

Communication Skills Assessment - ST1 (Psychiatry)

Surname

GMC Number

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Forename

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Assessors Position: Consultant SpR SASG Psychologist Senior Nurse

No of Previous Communication Assessments with ANY Trainee 1 2 3 4 5 7 8 >9

Please grade the following areas using the scale below:

| *U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment | Below expectations for ST1 Completion | | Borderline for ST1 completion | Meets expectations for ST1 completion | | Above expectations for ST 1 completion | | U/C |
|--|---------------------------------------|--------------------------|-------------------------------|---------------------------------------|--------------------------|--|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | | |
| Understands the importance of communication in medical and psychiatric settings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Awareness of the use of active communication skills when watching others' consultations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self awareness of the use of active communication skills when watching own consultations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to reflect on and discuss styles of communication in a group setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands the concept of defence mechanisms and their relevance to communication with psychiatric patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to communicate with distressed patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understanding of how 'difference' impacts on a consultation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can communicate with patients who are challenging of the therapeutic relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can communicate with patients who are difficult to understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please use this space to record areas of strength or any suggestions for further development

Assessor's Surname

Assessor's GMC Number

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Assessor's signature

Date

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Time taken for discussion (in minutes)

Time taken for feedback (in minutes)

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Please note: Failure to return all completed forms to your administrator is a probity issue