(s) completed)</i>				
<b>Current Basic Life Support Course Certificate</b>				
<b>Current Non Violent Crisis Intervention Course Certificate</b>				

### ***Clinical Domain***

#### **1. The Psychiatric Interview**

**(History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)**

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
10	Detect psychiatric and substance misuse comorbidities.		ACE, CBD, CP				

11	Diagnose according to ICD or DSM criteria.		CBD, CP				
12	Utilise translation services when patients or carers are not proficient in English.		miniACE, ACE, CBD				
13	Recognise medical conditions that are incidental, consequential or contributory to mental illness and its treatment.		ACE, CBD, CP				
14	Identify delirium and differentiate it from other psychiatric disorders.		CBD, CP				
15	Identify intellectual disabilities in individuals.		ACE, CBD				
16	Perform a detailed developmental history with particular reference to the impact of adverse life events.		ACE, miniACE, CBD, CP				
17	Identify unconscious factors influencing the patient's symptoms and presentation.		CBD				
18(a)	Demonstrate an awareness of the importance of sexual identity in the presentation, diagnosis and management of psychiatric disorder.		ACE, CBD				
18(b)	Demonstrate an awareness of the importance of gender in the presentation, diagnosis and management of psychiatric disorder.		ACE, CBD				

18(c)	Demonstrate an awareness of the importance of sexual orientation in the presentation, diagnosis and management of psychiatric disorder.		ACE, CBD				
19(a)	Adapt history taking style and method and mental state Examination to patients with moderate or severe cognitive impairment.		ACE, miniACE				
19(b)	Adapt history taking style and method and mental state Examination to patients with dysphasia.		ACE, miniACE				
19(c)	Adapt history taking style and method and mental state Examination to patients with sensory or other physical impairments.		ACE, miniACE				
20	Diagnose or exclude psychiatric disorder in the presence of confounding physical illness and biological symptoms.		CBD, ACE				
21(a)	Describe the psychological responses to injury and illness in patients.		CBD				
21(b)	Describe the psychological responses to injury and illness in families and carers.		CBD				
22	Identify the most common ways in which psychological problems and psychiatric disorders may present in		CBD, CP				

	medical/surgical care settings.						
23(a)	Outline the impact of older age on the presentation of depression.		CBD, CP				
23(b)	Outline the impact of older age on the presentation of non-affective non organic psychosis.		CBD, CP				
24	Identify the relevance of psychopathology in the differential diagnosis of dementias.		CBD, CP				
25	Perform a full biopsychosocial assessment of an adult with intellectual disability, presenting with psychiatric or behavioural symptoms.		ACE, CP, CBD				
26	Assess the impact of intellectual disability on the clinical presentation of psychiatric disorder.		ACE, CP, CBD				
27	Elicit psychopathology in people with mild to moderate intellectual disability.		miniACE, ACE, CBD				
28	Elicit psychopathology in people with severe intellectual disability.		miniACE, ACE, CBD				
29	Assess activities of daily living and social functioning.		ACE, miniACE, CBD				
30	Judge whether the presence of a co-interviewer or co-therapist is appropriate.		CBD, CP				

31	Conduct a family interview in a way that enables all family members to participate in supplying a family history and to explain their personal perspective on the problem.		ACE				
32	Adapt interviewing style and use age appropriate interviewing skills in the mental state Examination of children and adolescents.		ACE, miniACE				
33(a)	Obtain detailed and accurate histories of ADHD from children or adolescents and their parents.		ACE, CBD				
33(b)	Obtain detailed and accurate histories of mood disorders from children or adolescents and their parents.		ACE, CBD				
33(c)	Obtain detailed and accurate histories of anxiety disorders from children or adolescents and their parents.		ACE, CBD				
33(d)	Obtain detailed and accurate histories of behavioural disorders from children or adolescents and their parents.		ACE, CBD				
33(e)	Obtain detailed and accurate histories of eating disorders from children or adolescents and their parents.		ACE, CBD				



33(f)	Obtain detailed and accurate histories of autism spectrum disorder disorders from children or adolescents and their parents.		ACE, CBD				
34	Perform detailed biopsychosocial assessments on children or adolescents for each of the following:		ACE, CBD				
34(a)	ADHD		ACE, CBD				
34(b)	Anxiety disorders		ACE, CBD				
34(c)	Behavioural disorders		ACE, CBD				
34(d)	Mood disorders		ACE, CBD				
34(e)	Eating disorders		ACE, CBD				
34(f)	Autism spectrum disorder		ACE, CBD				
35(a)	Discuss the impact of developmental age on the presentation of neurodevelopmental disorders in children and adolescents.		CBD				
35(b)	Discuss the impact of developmental age on the presentation of emotional disorders in children and adolescents.		CBD				
35(c)	Discuss the impact of developmental age on the presentation of behavioural disorders in children and adolescents.		CBD				

## 2. Physical Examination and Medical Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
5	Assess functional ability.		DOPS, ACE, miniACE				
6	Utilise and interpret an appropriate range of investigations to complete the diagnostic process and document the results.		CBD, CP				
7(a)	Interpret ECGs.		CBD, DOPS				
7(b)	Interpret Chest X-rays.		CBD, DOPS				
7(c)	Interpret basic blood investigations.		CBD, DOPS				
8	Perform cognitive testing of global functioning.		DOPS, miniACE				
9	Recognise and evaluate the physical signs of substance misuse.		DOPS				
10(a)	(i) Perform and (ii) document and interpret Examinations, of the CNS.		(i) DOPS and (ii) CBD				
10(b)	(i) Perform and (ii) document and interpret Examinations, of the cardiovascular system.		(i) DOPS and (ii) CBD				
10(c)	(i) Perform and (ii) document and interpret Examinations, of the respiratory system.		(i) DOPS and (ii) CBD				

10(d)	(i) Perform and (ii) document and interpret Examination of the musculoskeletal system.		(i) DOPS and (ii) CBD				
10(e)	(i) Perform and (ii) document and interpret Examinations, of the gastrointestinal system.		(i) DOPS and (ii) CBD				
10(f)	(i) Perform and (ii) document and interpret Examinations, of the genitourinary system.		(i) DOPS and (ii) CBD				

### 3. Collateral History Taking

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
5	Analyse the importance of collateral history in the overall clinical context.		CBD				
6	Recognise the impact of carer burden.		CBD, CP				
7	Assess the difficulties of living with a person with an intellectual disability.		CBD, CP				

8	Obtain a detailed developmental and attachment history of a child or adolescent and a history of his/her relationships with family members and peers.		CBD, ACE				
9	Obtain a history of a child or adolescent's level of functioning in home, school and social setting.		CBD, ACE, miniACE				

#### 4. Communication

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
7	Disclose diagnoses effectively and sensitively.		ACE, miniACE				
8(a)	Discuss diagnosis, treatment and prognosis with patients in a professional and effective manner.		ACE, miniACE				
8(b)	Discuss diagnosis, treatment and prognosis with carers in a professional and effective manner.		ACE, miniACE				
9	Communicate with those who have poor verbal skills.		miniACE, ACE				
10	Communicate in a developmentally appropriate way with children and		ACE, miniACE				

	adolescents.						
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## 5. Formulation

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
2(a)	Develop formulations on adult patients with personality disorders.		CBD, CP				
2(b)	Develop formulations on adult patients with addictions.		CBD, CP				
2(c)	Develop formulations on adult patients with eating disorders.		CBD, CP				
2(d)	Develop formulations on adult patients with organic disorders.		CBD, CP				
3	Apply formulation to the development of treatment plans.		CBD				
4	Apply a psychodynamic, systemic or cognitive behavioural model to develop a formulation.		CBD, CP, SAPE				
5	Perform a basic functional analysis of disturbed behaviour.*  *This also encompasses history taking, diagnosis, collateral history taking and professional domains.		CBD, CP				

6	Develop formulations on child and adolescent patients that take into account the family, social and systemic contexts.		CBD, CP				
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## 6. Risk Assessment and Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
5	Recognise child protection issues and utilise child protection procedures.		CBD				
6	Consult with other team members and senior colleagues in response to identified risks.		CBD				
7	Implement risk management plans in response to identified risks.		CBD				
8	Document risk factors and management plan in clinical notes.		CBD				
9	Communicate risks to colleagues, carers and others where appropriate.		CBD, miniACE				
10	Apply the MHC rules regarding the management of seclusion.		CBD				
11	Conduct a comprehensive risk assessment of a patient utilising a		CBD, Risk Assessment				

	risk assessment instrument.		Form				
12	Assess the potential risk to children of abuse and neglect where the patient is a child or adolescent.		CBD				

## 7. Clinical Management and Care Planning

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
2	Complete the relevant documentation associated with a care plan model.		CBD, Care Plan				
3	Utilise the skills of the different team members in implementing care plans.		CBD				
4	Implement biopsychosocial treatment strategies.		CBD, CP				
5	Consider the broader health and social needs of the individual.		CBD, CP				
6	Develop care plans integrated with other agencies involved in the patient's care.		CBD, CP, Care Plan				
7	Prepare pre and post case conference reports.		Case Conference Form				

8	Perform a case review of a patient with a long or complex history.		Case Review				
9	Involve patients as central agents in care planning.		miniACE, Care Plan				
10	Outline the structures and resources required to support persons with severe psychiatric disability in the community.		CBD				
11	Devise immediate, short-term and long-term treatment strategies.		CBD				
12	Recognise the importance of involving the parents of children and adolescents in the care planning process.		CBD				

## 8. Pharmacotherapy and Physical Treatments

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
3	Describe the potential benefits and side-effects of psychotropic drugs to the patient.		ACE, miniACE,				
4	Describe the process involved in providing electro- convulsive therapy (ECT).		miniACE				



5	Describe the potential benefits and side-effects of ECT to the patient.		ACE, miniACE,				
6	Describe and address the factors which may affect concordance with treatment.		miniACE, ACE, CBD				
7	Manage the side effects of psychotropic medication.		CBD, miniACE				
8	Recognise the impact of physical illness and medical treatments on pharmacokinetics and pharmacodynamics.		CBD, CP				
9	Safely prescribe psychotropic medications to those with physical health problems.		CBD				
10	Safely and appropriately prescribe for elderly people.		CBD				
11	Prescribe for those with treatment resistant schizophrenia.		CBD				
12	Prescribe for those with treatment resistant depression.		CBD				
13	Safely and appropriately prescribe for people with intellectual disability.		CBD				
14	Safely and appropriately prescribe for pregnant and breastfeeding patients.		CBD				
15	Safely and appropriately prescribe for		CBD				

	children and adolescents.						
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## 9. Psychosocial Interventions

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
2	Utilise local social and cultural networks, voluntary organisations and self-help groups.		CBD				
3	Identify when social interventions are appropriate and refer for such interventions.		miniACE, CBD, CP				
4	Identify when it is appropriate to refer to a rehabilitation service.		CBD				
5	Conduct domiciliary assessments of patients to determine necessary interventions.		CBD, CP, Home Visit Form				
6	Use motivational interviewing in those with substance misuse.		ACE, miniACE				

## 10. Psychotherapy

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR	TO BE COMPLETED BY ARP PANEL
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	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
3	Participate in a Reflective Practice Group.		Reflective Practice Attendance Record				
4	Recognise transference and counter transference and discuss how these may impact on the doctor-patient relationship.		CBD				
5	Identify potentially suitable patients for psychotherapy.		ACE, miniACE, CBD				
6(a)	Describe CBT to patients in the context of psychoeducation.		miniACE				
6(b)	Describe family therapy to patients in the context of psychoeducation.		miniACE				
6(c)	Describe psychoanalytic psychotherapy to patients in the context of psychoeducation.		miniACE				
6(d)	Describe group therapy to patients in the context of psychoeducation.		miniACE				
7	Complete at least one psychotherapy case (minimum of 12 sessions) under supervision.		SAPE				
8	Assess psychological mindedness.		ACE, CBD				

9(a)	Refer children and adolescents appropriately for family therapy.		CBD, CP				
9(b)	Refer children and adolescents appropriately for group therapy.		CBD, CP				
9(c)	Refer children and adolescents appropriately for play therapy.		CBD, CP				
9(d)	Refer children and adolescents appropriately for CBT.		CBD, CP				

### ***Professional Domain***

#### **11. Professional Behaviour**

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
9(a)	Utilise a supportive relationship to inform the development of management plans.		miniACE, Supervisor's Report, ACE, CBD				
9(b)	Utilise a supportive relationship to inform the development of risk assessments.		miniACE, Supervisor's Report, ACE, CBD				
9(c)	Utilise a supportive relationship to inform the development of psycho-		miniACE, Supervisor's Report, ACE,				

	education.		CBD				
9(d)	Utilise a supportive relationship to inform the development of carer support and education.		miniACE, Supervisor's Report, ACE, CBD				
10(a)	Appreciate the impact of racial diversity on the individual.		CBD, ACE				
10(b)	Appreciate the impact of cultural diversity on the individual.		CBD, ACE				
10(c)	Appreciate the impact of ethnic diversity on the individual.		CBD, ACE				
10(d)	Appreciate the impact of religious diversity on the individual.		CBD, ACE				
10(e)	Appreciate the impact of sexual diversity on the individual.		CBD, ACE				
10(f)	Appreciate the impact of gender diversity on the individual.		CBD, ACE				
10(g)	Appreciate the impact of socioeconomic diversity on the individual.		CBD, ACE				
11	Recognise that one's own behaviour can be a model for the learning of others.		AoT, Supervisor's Report				
12	Demonstrate good time management.		Supervisor's Report				

13	Show awareness of the stigmatisation of people with mental illness, their carers and the mental health profession.		CBD, Reflective Note				
14	Advocate for high standards in mental health services.		Reflective Note				
15	Identify barriers to accessing health care.		CBD, CP				
16	Balance personal and professional priorities to ensure personal health and professional sustainability.		Reflective Note				

## 12. Clinical Governance

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Describe the components of clinical governance.		JCP, CBD				

## 13. Team Working

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments

3	Contribute effectively to teamwork.		Reflective Note, Supervisor's Report				
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#### 14. Audit

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Describe the audit cycle.		Audit Report				
2	Perform a complete audit cycle.		Audit Report				

#### 15. Research

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
1	Describe the main study designs.		JCP				
2	Critically appraise research publications.		JCP				
3	Conduct a literature review of a topic relevant to clinical Psychiatry.		Literature Search				

4	Show evidence of participation in a research project.		Research Report				
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## 16. Teaching

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
2	Facilitate learning in students, Trainees and health professionals.		AoT				
3	Develop learning outcomes for individual teaching sessions.		CP, JCP, AoT				
4	Obtain feedback from participants involved in teaching sessions delivered by the Trainee.		AoT				

## 17. Ethics and the Law

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Comments
9	Assess capacity to consent to treatment.		ACE, miniACE				
10	Describe the provisions in the Mental Health Act for the administration of		CBD, CP				



	treatment without consent.						
11	Recognise the ethical and legal issues in research and audit.		Audit Report				
12	Recognise the issues of consent and guardianship when children are not living with parents, are in voluntary care or are on full care orders.		CBD				

HST LEARNING OUTCOMES ATTAINMENT GRID					
Trainee name:					
Year:					
Specialty:					
Medical Council Registration Number:					
TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR				TO BE COMPLETED BY ARP PANEL	
PORTFOLIO CHECKLIST	Date Completed	Total	Verified	Comments	
Previous ARP					
Previous Endpoint Supervisor's Report					
Training Placement Plan					
Midpoint Supervisor's Report					
WPBAs  (List each WPBA completed in this year of training)					
Summary of Supervision Sessions	N/A				
Audit Report					
Care Plan					

Case Conference				
Case Review				
Court Report(s)				
Development and Appraisal of a Teaching Programme				
Literature Search Report				
Initial Research Proposal				
Six Monthly Research Progress Reports				
Previous End of Year Research Progress Report				
Supervision Project				
Initial Outline Special Interest Record				
Midpoint Update Special Interest Record				
Previous Endpoint Special Interest Record				
Risk Assessment				
Supervisor's Assessment of Psychotherapy Expertise				
Risk Management Project				

<b>Reflective Note(s)</b> <i>specify type and number</i>				
<b>Service Development Project</b>				
<b>Mental Health Review Board Report (Forensic Psychiatry only)</b>				
<b>Post Appraisal</b>				
<b>Training Courses</b> <i>(Insert title(s) of training course(s) attended)</i>				
<b>E-Modules</b> <i>(Insert title of e-module(s) completed)</i>				

## Clinical Domain

### 1. The Psychiatric Interview

(History Taking, Interviewing Skills, Mental State Examination, Psychopathology and Psychiatric Diagnosis)

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Exhibit the ability to be both an effective and empathic interviewer in a variety of clinical situations.		ACE, miniACE					
2	Prioritise and elicit essential information in challenging clinical encounters.		ACE, miniACE, CBD					
3	Detect psychiatric and substance misuse comorbidities.		ACE, CBD, CP					
4	Diagnose or exclude psychiatric disorder in the presence of confounding physical illness and biological symptoms.		CBD, ACE					
5	Recognise medical conditions that are incidental, consequential or contributory to mental illness and its treatment.		ACE, CBD, CP					
6	Identify intellectual disabilities in individuals.		ACE, CBD					

7	Perform a detailed developmental history with particular reference to the impact of adverse life events.		ACE, miniACE, CBD, CP					
8	Identify unconscious factors influencing the patient's symptoms and presentation.		CBD					
9(a)	Adapt history taking style and method and mental state Examination to patients with moderate or severe cognitive impairment.		ACE, miniACE					
9(b)	Adapt history taking style and method and mental state Examination to patients with dysphasia.		ACE, miniACE					
9(c)	Adapt history taking style and method and mental state Examination to patients with sensory or other physical impairments.		ACE, miniACE					
10	Identify the ways in which psychological problems and psychiatric disorders may present in medical/surgical care settings.		CBD, CP					
11(a)*	Outline the impact of older age on the presentation of depression.		CBD, CP					
11(b)*	Outline the impact of older age on the presentation of non affective non organic psychosis.		CBD, CP					

12*	Identify the relevance of psychopathology in the differential diagnosis of dementias.		CBD, CP					
13	Assess activities of daily living and social functioning.		ACE, miniACE, CBD					
14	Judge whether the presence of a co-interviewer or co-therapist is appropriate.		CBD, CP					
15	Conduct a family interview in a way that enables all family members to participate in supplying a family history and to explain their personal perspective on the problem.		ACE					
16	Utilise translation services when patients or carers are not proficient in English.		miniACE, ACE					
17	Perform a case review of a patient with a long or complex history.		Case Review					

## 2. Physical Examination and Medical Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained	Assessment	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor	Verified	Comments

		Yes / No	Method(s)			Name(s)		
1(a)	(i) Perform and (ii) interpret Examinations of the central nervous system.		(i) DOPS (ii) CBD					
1(b)	(i) Perform and (ii) interpret Examinations of the cardiovascular system.		(i) DOPS (ii) CBD					
1(c)	(i) Perform and (ii) interpret Examinations of the respiratory system.		(i) DOPS (ii) CBD					
1(d)	(i) Perform and (ii) interpret Examinations of the musculoskeletal system.		(i) DOPS (ii) CBD					
1(e)	(i) Perform and (ii) interpret Examinations of the gastrointestinal system.		(i) DOPS (ii) CBD					
1(f)	(i) Perform and (ii) interpret Examinations of the genitourinary system.		(i) DOPS (ii) CBD					
2	Recognise and assess medical comorbidities.		DOPS, miniACE, ACE, CBD					
3	Identify and appropriately refer those patients who require further specialist medical treatment.		CBD, CP					
4	Recognise and evaluate the physical signs of substance misuse.		CBD, DOPS					



5	Utilise and interpret an appropriate range of investigations to complete the diagnostic process and document the results.		CBD, CP					
6(a)	Interpret ECGs.		CBD					
6(b)	Interpret basic blood investigations.		CBD					
7	Appropriately use neuroimaging.		CBD, CP					
8	Appropriately refer for neuropsychological assessment.		CBD, CP					
9*	Perform cognitive testing of global functioning.		DOPS, miniACE					

### 3. Collateral History Taking

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Obtain collateral information from patients' relatives and carers.		CBD, miniACE					
2	Obtain collateral history from general practitioners and other health care practitioners.		miniACE, CBD					

3	Exhibit the ability to be an empathic and effective history taker when dealing with carers.		miniACE					
4	Recognise the impact of carer burden.		CBD, CP					

#### 4. Communication

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Disclose diagnosis to patients and carers sensitively and effectively.		ACE, miniACE					
2	Discuss treatment and prognosis with patients and carers.		ACE, miniACE					
3	Communicate clearly and effectively with other team members.		Supervisor's Report, Reflective Note					
4	Provide clear and appropriate written communication to GPs and other agencies.		CBD					
5	Demonstrate comprehensible and accurate clinical note taking.		CBD					

6	Present to a group in a clear and informative manner.		CP, JCP, AoT					
9	Communicate with those who have poor verbal skills.		miniACE, ACE					

## 5. Formulation

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Develop and discuss formulations on a wide range of patients.		CBD, CP					
2	Use the formulation to develop treatment plans.		CBD					
3	Use the formulation to develop risk management plans.		CBD					
4	Apply a psychodynamic, systemic or cognitive behavioural model to develop a psychotherapeutic formulation.		CBD, CP, SAPE					

## 6. Risk Assessment and Management

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Manage risk of self harm and suicide.		ACE, CBD					
2	Manage other potential risks to the patient.		ACE, CBD					
3	Assess potential risks to others from the patient.		ACE, CBD					
4	Recognise child protection issues and utilise child protection procedures.		CBD					
5	Consult with other team members and senior colleagues in response to identified risks.		CBD, Reflective Note					
6	Implement risk management plans in response to identified risks.		CBD, CP					
7	Communicate risks to colleagues and carers and others where appropriate.		CBD					
8	Ensure personal safety in clinical practice.		NVCI Course					
9	Apply the MHC rules regarding the management of seclusion.		CBD					

10	Apply the MHC code of practice regarding the use of physical restraint.		CBD					
11	Conduct a comprehensive risk assessment of a patient utilising a risk assessment instrument.		Risk Assessment					
12	Identify the risks attendant on admitting vulnerable people to institutions.		CBD, CP, Risk Assessment, Risk Management Project					

## 7. Clinical Management and Care Planning

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1(a)	Manage acute behavioural disturbance.		CBD, CP					
1(b)	Manage suicidal intent.		CBD, CP					
2	Manage psychiatric and substance misuse comorbidities.		CBD, CP					
3	Coordinate a care plan for a complex and enduring psychiatric disorder.		Care Plan					
4	Identify the structures and resources		CBD, CP					

	required to support persons with severe psychiatric disability in the community.							
5	Implement immediate, short-term and long-term treatment strategies.		CBD, CP					
6	Involve patients as central agents in care planning.		miniACE, Care Plan					
7(a)	Incorporate significant cultural factors into a patient's care plan.		CBD, Care Plan					
7(b)	Incorporate significant religious factors into a patient's care plan.		CBD, Care Plan					
7(c)	Incorporate significant ethnic factors into a patient's care plan.		CBD, Care Plan					
8	Incorporate the impact of intellectual disability, where present, to the management of people with mental illness.		CBD, CP					
9(a)	Incorporate the influence of sexual identity to the management of a patient's care plan.		CBD, Care Plan					
9(b)	Incorporate the influence of gender to the management of a patient's care plan.		CBD, Care Plan					
9(c)	Incorporate the influence of sexual orientation to the management of a patient's care plan.		CBD, Care Plan					

10	Organise and chair a case conference.		DONCS					
11	Seek a second opinion or refer to a specialised service where appropriate.		CBD					
12	Perform a comprehensive assessment of need.		CBD, CP, Care Plan					
13*	Apply recovery principles to care planning.		CBD, Care Plan					

## 8. Pharmacotherapy and Physical Treatments

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Safely prescribe psychotropic drugs.		CBD, CP					
2	Utilise psychotropic medication as part of the emergency management of disturbed behaviour.		CBD, CP					
3*	Explain electroconvulsive therapy (ECT) to a patient.		miniACE					
4*	Administer ECT.		DOPS					
5	Describe the potential benefits and side-effects of psychotropic drugs to the patient.		ACE, miniACE,					

6	Manage non concordance to treatment.		miniACE, ACE, CBD					
7	Manage the side effects of psychotropic medication.		CBD, CP, miniACE					
8	Manage drug interactions in patients prescribed drugs for medical illnesses.		CBD, CP					
9	Safely and appropriately prescribe for people with learning disability.		CBD, CP					
10	Safely prescribe psychotropic medications for those with physical health problems.		CBD, CP					
11*	Safely and appropriately prescribe for elderly people.		CBD, CP					
12*	Safely and appropriately prescribe for pregnant and lactating women.		CBD, CP					
13*	Prescribe for those with treatment resistant schizophrenia.		CBD, CP					
14*	Prescribe for those with treatment resistant depression.		CBD, CP					

## 9. Psychosocial Interventions

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR	TO BE COMPLETED BY ARP PANEL
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	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Manage chronic and enduring mental illnesses using psychosocial interventions.		CBD					
2	Identify when social interventions are appropriate and refer for such interventions.		miniACE, CBD, CP					
3	Conduct domiciliary assessments of patients to determine necessary interventions.		CBD, CP					

## 10. Psychotherapy

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Establish and maintain supportive relationships with a variety of patients.		ACE, SAPE, CBD					
2	Identify potentially suitable patients for psychotherapy.		ACE, miniACE, CBD					

3	Complete a long psychotherapy case (minimum of 24 sessions) under supervision.		SAPE					
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### ***Professional Domain***

#### **11. Professional Behaviour**

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Care for patients, with integrity in a sensitive, empathic and compassionate manner.		ACE, CBD, mini ACE					
2	Demonstrate decision making ability in clinical practice.		ACE, miniACE, DOPS, CBD					
3	Describe the importance of continuity of care.		CBD					
4	Recognise personal limitations.		DOPS, Reflective Note, Supervisor's Report					
5	Demonstrate probity in all aspects of professional activity.		Supervisor's Report					

6	Display initiative both in clinical and non-clinical settings.		Supervisor's Report					
7(a)	Appreciate the impact of racial diversity on the individual.		CBD, ACE					
7(b)	Appreciate the impact of cultural diversity on the individual.		CBD, ACE					
7(c)	Appreciate the impact of ethnic diversity on the individual.		CBD, ACE					
7(d)	Appreciate the impact of religious diversity on the individual.		CBD, ACE					
7(e)	Appreciate the impact of sexual diversity on the individual.		CBD, ACE					
7(f)	Appreciate the impact of gender diversity on the individual.		CBD, ACE					
7(g)	Appreciate the impact of socioeconomic diversity on the individual.		CBD, ACE					
8	Develop, implement and document a personal continuing education strategy.		Supervisor's Report					
9	Observe professional boundaries with patients, carers and colleagues.		miniACE, ACE, Supervisor's Report					
10(a)	Utilise a supportive relationship to inform the development of management plans.		miniACE, ACE, CBD					

10(b)	Utilise a supportive relationship to inform the development of risk assessments.		miniACE, ACE, CBD					
10(c)	Utilise a supportive relationship to inform the development of psycho-education.		miniACE, ACE, CBD					
10(d)	Utilise a supportive relationship to inform the development of carer support and education.		miniACE, ACE, CBD					
11	Recognise that one's own behaviour can be a model for the learning of others.		AoT, Supervisor's Report,					
12	Demonstrate good time management.		Supervisor's Report					
13	Show awareness of the stigmatisation of people with mental illness, their carers and the mental health profession.		Reflective Note, CBD					
14	Advocate for high standards in mental health services.		Reflective Note					
15	Identify barriers to accessing health care.		CBD					
16	Balance personal and professional priorities to ensure personal health and professional sustainability.		Supervisor's Report, Reflective Note					

17	Optimally utilise finite healthcare resources.		CBD, CP, Reflective Note					
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## 12. Clinical Governance

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Maintain an evidence based approach to the clinical care of patients.		CP, JP, CBD					
2	Adopt new practice where a deficiency exists or new evidence emerges.		CBD, CP					
3	Recognise the role of audit in clinical governance.		Audit Report					
4	Participate in risk management systems and protocols in an organisation.		Risk Management Project					
5	Participate in patient and public involvement in a health service.		Reflective Note, Service Development Project					
6	Use information and information		Audit Report,					

	technology to measure outcomes and plan service delivery in a health care organisation.		Risk Management Project, Service Development Project					
7	Motivate and develop junior colleagues.		Supervision Project					

### 13. Team Working

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Recognise ethical and professional values and expertise of other MDT members.		CBD					
2	Maintain professional relationships with health care professionals to provide quality care.		Reflective Note, Supervisor's Report					
3(a)	Contribute effectively to teamwork.		DONCS					
3(b)	Contribute effectively to team development.		DONCS, Supervisor's Report					
4	Manage conflict in the workplace.		Reflective Note					

5	Evaluate and manage junior colleagues' performance.		Supervision Project					
6	Chair a clinical meeting.		DONCS					
7	Chair a management meeting.		DONCS					
8	Manage team anxiety about a patient.		CBD					
9	Collaborate with the management team to effectively manage resources.		Service Development Project, Audit					
10	Appraise an institution's culture.		Reflective Note					
11	Contribute to an organisation's service development plan.		Service Development Project					
12	Supervise the clinical work of junior colleagues.		DONCS, Supervision Project					

#### 14. Audit

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments

1	Perform a complete audit cycle.		Audit Report					
2	Lead junior colleagues through the audit cycle process.		Reflective Note, Supervision Project					

## 15. Research

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes/No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Critically appraise research publications.		JCP					
2	Conduct a literature review of a topic relevant to clinical Psychiatry.		Literature Search Form					
3	Show evidence of participation in a research project.		Research Report					

## 16. Teaching

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR	TO BE COMPLETED BY ARP PANEL



	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Organise and appraise the local teaching programme during one SR placement.		Development and Appraisal of a Teaching Programme					
2	Facilitate learning in students, Trainees and health professionals.		AoT					
3	Develop clear learning outcomes for each teaching session personally delivered and obtain feedback from participants.		CP, JCP, AoT					

## 17. Ethics and the Law

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Observe and maintain patient confidentiality.		CBD					
2	Recognise when a breach of confidentiality is appropriate.		CBD					
3	Recognise when mandatory reporting		CBD					

	of a child protection issue must occur.							
4(a)	Utilise the Mental Health Act appropriately in relation to the involuntary admission of patients.		CBD					
4(b)	Utilise the Mental Health Act appropriately in relation to the detention of voluntary patients.		CBD					
5	Utilise the Mental Health Act appropriately in relation to restraint and seclusion of patients.		CBD					
6	Comply with the provisions of the Data Protection Act 1988.		CBD					
7	Assess capacity to consent to treatment.		ACE, miniACE					
8	Describe the provisions in the Mental Health Act for the administration of treatment without consent.		CBD					
9	Balance risk management and autonomy in the management of the patient.		CBD, CP					
10	Recognise the ethical and legal issues in research and audit		Research Report, Audit Report,					
11	Apply common law principles.		CBD					
12	Liaise with Gardaí, the legal profession and probation and welfare services		CBD,					

	where appropriate.		miniACE					
13	Write a court report.		Court Report					
14*	Attend at least three mental health tribunals.		Reflective Note					
15*	Assess testamentary capacity.		miniACE					

## 18. General Adult Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Diagnose the following:							
1.1	Dementia		CBD, CP					
1.2	Organic psychosis		CBD, CP					
1.3	Organic mood disorder		CBD, CP					
1.4	Organic amnesic syndrome		CBD, CP					
1.5	Alcohol dependence		CBD, CP					
1.6	Opiate dependence		CBD, CP					

1.7	Other psychoactive drug dependence		CBD, CP					
1.8	Psychoactive drug induced amnesic syndrome		CBD, CP					
1.9	Schizophrenia		CBD, CP					
1.10	Delusional disorder		CBD, CP					
1.11	Schizoaffective disorder		CBD, CP					
1.12	Depression		CBD, CP					
1.13	Bipolar affective disorder		CBD, CP					
1.14	Cyclothymia		CBD, CP					
1.15	Panic disorder		CBD, CP					
1.16	Generalised anxiety disorder		CBD, CP					
1.17	Mixed anxiety and depressive disorder		CBD, CP					
1.18	Agoraphobia		CBD, CP					
1.19	Social phobia		CBD, CP					
1.20	PTSD		CBD, CP					
1.21	Adjustment disorders		CBD, CP					
1.22	Dissociative disorders		CBD, CP					
1.23	Somatoform disorders		CBD, CP					
1.24	Chronic Fatigue Syndrome		CBD, CP					
1.25	Anorexia Nervosa		CBD, CP					

1.26	Bulimia nervosa		CBD, CP					
1.27	Personality disorders		CBD, CP					
2	Manage the following:							
2.1	Cognitive impairment due to Alzheimer's disease		CBD, CP					
2.2	Behavioural problems associated with dementia		CBD, CP					
2.3	Behavioural and emotional problems associated with head injury		CBD, CP					
2.4	Alcohol withdrawal		CBD, CP					
2.5	Opiate withdrawal		CBD, CP					
2.6	First episode schizophrenia		CBD, CP					
2.7	Chronic schizophrenia		CBD, CP					
2.8	Treatment resistant schizophrenia		CBD, CP					
2.9	Schizoaffective disorder		CBD, CP					
2.10	Recurrent depressive disorder		CBD, CP					
2.11	Depression		CBD, CP					
2.12	Treatment resistant depression		CBD, CP					
2.13	Mania		CBD, CP					
2.14	Cyclothymia		CBD, CP					
2.15	Panic disorder		CBD, CP					

2.16	Generalised anxiety disorder		CBD, CP					
2.17	Mixed anxiety and depressive disorder		CBD, CP					
2.18	Agoraphobia		CBD, CP					
2.19	Social phobia		CBD, CP					
2.20	PTSD		CBD, CP					
2.21	Adjustment disorders		CBD, CP					
2.22	Dissociative disorders		CBD, CP					
2.23	Somatoform disorders		CBD, CP					
2.24	Chronic Fatigue Syndrome		CBD, CP					
2.25	Anorexia nervosa		CBD, CP					
2.26	Bulimia nervosa		CBD, CP					
2.27	Personality disorders		CBD, CP					
3	Liaise with specialised services within adult mental health services such as assertive outreach teams.		CBD					

## 19. Learning Disability

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR	TO BE COMPLETED BY ARP PANEL
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	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Perform a full biopsychosocial assessment of an adult with intellectual disability, presenting with psychiatric or behavioural symptoms.		ACE, CP, CBD					
2	Assess the impact of intellectual disability on the clinical presentation of psychiatric disorder.		ACE, CP, CBD					
3	Elicit psychopathology in people with mild to moderate intellectual disability.		miniACE, ACE					
4	Elicit psychopathology in people with severe intellectual disability.		ACE, miniACE					
5	Assess functional ability.		DOPS, ACE, miniACE					
6	Assess the difficulties of living with a person with an intellectual disability.		CBD, CP, miniACE					

## 20. Psychiatry of Old Age

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	AssessmentMe thod(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments

1	Diagnose and manage the following conditions in older people:		CBD, CP					
a	Dementia		CBD, CP					
b	Psychoactive substance dependence		CBD, CP					
c	Late onset schizophrenia and delusional disorders		CBD, CP					
d	Depression		CBD, CP					
e	Anxiety Disorders		CBD, CP					
2	Identify the subtypes of dementia and associated behavioural and psychological symptoms.		CBD, CP					
3	Manage the challenging behaviour associated with dementia.		CBD, CP					
4	Identify the atypical presentations of mental disorders in older people.		CBD, CP					
5	Conduct assessments in multiple care settings:							
a	Home		CBD					
b	Residential unit		CBD					
c	Hospital		CBD					
d	Day centre		CBD					
e	Day hospital		CBD					



f	Outpatient clinic		CBD					
6	Obtain corroborative information from carers and others regarding an older person with psychiatric disorder.		miniACE, ACE, CBD					
7	Collaborate in the end of life management of a patient with dementia.		CBD					
8	Liaise with statutory, voluntary and social agencies involved in the care of older people.		CBD, CP					
9	Access continuing care for older people.		CBD, CP					
10	Manage the interactions between physical and mental disorders in older people.		CBD, CP					
11	Perform a detailed assessment of cognitive function.		ACE					
12	Identify and manage risk factors for elder abuse.		CBD, CP					
13	Perform a risk assessment of an older person with dementia living in the community.		CBD, CP					

## 21. Liaison Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR	TO BE COMPLETED BY ARP PANEL
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	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Manage patients with the following in the general medical setting:							
a	Schizophrenia		CBD, CP					
b	BPAD		CBD, CP					
c	Depression		CBD, CP					
d	Personality Disorder		CBD, CP					
e	Medically unexplained symptoms		CBD, CP					
f	Self harm		CBD, CP					
g	Suicidal ideation		CBD, CP					
h	Alcohol dependence		CBD, CP					
i	Opiate dependence		CBD, CP					
j	Dysmorphophobia		CBD, CP					
k	Chronic Fatigue Syndrome		CBD, CP					
l	Acquired brain injury		CBD, CP					
m	Dementia		CBD, CP					
2	Manage patients with mental health problems in collaboration with the following teams:							

a	Emergency Department		CBD, CP					
b	Neurology		CBD, CP					
c	Oncology		CBD, CP					
d	Dialysis		CBD, CP					
e	Transplant		CBD, CP					
f	Endocrinology		CBD, CP					
g	Cardiology		CBD, CP					
h	Pain		CBD, CP					
i	Infectious Diseases		CBD, CP					
j	Intensive Care		CBD, CP					
k	Plastic Surgery		CBD, CP					
l	Gerontology		CBD, CP					
m	Obstetrics		CBD, CP					
3	Liaise with the following in the management of patients:							
a	General Practitioners		CBD, CP					
b	General Adult Mental Health Services		CBD, CP					
c	Child and Adolescent Mental Health Services		CBD, CP					
d	Psychiatry of Old Age Services		CBD, CP					

e	Social agencies		CBD, CP					
f	Voluntary agencies		CBD, CP					
g	Statutory agencies		CBD, CP					
4	Co-ordinate a case meeting with a medical or surgical multidisciplinary team.		CBD, DONCS					
5	Develop therapeutic relationships with medical or surgical patients who may not see the need for psychiatric input to their care.		CBD, CP					
6	Provide advice and support to general medical and surgical staff about mental health problems and psychiatric illness.		miniACE, DONCS					
7	Present a case at the hospital's grand rounds.		CP					

## 22. Forensic Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Take detailed histories, which include psychosexual, intoxicant use and personal offending histories and are		CBD, CP					

	supported by corroborative sources.							
2(a)	Assess and treat mentally disordered offenders who are sentenced.		CBD					
2(b)	Assess and treat mentally disordered offenders who are on remand.		CBD					
2(c)	Assess and treat mentally disordered offenders who are in a secure hospital.		CBD					
2(d)	Assess and treat mentally disordered offenders who are in the community.		CBD					
3	Participate in the court diversion of a person on remand.		CBD, CP					
4	Assess for evidence of prosocial or antisocial attitudes.		miniACE, ACE, CBD, CP					
5	Perform risk assessments using at least three risk assessment instruments.		Risk Assessment					
6	Perform comprehensive risk assessments on patients referred from other mental health services and from the criminal justice system.		CBD					
7	Develop risk management plans on the above.		CBD, CP					
8	Communicate risk assessment and management plans to relevant stakeholders.		CBD					

9(a)	Prepare a report for a review board.		Review Board Report					
9(b)	Prepare five court reports.		Court Report					
10	Attend three mental health review boards.		Reflective Note					
11	Triage referrals for admission to a secure forensic hospital.		DONCS					
12	Utilise the Criminal Law (Insanity) Act in relation to admission of patients from prison or courts to a designated centre.		CBD					
13	Assess fitness to be tried.		miniACE, CBD, CP					
14	Prepare an opinion as to whether a person who has committed a crime was not guilty by reason of insanity.		CBD, CP					

### 23. Addiction Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments

1	Take comprehensive histories from people who are dependent on the following:		ACE, CBD, CP					
a	Opiates		ACE, CBD, CP					
b	Alcohol		ACE, CBD, CP					
c	Hallucinogens		ACE, CBD, CP					
d	Stimulants		ACE, CBD, CP					
e	Benzodiazepines		ACE, CBD, CP					
f	Marijuana/ Cannabis		ACE, CBD, CP					
2	Manage people with the above.		CBD, CP					
3	Establish and maintain therapeutic relationships with people with substance misuse.		CBD, Reflective note					
4	Manage patients with dual diagnosis.		CBD, CP					
5	Manage pregnant women with psychoactive substance dependence.		CBD, CP					
6	Manage adolescents with psychoactive substance dependence.		CBD, CP					

7	Initiate and stabilise people with opiate dependence on opioid substitutes.		CBD, CP					
8	Manage detoxification from:							
a	Opiates		CBD, CP					
b	Benzodiazepines		CBD, CP					
c	Alcohol		CBD, CP					
9	Collaborate with the following in the management of people with substance misuse:							
a	General Adult Services		CBD, CP					
b	Forensic Psychiatry Services		CBD, CP					
c	Criminal Justice Services		CBD, CP					
d	General Practitioners		CBD, CP					
e	General Hospitals		CBD, CP					
f	Maternity Services		CBD, CP					
g	Social Agencies		CBD, CP					
h	Child and Adolescent Psychiatric		CBD, CP					



	Services							
10	Assess people with substance misuse in the following settings:							
a	General Hospitals		CBD					
b	Addiction Services		CBD					
c	Prisons		CBD					
d	Community Settings		CBD					
e	Residential Settings		CBD					
f	Outpatient Clinics		CBD					
11	Use a psychological therapy in the treatment of a person with substance misuse.		CBD, SAPE					
12	Prepare 3 court reports in people with substance misuse.		Court Report					

## 24. Social and Rehabilitation Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR	TO BE COMPLETED BY ARP PANEL
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	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Perform needs assessments on complex patients.		CBD, CP					
2	Manage treatment resistant schizophrenia.		CBD, CP					
3	Collaborate with the following:							
a	General Adult Services		CBD, CP					
b	Forensic Services		CBD, CP					
c	Addiction Services		CBD, CP					
d	Social agencies		CBD, CP					

## 25. Child and Adolescent Psychiatry

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Obtain detailed and accurate histories from children or adolescents (and their parents) with:							

a	Hyperkinetic disorders		ACE, CBD					
b	Conduct disorders		ACE, CBD					
c	Emotional disorders with onset specific to childhood		ACE, CBD					
d	Elective mutism		ACE, CBD					
e	Attachment disorders		ACE, CBD					
f	Autism spectrum disorders		ACE, CBD					
g	Tic disorders		ACE, CBD					
h	Rett's syndrome		ACE, CBD					
i	Feeding disorders of infancy and childhood		ACE, CBD					
j	Anorexia nervosa		ACE, CBD					
k	Bulimia nervosa		ACE, CBD					
l	Non organic encopresis		ACE, CBD					
m	Non organic enuresis		ACE, CBD					
n	Sleep disorders		ACE, CBD					
o	Mood disorders		ACE, CBD					
p	Psychotic disorders		ACE, CBD					
q	OCD		ACE, CBD					
r	PTSD		ACE, CBD					

s	Phobic and other anxiety disorders		ACE, CBD					
t	Substance misuse		ACE, CBD					
u	Gender identity disorder		ACE, CBD					
v	Dissociative disorders		ACE, CBD					
w	Somatoform disorders		ACE, CBD					
	Personality disorders		ACE, CBD					
2	Develop management plans for each of the above disorders.		CBD, CP					
3	Perform a developmental assessment of a child to diagnose learning disability.		ACE, CBD					
4	Assess for the presence of co-morbid conditions in children with learning disability.		ACE, CBD					
5	Utilise play therapy in the diagnosis and treatment of children.		ACE, miniACE					
6	Utilise principles of behaviour therapy in the treatment of children and adolescents.		ACE, miniACE					
7	Utilise principles of family therapy in the treatment of children and adolescents.		ACE, miniACE					
8	Safely and appropriately prescribe the following medications:							

a	stimulants		CBD, CP					
b	noradrenaline reuptake inhibitors		CBD, CP					
c	anti-depressants		CBD, CP					
d	anti-psychotics		CBD, CP					
e	mood stabilisers		CBD, CP					
f	$\alpha$ 2 adrenergic agonists		CBD, CP					
g	benzodiazepines		CBD, CP					
h	hypnotics		CBD, CP					
i	opiate substitutes		CBD, CP					
9	Monitor for and manage side effects of psychotropic drugs.		CBD					
10	Assess and manage children who may have been physically or sexually abused.		CBD					
11	Manage medically unexplained symptoms and psychiatric illness which co-exist with physical illness.		CBD, CP, miniACE, ACE					
12	Advise other professionals on the presentation and management of psychiatric illness in the general hospital setting.		CBD, miniACE					
13	Assess the capacity of adolescents to consent to or to refuse treatment.		miniACE, CBD					

14	Utilise the Mental Health Act in the course of an involuntary admission of a child or adolescent.		CBD					
15	Manage the transition of an adolescent to an adult mental health service.		CBD, CP					

## 26. Child and Adolescent Psychiatry with a Special Interest in Intellectual Disability

TO BE COMPLETED BY TRAINEE AND CHECKED BY SUPERVISOR							TO BE COMPLETED BY ARP PANEL	
	Learning Outcomes	Attained Yes / No	Assessment Method(s)	Assessment Method(s) Used	Date(s) Attained	Supervisor / Assessor Name(s)	Verified	Comments
1	Communicate effectively with children and adolescents with a learning disability, their families and other care-givers.		ACE, miniACE					
2	Lead, coordinate and contribute to a multi-disciplinary assessment of a child or adolescent with a learning disability (with or without an autism spectrum disorder) and associated mental health disorder, utilizing a biopsychosocial model		ACE, miniACE					
3	Formulate, implement and co-ordinate a multi-disciplinary treatment programme for a child or adolescent with learning disability (with or without an autism spectrum disorder) and		Portfolio, Care Plans, CBD, CP, miniACE.					

	associated mental health disorder, utilizing a biopsychosocial model.							
4	Safely prescribe medication for children and adolescents with a learning disability (with or without an autism spectrum disorder), including assessing for side effects, appropriate dosing, and the objective assessment of the outcome of pharmacological treatment.		ACE, miniACE, CBD, CP.					
5	Demonstrate competence in managing the psychiatric sequelae of epilepsy in children with a learning disability.		ACE, miniACE, CBD, CP.					
6	Effectively liaise with child health colleagues and other professionals in associated agencies (including schools) regarding the assessment, diagnoses and management of a child or adolescent with learning disability (with or without an autism spectrum disorder) and associated mental health disorder(s).		CBD, DONCS.					
7	Contribute to the development of a specialist mental health services for children and adolescents with learning disability and autism spectrum disorders.		Reflective Note, HST Service Development Project.					