

Broad Based Training Programme

PSYCHIATRY

Broad Based Training (BBT) Curriculum

BBT is a two-year structured programme for doctors providing six-month placements in four specialties to allow broader experience before applying for specialty training. A curriculum has been developed consisting of common theme competencies and specialty specific learning outcomes.

A Learning Needs Assessment is important in helping to identify both common themes and specialty specific learning outcomes for each of the six month rotations.

The overarching Educational Supervisor for each BBT trainee will be the key individual able to assist the trainee in identifying ways to cover potential gaps relating to the common themes over the duration of the programme.

In each rotation the Supervisor would also be expected to help identify areas that require development relating to the common theme competencies and also identify specialty specific learning needs. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

BBT Common Theme Competencies

Communication

Integrated Clinical Practice

Standards of Care and Education

Personal Behaviour

Management and Leadership

For each of the common theme competencies, the curriculum details learning outcome descriptors and methods of assessment and this should be referred to.

BBT Speciality Specific Learning Outcomes

In developing the curriculum each speciality gives a comprehensive list of learning outcomes for the trainee to work towards, but it is recognised that achieving all these in a six month post may seem daunting. This tool can be used by the Supervisor and BBT trainee to prioritise how and when specific learning needs can be addressed and assessed.

Assessments and Reviews

During this 6 month post in Psychiatry, it is the responsibility of the BBT trainee to arrange the following, shared between their Educational Supervisor and their Clinical Supervisor in Psychiatry:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks.)
- Regular reviews of progress and portfolio documentation of this
- 1 Assessment of Clinical Expertise (ACE)
- 2 mini-ACE workplace based assessments
- 2 CbDs
- 1 MSF in each 6-month placement
- 1 Case Based discussion group assessment (CBDGA)
- 1 case presentation
- 1 journal club presentation
- At least one reflection on an anonymised case of a patient who has required care between Psychiatry and another of the BBT specialities (paediatrics, medicine, General Practice) in each 6 months
- Trainees must demonstrate participation in audit/project activity in each six month placement.

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

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Key Learning Objectives & Assessment in PSYCHIATRY

Key Learning Objectives	
<p>Mandatory</p> <p>Generic Competences</p> <p>The trainee will be able to :</p> <ul style="list-style-type: none"> • take a psychiatric history (in multiple settings including the admission unit, emergency assessment, and outpatient clinic) and carry out a thorough mental state examination (including being able to perform and score a standardised cognitive assessment.) • perform a risk assessment (risk of neglect and vulnerability, and risks to self and to others) with an awareness of historical identifiers and relevant mental state • initiate a safe treatment plan (in conjunction with any appropriate team members) and ensure effective documentation and handover, including to appropriate members of the multidisciplinary team. • produce clear notes, and a clear summary where required, of a patient's problems, including in consultations with senior colleagues, and in letters to GPs and colleagues, and any reports • prioritise patient assessments and alert colleagues to the most urgent or complex patients, and understand when to manage patients alone and when (and how promptly) to seek more senior guidance. 	<p>Mini-ACE</p> <p>Mini-ACE, CbD</p> <p>CbD, supervision discussion</p> <p>CbD, supervision discussion</p> <p>CbD, supervision discussion</p>

<ul style="list-style-type: none"> • understand the approaches to the assessment of patients presenting acutely and the range of safe management strategies including the threshold for admission and alternatives to admission to hospital. • understand the roles of the members of the multidisciplinary team in patient management (including seeking their input) and the role of the doctor within the team. • help plan a timely and safe patient discharge including negotiating and arranging this with the patient, community based colleagues and (where appropriate) family and carers. • be alert to the interplay between mental and physical disorder: (vulnerability to physical illness, side-effects of medication, psychiatric presentations of physical illness) • be alert to the interplay between drug and alcohol use and other mental disorders and physical disorders. 	<p>CbD, supervision discussion</p> <p>CbD, supervision discussion , interviews with MDT members Multi-Source Feedback (MSF)</p> <p>CbD, supervision discussion</p> <p>Mini-ACE, CbD, supervision discussion</p> <p>Specialist clinic and team observation, CbD, supervision discussion</p>
<p>Specific areas of competence and knowledge</p> <p>Characteristic presentations of adult mental disorders:</p> <ul style="list-style-type: none"> • Organic mental disorders, including dementia, and physical illness presenting with mental disorder • Schizophrenia, and delusional disorders • Mood [affective] disorders • Neurotic, stress-related and somatoform disorders • Disorders of adult personality and behaviour 	<p>Mini ACE, CbD, supervision discussion</p>

<p>Main principles of their management through</p> <ul style="list-style-type: none"> • Medication • Psychological therapies • psychotherapies, • social interventions • self-management. and user group support • ECT <p>The scope and focus of specialties within psychiatry and their treatment approaches:</p> <ul style="list-style-type: none"> • Learning disability • Drug and alcohol services • Child and adolescent psychiatry: behavioural and emotional disorders in childhood and adolescence and disorders of psychological development <p>The Mental Health Act, capacity and consent (including the Mental Capacity Act) and trainee responsibilities within these</p> <p>Assessment of suicide risk and self-harm, and their safe management.</p> <p>Acute behavioural disturbance and aggression: <i>prediction, de-escalation, safe management, emergency sedation</i></p> <p>Management of serious and long-term illness: <i>rehabilitation and the Recovery approach, self-management, long-term medication and side-effects, family and social support, employment</i></p> <p>The roles of others in assessment treatment and support:</p> <ul style="list-style-type: none"> • Mental health services: <i>nurses and community nurses, occupational therapy, psychology, ,psychotherapy and art therapy</i> • Allied services: <i>social work, police and probation, paramedics</i> • Voluntary sector: 	<p>Interviews and observation with other professionals, CbD, supervision discussion, Balint Group (SAPE for trainees in Psychiatry stream)</p> <p>Clinic and specialist team attendance,, CbD, supervision discussion</p> <p>Observation of MH practice, Mini ACE, CbD, supervision discussion</p> <p>Mini ACE, CbD, supervision discussion</p> <p>Mini ACE, CbD, supervision discussion</p> <p>Clinic and specialist team attendance,, CbD, supervision discussion</p> <p>Interviews and observation with other professionals and service users,, CbD, supervision discussion, MSF</p>
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How the BBT trainee can learn

LEARNING OPPORTUNITIES IN THE HOSPITAL AND COMMUNITY SETTINGS

Seeing patients - Emergency referrals, admissions, out-patients, and in community and home settings

Clinics, including specialist clinics e.g. Learning Disability, Drug and Alcohol, specialist Old Age.

Working as part of the multidisciplinary team, attending MDT meetings, and on the ward.

On-call 'out of hours' experience at night and at weekends.

Individual supervision with the Psychiatry Clinical Supervisor and Specialist Registrar

Formal Teaching Sessions and the Balint Group (case discussion of psychodynamic processes in psychiatric practice)

Workplace-Based Assessments

Simulation training opportunities

Clinical governance meetings and contributing to audits where appropriate.

Advice and Guidance Relating to preparation and planning for specialty exams on Exit from BBT

All trainees are encouraged to join the Balint Group as well as local academic programmes..

Trainees in the Psychiatry pathway should achieve a SAPE pass from the Balint group, and begin attendance at the MRCPsych Course

Broad Based Training Programme

Psychiatry

Educational Plan From: To:

Trainee : email:

Placement Supervisor: email:

Overall Educational Supervisor: email:

Learning Needs Identified:

How will these be addressed?

Assessment Planner

Assessment	Focus of assessment	When?
Additional		

Signed & agreed:

Trainee:		Date:
Placement Supervisor:		Date: