## Mental Health Placement: Quick Guide

The UWE Physician Associate Mental Health placement consists of a total of **90 hours**, in which the PA student should spend time on the Psychiatric wards, in the Psychiatric clinics and the Psychiatric assessment unit, and (if possible) Psychiatric high-care units.

Students will typically undertake their Mental Health placements in their second year of training and will be expected to learn about topics including (but not limited to) the patient’s journey in Mental Health, common Mental Health presentations, and they should develop their skills in Mental Health assessment and management.

Mental Health Placement Learning Outcomes:

**KNOWLEDGE**

***By the end of their training/placement, a PA would need to know about?***

* The prevalence, clinical presentation, course and prognosis of common psychiatric conditions
* How to diagnose and treat/refer common mental health disorders such as; depression, bipolar, generalised anxiety disorder, schizophrenia, phobias, panic disorder, post-traumatic stress disorder, eating disorders, substance abuse, behavioural/emotional disorders (acute reaction to stress, bereavement, deliberate self-harm, domestic violence, vulnerable abuse)
* To be aware of the epidemiology of common mental health disorders
* The multifactorial model of biological, psychological and social and cultural factors involved in the aetiology of common mental disorders
* The current common psychological, physical and social treatments for psychiatric conditions (medicines, ECT, counselling/psychotherapies and lifestyle measures)
* Know the mental health practitioner’s duties and the patients’ rights under mental health and mental capacity laws/acts
* Summarise the major categories of psychiatric disorders using ICD10
* Describe the basic range of services and professionals involved in care of people with mental illness
* To be aware of the mental health service across primary, secondary and tertiary care

**SKILLS**

***By the end of their training/placement, a PA would need skills in?***

* Taking a full psychiatric history, carry out a mental state examination (including suicidal risk assessment and cognitive assessment), write up a case (including aetiological factors, differential diagnoses and management plan) and be able to succinctly present this information to a senior
* To be able to provide immediate care in psychiatric emergencies which may occur in psychiatric units, general hospitals, primary care or other settings
* To screen empathetically for common mental illnesses in non-psychiatric settings and recognise where medically unexplained symptoms may have psychological origins Communicate effectively and empathetically with patients, families and colleagues
* To evaluate impact of mental illness on the individual, their family and those around them To assess patient’s mental capacity to make a decision in line with the GMCs guidance

**ATTITUDES**

***By the end of their training/placement a PA would need to have attitudinal, higher and organisational learning in?***

* Behave according to good ethical and legal principles including, but not limited to, those laid down by the Faculty of Physician Associates in the Royal College of Physicians and the GMC
* Act in a safe way towards patients and one’s self, and recognise the limit of own and the PAs professions competencies and ask for help
* Accept that illness of the brain/mind are of equal importance as illness of other parts of the body
* View psychiatric patients as deserving high standards of care and be aware of stigmatisation and be able to raise concerns where needed
* Recognise the importance of the MDT approach in all settings
* To be aware of own learning needs and adopt lifelong learning principles
* Awareness of how a ‘Physician-PA’ team can work in practice and how PAs can function within multi-professional teams
* Awareness of the PAs professional and clinical competence boundaries

Placement Assessments:

On placement, students are required to maintain a yearly portfolio of evidence. This is a pass/fail assessment marked by the programme team and contains a record of formative learning experiences, student reflections, and end of rotation supervisor sign offs. **Students are required to ensure signature verification is completed by all assessors/supervisors.**

Supervisors should meet with the students at the start of the rotation and then again at the end to perform a formative end of placement review (this contains a review of all rotation tasks and multisource feedback):

**MENTAL HEALTH PLACEMENT: TASKS FOR COMPLETION:**

|  |  |
| --- | --- |
| **Minimum Tasks Required** | **Context** |
| Start of placement meeting | Set learning plan/goals with student. |
| **2** Mini-CEXs | Observation with detailed feedback to student focusing on development, as per form. |
| **2** Case-based discussions | Discussion with feedback to student for development, as per form. |
| **2** Multisource feedback | Focus on feedback and professional development from MDT. |
| End of placement supervisor review with student | Meeting with student to review placement progress and personal and professional development, focusing on feedback and areas for further development, as per form.  |