

**MERSEY OLD AGE PSYCHIATRY FOR
SPRs IN MEDICINE FOR THE ELDERLY**

TUTOR: _____

LEARNING OBJECTIVES:

SESSIONS:

	NUMBER OF SESSIONS ATTENDED	DATE COMPLETED
OUTPATIENTS:	<input type="checkbox"/>	_____
MEMORY CLINIC (if available):	<input type="checkbox"/>	_____
DOMICILIARY VISIT:	<input type="checkbox"/>	_____
DAY HOSPITAL SESSION:	<input type="checkbox"/>	_____
COMMUNITY PSYCHIATRIC NURSE SESSION:	<input type="checkbox"/>	_____
INPATIENT WARD ROUND:	<input type="checkbox"/>	_____
LIAISON PSYCHIATRY SESSION:	<input type="checkbox"/>	_____

LEARNING OBJECTIVES ACHIEVED:

COMMENTS: _____

Signed: TUTOR _____

TUTEE _____