

# Psychotherapy Written Case

## Examiner 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)? <b>If the answer to the above is 'No', the case report is to be failed and returned unmarked with no feedback provided.</b>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
The write-up demonstrates expected general medical professionalism and conveys information clearly and effectively. Any grammatical and/or spelling mistakes must not significantly undermine these preceding points.	<input type="checkbox"/>	<input type="checkbox"/>
The case report cannot be adequately appraised in its current state due to significant deficits in language and grammar. Limited feedback is provided but there may be further 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 end of Stage 2 (Proficient) Level.

<b>Assessment</b> <i>Consider the following (if relevant to this case) in assessing this domain.</i>	
<b>The following criteria are to be met at the proficient standard:</b>	
A 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 comprehensive mental state examination (at the first session) with emphasis tailored to the patient and psychotherapy such as rapport, strategies and interpersonal attributes. 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 patient, their age and circumstances.	
Consideration of the physical health of the patient is expected, although it is acknowledged that this task may have been undertaken by the general practitioner.	
A comprehensive, psychiatric aetiological formulation which demonstrates the understanding of why this patient presented with this illness at this time, rather than being merely an explanation of the illness/symptoms. Careful attention should be paid to include significant organic factors/illness. The formulation should include some theoretical understanding of the patient using psychodynamic approaches. This should be of sufficient detail to support the management plan.	
A justification of the diagnosis and differential diagnosis using a recognised classificatory system.	
<input type="checkbox"/> <b>Satisfactory</b>	<input type="checkbox"/> <b>Not satisfactory</b>

The following domains are to be articulated at the End of Stage 3 – Junior Consultant Level.

<b>Reflective Appraisal of gaps/limitations in assessment formulation and diagnosis</b> <i>Consider the following in assessing this domain.</i>	
Critical appraisal of components of the assessment including any gaps in the information obtained, formulation and diagnostic conclusions.	
<input type="checkbox"/> <b>Satisfactory</b>	<input type="checkbox"/> <b>Not satisfactory</b>

<b>Risk Appraisal</b> <i>Consider the following in assessing this domain.</i>	
Critical appraisal of the immediate and long-term risks of the individual that recognises the complexity of the case. This should include considerations of biological, social and psychological, spiritual and cultural factors from the history and mental state examination and the impact of treatment.	
<input type="checkbox"/> <b>Satisfactory</b>	<input type="checkbox"/> <b>Not satisfactory</b>

<b>Management plan</b> <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.	
The status, relationship and roles of the clinical and therapy supervisors are to be articulated. If other health professionals are involved, for example case managers or general practitioners, this should be detailed and any issues (ethical, practical) around this discussed. This may be particularly pertinent when there are significant organic factors/illnesses.	
Justification of why a psychodynamic approach is appropriate for this patient. A short description of the approach should be included and an outline of how it will be applied to the case. 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. Also, the goals and expectations of the patient and the therapist, awareness of any limitations of the approach 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

<b>Clinical progress</b> <i>Consider the following in assessing this domain.</i>	
A review of the process of psychotherapy with a clear description of the frame and the psychological processes that were observed and experienced should be included. These should be explained using a theoretical concept appropriate to the therapeutic approach employed, including reflection on the relationship between the patient and the trainee as the therapist.	
Evidence is displayed of the trainee's self-awareness, capacity for reflection and appropriate self-criticism, awareness of limitations of their expertise and appropriate seeking of support.	
A summary of the therapy is given 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 should be included. This should include why termination at this point is clinically indicated and how termination was (or would be) negotiated with the patient.	
Issues of boundaries and ethical dilemmas are identified and discussed.	
The language used demonstrates an understanding of the psychological processes and psychological terms are not misused.	
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

<b>Reformulation</b> <i>Consider the following in assessing this domain.</i>	
The reformulation will have the structure of a formulation. The reformulation should not just summarise what happened in the course of therapy.	
A reconsidered comprehensive formulation that reflects increased psychodynamic understanding of the patient as a result of the therapy is required. While this section will focus on the increased understanding of the aetiological aspects of the patient's presentation it may be appropriate to offer a revised diagnostic explanation and include an in-depth consideration of the complexities of the case. The reformulation should include vulnerability and resilience factors.	
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory

<b>Supervision</b> <i>Consider the following 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 is required.	
A critique of the supervisory relationship, the helpful and unhelpful aspects of the supervisory process should be included. (The competence of the trainee as a psychotherapist 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

<b>Communication/liaison</b> <i>Consider the following (if relevant to this case) in assessing this domain.</i>	
Outline communication with other professionals involved in the patient's care. This should involve some discussion of how best to manage the patient into the future.	
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

<b>Discussion</b> <i>Consider the following in assessing this domain.</i>	
Evaluation of the therapy and its significance for the patient is required.	
Reflection on the therapy undertaken and its appropriateness and usefulness for the patient should be included. The reflection should place the therapy in the context of the underpinning theory.	
The discussion should be reflective and as appropriate, with a critique of the existing theoretical knowledge and therapeutic approach.	
Demonstration of the trainee's learning as a result of the therapeutic experience with the patient is displayed.	
<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.*

<b>The result for this Psychotherapy Written Case is:</b>	<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**

**Supervision**

**Communication/liaison**

**Discussion**

*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.*