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**Foundation Competencies – Syllabus for Mental Health Placements**

Bottles in a laboratory Boy being treated by a doctor Patient being looked after by a paramedic

Person working in a laboratory Two people holding hands Doctors performing surgery

## About Maudsley Learning

Maudsley Learning is a mental health training centre within South London & Maudsley NHS Foundation Trust and the Institute of Psychiatry, Psychology and Neuroscience. Our mission is to produce the highest quality mental health and wellbeing education and training products.

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## Introduction

Psychiatry training in the Foundation Years Programme should aim to promote the development of skills and experiences to develop a well-rounded and mental health-aware medical workforce that prioritises a holistic and patient-centred approach to all areas of care.

Midwife looking after a baby.

Community placements during the Foundation Years programme rotations are the main source of training for psychiatric competencies for Foundation trainees. It is crucial that the experiences and skills developed through this training are both transferable to other medical specialties, as well as specific to develop trainees’ interest and capabilities in mental health care.

## Purpose

This document maps the Foundation Professional Capabilities outlined in the Foundation Programme Syllabus against the opportunities for development of these capabilities through Psychiatry placements. This document may be of use to Foundation Trainees, supervisors, and educators in ensuring that trainees have the opportunity to develop these capabilities during the Foundation Programme.

## Section 1: Professional behaviour and trust

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| 1. Acts Professionally | Professional Behaviour, Personal Organisation, Personal Responsibility  * Generic skills equally applicable in mental health placement. |
| 2. Delivers patient centred care and maintains trust | Patient centred care  * Focus in mental health setting is often holistic, with time to consider full social context, personal history, and to explore the effect of social and psychological factors on presenting problems and healthcare beliefs. |
| Trust  * Trainees will have the opportunity to hone sensitive communication skills often in challenging circumstances, responding to people in mental health crisis or experiencing difficult life events. |
| Consent  * Opportunity to take a lead in assessing capacity to consent in psychiatric settings where trainee is often taking a lead on management of physical health conditions and investigations. * Frequently mental capacity may be compromised in the context of mental illness, giving the trainee experience of recognising instances where capacity is lacking, and treating patients in their best interests. |
| 3. Behaves in accordance with ethical and legal requirements | Ethical and legal requirements  * Trainees will become familiar with the use of the Mental Health Act, including the use of Section 5(2), and will gain experience of treating involuntary patients, with the necessary legal and administrative responsibilities, and use the concept of the least restrictive practice. * Trainees may take the opportunity to observe Mental Health Act Assessments (e.g. for Section 2, 3, Community Treatment Order), and may be able to observe or contribute to Section 136 assessments. * Trainees may arrange to observe a Mental Health Review Tribunal. |
| Confidentiality  * Trainees will be involved in discussions about confidentiality, and consider instances where this may be broken in the context of mental impairment, for example in view of high levels of risk, lack of capacity, or safeguarding. * Trainees may have exposure to situations where information may be shared with the police (in context of risk to others), or the DVLA. |
| Statutory Documentation  * Completing statements for fitness to work. |
| Mental Capacity  * Trainees will have opportunities to become proficient at performing a mental state examination, including assessment of cognition and capacity. * Frequently mental capacity may be compromised in the context of mental illness, giving the trainee experience of recognising instances where capacity is lacking, and treating patients in their best interests, for example undertaking investigations, transferring patients to an acute setting, and giving medication for physical health. * Trainees will gain experience of choosing the most appropriate legislation to treat a patient against their expressed wishes, including the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS). |
| Protection of vulnerable groups  * People with mental illness are often vulnerable for a variety of reasons, for example disadvantaged social circumstances, stigma related to their illness, alcohol/substance use, susceptibility to exploitation, cognitive impairment. * Trainees will learn to consider safeguarding risks, for example domestic abuse, exploitation, emotional abuse, neglect or intentional abuse of children, involvement in gangs, and may take a lead on initiating safeguarding proceedings for example when undertaking a new assessment or finalising a safe discharge plan. * Trainees working in CAMHS will additionally consider risk of child safeguarding concerns. * Trainees will have the opportunity to attend MDT and safeguarding meetings where complex cases are discussed. |
| 4. Keeps practice up to date through learning and teaching | Self-directed learning, teaching and assessment  * Generic skills equally applicable in mental health placement. * Mental health placements will usually provide an opportunity to teach medical students, complete Work Place Based Assessments (WPBAs), to attend local teaching, attend and present at journal clubs and Grand Rounds. |
| 5. Demonstrates engagement in career planning | Career planning  * Generic skills equally applicable in mental health placement. * In addition, mental health placements typically offer 1 hour per week of 1:1 supervision with the clinical supervisor. This gives opportunity to reflect on experiences, discuss learning and career goals, assess progress (skills and knowledge) gained during the placement, and complete portfolio assessments. |

## Section 2: Communication, team-working and leadership

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| 6. Communicates clearly in a variety of settings | Communication with patients/relatives/carers  * In mental health placements, there is an emphasis on developing communication skills, with patients, carers and colleagues. * There are opportunities for communication skills to be observed by senior colleagues and feedback given by supervisors. * Trainees will gain experience of modifying information given to patients according to their capacity to understand complex information, for example when working with people with an intellectual disability, dementia, or other form of temporary or chronic cognitive impairment. |
| Communication in challenging circumstances  * Communication in challenging circumstances will be common, where good communication skills are key to the outcome of the interaction and care of the patient, for example when obtaining a history from someone who is distressed, withdrawn, or manic, or when using verbal de-escalation skills with someone who is agitated. * Trainees may gain experience of working with people with chronic communication difficulties, for example autism spectrum disorder, or other intellectual disabilities. * Trainees will also gain experience of consultation in time-limited environments for example in an emergency/crisis situation (on a psychiatric inpatient unit or A&E), or in a situation with imminent risk (e.g. aggression or self-harm). * Trainees are likely to experience consultations using an interpreter depending on the setting. |
| Complaints  * Generic skills equally applicable in mental health placement. * Specifically, trainees are likely to work with patients/carers who are under significant stress in the context of mental health crisis, requiring the development of skills for de-escalation and explanation. This may be required in a high-pressure context for example when a person is detained under the Mental Health Act. |
| Patient Records  * Generic skills equally applicable in mental health placement. * Specific requirements expected would be to document clear mental state examination and risk assessment after patient interactions. |
| Interface with other healthcare professionals  * Mental health teams are large and multidisciplinary, and often less hierarchical than in other specialties. Trainees will work closely with nurses, social workers, occupational therapists, psychologists, support workers and vocational workers, often assessing or reviewing patients jointly. * Trainees will take a lead in making referrals, including to specialist mental health services, and to external acute services, for example referring patients to A&E, specialist outpatient clinics, and for specialist investigations. * Trainees working in the community will be expected to write timely, succinct and structured clinic letters to the GP and other agencies. |
| 7. Works effectively as a team member | Continuity of care  * Handover is important particularly in inpatient or liaison setting, where trainees will be responsible for writing weekend handovers, handing over to the on-call doctor, and ensuring MDT colleagues are up to date for example ward nurses and psychiatric liaison nurses. |
| Interaction with colleagues  * Trainees will be involved in team handover meetings, ward rounds, clinical review meetings. * They will be expected to bring cases they have seen to the discussion, offer advice to colleagues, and on some occasions document meetings. |
| 8. Demonstrates leadership skills | Leadership  * Generic skills equally applicable in mental health placement. * Trainees will have opportunities to organise medical students and take a leadership role within the team, making decisions for managing complex cases where appropriate. * There is a particular opportunity to take a lead on physical health management (individual and team protocols). |

## Section 3: Clinical care

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| 9. Recognises, assesses and initiates management of the acutely ill patient | Recognition of acute illness  * Particularly on psychiatric inpatient units (also relevant to community setting), trainees will gain experience in assessing the physical health of patients including assessing for acute deterioration requiring urgent action. This will most likely be with less senior support than in a general hospital placement, and trainees will be expected to lead on decision-making regarding seeking help from specialists or arranging for patients to be transferred to A&E. |
| Assessment of the acutely unwell patient  * Trainees will gain experience of assessing acutely unwell patients in a psychiatric setting (using ABCDE approach) and interpreting vital signs. * There may be additional challenges in the mental health setting, such as communication challenges, lack of cooperation from the patient, risks related to agitation/aggression, confusion or cognitive impairment. * Due to difficulties with assessment (including challenges to obtain vital signs) trainees may need to use their clinical judgement to make management decisions based on the evidence available. * Trainees will have the opportunity to assess patients who are acutely unwell from a psychiatric perspective, who may present with acute risk to themselves or others in the context of mental disorder. |
| Immediate management of the acutely unwell patient  * Trainees would be expected to provide initial management as is safe and appropriate to do so for acutely unwell patients in the psychiatric setting. This could include application of oxygen, IV fluids, emergency treatment such as naloxone, adrenaline or flumazenil. * Trainees would take a lead role in escalating treatment by ensuring emergency services attend promptly, giving a handover to paramedics, or arranging other transfer to A&E. * Trainees will have opportunity to provide immediate interventions to patients presenting with acute mental disturbance, gaining skills in verbal de-escalation, appropriate use of rapid tranquilisation (inpatient), and use of seclusion (inpatient). |
| 10. Recognises, assesses and manages patients with long-term conditions | Management of long term conditions in the acutely unwell patient  * Long-term physical health conditions are common in people with severe mental illness, for example cardiovascular disease and diabetes. Trainees will have a role in monitoring these conditions, detecting any deterioration and adjusting treatment, often in liaison with specialists or the GP. * Trainees will also gain experience of monitoring and treating chronic mental illness, for example schizophrenia, bipolar affective disorder and depressive disorder, and will have the opportunity to review long-term psychotropic medication such as antipsychotics, antidepressants and mood stabilisers. * Trainees will gain competence in assessing and managing the impact of long term mental disorder on the presentation and course of acute physical illness. |
| The frail patient  * Trainees may gain experience of working with older adults during a psychiatric placement. They will gain experience of adjusting prescriptions for older adults, including psychotropic medication. * Trainees will likely have an opportunity to assess for dementia and complete cognitive assessments such as the Addenbrookes Cognitive Examination (ACE) |
| Support for patients with long term conditions  * People with acute or chronic mental health conditions often require support with self-care. Trainees will consider the patient’s capacity to manage activities of daily living, their mental health (e.g. medication and sleep), as well as physical health (diet, medications, activity, attending appointments). * Trainees will be expected to consider physiotherapy and occupational therapy needs, for example by considering issues within the home environment. * Trainees will be involved in considering the need for specialist rehabilitation (physical or mental health), referral for supported accommodation (common for people with severe mental illness) or nursing homes, and may be required to provide supporting evidence for assessments or funding. |
| Nutrition  * Nutritional disorders are common in people with mental health difficulties and trainees would be expected to complete a history of nutritional intake, complete an appropriate physical examination (inpatient) or consider referral to the GP. * They will gain experience of arranging appropriate investigations, consider referral to a specialist, consider changes to medication, and escalate psychiatric input if relevant. * Examples include poor nutrition in view of self-neglect or poor motivation (e.g. depression), poor oral intake due to dementia or other cognitive or neuropsychiatric conditions and psychotic illness. Patients commonly present with obesity which can be associated with severe mental illness and psychotropic medication. * Trainees may gain experience of working on or visiting an eating disorders specialist service. |
| 11. Obtains history, performs clinical examination, formulates differential diagnosis and management plan | History  * Trainees will gain competence in obtaining a full history for new referrals, new admissions or in A&E, to include mental and physical health, social and personal history, often in challenging circumstances due to the mental state of the patient. |
| Physical and mental state examination  * Trainees will be required to perform a full physical examination on new admissions if working on an inpatient unit, or in the case of the medically unwell patient, using chaperones in almost all circumstances. * There will be opportunity for trainees to frequently assess mental state examination and present their findings in verbal and written format. This may be under time-limited conditions for example in a liaison setting. |
| Diagnosis  * Trainees will have the opportunity to formulate appropriate mental health diagnoses for new patient assessments, discuss individual cases with senior clinicians, and also review previous diagnoses. * They may also be required to diagnose physical health conditions, particularly when working in a psychiatric inpatient setting, and also to exclude an organic diagnosis as a cause of mental disorder. |
| Clinical management  * Trainees will have the opportunity to make a problem list (or psychiatric formulation) for patients they have assessed in any mental health setting. * They will be able to define and initiate management plans which may include immediate, medium-term and long-term interventions, to cover biological, psychological and social aspects. Trainees can discuss their plans with senior clinicians as appropriate, particularly for complex cases, and receive feedback. * Trainees may take opportunities to observe or join (under supervision) psychological therapies, including individual, group or family interventions. * Trainees will be able to develop competence in performing cognitive assessment for dementia or delirium. In most psychiatric settings (although particularly mental health of older adults) trainees will use the Mini Mental State Examination (MMSE) or Addenbrookes Cognitive Examination (ACE), and may also gain experience of further specialist cognitive assessments. |
| Clinical review  * Trainees will be required to arrange reviews for patients on the ward or in the community setting, deciding an appropriate interval between reviews, to identify signs of deterioration in mental state, to adjust the management plan accordingly, or consider escalation in care (senior review, referral to crisis team, arranging an admission, consider use of Mental Health Act). * In a psychiatric inpatient setting, trainees will take responsibility for regular review of patients with physical health problems, with a similar need to assess response to treatment and act on any signs of deterioration. |
| Discharge planning  * Trainees will have a key role in discharge planning, particularly from inpatient units, but also from a psychiatric liaison setting, or discharge from crisis team or community mental health team. Trainees will be involved in complex cases where medical, mental health and social factors all need to be taken into account in order to arrange a safe discharge. * People with severe mental illness or cognitive impairment often require careful discharge planning, and trainees will work within their team to liaise with accommodation providers, care providers, GPs, district nurses, family and carers. |
| Discharge summaries  * Trainees will need to prescribe discharge medication (and ensure an appropriate amount is given depending on the patient’s mental state and risk), and consider the use of compliance aids, which are frequently used in mental health settings. * Trainees will be required to write clear, comprehensive discharge summaries detailing follow-up arrangements, from the inpatient ward, but also at discharge from other mental health teams for example crisis teams or community teams. They will be expected to write a comprehensive summary of the patient’s inpatient stay or period of care as a handover to other professionals. |
| 12. Requests relevant investigations and acts upon results | Investigations  * Trainees will be expected to take a lead on assessing the need for basic investigations, including ECGs, blood tests, urinalysis and urine drug screen. They will also be involved in considering need for brain imaging, other imaging, EEG and lumbar puncture. * Trainees will be responsible for obtaining blood samples and ECGs, or ensuring patients access these investigations at their GP or local hospital. * Trainees will be required to assess capacity to consent to the proposed investigation and explain the procedure in a manner which can be understood, modifying the information as appropriate. * Trainees will also liaise with specialist services or radiology in order to access other imaging or investigations such as echocardiography. |
| Interpretation of investigations  * Trainees will gain experience of interpreting blood tests, and gain specific knowledge of psychotropic blood level monitoring (e.g. lithium) and specialist monitoring such as for clozapine. * Trainees will gain competence in interpreting ECGs independently and seeking specialist review if abnormalities are detected. |
| 13. Prescribes safely | Correct prescription  * Generic prescribing skills equally applicable to mental health placement. * Specific areas of competency gained will include safe prescribing of psychotropic medication, including antipsychotic medication (oral, intramuscular, and long-acting injections). Trainees will commonly gain experience of prescribing specialist medication such as clozapine and become competent managing the associated mandatory titration and monitoring requirements. * Trainees will learn the importance of using plasma level monitoring to prescribe the appropriate dose of specialist medications such as lithium. * Trainees may gain exposure to the prescription of controlled drugs such as methadone. * In community psychiatric settings, trainees will gain competence in competing community prescriptions (FP10s) and liaising with GPs regarding ongoing prescriptions. |
| Clinically effective prescription  * Trainees will be required to prescribe appropriately for specific patient groups, including the elderly, children, women of child-bearing potential, pregnant women, or people with renal or liver dysfunction. Psychotropic medication frequently needs to be modified in all of the above circumstances. * Trainees may be required to prescribe emergency medication for example inhalers, nebulisers, emergency IV fluids or anaphylaxis protocol if working on an inpatient psychiatric unit. * Trainees would need to assess and recognise the need for further prescription of emergency medication, IV fluids or blood products, and ensure patients are transferred to an appropriate acute setting. |
| Discussion of medication with patients  * Trainees will commonly be required to take a full medication and allergy history from patients. People in contact with psychiatric services have often had multiple trials of medication in the past, and it is an important role for trainees to establish previous medication response and side effects. * Some patients in psychiatric settings may be unable to recall or communicate a clear medication history, and trainees will gain experience of using collateral information from carers, and other sources of information including GPs, patient care records, and working with pharmacists for support. |
| Guidance on prescription  * Trainees will use local and national guidelines when choosing medication, including local antibiotic guidelines when treating mild infections with oral antibiotics (in a psychiatric inpatient setting). * Trainees will have the opportunity to use local or specialist pharmacy services when choosing psychotropic medication regimes. Frequently this is essential in complex cases for patients with polypharmacy and medical comorbidities. |
| Review of prescription  * Trainees will review the effectiveness of psychotropic medication and assess for common and serious side effects, taking into account plasma level monitoring if indicated. * Some psychiatric medications may cause drowsiness and affect work and driving, and trainees will gain experience of discussing this with patients. * Trainees may learn ways of managing side effects of common psychiatric medication, for example the use of procyclidine for the extrapyramidal side effects of antipsychotics. |
| 14. Performs procedures safely | Core procedures  * Trainees will have the opportunity to perform the following core procedures: venepuncture, subcutaneous injection, intramuscular injection, perform and interpret an ECG, perform and interpret peak flow. This may include in challenging circumstances, for example with agitated, cognitively impaired or confused patients. * Trainees may have the opportunity to observe or assist in electroconvulsive therapy (ECT). |
| 15. Is trained and manages cardiac and respiratory arrest | Managing cardiac and respiratory arrest  * Trainees working on an inpatient unit (or any community setting) will be expected to attend any medical emergencies including cardiac arrest. * Although rare, in this scenario trainees may be required to take a leadership role as the emergency team will consist of mental health nurses and support workers who may not have acute medical experience, and senior psychiatrists may not be present, or may not be confident in managing medical emergencies. |
| Do not attempt cardiopulmonary resuscitation orders  * Trainees working with patients with multiple medical comorbidities may be involved in MDT discussions or discussions with patients/carers about the use of DNACPR orders. |
| 16. Demonstrates understanding of the principles of health promotion and illness prevention | Health promotion  * Healthy lifestyle promotion is an essential part of providing good care to people with mental health difficulties. Behaviours such as smoking, alcohol and drug use are more common in people who access psychiatric services, as are other lifestyle factors such as low levels of physical activity. Psychotropic medication can cause drowsiness and weight gain which may be a factor. * Trainees will be able to support patients to make healthy lifestyle changes, using motivational interviewing techniques, make use of community resources that may be available, or consider referral to other professionals e.g. dietician. * Trainees will be able to identify problems such as alcohol and drug use, and support patients to access specialist services. |
| 17. Manages palliative and end of life care | End of life care  * Trainees may work with patients who have terminal physical illnesses as well as mental health problems, and this may be relatively common if working in an older adults mental health setting or liaison setting. In such cases, trainees may be involved in MDT discussions, and liaison with palliative care or other specialist services, in order to plan end of life care and symptom management. * Trainees may have the opportunity to provide psychiatric input to patients who are at the end of life, or their carers. |
| Care after death  * Trainees may experience death of a patient who is under a mental health team, whether by suicide or due to physical illness. They may be involved in supporting family/carers and colleagues, and may contribute to internal and coroner investigations. |

## Section 4: Safety and quality

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| 18. Recognises and works within limits of personal competence | Personal competence  * Generic skills equally applicable to mental health placement. |
| 19. Makes patient safety a priority in clinical practice | Patient safety  * Generic skills equally applicable to mental health placement. * Specifically, trainees will learn to prioritise their personal safety and safety of colleagues when working with patients in situations where there may be a risk of harm, for example visiting an unsafe home environment, or being in an enclosed space with someone who is presenting in an agitated or aggressive manner. Trainees will learn to risk-assess the environment and situation prior to seeing a patient, and consider options such as taking a colleague or informing security staff. * Trainees working in mental health settings are likely to work with complex cases where standard clinical pathways may be deviated from, in association with the wider MDT and senior psychiatric input. * Trainees may be involved in post-incident debriefs. * Trainees would have the opportunity to undertake a Quality Improvement project related to a patient safety issue. |
| Causes of impaired performance, error or suboptimal patient care  * Generic competencies equally applicable to mental health placement. |
| Patient identification  * Generic competencies equally applicable to mental health placement. * In addition there may be some challenging situations where patients are unable to confirm identity verbally and so other checks would be required. |
| Usage of medical devices and information technology (IT)  * Trainees will be required to use local IT systems including electronic patient records, and demonstrate good information governance. |
| Infection control  * Generic competences equally applicable to mental health placement (particularly inpatient placement). * Trainees on a ward are likely to be contacted if there is any outbreak of infectious disease such as infectious diarrhoea on the ward, and be involved in co-ordinating infection control procedures. * Trainees will need to consider the risk of transmission of blood-borne viruses, including in high risk groups who may access mental health services, such as people who use intravenous drugs, people who are homeless or people from high incidence countries. * Trainees may take a lead in observing and correcting practice of colleagues who may be less familiar with infection control procedures. |
| 20. Contributes to quality improvement | Quality Improvement (QI)  * Trainees will have opportunities to contribute to QI projects on a mental health placement. |
| Healthcare resource management  * Generic competencies equally applicable to mental health placement. |
| Information management  * Trainees will be invited to attend local teaching for trainees and in most instances would have the opportunity to attend and contribute to a journal club. * Trainees can use their weekly consultant supervision sessions to identify and discuss important and relevant research papers. |