

Psychotherapy Written Case

Marking sheet

Case number:			
Candidate number:		Examiner number:	
Date of submission:		Submission number:	

Please note that the patient consent, word count and other administrative requirements of this submission conform to the guidelines set out in the Psychotherapy Written Case Policy and Procedure.

Examiners, please rate the following aspects of the Psychotherapy Written Case by indicating your assessment in the appropriate box.

De-identification	Yes	No
Does this Psychotherapy Written Case meet the de-identification requirements (as detailed in point 8.2 of the Psychotherapy Written Case Policy and Procedure)?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to the above is 'No', the case report is to be failed and returned unmarked with no feedback provided.		

Presentation	Yes	No
Is the content presented according to the requirements as described in point 8.3 of the Psychotherapy Written Case Policy and Procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Does the standard of written English conform to the guidelines as described in point 8.3 of the Psychotherapy Written Case Policy and Procedure?	<input type="checkbox"/>	<input type="checkbox"/>
The case report needs a substantial rewrite to provide clarity. Because of the serious deficits in language and grammar, the case report is unable to be adequately appraised in its current state. Limited feedback is provided but there may be matters of concern that only become apparent once the case report is rewritten.	<input type="checkbox"/>	<input type="checkbox"/>

The following domains are to be articulated at the standard expected at the end of Stage 3.

Assessment (including mental state examination and initial formulation)	
<i>Consider the following (if relevant to this case) in assessing this domain.</i>	
The following criteria are to be met at the proficient standard:	
A thorough, comprehensive and detailed psychiatric history in the standard format including discussion of the referral, history of presenting complaint, past psychiatric history, as relevant.	
Detailed personal and developmental histories in order to substantiate the psychological formulation and management plan proposed.	
A thorough and comprehensive mental state examination with emphasis tailored to the person. The emphasis should be upon those aspects of mental status that are meaningful to the process of psychotherapy while giving a level of detail in other areas of mental status appropriate to the circumstances.	
Consideration of the physical health of the person is expected, although it is acknowledged that this task may have been undertaken by the general practitioner.	
The issues around the collection of any further information including physical investigations.	
An initial formulation should demonstrate the trainee's understanding of why this person presented with this illness at this time, rather than merely an explanation of the illness. Careful attention should be paid to include significant organic factors/illness.	
A diagnosis and differential diagnosis using a recognised classificatory system.	

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory
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The following criteria are to be met at the standard expected at the end of Stage 3:	
Sophisticated understanding of the immediate and long-term risks of the individual that include considerations of history and mental state examination and the impact of treatment.	
Reflection of components of the assessment including any gaps in the information obtained, mental state examination and diagnostic conclusions.	

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory
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Management plan	
<i>Consider the following (if relevant to this case) in assessing this domain.</i>	
The management plan is clearly informed by the formulation and considers all of the relevant biological, psychological, social, spiritual and cultural issues.	
If other health professionals are involved, for example as case managers or medication prescribers, this should be detailed and the issues around this fully explored and discussed. This may be particularly pertinent when there are significant organic factors/illnesses.	
Justification of the psychological therapeutic model used. This should include a discussion of the way in which therapy was negotiated with the patient, other modalities that were considered and the reasons for their rejection, potential risks of therapy, goals and expectations of the patient and the therapist, awareness of any limitations of the model used and the suitability of the type of therapy for the patient.	
Hypotheses are provided regarding the potential difficulties with the therapeutic alliance and barriers to psychotherapy, including potential problems arising during care.	

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory
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Clinical progress	
<i>Consider the following in assessing this domain.</i>	
A review of the process of psychotherapy with a clear description of the psychological processes that were observed and experienced. These should be explained using a theoretical concept appropriate to the therapeutic style employed.	
Discussion of the relationship between the patient and the trainee, as therapist, with regard to the therapeutic model being used.	
Evidence of the trainee's self-awareness, capacity for reflection and appropriate self-criticism, awareness of limitations to expertise and appropriate seeking of support.	
A summary of the therapy. There is no single method for describing a course of therapy; however, the capacity to prioritise and identify the key episodes in the therapy should be demonstrated.	
Discussion of termination, either actual or anticipated. This should include how termination was explained to and negotiated with the patient. If relevant, comment on the appropriateness of termination of therapy.	
Issues of boundaries and ethical dilemmas are identified and responded to.	
The language used is technically sophisticated and psychological terms are not mis-used.	
If the use of videoconference for a number of psychotherapy sessions was approved, there should be a discussion of the use of this technology and any effect that it may have had on the therapy.	
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory

Reformulation	
<i>Consider the following in assessing this domain.</i>	
A sophisticated psychological formulation that reflects increased understanding of the person as a result of the therapy. The extent and complexity of the reformulation will vary with the psychotherapy modality used. The trainee should reflect on the extent and nature of the changes from initial formulation. The reformulation should include vulnerability and resilience factors.	
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory

Supervision	
<i>Consider the following (if relevant to this case) in assessing this domain.</i>	
Description of the role of the psychotherapy supervisor in the trainee's learning, including the supervisor's role in the examination of the psychotherapy process and the contributions of the trainee and patient to this process.	
If the psychotherapy supervisor was not the consultant psychiatrist involved with the patient, the role of both the consultant psychiatrist and the supervisor should be described.	
Critically appraises components of the supervisory relationship, the limitations of the supervisory process and reflects on the learnings for their own general supervision practice. (The competence of the trainee as a psychotherapy supervisor is not the focus of this criterion.)	
If the psychotherapy supervision was provided as group supervision and/or via telephone or videoconference, any effects of this type of supervision should be described.	
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory

Communication/liaison <i>Consider the following (if relevant to this case) in assessing this domain.</i>	
Outline of communication with other professionals who are or will be working with the person undergoing therapy.	
Discussion of issues that may arise with respect to the therapy and therapeutic relationship as a result of communication with other professionals.	
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory

Discussion <i>Consider the following (if relevant to this case) in assessing this domain.</i>	
Evaluation of the therapy and its significance for the person.	
Reflection on the mode of therapy undertaken and its appropriateness and usefulness for the person. The reflection should place the therapy in the context of the theory underpinning the model of therapy.	
The discussion should be reflective and, as appropriate, critical of the existing theoretical knowledge and model of therapy.	
Demonstration of the trainee's learning as a result of the therapeutic experience with the person.	
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory

Examiners please note:

To achieve a pass in the Psychotherapy Written Case, trainees must meet the de-identification and presentation requirements and achieve a 'satisfactory' grade in all aspects of the marking domains.

<i>The result for this Psychotherapy Written Case is</i>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
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Comments

Assessment (including mental state examination and initial formulation)

Management plan

Clinical progress

Reformulation

This feedback is provided for educational purposes only and is not a basis for appeal. All submitted case reports have been marked according to the domains detailed in the attached marking sheet. In some instances, an examiner has provided additional comments to highlight areas of the case requiring revision; however, this is not intended to be a step-by-step guide to rectify the case and other areas may need your consideration. You may amend the case report in light of these comments or submit a completely new case. It is noted that on some occasions other sections of the case will be substantially affected by the rewriting. Changes made will need to be reflected consistently throughout the case. On resubmission, a case will be marked as a whole. In some instances, examiners may advise trainees that the failed case is unsuitable for resubmission.

Supervision

Communication/liaison

Discussion

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