

LEARNING DEVELOPMENT SUPPORT PLAN

Development Need Identified: Improve assessment skills when conducting a full, holistic Mental Health Assessment					
Specific areas to be addressed	Related Platform number/proficiency	Participation in Care level	Learning Resources/actions	Evidence of achievement	Achievement /Review date
<p>Demonstrate appropriate assessment skills when completing a full, holistic Mental Health Assessment.</p> <p>Demonstrate appropriate communication skills/techniques when conducting a full, holistic mental health assessment to ascertain accurate information from the patient/carer/relevant others involved in care.</p> <p>Demonstrate an awareness of their own limitations whilst undertaking the assessment and seek help/advice if required.</p>	<p>Platforms: 1.1, 1.2, 1.3, 1.8, 1.9, 1.10, 1.12, 1.13, 1.14, 1.16, 1.17, 2.2, 2.3, 2.6, 2.7, 2.10, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.9, 3.10, 3.15, 4.1, 4.4, 4.8, 4.10, 4.11</p>	Independent	<p>Learning Resources:</p> <ol style="list-style-type: none"> 1. Textbooks/articles/literature on communication strategies relevant to mental health assessment <p>Actions:</p> <ol style="list-style-type: none"> 1. With your PS/PA, review and reflect on current knowledge and skills in relation to completing a Mental Health Assessment and identify knowledge/skills that require development 2. With your PS/PA review and reflect on communication strategies that may be utilised to obtain accurate and relevant information from patient/carer and relevant others involved in care. 3. Under supervision, conduct and record five full, holistic mental health assessments. 	<p>PS/PA confirms that the student has conducted and accurately recorded, under supervision, five full, holistic mental health assessments and has appropriately shared the information.</p> <p>Through reflective discussion with PS/PA, the student explains and gives rationale for their findings from assessment and can discuss the possible further interventions required for the patient.</p>	<p>Complete actions and review by: 00/00/00</p> <p>Recommend one week time.</p> <p>Review in one week with a view to independent completion of assessment by end of placement</p>
Practice Assessor & Supervisor Signature:		Student Signature:		Academic Assessor Signature:	
Development support plan outcome:		Achieved/Not Achieved (please circle)			Date _/_/___
					Date _/_/___

DEVELOPMENT SUPPORT PLAN FEEDBACK

DATE	PROGRESS	SIGNATURE: Student & P. Supervisor & P. Assessor