TRAINING SCHEME ASSESSMENT FORM

NOTE: The boxes below are a template only. Questions 5 - 15 especially will need expansion to enable a detailed response. Please use additional sheets of paper clearly marked.

[The italics in square brackets are **guidelines** for usage.]

1 Name of Tankinka Calama and Malandian
1. Name of Training Scheme and its location
[A succinct title for the Scheme which summarises its geographical reach]
(a) Type of Training Scheme - basic, full or higher specialist?
[Is the Scheme providing an introduction to psychiatry for postgraduate trainees who may move on to areas other
than psychiatry, e.g. general practice (basic) or to full completion of a CCST (full)? Are there provisions for
higher specialist training, e.g. in Child/Adolescent, Forensic, Old Age, Adult General, etc. (higher specialist)?]
2. List <u>organisations and units</u> visited
[List only those units which regularly and substantially provide trainee placements.]
3. Number of trainees
[It may be helpful to distinguish between trainees who intend a career in psychiatry and those who see the training on
offer as part of a different career project.]
4. Number of senior psychiatrists who act as <u>Educational Supervisors</u>
Refer to UEMS paper on supervision for wider definition of a role of educational supervisors. Record here only those in
active participation as educational supervisors.]
active participation as educational supervisors.
5. Describe rotation experience common to all trainees, including location and content
[Describe how long trainees can expect to remain in any one post, the area of psychiatric experience offered and where
this takes place.]

particu	Schemes have 'special opportunities' which may provide valuable experience but for relatively few or a plarly able elite. These are worth describing if they constitute regular part of opportunities offered in the gascheme.]
(b)	Number of trainees utilising these special opportunities
D	
at daily c	ibe clinical supervision in: linical exposure can trainees expect to receive in these areas as part of the rotation? For definition of vision, which is different from educational supervision, see UEMS document on supervision.]
(a)	Psychotherapy
	i. Dynamic
	i. Dynamic
	i. Dynamic ii. Other psychotherapy, e.g. CBT
(b)	
(b)	ii. Other psychotherapy, e.g. CBT
(b) (c)	ii. Other psychotherapy, e.g. CBT

		i. Psychopharmacology
_		ii. ECT and other physical treatments
7. [Do ti		ng e <u>nvironment</u> eve a quiet office where they can make clinical notes or study undisturbed?]
	(a)	Office provision [Is there a telephone, reading light, desk, etc.?]
	(b) [Is the savailable	Domestic provision and study facilities when 'on-call' evenings/weekends sleeping and domestic facility safe, comfortable and equivalent to that at trainee's home? Is food at [2.7]
	arrangen	provision nents been made to provide a well-lit interview room with alarm, means of escape and which is free of ardous equipment? Is it in a safe view of other staff?]
	(a)	Emergency department
	(b)	General ward arrangements

	(c) Residential arrangements when 'on-call'
	[Are routes to and from doctor's quarters well-lit and safe? Do these quarters have appropriate security?]
	[Are routes to and from doctor's quarters well-int and safe: Do these quarters have appropriate security:]
	(d) Specific training in avoidance of violence
	[Do trainees receive practical training on the avoidance of and management of violence? Is this included in induction to the Scheme?]
	mauction to the Scheme?
9.	Arrangements for training career planning
	ribe whether by rotation, the trainee can build a broad curriculum vitae of experience, how this is pre-planned and
_	rainees exercise choice.]
TIOW L	rainces exercise choice.
	(a) Assistance for individual rotation planning by the trainee
	(b) Arrangements for recording process of training
	(b) Arrangements for recording process of training
	(c) How are trainees allocated to posts?
10.	How are arrangements made for feedback from trainees to training co-ordinator concerning
	quality of training?
[Are	forms available? Is confidentiality maintained between trainee and training co-ordinator so as not to result in
	se consequence for trainees in the event of their making critical comments of the Scheme or a particular trainer?
aaver	se consequence for trainees in the event of their making effical comments of the seneme of a particular trainer;

11. Do Trainees have opportunity for <u>participation in training committees</u> with trainers?		
[Do trainees have a say in local arrangements?]		
12. Access to library facilities & I.T.		
[Are these available out of working hours? Are they geographically accessible?]		
13. Theoretical training programme		
[Do these meet trainee's needs?]		
(a) Describe content and hours		
(b) Does this meet UEMS curriculum?		
14. Academic assessment of progress		
[Is there a periodic class exam? Does local training prepare candidates for national examinations?]		
(a) Is a record kept of attendance at the theoretical training programme?		
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15. Special features unique to this Scheme ?
[A chance for the Scheme to describe new developments, aspects of clinical excellence or, in contrast, particular areas
of difficulty.]
ASSESSORS CONCLUSIONS
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1. Obligatory changes necessary
[These issues must be addressed before recognition of the Scheme can be considered.]
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2. Recommended improvements
[Improvement in these areas should be made to bring the Scheme to good standard. Continued recognition will depend on
implementation.]
3. Advice
[Changes in these areas would substantially improve the Scheme.]

DEFINITION OF TERMS

Clinical Supervision

Advice on routine management issues with an individual patient focus - e.g. as part of a ward round, community team discussion or out-patient clinic discussion of cases.

Educational Supervision

Weekly discussion of topics, regular, individual or small group relating to clinical work, professional development from a general perspective, interpersonal work related issues, career advice, discussion of academic issues raised by routine clinical exam preparation work.

Training Co-ordinator

Facilitator of a rotation in clinical experience and mentor throughout training career; a senior figure to whom trainees can turn for assistance relating to the totality of their training and its progress.