

## TEES, ESK & WEAR VALLEYS NHS FOUNDATION TRUST

### JOB DESCRIPTION

**POST TITLE:** Foundation Programme Year 1 in Psychiatry

**DURATION:** 4 months

**LOCATION:** Briary Wing, Harrogate Hospital

**SPECIALTY:** Liaison Psychiatry and MHSOP

**CLINICAL SUPERVISOR:** Dr Katie Martin

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#### **Brief description of the clinical service**

The Acute Hospital Liaison service at Harrogate Hospital provides a Consultation Liaison Psychiatry Service, assessing patients >16 years in Harrogate ED, and inpatients aged 18 years+, referred from specialties within this acute hospital. This team provides psychiatric assessment and treatment to those patients who may be experiencing distress whilst in hospital and provides a valuable interface between mental and physical health. The main functions of a liaison team include assessment of mental disorder/ distress, risk assessment, formulation, psychoeducation, provision of psychological interventions such as CBT, advice on psychotropic medication and support for colleagues in managing this, advice on MCA and decisions related to this among many others.

This service liaises closely with doctors and other clinicians working within HDEFT, General Practitioners and colleagues from other disciplines and agencies with the aim of ensuring a comprehensive approach to general patients' care, bridging the gap between mental health and physical health, referring patients on to further psychiatric care if required, and liaising closely with colleagues in HDEFT.

The Harrogate Liaison/ Delirium review clinic provides an ad hoc opportunity for review of repeat attenders at Harrogate ED/ following inpatient admissions, to enable further assessment for diagnostic clarity, review to consider psychosocial treatment and management options.

One session per week will be with the community RRICE team which provides crisis support and home treatment in the community for patients over the age of 65 and any other patient with a diagnosis of dementia.

#### **WHO DO THEY WORK WITH?**

The liaison team can work with any patient in the hospital who requires psychological help to manage their condition, including, but not limited to:

- Older people who suffer from dementia or delirium
- Individuals who have self-harmed and are being seen in the Emergency Department.
- People who have an existing mental health problem and are currently in hospital with a physical illness.
- Those who have been diagnosed with a physical illness and need some emotional support to adjust to this.

The post holder will be required to undertake formulation. Psychological formulation is the summation and integration of the knowledge that is acquired through an assessment process that may involve psychological, biological and systemic factors and procedures. The formulation will draw on psychological theory and research to provide a framework for describing a client's problem or needs, how it developed and is being maintained. Formulation summarises the service user's core problems;

- suggest how the service user's difficulties may relate to one another, by drawing on psychological theories and principles;
- aim to explain, on the basis of psychological theory, the development and maintenance of the service user's difficulties, at this time and in these situations;
- indicate a plan of intervention which is based in the psychological processes and principles already identified;
- are open to revision and re-formulation.

The RRICE service provides short term rapid interventions and treatment for older people in the community, be that their own home, a nursing/residential home or in the general hospital setting offering an alternative to admission to a mental health inpatient unit. The service is available 7 days a week, 365 days of the year.

The service also acts as gatekeeper for older people's mental health beds.

The team aims to respond to urgent mental health assessments within 4 hours during their working day. For referral for patients who are presenting with increasing risk factors the team aims to respond on the same or next day. It is expected that all referrals dependant upon level of risk will be responded to within 72 hours.

Where a patient needs admission to hospital and it is believed that they may need an assessment under the mental health act the service will respond with a visit in 4 working hours or will signpost the referrer to the required service.

The service is for people with a functional illness who are over the age of 65 and for people with an organic based dementia, including those with early age onset (less than 65 years).

### **Treatment and therapies**

The service offers a holistic assessment and treatment plan based on a recovery model, which includes access to:

- Cognitive stimulation and cognitive behavioural based therapies
- Psychological therapies
- Medication treatment plan

### **Key professional relationships – the post holder will:**

- Be accountable to the Liaison Psychiatry consultants
- Work closely with all members of the multidisciplinary team including performing joint assessments with nursing staff, occupational therapists and psychologists.
- Have the opportunity to perform routine and crisis assessments.
- Be involved in the assessment/management of patients with mental health related presentations in the community setting
- Be involved in liaising with other parts of the psychiatric service, other directorates and other agencies.

### **Induction**

At the beginning of your placement you will take part in an induction programme including e- learning mandatory and statutory training. The induction will introduce you to the Trust if you have not previously worked with us before. As part of the induction you will be introduced to the workplace and

informed of the requirements of the post. You will also have an educational induction which will assist you in writing your learning plans and agreed outcomes.

### **Main duties of the post holder – professional, clinical, administrative**

Educational supervision will take place weekly for one hour with the consultant (Dr Martin). Allocated time will be given for work based assessments. Clinical supervision will be available from the consultant throughout the week.

### **Duties of the Post**

#### **1. Clinical:**

- To participate in the assessments of referred patients including the completion of full psychiatric histories, review of previous notes, and mental state examinations. With experience you will contribute to risk assessment.
- Assist with the assessment, review and management of liaison patients.
- To work within framework of CPA.

The post holder will also have the experience of:

- Gaining experience in managing psychiatric emergencies.
- The use of the Mental Health Act.
- Working using Lean Methodology and New Ways of Working.

#### **2. Teaching Medical students and Allied Staff:**

- To participate in opportunistic teaching of team members and medical students.

#### **3. Administration:**

- To maintain accurate and clear records using the PARIS System.
- To communicate with staff, patients and their carers in a timely and effective manner.
- To liaise with other professional staff and agencies including the completion of GP summaries.

#### **4. Education and Training:**

- Clinical supervision after each assessment by the consultant, band 6 or above nursing staff or Core trainee and as required throughout the week
- Educational supervision – One hour per week from Consultant.
- To attend weekly postgraduate teaching programme and also present cases.
- To become involved in medical student teaching.

#### **5. Research and Audit:**

- To participate in audit programme and complete an audit project during the post. (develop audit skills).
- Opportunities to become involved in research activities as appropriate.

### **Settings of where the work will be carried out:**

Harrogate district hospital and community

### **Educational opportunities and objectives:**

There will be an expectation that you attend local postgraduate teaching programmes, as well as specific programmes that Foundation Year 1 Programme facilitates. Monitoring processes are put in place and 70% overall attendance to the above programmes are expected.

**Foundation Year 1 Doctor timetable – Two hours per week protected Self-Development Time (SDT) to be agreed with your clinical supervisor at the start of your placement**

**\*\*Please note that locality weekly teaching is currently held via MS Teams on a Wednesday morning as opposed to the face to face session that is detailed in your trainee timetable\*\***

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
am	9.00 – Liaison clinical assessments/ reviews  1pm Formulation meeting/ MDT	9.00 – Liaison clinical assessments/ reviews  1pm Formulation meeting/ MDT	9am teaching programme York District Hospital  11.15am Balint Group – Psychotherapy teaching	9.00 – Liaison clinical assessments/ reviews  1pm Formulation meeting/ MDT	9am – RRICE team  12-1.30pm lunch and Foundation teaching
pm	2pm-5pm Liaison clinical assessments/ reviews	2pm-5pm Liaison clinical assessments/ reviews <b>2-3pm clinical supervision</b>	2pm-5pm Admin time/ SDL opportunities	2pm-5pm Liaison clinical assessments/ reviews	2pm-5pm RRICE team

**Clinical supervisor timetable (Dr Martin)**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
am	9.00 – Liaison clinical assessments/ reviews  1pm Formulation meeting/ MDT	9.00 – Liaison clinical assessments/ reviews  1pm Formulation meeting/ MDT	9-11am teaching programme York District Hospital  11-12pm CT supervision  12-1pm HT supervision	9.00 – Liaison clinical assessments/ reviews  1pm Formulation meeting/ MDT	Acting Lead Psychiatrist duties – 1 PA (not on site)
pm	2pm-5pm Liaison clinical assessments/ reviews	2pm-5pm Liaison clinical assessments/ reviews <b>2-3pm FY1 clinical supervision</b>	2-5pm SPA	2pm-5pm Liaison clinical assessments/ reviews	NHSE/I duties – 1 PA (not on site)

**The 13 Foundation Professional Capabilities (FPCs)** are listed below, along with examples of the behaviours expected to demonstrate them. (NB: the doctor is not expected to demonstrate every behaviour in each FPC but must demonstrate that capability.)

**FPC1**

<b>Clinical assessment:</b> assess patient needs in a variety of clinical settings including acute, non-acute and community.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>• Communicates with patients sensitively and compassionately to assess their physical, psychological and social needs.</li> <li>• Understands that presentation, including some physical signs, will vary in patients of different backgrounds at different ages and sometimes between men and women.</li> <li>• Uses collateral history and alternative sources of information when appropriate.</li> <li>• Examines the physical and mental state of patients sensitively, with a chaperone where necessary, eliciting and interpreting clinical signs including those elicited by the mental state examination.</li> <li>• Recognises vulnerable individuals including those at risk of abuse or exploitation, and demonstrates appropriate consideration of safeguarding issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Is confident in patient interactions in acute, non-acute and community settings.</li> <li>• Appropriately instigates a range of standardised assessments routinely (e.g. mental state, suicide risk scores, confusion assessments, pain scores, continence, VTE, nutritional assessments etc.).</li> <li>• Actively seeks symptoms and clinical signs that confirm or refute diagnostic possibilities.</li> <li>• Demonstrates focused assessments in an appropriate context and in a safe manner.</li> </ul>
GPCs: 1, 2, 4, 7	

**FPC2**

<b>Clinical prioritisation:</b> recognise and, where appropriate, initiate urgent treatment of deterioration in physical and mental health.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>• Recognises the need for urgent intervention to treat both mental and physical health problems.*</li> <li>• Demonstrates the skills needed to initiate immediate management in the critically ill patient.*</li> <li>• Knows when to seek advice and/or physical support as required.</li> <li>• Provides comfort and support to the dying patient.</li> </ul> <p>*To complete F1, the FD must demonstrate the following in the simulated environment:</p> <ul style="list-style-type: none"> <li>– identify the causes and promote the prevention of cardiopulmonary arrest;</li> <li>– recognise and treat the deteriorating patient using the ABCDE approach;</li> <li>– undertake the skills of quality CPR and defibrillation (manual and/or AED) and simple airway manoeuvres;</li> <li>– utilise non-technical skills to facilitate initial leadership and effective team membership.</li> </ul>	<ul style="list-style-type: none"> <li>• Takes responsibility for initial management of critically ill patients, seeking advice and/or physical support as required.*</li> <li>• Demonstrates the knowledge and skills required to manage a variety of common urgent care scenarios, including mental health presentations and the ability to take a leading role in these situations.</li> <li>• Recognises ‘the dying patient’ and ensures comfort and support.</li> </ul> <p>*To complete F2 the FD must demonstrate the following in the simulated environment:</p> <ul style="list-style-type: none"> <li>– recognise and treat the deteriorating patient using a structured ABCDE approach;</li> <li>– deliver standardised CPR in adults;</li> <li>– manage a cardiac arrest by working with a multidisciplinary team in an emergency situation;</li> <li>– utilise non-technical skills to facilitate strong team leadership and effective team membership;</li> <li>– communicate with and manage a disturbed or challenging patient with a mental health condition.</li> </ul>

NB: Where an FD is not able to perform certain skills, it may be appropriate to allow reasonable adjustments to be made, including affording the opportunity to describe rather than demonstrate the skill.

GPCs: 1, 2, 3, 5, 6

**FPC3**

**Holistic planning:** diagnose and formulate treatment plans (with appropriate supervision) that include ethical consideration of the physical, psychological and social needs of the patient.

**F1 Behaviours**

- Clearly communicates the findings of the physical, psychological and social assessment, including any uncertainties, to more senior doctors and the wider multiprofessional team.
- Recognises the importance of coexisting conditions, including mental health conditions, in assessment and management and understands that many patients are experts on their own condition(s).
- Recognises the patient who is likely to die within hours or days.
- Obtains consent for investigation and, where appropriate, intervention based on an understanding of the principles of capacity and knows how to act when this is not present.
- Undertakes investigations appropriately and safely; interprets the results of these investigations and acts accordingly.
- Synthesises information to formulate a diagnosis and management plan based on professional knowledge, established guidelines and legislative requirements, and individual patient needs, where necessary in the context of diagnostic uncertainty.

**F2 Behaviours**

- Shows initiative in providing patient care and an increasing ability to make diagnostic and management decisions.
- Makes rational use of investigations and is confident to omit them or wait if appropriate.
- Understands the importance of coexisting conditions and their impact on the patient's general wellbeing and adapts plans of care to accommodate these, including consideration of the burdens and benefits of treatment.
- Recognises patterns of presentation in different settings, makes rational use of guidelines in treatment, and recognises when patients fall outside these, bringing this to the attention of more senior doctors.
- Shows confidence in the face of uncertainty and prioritises care in a logical and considerate manner.

GPCs: 1, 2, 4, 7

FPC4

<p><b>Communication and care:</b> provide clear explanations to patients/carers, agree a plan and deliver healthcare advice and treatment where appropriate.</p>	
<p><b>F1 Behaviours</b></p> <ul style="list-style-type: none"> <li>• Delivers care including humane interventions*, in an appropriate and safe manner including physical interventions, procedures**, safe prescribing***, blood transfusion and use of medical devices.</li> <li>• Uses available technology and medical devices to facilitate care.</li> <li>• Shows an understanding of the importance of non-pharmacological therapies.</li> <li>• Communicates diagnosis and potential treatment plans to patients and their carers, where necessary explaining uncertainty; communicates prognosis with an understanding of the impact this may have on the patient and their carers; establishes a shared approach where possible that is sensitive to the patient's beliefs and background; educates patients in management of their condition and provides health promotion advice (e.g. making every contact count).</li> </ul> <p>* The GMC defines these as: nutrition, hydration, symptom control, pain control, end of life care and CPR if and when appropriate.          * NB Reasonable adaptations may be appropriate for the doctor who has difficulty with physical care.  <b>***By completion of FY1 must have passed the Prescribing Safety Assessment.</b></p>	<p><b>F2 Behaviours</b></p> <ul style="list-style-type: none"> <li>• Actively seeks opportunities for health promotion and/or demonstrates a commitment to improving population health/ resolving health inequality.</li> <li>• When initiating treatment, routinely seeks to involve the patient as an equal partner in their care pathway.</li> <li>• Demonstrates confidence in the use of non-pharmacological therapies including, where appropriate, re-enablement; counselling; physical, occupational and psychological therapy; and social prescribing.</li> <li>• Prescribes anticipatory medications for the last days of life.</li> <li>• Demonstrates an understanding of guidance around consent and, where appropriate, obtains consent for more complex procedures and, if appropriate, for research purposes.</li> <li>• Shows ability to initiate and undertake procedures in more challenging settings and/ or develops capabilities in more complex procedures.</li> <li>• Communicates effectively in more challenging situations, such as: the communication of poor or uncertain prognosis in a manner that provides support for patients and their carers; initiation of DNAR discussions; situations where an error has occurred or conflict has arisen and/or where communication is more difficult, e.g. because of physical impairment, lack of capacity, immaturity or learning disability, or language barriers, and uses an interpreter or other professional including IMCA or IMHA as appropriate.</li> <li>• Demonstrates an ability to prescribe that is consistent with the standard required to pass the PSA.</li> </ul>
<p>GPCs: 1, 2, 3, 4, 6, 7, 8, 9</p>	



## FPC5

<b>Continuity of care:</b> contribute to safe ongoing care both in and out of hours.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>• Prioritises tasks and takes responsibility for their completion, seeking help if required.</li> <li>• Demonstrates an understanding of the processes to ensure correct patient identification.</li> <li>• Ensures continuing care in an appropriate, safe environment, which may include acute admission, arranging safe discharge, organising further contact, and onward or specialty referral, including mental health or palliative care.</li> <li>• Hands over care effectively both verbally and in writing and with due respect for confidentiality.</li> <li>• Conducts patient reviews in a timely manner.</li> <li>• Escalates concerns to more senior doctors (or other appropriate healthcare professionals) as needed.</li> <li>• Keeps clear contemporaneous records.</li> </ul> <p><b>***By completion of FY1 must have passed the Prescribing Safety Assessment.</b></p>	<ul style="list-style-type: none"> <li>• Works to facilitate patient flow in the context of the healthcare environment in which they work.</li> <li>• Takes appropriate responsibility for care when under indirect supervision.</li> <li>• Directs less experienced doctors in their work.</li> <li>• Demonstrates an ability to direct/lead handover, showing some ability to anticipate problems that may arise and plan solutions to them.</li> <li>• Is competent in written communication when making referrals and in summarising consultations, for example in creating letters in the outpatient setting and/or referring for admission.</li> </ul>
GPCs: 1, 2, 5, 6, 7, 8	

## FPC6

<b>Sharing the vision:</b> work confidently within and, where appropriate, guide the multiprofessional team to deliver a consistently high standard of patient care based on sound ethical principles.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>• Demonstrates an understanding of personal values and the effect that personal behaviour and attitude has on others.</li> <li>• Works as part of a team by showing an understanding of the role of a doctor: managing time effectively, communicating clearly with team members, accepting the leadership of others and challenging this where appropriate.</li> <li>• Understands and respects the differing roles of individual team members and care groups and develops skills to interact with them effectively.</li> <li>• Values diversity and understands the risks posed by unconscious bias.</li> <li>• Clearly communicates the findings of the biopsychosocial assessment, including any uncertainties, to the wider multiprofessional team.</li> <li>• Liaises with agencies outside the employing organisation and, where necessary, outside healthcare to ensure biopsychosocial needs,</li> </ul>	<ul style="list-style-type: none"> <li>• Acts in a way that shows honesty and integrity and supports a just, open and transparent culture that fosters learning and critical enquiry.</li> <li>• Demonstrates the ability to understand and influence the actions of others in an appropriate manner and recognises that different professionals may prioritise work in a different way.</li> <li>• Leads the multiprofessional team when appropriate (e.g. directs FY1s in day-to-day work, prioritises care tasks for self and team).</li> <li>• Provides support to colleagues (including mentoring FY1s as necessary) and seeks to mitigate the effects of differential attainment on the performance of others.</li> <li>• Recognises when others are not performing and offers support/seeks advice appropriately.</li> </ul>

including the safeguarding of vulnerable patients, are met.	
GPCs: 1, 2, 3, 4, 5, 6, 7, 8, 9	

**FPC7**

<b>Fitness for practice:</b> develop the skills necessary to manage own personal wellbeing.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>• Recognises the importance of personal wellbeing for safe patient care (e.g. takes breaks appropriately, understands 'sleep hygiene' if working shifts, registers with a GP, understands how to seek help for personal issues if needed).</li> </ul>	<ul style="list-style-type: none"> <li>• Recognises the importance of protecting patients and colleagues from risks posed by personal and health issues.</li> <li>• Understands personal wellbeing in the context of planning a future career.</li> </ul>
GPCs: 1, 3, 4, 5, 6	

**FPC8**

<b>Upholding values:</b> act as a responsible employee, including speaking up when others do not act in accordance with the values of the healthcare system.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>• Takes responsibility for own actions.</li> <li>• Demonstrates an understanding of the need for 24-hour care in the acute setting, including the need to ensure safe cover in unexpected situations and the concept of scheduling planned care to facilitate safe and efficient use of resources.</li> <li>• Works within their healthcare organisation, conforming to values, policies, training requirements etc.</li> <li>• Demonstrates by application an understanding of the principles of the national healthcare system in which they practice, including conforming to legislative requirements.</li> <li>• Notices and reports failures in care or situations where care is substandard.</li> </ul>	<ul style="list-style-type: none"> <li>• Takes a proactive approach with employing organisation to ensure clear cover arrangements, effective personnel management, booking leave etc.</li> <li>• Recognises and reports failures in care, understands causes of medical error and contributes to the systems that prevent/rectify systematic errors.</li> </ul>
GPCs: 1, 3, 4, 5, 6, 7, 8	

**FPC9**

<b>Quality improvement:</b> take an active part in processes to improve the quality of care.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>Engages with QI initiatives through activities such as collecting data for audit purposes, attending QI meetings and following recommendations to improve the quality of care.</li> </ul>	<ul style="list-style-type: none"> <li>Takes an active part in ongoing QI work including active involvement with QI processes and encouragement of others to follow recommendations to improve the quality of care.</li> <li>Where appropriate, instigates and carries out QI project within framework of employing organisation.</li> <li>Adopts new patterns of working, including the use of new technologies (e.g. virtual consulting, genomics) and philosophies (e.g. a sustainable healthcare approach) to enhance patient care.</li> </ul>
GPCs: 1, 2, 3, 5, 6, 8, 9	

### FPC10

<b>Teaching the teacher:</b> teach and present effectively.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>Provides clear explanations in the clinical setting including the ability to educate patients about their conditions and therapies.</li> <li>Plans and delivers a formal teaching session using an appropriate teaching method.</li> </ul>	<ul style="list-style-type: none"> <li>Delivers teaching in the clinical setting to students or less experienced doctors, other healthcare professionals and/or trainees.</li> <li>Provides appropriate feedback to students, FY1s and/or other healthcare workers on performance.</li> <li>Expands teaching repertoire by teaching/presenting in other settings and/or using other techniques.</li> </ul>
GPCs: 1, 2, 4, 5, 6, 8, 9	

### FPC11

<b>Ethics and law:</b> demonstrate professional practice in line with the curriculum, GMC and other statutory requirements through development of a professional portfolio.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>Regularly develops and maintains a portfolio of evidence that demonstrates practice in line with the requirements of the foundation curriculum that can be used to show the FD's readiness to progress to further training, apply for full GMC registration and move on to undertake more independent practice.</li> <li>Demonstrates initiative.</li> <li>Participates in quality assurance of training programmes, including national and local surveys.</li> </ul>	<ul style="list-style-type: none"> <li>Develops and maintains a portfolio of evidence that demonstrates practice in line with the requirements of the foundation curriculum that can be used to show the FD's readiness to practise with indirect supervision and move on to further training.</li> <li>Actively seeks learning opportunities and proactively develops portfolio to demonstrate skills in line with career expectations and/or future professional development.</li> </ul>
GPCs: 1, 3, 4, 5, 6, 8, 9	

### FPC12

<b>Continuing Professional Development (CPD):</b> develop practice, including the acquisition of new knowledge and skills through experiential learning; acceptance of feedback and, if necessary, remediation;
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reading and, if appropriate, by research.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>• Demonstrates an ability to appraise new knowledge and knows how to incorporate any findings into practice.</li> <li>• Learns from experience, seeks out feedback, both positive and negative; and demonstrates an ability to understand criticism and, where necessary, adapts practice appropriately.</li> <li>• Actively engages with foundation training, completes curriculum requirements and participates in core foundation and departmental teaching programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• Keeps practice up to date.</li> <li>• Actively engages with foundation training.</li> <li>• Demonstrates an ability to understand criticism and, where necessary, adapts practice appropriately.</li> <li>• Demonstrates an ability to seek out and appraise new knowledge and, where appropriate, recruits for and/or conducts original research and incorporates any findings into practice.</li> </ul>
GPCs: 1, 2, 3, 8, 9	

### FPC13

<b>Understanding medicine:</b> understand the breadth of medical practice and plan a career.	
<b>F1 Behaviours</b>	<b>F2 Behaviours</b>
<ul style="list-style-type: none"> <li>• Demonstrates an exploration of the breadth of medical practice to broaden knowledge and understand the variety of care available to the patient, and to inform career development.</li> <li>• Understands the impact of personal values on career selection.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates an understanding of a variety of different healthcare environments.</li> <li>• Demonstrates an understanding of career options available.</li> </ul>
GPCs: 1, 2, 3, 4, 5, 6, 7, 8, 9	

### Local teaching programme

There will be an expectation that you attend local postgraduate teaching programmes, as well as specific programmes that Foundation Year 1 Programme facilitates. Monitoring processes are put in place and 70% overall attendance to the above programmes are expected.

### Additional opportunities (e.g. teaching, specialist experience)

1. To maintain confidentiality of information at all times.
2. To be conversant and comply with Trust Health and Safety Policy.
3. To act at all times in the best interest of patients/clients.
4. To be aware of and adhere to all Trust Policies and Procedures.
5. Attend all relevant mandatory and statutory training as required.



**Yorkshire Deanery Foundation School  
Individual Placement Description**

<b>Post:</b> Foundation Year 1 in Psychiatry					
<b>Placement :</b> Mental Health Services for Older People (MHSOP)					
<b>The department:</b> Briary Wing, Harrogate District Hospital					
<b>Main duties of the placement: Liaison Psychiatry with Dr Nirodi</b>					
<b>Typical working pattern in this post e.g ward rounds and ward patient reviews, home visits</b>					
<b>Trainee timetable</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
am	9.00 – Liaison	09.00 – Liaison	9am teaching programme York District Hospital  11.15am Balint Group – Psychotherapy teaching	9.30-12.00 Liaison	09.00 – 12.00 Liaison 12.00-13.30 foundation teaching
pm	13.00 – 17.00 Liaison	13.00 – 17.00 Liaison  1400 clinical supervision	1400-1700 Admin time	14.00-17.00 Liaison	14.00-17.00 Liaison Patient and other admin work
<b>Clinical Supervisor(s) for the placement:</b> Dr P Nirodi					
<b>Where the placement is based:</b> Harrogate District hospital, Harrogate					
<b>Service and Team Information</b>					
<ol style="list-style-type: none"> <li>1. The Foundation doctor will assist in the team under the close supervision of Dr Nirodi</li> <li>2. Will provide assessment for patients referred to Liaison team and participate in MDT</li> </ol>					

**Yorkshire Deanery Foundation School  
Foundation Placement Competence Matrix**

**POST :**           **Foundation Programme Year 1 in Psychiatry**

The following table gives an indication to what extent the following competence areas of the National Foundation Curriculum can be met in this post.

**KEY**

- Red:**               Not at all
- Amber:**           To some extent/limited opportunities
- Green:**           To a great extent/ample opportunities

**Curriculum competences (and any additional competences such as audit etc) expected to be achieved:**

<b>Section</b>	<b>Outcome</b>	<b>Expect to achieve</b>
<b>Professionalism</b>	Behaviour in the workplace	Green
	Health and handling stress and fatigue	Green
	Time management and continuity of care	Green
<b>Good clinical care</b>	Eliciting a history	Green
	Examination	Green
	Diagnosis and clinical decision-making	Green
	Safe prescribing	Green
	Medical record keeping and correspondence	Green
	Safe use of medical devices	Amber
<b>Recognition and management of the acutely ill patient</b>	Promptly assesses the acutely ill or collapsed patient	Green
	Identifies and responds to acutely abnormal physiology	green
	Where appropriate, delivers a fluid challenge safely to an acutely ill patient	Red
	Reassesses ill patients appropriately after starting treatment	Green (mentally unwell)
	Undertakes a further patient review to establish a differential diagnosis	Green
	Obtains an arterial blood gas sample safely, interprets results correctly	Red
	Manages patients with impaired consciousness, including convulsions	Red
	Uses common analgesic drugs safely and effectively	Amber
	Understands and applies the principles of managing a patient with acute mental disorder including self harm	Green
	Ensures safe continuing care of patients on handover between shifts, on call staff or with	Green

<b>Section</b>	<b>Outcome</b>	<b>Expect to achieve</b>
	'hospital at night' team by meticulous attention to detail and reflection on performance	
<b>Resuscitation</b>	Resuscitation	Amber
	Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately	Amber:
<b>Discharge and planning for chronic disease management</b>	Discharge planning	Green
	Planning for chronic disease management	Green
<b>Relationship with patients and communication skills</b>	Within a consultation	Green
	Breaking bad news	Green
<b>Patient safety within clinical governance</b>	Treats the patient as the centre of care	Green
	Makes patient safety a priority in own clinical practice	Green
	Promotes patient safety through good team-working	Green
	Understands the principles of quality and safety improvement	Green
	Complaints	Green
<b>Infection control</b>	Infection control	Amber
<b>Nutritional care</b>	Nutritional care	Amber
<b>Health promotion, patient education and public health</b>	Educating patients	Green
	Environmental, biological and lifestyle risk factors	Green
	Smoking	Green
	Alcohol	Green
	Epidemiology and screening	Amber
<b>Ethical and legal issues</b>	Medical ethical principles and confidentiality	Green
	Valid consent	Green
	Legal framework of medical practice	Green
	Relevance of outside bodies	Green
<b>Maintaining good medical practice</b>	Lifelong learning	Green
	Research, evidence, guidelines and care protocols	Green
	Audit	Green
<b>Teaching and Training</b>	Teaching and training	Green
<b>Working with colleagues</b>	Communication with colleagues and teamwork for patient safety	Green
	Interface with different specialties and with other professionals	Green