

ST1-GEN-EPA5 – Antipsychotic use (New)

Area of practice	Adult psychiatry	EPA identification	ST1-GEN-EPA5
Stage of training	Stage 1 – Basic	Version	v0.3 (EC-approved 14/03/14)
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
Title	<p>Use of an antipsychotic medication in a patient with schizophrenia/psychosis.</p>		
Description Maximum 150 words	<p>The trainee understands the role and use of antipsychotics, including clozapine, their risks, benefits and alternatives. They are aware of the common and potentially serious side effects, their detection and appropriate management. The trainee adheres to the protocols, documentary and administrative obligations and other aspects of safe initiation, monitoring and treatment. The trainee can engage where possible with the patient, obtaining consent as far as possible, can listen and respond to the patient's concerns and provide explanations in a clear manner. They are aware of the factors that may contribute to non-adherence and those that may improve treatment adherence. They have a respectful and professional attitude towards the patient and other members of the multidisciplinary team.</p>		
Fellowship competencies	ME	1, 2, 3, 4, 5	HA
	COM	1, 2	SCH
	COL	1, 2, 3	PROF
	MAN		1, 2
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Positive and negative symptoms and cognitive deficits in schizophrenia, the current dominant hypotheses for schizophrenia and their mechanisms. • The antipsychotic effect and other effects of these drugs on thinking and behaviour. • The common time period for the onset of the full antipsychotic effect and issues surrounding polypharmacy. • Pharmacology of antipsychotics and drug interactions. 		

	<ul style="list-style-type: none"> • Knowledge of protocols, safe monitoring and side effects (eg. EPSE and metabolic syndrome), including life-threatening side effects (eg. myocarditis, agranulocytosis). Knows how to respond to problems and will appropriately seek assistance. • Factors other than non-adherence that can initiate or maintain a relapse, eg. high expressed emotion, illicit drugs, drug interactions (eg. smoking with clozapine and olanzapine). • Understands options for mode of delivery of antipsychotic treatment, eg. oral/injectable (depot). • The concept of a biopsychosocial approach to treatment. • Issues of informed consent in the chronically mentally ill, ethical issues. <p>Skills</p> <ul style="list-style-type: none"> • Physical and mental state assessment. • Adapts approach to fit the patient’s personal and cultural background, mental state and diagnosis. • Establishes rapport, involves patient and where appropriate support network in decision making, risk–benefit analysis and incorporates patient aims in the treatment plan. • Applies the biopsychosocial model in formulation and management including patients with treatment resistance. • Assesses and manages side effects. • Able to give explanations in a way that is understandable and meaningful. • Clear and respectful communication with other staff, both written and verbal. Clear, legible documentation. • Manages discontinuation and recommencement. • Able to manage acute and longer-term treatment. • Applies the principles of rehabilitation psychiatry. <p>Attitude</p> <ul style="list-style-type: none"> • Professional approach to patient and others including respect for the views of the patient and others. • Willingness to learn from others involved in the patient’s care.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<p>One WBA could focus on clozapine.</p> <ul style="list-style-type: none"> • Case-based discussion. • Mini-Clinical Evaluation Exercise.
References	

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS CLINICAL PRACTICE GUIDELINES TEAM FOR THE TREATMENT OF SCHIZOPHRENIA AND RELATED DISORDERS. *Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines for the treatment of schizophrenia and related disorders*. Aust NZ J Psychiatry 2005; 39:1–30.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MA, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar

ST1-GEN-EPA6 – Providing psychoeducation (New)

Area of practice	Adult psychiatry	EPA identification	ST1-GEN-EPA6
Stage of training	Stage 1 – Basic	Version	v0.2 (EC-approved 14/03/14)
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>			
Title	<p>Providing psychoeducation to a patient and their family and/or carers about a major mental illness.</p>		
Description Maximum 150 words	<p>The trainee can provide evidence-based, understandable and relevant information on the nature of a condition, its treatment(s), rehabilitation and recovery that addresses the needs of the patient and their family and/or carers. They are able to establish rapport, listen to and deal empathically with concerns and misconceptions. The trainee can be tactful, sensitive to the possible impact of what they say, and understand the impact of stress or illness on the ability to take in information. They are aware of the phases of grief and coping strategies. The trainee is able to handle the ethical and legal issues around consent, patient autonomy and confidentiality and they have a respectful and professional approach to the patient and their family/carers.</p>		
Fellowship competencies	ME	1, 3, 5	HA 1
	COM	1, 2	SCH 2
	COL	1, 2	PROF 1, 2
	MAN		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • The principles and aims of psychoeducation. • Diagnosis, treatment and course of major mental illness, including individual variability and uncertainty. • Coping strategies, phases of grief and adjustment. • The benefit of information in improving compliance and engagement, coping, empowering patients, supporting patients and carers, normalising where appropriate and reducing stigma. • Principles of recovery-oriented practice. • Local resources for the patient and family/carers. 		

	<p>Skills</p> <ul style="list-style-type: none"> • Tailors information to the needs and capacity of the patient and family/carers. • Ability to deal with individuals under stress. • Bolsters coping strategies that reduce the risk of relapse and recurrence. • Documents important information clearly with tact and respect. • Appropriately negotiates relevant ethical and legal issues including patient autonomy, consent, privacy and confidentiality. • Ability to balance the needs of family and carers. • Willingness to advise caregivers of where they may seek further support or help if required, tactful awareness of boundary issues involved. • Wherever possible, instils hope and a sense of being supported. <p>Attitude</p> <ul style="list-style-type: none"> • Respectful and non-judgemental; empowering patients, their families or caregivers. • Supports shared decision-making, respecting the patient's own lived experience and choice. • Committed to reducing stigma.
<p>Assessment method</p>	<p>Progressively assessed during individual and clinical supervision, including three appropriate WBAs.</p>
<p>Suggested assessment method details</p>	<ul style="list-style-type: none"> • Case-based discussion. • Mini-Clinical Evaluation Exercise.
<p>References</p> <p>BÄUML J, FROBÖSE T, KRAEMER S et al. Psychoeducation: a basic psychotherapeutic intervention for patients with schizophrenia and their families. <i>Schizophr Bull</i> 2006; 32 (Suppl. 1): S1–9.</p> <p>COLOM F. Keeping therapies simple: psychoeducation in the prevention of relapse in affective disorders. <i>Br J Psychiatry</i> 2011; 198: 338–40.</p> <p>RUMMEL-KLUGE C & KISSLING W. Psychoeducation in schizophrenia: new developments and approaches in the field. <i>Curr Opin Psychiatry</i> 2008; 21:168–72.</p> <p>COL, Collaborator; COM, Communicator; HA, Health Advocate; MA, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar</p>	