

Stage 2 EPAs – elective

Adult psychiatry

ST2-AP-EPA1 – Treatment-refractory psychiatric disorders

Area of practice	Adult psychiatry	EPA identification	ST2-AP-EPA1
Stage of training	Stage 2 – Proficient	Version	v0.7 (BOE-approved 15/10/12)
<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	Assess treatment-refractory psychiatric disorders.		
Description	<p>The trainee can assess patients with a range of treatment-refractory psychiatric disorders (with refractory defined as the failure of at least three different pharmacological agents with each being trialled for an adequate length of time at an adequate dose). These disorders may include bipolar disorder, schizophrenia, major depression, obsessive-compulsive disorder, etc. The trainee can develop a biopsychosocial management plan for them considering detailed case review, treatment timeline, organic aetiologies, psychosocial factors, Axis II factors and second opinions.</p>		
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7	HA 1
	COM	1, 2	SCH
	COL	1, 2, 3, 4	PROF 1
	MAN	2, 4	
Knowledge, skills and attitude required	<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"> • Demonstrates knowledge of biological, psychological and social factors that may render a person's mental illness refractory to treatment. • Demonstrates knowledge of the definitions and controversies of treatment-refractory disorders. • Demonstrates knowledge of evidence-based interventions in treatment-refractory psychiatric disorders. • Demonstrates knowledge of what constitutes adequate trials of treatment for treatment-refractory psychiatric disorders. 		

	<ul style="list-style-type: none"> • Demonstrates an understanding of the role of families and carers. • Demonstrates knowledge of other assessment tools including outcome measures, neuropsychiatric assessment and occupational therapy assessment. • Demonstrates knowledge of how to assess the success or otherwise of therapeutic interventions. <p>Skills</p> <ul style="list-style-type: none"> • Provides a comprehensive biopsychosocial assessment including diagnostic issues, treatment adherence, family and cultural issues, a patient's understanding of illness and illness behaviours. • Demonstrates appropriate skills in working with families/carers. • Works collaboratively with other professions and agencies to provide assessment of patients with treatment-refractory psychiatric disorders. • Develops an integrated management plan in a biopsychosocial framework. • Demonstrates effective verbal and written communication skills. <p>Attitude</p> <ul style="list-style-type: none"> • Provides appropriate clinical leadership. • Maintains therapeutic optimism, instilling hope into both patients and carers. • Advocates on behalf of patients and carers and takes into account their wishes for treatment. • Demonstrates an ethical approach.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion (CbD) – at least one. • Observed Clinical Activity (OCA) – at least one (with a different patient [in a different diagnostic category] to CbD).
References	

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

ST2-AP-EPA2 – Physical comorbidity

Area of practice	Adult psychiatry	EPA identification	ST2-AP-EPA2
Stage of training	Stage 2 – Proficient	Version	v0.4 (BOE-approved 12/07/12)
<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	Physical comorbidity.		
Description Maximum 150 words	<p>The trainee demonstrates comprehensive assessment and management of patients with significant physical comorbidity or physical sequelae of psychiatric treatment. The trainee must have a broad understanding of the significance of physical disorders for the patient and develop a management plan which results in appropriate intervention, and/or appropriate liaison with other medical practitioners. The trainee must demonstrate this in at least three patients.</p>		
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA 1, 2
	COM	1, 2	SCH 1
	COL	1, 2, 3, 4	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"> Understand the relationship between the psychiatric disorder and physical comorbidity or physical sequelae of psychiatric illness or treatment in terms of their impact on each other. <p>Skills</p> <ul style="list-style-type: none"> Conduct an appropriate assessment of physical comorbidity in psychiatric patients including conducting a physical examination to the extent that these are relevant for comprehensive understanding and management of the patient. Conduct a comprehensive assessment of physical sequelae of psychiatric illness or treatment including relevant physical examination. Order relevant investigations based on the assessment. 		

	<ul style="list-style-type: none"> Develop and implement, in collaboration with the patient, a treatment plan to manage and/or minimise potential important sequelae of psychiatric treatment such as the metabolic syndrome, sexual dysfunction, extrapyramidal side effects (EPSE) and drug toxicity. <p>Attitude</p> <ul style="list-style-type: none"> Acknowledge limitations of own knowledge and skill to enable appropriate referral to other medical and non-medical professionals in order to coordinate and optimise overall treatment. Proactive in approach to detection and management of physical comorbidities and sequelae of psychiatric treatment.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> Case-based discussion. Mini-Clinical Evaluation Exercise.
References	

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