TEES, ESK & WEAR VALLEYS NHS FOUNDATION TRUST

JOB DESCRIPTION

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

DURATION: **4 months**

LOCATION: **Cherry Tree House**

SPECIALTY: **Mental Health Services for Older People (MHSOP)**

CLINICAL SUPERVISOR: Dr David Braun

Brief description of the clinical service

Inpatient services for older people with functional mental health problems in the York and North Yorkshire care group (covering the York and Selby catchment area) are currently provided at **Cherry Tree House, York**. This is an 18-bed mixed gender assessment and treatment unit.

Key professional relationships

The post holder will:
- Be accountable to the Consultant Psychiatrist for Older people in locality
- Work closely with all members of the multidisciplinary team including nursing staff, occupational therapists, psychologists, pharmacists and physiotherapists
- Be involved in the assessment/management of patients with mental health related presentations in the in-patient setting
- Be involved in the assessment/management of patients who present with comorbid physical health conditions whilst in the in-patient setting
- Be involved in liaising with other parts of the psychiatric service, other directorates and other agencies
- Gain community experience (for example out-patient clinics and experience with a community mental health team)

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 Braun). Allocated time will be given for workplace based assessments. Clinical supervision will be available from the

consultant (or covering consultant(s) in Dr Braun's absence) throughout the week. In the absence of Dr Braun, cover will be provided by Dr Jeffrey Clarke or Dr Dichelle Wong. They can be reached on their mobile phones via Bootham Park Hospital switchboard (within work hours) or York District Hospital switchboard. The on-call consultant psychiatrist (who can be reached via York District Hospital switchboard) provides cover out-of-hours or during public holidays. The post holder and the ward will be notified by Dr Braun by email as to who is providing cover in advance of any scheduled leave.

Duties of the Post

1. **Clinical:**
   - To participate in the assessments of in-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 and initial management of physical health conditions as they arise, including liaison with appropriate specialties.
   - To work within the framework of CPA.

   The post holder will also have the experience of:
   - Gaining experience in managing both common and complex psychiatric presentations
   - The use of the Mental Health Act

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 e-discharge letters to GPs.
   - Administrative support is based at Cherry Tree House.

4. **Education and Training:**
   - Clinical supervision is provided as required throughout the week by the Consultant, SAS Doctor or more senior trainee.
   - Educational supervision is provided by the Consultant – one hour per week.
   - To attend the weekly postgraduate teaching programme.
   - To become involved in medical student teaching.

5. **Research and Audit:**
   - To develop audit skills – this may involve participation in the audit programme and completion of an audit project during the post.
   - Explore opportunities to become involved in research activities as appropriate.

Settings of where the work will be carried out:
- Cherry Tree House
- Community Mental Health Teams within the York and Selby locality

Educational opportunities and objectives:
There will be an expectation that you attend local postgraduate teaching programmes, as well as specific programmes that the Foundation Year 1 Programme facilitates.

Foundation Year 1 Doctor for Dr Braun timetable *– Protected time to complete ePortfolio to be agreed with clinical supervisor at the start of the placement*

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
am	0900 MDT Report Out Ward meetings – CPA reviews, formulations etc	0900 MDT Report Out Ward meetings – CPA reviews, formulations	0900-1100 Academic Programme	CMHT or other community based experience	0900 MDT Report Out Ward meetings – CPA reviews, formulations etc **1100-1200 Educational Supervision**
pm	Ward work	Ward work	Ward work	CMHT or other community based experience	Ward work

Clinical supervisor timetable (Dr David Braun)

	Monday	Tuesday	Wednesday	Thursday	Friday
am	0900 MDT Report Out Cherry Tree House ward meetings – CPA reviews, formulations etc	0900 MDT Report Out Cherry Tree House ward meetings – CPA reviews etc.	Academic Programme MHSOP Consultant's Meeting	0900 MDT Report Out Cherry Tree House ward meetings – CPA reviews, formulations etc	0900 MDT Report Out Cherry Tree House ward work **1100-1200 Educational Supervision (Foundation Doctor)**
pm	1300 Meadowfields Report Out Meadowfields ward work	1300 Meadowfields Report Out Meadowfields ward work	1400-1600 Cherry Tree House Leadership Team meeting	1400-1500 Educational Supervision (Core Trainee/GP Trainee)	1300 Meadowfields Report Out Meadowfields ward work

Curriculum outcomes expected to be achieved

Curriculum domain		Roles and responsibilities that will allow trainee to achieve this competency
Section 1: Professional behaviour and trust		
1. Acts professionally		
1.1	Professional behaviour	• Acts in accordance with General Medical Council (GMC) guidance in all interactions with patients, relatives/carers and colleagues • Acts as a role model for medical students, other doctors and healthcare workers • Acts as a responsible employee and complies with local and national requirements e.g. • Completing mandatory training • Ensuring immunisation against communicable diseases

		• Engaging in appraisal and assessment • Taking responsibility for ensuring appropriate cover during leave • Adhering to local sickness and return to work policies
1.2	Personal organisation	• Attends on time for all duties, including handovers, clinical commitments and teaching sessions • Organises and prioritises workload as a matter of routine • Delegates or seeks assistance when required to ensure that all tasks are completed
1.3	Personal responsibility	• Attends on time for all duties, including handovers, clinical commitments and teaching sessions • Organises and prioritises workload as a matter of routine • Delegates or seeks assistance when required to ensure that all tasks are completed •

2. Delivers patient centred care and maintains trust		
2.1	Patient centred care	• Considers the patient as a whole e.g. respecting their personal circumstances, dignity, autonomy, individual healthcare decisions, and right to privacy.
2.2	Trust	• Acts with empathy, honesty and sensitivity in a non-confrontational manner • Recognises that the decisions of an individual with capacity are paramount • Respects the known wishes of the patient and decisions taken in advance e.g. advance decision to refuse treatment (ADRT) and do not attempt cardiopulmonary resuscitation (DNACPR) and manages the patient accordingly
2.3	Consent	• Obtains and correctly documents consent for core procedures in accordance with GMC and local guidance • Assesses mental capacity to give consent
3. Behaves in accordance with ethical and legal requirements		
3.1	Ethical and legal requirements	• Practises in accordance with guidance from the GMC, relevant legislation and national and local guidelines • Demonstrates understanding of the risks of legal and disciplinary action if a doctor fails to achieve the necessary standards of practice and care
3.2	Confidentiality	• Describes and applies the principles of confidentiality in accordance with GMC guidance • Ensures the patient's rights of confidentiality when clinical details are discussed, recorded in notes or stored electronically • Complies with information governance standards regarding confidential personal information • Follows GMC guidance on the use of social media • Describes when confidential information may be shared with appropriate third parties e.g. police and DVLA
3.3	Statutory documentation	• Completes statutory documentation correctly e.g. • Death certificates • Statement for fitness to work • Cremation forms

3.4	Mental capacity	- Performs mental state examination and assessment of cognition and capacity - Uses and documents the 'best interests checklist' when an individual lacks capacity for a specific decision - Demonstrates awareness of the principles of capacity and incapacity as set out in the Mental Capacity Act 2005 (or Adults with Incapacity (Scotland) Act 2000) - Demonstrates understanding that there are situations when it is appropriate for others to make decisions on behalf of patients (e.g. lasting power of attorney, and guardianship) - Demonstrates understanding that treatment may be provided against a patient's expressed wishes in certain defined circumstances
3.5	Protection of vulnerable groups	Recognises the potentially vulnerable patient

4. Keeps practice up to date through learning and teaching		
4.1	Self-directed learning	- Acts to keep abreast of educational / training requirements - Maintains a contemporaneous e-portfolio which meets training programme requirements - Demonstrates change and improvement in practice as a result of reflection on personal experience, multi-source feedback (MSF) and feedback from supervised learning events (SLEs). - Identifies and addresses personal learning needs
4.2	Teaching and assessment	- Delivers teaching sessions and presentations which support learning to medical students and other members of the multidisciplinary team - Describes the role and value of the 'developing the clinical teacher' supervised learning event

5. Demonstrates engagement in career planning		
5.1	Demonstrates engagement in career planning	- Discusses how to achieve career ambitions with educational supervisor - Maintains an e-portfolio record of evidence demonstrating realistic career goals based on - career guidance, self-awareness, information gathering, selection processes and discussion with colleagues - Maintains an e-portfolio record of activities demonstrating exploration of possible specialty

		career options e.g. completion of taster period and reflection on the experience

Section 2: Communication, team-working and leadership		
6. Communicates clearly in a variety of settings		
6.1	Communication with patients/relatives/carers	• Introduces themselves to patient/carer/relative stating name and role • Communicates clearly, politely, considerately, with understanding and empathy • Ensures sufficient time and appropriate environment for communication
6.2	Communication in challenging circumstances	• Uses appropriate styles of communication • Seeks/provides additional support in situations where patient's ability to communicate may be impaired • Breaks bad news compassionately and supportively
6.3	Complaints	• Acts in an open and transparent way and notifies all appropriate persons including the patient when safety has (or potentially has) been compromised • Apologises for errors and takes steps to minimise impact
6.4	Patient records	• Maintains accurate, legible and contemporaneous patient records and ensures that entries are signed and dated in compliance with "Standards for the structure and content of patient records Health and Social Care Information Centre / Academy of Medical Royal Colleges (AoMRC) 2013"
6.5	Interface with other healthcare professionals	• Describes the structure and importance of the wider healthcare team • Works effectively within the healthcare team for the benefit of patient care • Makes clear, concise and timely written and oral referrals to other healthcare professionals within the hospital • Produces a timely, legible discharge summary that identifies principle diagnoses, key treatments/interventions, discharge medication and follow-up arrangements

7. Works effectively as a team member		
7.1	Continuity of care	• Gives structured handover to ensure safe continuing care of patients. • Makes adequate arrangements for cover e.g. handing over bleep during educational sessions.
7.2	Interaction with colleagues	• Acts as a member of the multidisciplinary professional team by supporting, respecting and being receptive to the views of other healthcare professionals • Works effectively with others towards a common goal e.g. accepts instructions and allocation of tasks from seniors at handovers and multidisciplinary team meetings • Contributes to multidisciplinary team (MDT) meetings e.g. by case presentation, making records
8. Demonstrates leadership skills		
8.1	Leadership	• Leads within allocated roles e.g. when asked to organise medical students • Describes the organisational structures and chains of responsibility including principles of line management in medical and non-medical staff • Demonstrates leadership during routine tasks e.g. organising and performing core procedures
Section 3: Clinical Care		
9. Recognises, assesses and initiates management of the acutely ill patient		
9.1	Recognition of acute illness	• Responds promptly to notification of deterioration or concern regarding a patient's condition e.g. change in National Early Warning Score (NEWS) • Prioritises tasks according to clinical urgency and reviews patients in a timely manner • Recognises, manages and reports transfusion reactions, according to local and national guidelines

9.2	Assessment of the acutely unwell patient	• Recognises and promptly assesses the acutely ill, collapsed or unconscious patient using an Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach and:
		  o Correctly interprets clinical and non-invasive monitoring of vital signs*
		  o Informs senior colleague and requests assistance / review e.g. NEWS ≥ 5

		* Utilises normal age-related reference ranges for vital signs in infants and children
9.3	Immediate management of the acutely unwell patient	- Initiates prompt appropriate management to stabilise/prevent further deterioration in patients with common acute presentations (including mental health) and seeks timely senior help with the further management - Delivers immediate therapy (e.g. oxygen, fluid challenge, antibiotics) to an acutely ill patient - Identifies electrolyte imbalance and, with senior advice, delivers a safe and effective method of correction - Records and acts on changes in physiological status, anticipating and planning appropriate action to prevent deterioration in vital signs - Communicates with the patient, relatives and carers and ensures they are supported
10. Recognises, assesses and manages patients with long term conditions		
10.1	Management of long term conditions in the acutely unwell patient	- Recognises acute manifestations/exacerbations/ progression and new complications of long-term conditions and their causes - Recognises how acute illness or injury will interact with pre-existing chronic illness/disability
10.2	The frail patient	- Recognises frailty - Formulates individual patient management plan based on assessment of frailty as well as clinical need
10.3	Support for patients with long term conditions	- Evaluates patients' capacity to self-care, including mental health aspects - Organises physiotherapy and occupational therapy for inpatients with long-term mobility problems
10.4	Nutrition	- Describes the prevalence of nutritional disorders in patients with long-term conditions - Routinely assesses patients' basic nutritional requirements - Performs basic nutritional screen including assessing growth in children
11. Obtains history, performs clinical examination, formulates differential diagnosis and management plan		
11.1	History	Obtains and presents accurate patient history, utilising all relevant sources of information including carers/family, doing so in a timely manner

11.2	Physical and mental state examination	- Performs competent physical and mental state examination in a timely manner - Presents examination, including mental state, findings succinctly and accurately - Uses a chaperone, where appropriate
11.3	Diagnosis	- Formulates appropriate physical/mental health differential diagnoses, based on history, examination and immediate investigations - Requests and interprets necessary investigations to confirm diagnosis - Confirms initial diagnosis with more senior doctor - Takes account of probabilities in ranking differential diagnoses
11.4	Clinical management	- Formulates problem list and confirms management plan with more senior doctor and initiates management plan within limits of competence - Performs an accurate cognitive assessment to screen for dementia and delirium
11.5	Clinical review	Undertakes regular reviews, amends differential diagnosis and expedites patient investigation and management in the light of developing symptoms and response to therapeutic interventions
11.6	Discharge planning	- Anticipates and ensures patients are prepared for discharge taking medical and social factors into account - Makes early referral within the multidisciplinary team and to community agencies - Communicates with primary care and other agencies
11.7	Discharge summaries	- Anticipates and ensures patients are prepared for discharge taking medical and social factors into account - Makes early referral within the multidisciplinary team and to community agencies - Communicates with primary care and other agencies
12. Requests relevant investigations and acts upon results		
12.1	Investigations	- Requests/arranges investigations which are necessary to assist diagnosis and monitor treatment and are appropriate for patients' needs in accordance with local and national guidance - Ensures correct identification of patients when collecting and labelling samples

		• Ensures correct identification of patients when reviewing results and planning consequent management • Minimises risk of exposing a pregnant woman to radiation
12.2	Interpretation of investigations	• Seeks, interprets, records and relays/acts on results of ECG, laboratory tests, basic radiographs and other investigations and explains these effectively to patients

13. Prescribes safely		
13.1	Correct prescription	• Prescribes medicines, blood products and fluids correctly, accurately and unambiguously in accordance with GMC and other guidance using correct documentation to ensure that patients receive the correct drug via the correct route at the correct frequency and at the correct time • Demonstrates understanding of responsibilities and restrictions with regard to prescribing high risk medicines including anticoagulation, insulin, chemotherapy and immunotherapy • Performs dosage calculations accurately and verifies that the dose calculated is of the right order • Reviews previous prescriptions and transfers/ transcribes accurately and appropriately • Describes the potential hazards related to different routes of drug administration (e.g. oral, intramuscular, intravenous, intrathecal) • Follows the guidance in Good Medical Practice in relation to self-prescribing and prescribing for friends and family • Within the hospital, prescribes controlled drugs using appropriate legal framework and describes the management and prescribing of controlled drugs in the community • Describes the importance of security issues in respect of prescriptions
13.2	Clinically effective prescription	• Prescribes and administers for common important indications including medicines required urgently in the management of medical emergencies e.g. sepsis, exacerbation of chronic obstructive pulmonary disease, pulmonary oedema, congestive cardiac failure, pain, thromboprophylaxis • Prescribes safely for different patient groups including frail elderly, children, women of child-bearing potential, pregnant women and those with hepato-renal dysfunction • Prescribes and administers oxygen, fluids and antimicrobials as appropriate e.g. in accordance

		with NICE guidance on antimicrobial and intravenous fluid therapy • Chooses appropriate intravenous fluids as vehicles for intravenous drugs and calculates the correct volume and flow rate • Assesses the need for fluid replacement therapy and chooses and prescribes appropriate intravenous fluids and calculates the correct volume and flow rates • Prescribes and administers blood products safely in accordance with guidelines/protocols on safe cross matching and the use of blood and blood products
13.3	Discussion of medication with patients	• Discusses drug treatment and administration with patients/carers, including duration of treatment, unwanted effects and interactions • Obtains an accurate drug history, including allergy, self-medication, use of complementary healthcare products and enquiry about allergic and other adverse reactions
13.4	Guidance on prescription	• Prescribes using all available support including local and national formularies, pharmacists and more experienced prescribers to ensure accurate, safe and effective error-free prescribing, whilst recognising that legal responsibility remains with the prescriber • Prescribes according to relevant national and local guidance on antimicrobial therapy, recognising the link between antimicrobial prescribing and the development of antimicrobial resistance.
13.5	Review of prescriptions	• Reviews prescriptions regularly for effectiveness and safety taking account of patient response, adverse reactions and drug level monitoring • Recognises and initiates action for common adverse effects of drugs and communicates these to patients, including potential effects on work and driving
14. Performs procedures safely (Core procedures are mandated by the General Medical Council (GMC) and trainees must be signed off a competent to perform them. Trainees may have the opportunity to perform many other procedures according to their clinical placements. Trainees should only perform procedures independently or teach medical students core procedures when they have been sanctioned to do this by their supervisor)		

14.1	Core procedures	- Performs competently the <u>core procedures</u> either in the workplace or on simulated patients - For each procedure, the foundation doctor should know the indications and contraindications and be able to - Explain the procedure to patients, including possible complications, and gain valid informed consent - Prepare the required equipment, including a sterile field - Position the patient - Prescribe and/or administer appropriate analgesia in certain patients - Adequately prepare the skin using aseptic technique where relevant - Administer local anaesthetic correctly for the procedure - Recognise, record and be able to undertake emergency management of common complications - Safely dispose of equipment, including sharps - Document the procedure, including the labelling of samples and giving instructions for appropriate aftercare/monitoring
14.2	Other procedures	Performs under supervision procedures linked to a specialty placement

15. Is trained and manages cardiac and respiratory arrest		
15.1	Is trained and manages cardiac and respiratory arrest	- Initiates and responds to a crash call - Functions as a competent member of the team providing immediate life support - Is trained: - To initiate and perform immediate adult life support comprising cardiopulmonary resuscitation, simple airway management and safe defibrillation - To provide basic paediatric life support (for doctors working with infants and children) - To use a defibrillator - To adapt resuscitation in certain situations e.g. in pregnant patients
15.2	Do not attempt cardiopulmonary resuscitation orders	Demonstrates understanding of and respect for do not attempt cardiopulmonary resuscitation (DNACPR) decisions

16. Demonstrates understanding of the principles of health promotion and illness prevention		

16.1	Demonstrates understanding of the principles of health promotion and illness prevention	• Explains to patients the possible effects of lifestyle, including the effects of diet, nutrition, inactivity, smoking, alcohol and substance abuse
		• Recognises the impact of wider determinants of health and advises on preventative measures with reference to local and national guidelines including:
		  o Smoking cessation and supportive measures
		  o Appropriate alcohol intake levels or drinking cessation
		  o Illicit drug use and referral to support services
		  o Biohazards
		  o Risks of UV and ionising radiation especially the harmful effects of sunlight
		  o Lack of exercise and physical/mental activity
		  o Weight management
		  o Employment
		  o Vaccination programmes
		  o Cancer screening e.g. breast, cervical, bowel
		• Recommends well man/women clinics

17. Manages palliative and end of life care ***It is highly likely that this outcome will not be achievable within a Psychiatry placement***		

17.1	End of Life Care	• Contributes as a member of the multidisciplinary team to delivering high quality end of life care that is in line with the individuals' needs and preferences
		• Recognises that a patient is likely to die in the next few hours or days and:
		  o Assesses whether this is reversible and, if so, whether this is in line with the patient's wishes
		  o Ensures that this is communicated clearly and with empathy to the patient (where appropriate) and those close to the patient
		  o Recognises the limitation of own competence and experience to make such an assessment and seeks senior advice
		  o Accesses palliative care services when desired
		• Recognises that palliative care requires attention to physical, psychological, emotional, social and spiritual aspects of the patient's experience, and those close to them. Helps patient to access this if required

17.2	Care after death	- Confirms death by conducting appropriate physical examination, documenting findings in the patient record - Behaves professionally and compassionately when confirming and pronouncing death - Follows the law and statutory codes of practice governing completion of Medical Certificate of Cause of Death (MCCD) and cremation certificates. - Completes MCCD when trained to do so and notes details reported on the MCCD in the patient record - Demonstrates understanding of circumstances requiring reporting death to coroner/procurator fiscal. - Reports death to coroner/procurator fiscal after discussion with a senior colleague - Discusses the benefits of post mortem examination and explains the process to relatives/carers - Completes relevant sections of cremation forms when trained to do this

Section 4: Safety & Quality

18. Recognises and works within limits of personal competence

18.1	Personal competence	- Recognises and works within limits of competency - Calls for senior help and advice in a timely manner and communicates concerns/expected response clearly. - Uses clinical guidelines and protocols, care pathways and bundles - Takes part in activities to maintain and develop competence e.g. seeking opportunities to do SLES and attending simulation training - Demonstrates evidence of reflection on practice and how this has led to personal development

19. Makes patient safety a priority in clinical practice

19.1	Patient safety	- Delivers healthcare within clinical governance frameworks under senior/consultant direction - Describes how the needs of the patient should not compromise personal safety or the safety of others - Discusses the limitations of clinical pathways and seeks advice regarding deviating from these in certain individual patient circumstances - Undertakes appropriate pre-theatre/procedure checks including World Health Organisation (WHO) safe surgery checklist - Describes the mechanisms to report:

		- Never events - Critical incidents/near misses - Shows evidence of reflection on a patient safety issue with thought about possible causes, including role of human factors and system error
19.2	Causes of impaired performance, error or suboptimal patient care	- Describes: - The risks to patients if personal performance is compromised - The effects of stress and fatigue on performance (personal or of others), with actions to minimise its impact, along with sources of help - How medications, which they may be taking, can reduce personal performance - Why health problems (personal or of others) must not compromise patient care or expose colleagues or patients to harm - The need to report personal health problems in a timely manner and awareness of the support services available - Takes responsibility for personal health and performance, e.g. by reporting sickness absence in a timely manner and completing return to work documentation as required. - Notifies appropriate individuals, and arranges cover where applicable, for planned or unexpected absences. - Seeks support appropriately (e.g. GP, occupational health, support services) regarding health or emotional concerns that might impact personal performance
19.3	Patient identification	F1 and F2 - Ensures patient safety by positive identification of the patient: - At each encounter - In case notes - When prescribing/administering drugs - On collecting specimens and when requesting and reviewing investigations - Before consent for surgery/procedures - Uses appropriate 2 or 3 point checks (e.g.name, date of birth, hospital number, address) in accordance with local protocols and national guidance - Crosschecks identification immediately before procedures/administration of blood products/IV drugs

19.4	Usage of medical devices and information technology (IT) (n.b. this excludes implantable devices)	• Demonstrates ability to operate common medical devices and interpret non-invasive monitoring correctly and safely after appropriate training • Accesses and uses IT systems including local computing systems appropriately • Demonstrates good information governance in use of electronic records
19.5	Infection control	• Demonstrates consistently high standard of practice in infection control techniques in patient contact and treatment including hand hygiene and use of personal protective equipment (PPE) • Demonstrates safe aseptic technique and correctly disposes of sharps and clinical waste • Demonstrates adherence to local guidelines/protocols for antibiotic prescribing • Requests screening for any disorder which could put other patients or staff at risk by cross contamination, e.g. Clostridium.Difficile • Takes an active role in outbreak management within healthcare settings (e.g. diarrhoea on a ward) and complies with procedures instituted by the infection control team • Informs the competent authority of notifiable diseases • Challenges and corrects poor practice in others who are not observing best practice in infection control • Recognises the need for immunisations and ensures own are up to date in accordance with local/national policy • Takes appropriate microbiological specimens in a timely fashion with safe technique • Recognises the risks to patients from transmission of blood-borne infection
20. Contributes to quality improvement		
20.1	Quality Improvement	• Shows evidence of involvement in quality improvement initiatives in healthcare
20.2	Healthcare resource management	• Demonstrates understanding of the organisational structure of the NHS and independent sector and their role in the wider health and social care landscape • Describes hospital and departmental management structure • Describes the processes of commissioning and funding, and that all healthcare professionals have a responsibility for stewardship of healthcare resources

		• Describes accountability of the NHS in its context as a publicly funded body, and the need to ensure the most effective and sustainable use of finite resources • Recognises the resource implications of personal actions and minimises unnecessary/wasteful use of resources e.g. repeat investigations, delayed discharge • Describes cost implications of common treatments in terms of money, equipment and human resources (e.g. generic prescribing, intravenous v oral antibiotics).
20.3	Information management	• Seeks, finds, appraises and acts on information related to medical practice including primary research evidence, reviews, guidelines and care bundles • Critically reviews research and, where appropriate, presents finding (e.g. journal club).

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.

Additional opportunities (e.g. teaching, specialist experience)
1. Perform cognitive assessments eg using validated tools
2. Gain experience from other specialist teams e.g. Working Age Adult Psychiatry and/or liaison psychiatry teams, Child and Adolescent Mental Health Service Team, Care Homes Team
3. Observe electro-convulsive therapy treatment
4. Teach medical students

Expectations (core clinical competencies)

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.

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