

TEES, ESK & WEAR VALLEYS NHS FOUNDATION TRUST

JOB DESCRIPTION

POST TITLE: Foundation Programme Year 1 in Psychiatry

DURATION: 4 months

LOCATION: York Teaching Hospital / Huntington House

SPECIALTY: Liaison Psychiatry / Early Intervention

CLINICAL SUPERVISOR: Dr James Sampford

Brief description of the clinical service

The Liaison Mental Health Team at the York Hospital in York provides a Consultation Liaison Psychiatry Service, assessing patients >16 years in York ED, and adult inpatients (16-65 years) referred from specialties within the York Hospital. This service liaises closely with doctors and other clinicians working within YTHT, 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 YTHT.

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

Key professional relationships

The post holder will work with:

- The multidisciplinary team including medical colleagues (as described below).
- The Consultant Psychiatrist directly or by telephone for advice when required.
- To gain experience of the treatment and management of complex mental health disorders.
- To gain experience in working knowledge of the Mental Health Act and Capacity Act where applicable.

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

One F1 will work alongside a multi-disciplinary team of one Consultant Liaison Psychiatrist, one Specialty Doctor, three Band 7 Advanced Nurse Practitioners and a team of Band 6 liaison nurses/ OT/ SW, and will not be expected to complete lone assessments. The F1 will have close supervision from the above team on a day to day basis, working in The York Hospital A&E department and inreaching into the whole acute hospital. This will provide a wide range of experience in assessment and management of psychiatric emergencies, delirium to challenging behaviour, psychological complications of long term conditions, with anxiety and adjustment disorders, and medical co-morbidities associated with severe and enduring mental illness, along with substance misuse and alcohol dependence. The Liaison Psychiatry Inreach team provides assessment, management and, if required, short-term multi-professional care whilst the patient remains in The York Hospital, referring onto to further psychiatric care if required on their discharge, or back to primary care.

Dr James Sampford is the Consultant Liaison Psychiatrist with the York Liaison Psychiatry Team in York Hospital and will provide Liaison Psychiatry clinical and educational supervision to the F1 based with the Liaison Team.

Day to day duties will include developing skills in:

- Working within a multi-professional team
- Assessment of patients within the service as part of a multi-professional team
- Involvement in daily review of patients under the care of the Liaison Psychiatry Inreach Team.
- Face to face assessment and review of patients as required and agreed within the team.
- Formulation, clinical supervision and leadership skills within a multi-disciplinary team which will include the assessment, diagnosis and management of those under the care of the service
- To work collaboratively with other services within and external to the Trust including the Voluntary Sector
- Teaching medical students from Hull and York Medical School

The F1 will be able to access immediate clinical supervision as required and there will be ample opportunity to undertake workplace based assessments and clinical skills training with the Consultant and Band 7 ANPs and Band 6 nurses within the team.

In addition to the above, the post holder will also undertake, as required, on-call work in York Teaching Hospital Trust.

The F1 will participate in audit and take part in the internal continuing professional development programme of Case conferences, journal clubs and audit. This time is protected. The F1 may have protected time to attend psychotherapy training/supervision (Balint Group).

Tuesdays – Early Intervention community placement with Dr Whitney, Consultant Psychiatrist

There will be the opportunity to experience community psychiatry for patients with first episode psychosis, with the Early Intervention in Psychosis Team under the clinical supervision of Dr Dan Whitney every Tuesday. This will involve setting up a physical assessment and review clinic for these patients plus community reviews and assessments alongside the multidisciplinary team. There will also be the opportunity to participate in audit during this placement.

Duties of the Post

1. Clinical:

The post holder will also have the experience of

- Mental state Examination Skills
- Assessment, Treatment and Management of complex mental health disorder
- Assessing the physical health needs of the inpatients including annual physical health checks
- Coordinating physical health checks and investigations as necessary
- Liaising with other mental health teams as required
- Psychological formulation
- Psychosocial interventions
- Recovery Principles

2. Teaching Medical students and Allied Staff

- To teach medical students from the Hull and York Medical School
- To teach other allied professionals where appropriate

3. Administration:

- Medical notes are still recorded on paper although the PARIS system is available. Knowledge and access to this and the York locality systems will be needed to e.g. access blood test investigations
- There is a Band 3 Liaison administrator and the Consultant with the team has a medical secretary – the FY1 will have access to both for support
- To assist with the collation of data for e.g. discharge summaries or reports where directed
- To assist in completing preliminary discharge summaries
- To assist in communication with other professionals when required eg some referrals for physical health or in collating additional history

4. Education and Training:

- To attend postgraduate training programme
- To attend weekly Clinical Supervision
- To plan and complete work based assessments as planned with Clinical Supervisor
- To become involved in medical student teaching

5. Research and Audit:

- To be involved in attending audit meetings/develop audit in accordance with Educational Supervision plan
- Opportunities to become involved in research as appropriate

Settings of where the work will be carried out:

- York District Hospital
- Huntington House, York
- Community bases when placed with EIT (mainly Huntington House)

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****

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	9-10am Liaison Psychiatry MDT huddle 10am-1pm LPT/ MHALT/ Subs misuse inpatient reviews	EI community placement with Dr Whitney, Consultant Psychiatrist	9-11am CT academic programme (journal club/ case presentations) 11am-12pm Educational Supervision with Liaison Consultant 12.30-2pm F1 Mandatory teaching held in Postgraduate Centre, York District Hospital	9-10am Liaison Meeting Clinical assessments and Inreach reviews 10-11am Weekly Team Business meeting/ Leadership meeting/ Reflective Practice/ SI review meeting	9-10am Liaison Meeting Clinical assessments and Inreach reviews
Lunch					
p.m.	1pm Gastro MDT – attend with consultant Clinical assessments / Admin	EI Community Placement	1pm Neuro MDT monthly Clinical assessments/ Admin	Clinical assessments/ Admin	Clinical assessments/ Admin

***opportunity for SDL will be provided on an ad hoc basis and can be arranged through discussion with Consultant with the team**

Clinical supervisor timetable (Dr James Sampford)

	Monday	Tuesday	Wednesday	Thursday	Friday
am	9-10am Liaison Psychiatry MDT huddle 10am-1pm LPT/ MHALT/ Subs misuse inpatient reviews	9-10am Liaison Psychiatry MDT huddle 10am-1pm LMHT/ MHALT/ Subs misuse inpatient reviews	9-11am CT academic programme (journal club/ case presentations) 11-12pm FY1	9-10am Liaison Psychiatry MDT huddle 10am-1pm SPA/ admin/ ad hoc clinical work	9-10am Liaison Psychiatry MDT huddle 10am-1pm SPA/ admin/ ad hoc clinical work

		Monthly – psycho-oncology MDT/ multiagency high intensity user group meeting	Educational Supervision 12pm-1pm ST Educational Supervision		
pm	1pm Gastro MDT weekly 2-5pm SPA	1-5pm admin/ LPT/ Subs Misuse inpatient reviews	1pm Neuro MDT monthly 1-5pm liaison outpatient clinical reviews – to be discussed	1-2pm CT Educational supervision 2-5pm admin/ LPT/ Subs Misuse inpatient reviews	1-5pm admin/ LPT/ Subs Misuse inpatient reviews

*note – the above timetable is flexible and can be amended as required to meet supervision needs of the trainee. Weekday clinical supervisor will be Dr James Sampford.

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

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

FPC2

Clinical prioritisation: recognise and, where appropriate, initiate urgent treatment of deterioration in physical and mental health.

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

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	F2 Behaviours
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<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
<p>GPCs: 1, 2, 4, 7</p>	

FPC4

<p>Communication and care: provide clear explanations to patients/carers, agree a plan and deliver healthcare advice and treatment where appropriate.</p>	
<p>F1 Behaviours</p>	<p>F2 Behaviours</p>

<ul style="list-style-type: none"> • Delivers care including humane interventions*, in an appropriate and safe manner including physical interventions, procedures**, safe prescribing***, blood transfusion and use of medical devices. • Uses available technology and medical devices to facilitate care. • Shows an understanding of the importance of non-pharmacological therapies. • 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). <p>* The GMC defines these as: nutrition, hydration, symptom control, pain control, end of life care and CPR if and when appropriate.</p> <p>* NB Reasonable adaptations may be appropriate for the doctor who has difficulty with physical care.</p> <p>***By completion of FY1 must have passed the Prescribing Safety Assessment.</p>	<ul style="list-style-type: none"> • Actively seeks opportunities for health promotion and/or demonstrates a commitment to improving population health/ resolving health inequality. • When initiating treatment, routinely seeks to involve the patient as an equal partner in their care pathway. • Demonstrates confidence in the use of non-pharmacological therapies including, where appropriate, re-enablement; counselling; physical, occupational and psychological therapy; and social prescribing. • Prescribes anticipatory medications for the last days of life. • Demonstrates an understanding of guidance around consent and, where appropriate, obtains consent for more complex procedures and, if appropriate, for research purposes. • Shows ability to initiate and undertake procedures in more challenging settings and/ or develops capabilities in more complex procedures. • 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. • Demonstrates an ability to prescribe that is consistent with the standard required to pass the PSA.
<p>GPCs: 1, 2, 3, 4, 6, 7, 8, 9</p>	

FPC5

<p>Continuity of care: contribute to safe ongoing care both in and out of hours.</p>	
<p>F1 Behaviours</p>	<p>F2 Behaviours</p>

<ul style="list-style-type: none"> • Prioritises tasks and takes responsibility for their completion, seeking help if required. • Demonstrates an understanding of the processes to ensure correct patient identification. • 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. • Hands over care effectively both verbally and in writing and with due respect for confidentiality. • Conducts patient reviews in a timely manner. • Escalates concerns to more senior doctors (or other appropriate healthcare professionals) as needed. • Keeps clear contemporaneous records. <p>***By completion of FY1 must have passed the Prescribing Safety Assessment.</p>	<ul style="list-style-type: none"> • Works to facilitate patient flow in the context of the healthcare environment in which they work. • Takes appropriate responsibility for care when under indirect supervision. • Directs less experienced doctors in their work. • Demonstrates an ability to direct/lead handover, showing some ability to anticipate problems that may arise and plan solutions to them. • 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.
<p>GPCs: 1, 2, 5, 6, 7, 8</p>	

FPC6

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

patients, are met.	
GPCs: 1, 2, 3, 4, 5, 6, 7, 8, 9	

FPC7

Fitness for practice: develop the skills necessary to manage own personal wellbeing.	
F1 Behaviours	F2 Behaviours
<ul style="list-style-type: none"> • 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). 	<ul style="list-style-type: none"> • Recognises the importance of protecting patients and colleagues from risks posed by personal and health issues. • Understands personal wellbeing in the context of planning a future career.
GPCs: 1, 3, 4, 5, 6	

FPC8

Upholding values: act as a responsible employee, including speaking up when others do not act in accordance with the values of the healthcare system.	
F1 Behaviours	F2 Behaviours
<ul style="list-style-type: none"> • Takes responsibility for own actions. • 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. • Works within their healthcare organisation, conforming to values, policies, training requirements etc. • Demonstrates by application an understanding of the principles of the national healthcare system in which they practice, including 	<ul style="list-style-type: none"> • Takes a proactive approach with employing organisation to ensure clear cover arrangements, effective personnel management, booking leave etc. • Recognises and reports failures in care, understands causes of medical error and contributes to the systems that prevent/rectify systematic errors.

conforming to legislative requirements. • Notices and reports failures in care or situations where care is substandard.	
GPCs: 1, 3, 4, 5, 6, 7, 8	

FPC9

Quality improvement: take an active part in processes to improve the quality of care.	
F1 Behaviours	F2 Behaviours
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. Where appropriate, instigates and carries out QI project within framework of employing organisation. 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.
GPCs: 1, 2, 3, 5, 6, 8, 9	

FPC10

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

FPC11

Ethics and law: demonstrate professional practice in line with the curriculum, GMC and other statutory requirements through development of a professional portfolio.	
F1 Behaviours	F2 Behaviours
<ul style="list-style-type: none"> • 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. • Demonstrates initiative. • Participates in quality assurance of training programmes, including national and local surveys. 	<ul style="list-style-type: none"> • 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. • Actively seeks learning opportunities and proactively develops portfolio to demonstrate skills in line with career expectations and/or future professional development.
GPCs: 1, 3, 4, 5, 6, 8, 9	

FPC12

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

FPC13

Understanding medicine: understand the breadth of medical practice and plan a career.	
F1 Behaviours	F2 Behaviours
<ul style="list-style-type: none"> • 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. • Understands the impact of personal values on career selection. 	<ul style="list-style-type: none"> • Demonstrates an understanding of a variety of different healthcare environments. • Demonstrates an understanding of career options available.

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
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:

Section	Outcome	Expect to achieve
Professionalism	Behaviour in the workplace	Green
	Health and handling stress and fatigue	Green
	Time management and continuity of care	Green
Good clinical care	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
Recognition and management of the acutely ill patient	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

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