

Consultation–liaison psychiatry

ST2-CL-EPA1 – Delirium

Area of practice	Consultation–Liaison psychiatry	EPA identification	ST2-CL-EPA1
Stage of training	Stage 2 – Proficient	Version	v0.4 (BOE-approved 04/05/12)
<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	Care for a patient with delirium.		
Description Maximum 150 words	<p>The trainee can assess, make an accurate diagnosis, conduct appropriate physical and cognitive assessment and describe the evidence for the use of a specific management strategy. They are able to communicate the concept of delirium to patients and families within the general hospital setting. The trainee demonstrates awareness of challenges posed by a consultative model of care provision where a patient is not under the direct care of the psychiatrist.</p>		
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA 1
	COM	1, 2	SCH 1, 2
	COL	1, 2, 3, 4	PROF 1, 2, 3, 4
	MAN	4, 5	
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"> • Considers appropriate use of mental health and other relevant legal frameworks. • Understands additional resources, eg. special nurses, out-of-hours psychiatry review. • Understands most suitable setting for patient care. • Accesses, appraises and applies best level of evidence. <p>Skills</p> <ul style="list-style-type: none"> • Comprehensive assessment, including: <ul style="list-style-type: none"> - appropriate cognitive tests - laboratory/relevant investigations 		

	<ul style="list-style-type: none"> - collateral history - medication review. • Explains the nature of delirium to families and staff. • Integrates information from the assessment into a comprehensive formulation, accurate diagnosis and differential diagnosis. • Develops an appropriate management plan for the specific patient and setting. • Considers the patient's capacity to consent and any implications. • Uses effective and empathic verbal and non-verbal communication skills: <ul style="list-style-type: none"> - verbally communicated information is understandable, concise and accurate - information is documented in an understandable, concise and accurate manner. • Negotiates an appropriate management plan with the treating team. • Clarifies the referring agent's expectation of the consult. • Negotiates clinical role throughout the course of the delirium episode. • Appropriately prioritises allocation of their own time to the case. • Identifies possible stigma surrounding delirium. • Demonstrates effective conflict resolution skills, as needed. <p>Attitude</p> <ul style="list-style-type: none"> • Models and encourages a non-judgemental approach to the patient. • Takes on teaching opportunities as they arise in the case. • Treats the patient and referring team with respect. • Seeks appropriate supervision.
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. • Direct observation. • Feedback from appropriate sources.
References	

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

ST2-CL-EPA2 – Psychological distress

Area of practice	Consultation–Liaison psychiatry	EPA identification	ST2-CL-EPA2
Stage of training	Stage 2 – Proficient	Version	v0.4 (BOE-approved 04/05/12)
<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	Manage clinically significant psychological distress in the context of the patient's medical illness in the general hospital.		
Description Maximum 150 words	The trainee can assess and manage clinically significant psychological distress in the general medical setting. The trainee demonstrates awareness of challenges posed by a consultative model of care provision where a patient is not under the direct care of the psychiatrist.		
Fellowship competencies	ME	1, 2, 3, 4, 5, 6	HA 1
	COM	1, 2	SCH 2
	COL	1, 2, 3, 4	PROF 1
	MAN	4	
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"> • Applies and communicates current best level of evidence for the assessment and management of the case. • Considers the relevant legal frameworks. • Appreciates relevant psychodynamic factors, eg. transference/countertransference. • Appreciates different manifestations of psychological distress. • Understands additional resources, eg. social worker, appropriate follow up. • Understands most suitable setting for patient care. • Reviews information on psychological responses to physical illness, eg. somatoform disorders, normal grief. <p>Skills</p> <ul style="list-style-type: none"> • Explains the nature of psychological distress and its origins to patients, families and staff and engages the relevant persons in a negotiated management plan. 		

	<ul style="list-style-type: none"> • Exercises good judgement in the allocation of resources for the optimal care of the patient, family and ward milieu. • Comprehensive assessment, including consideration of: <ul style="list-style-type: none"> - premorbid psychological functioning - social and cultural setting - prognosis - loss - normal/abnormal illness behaviour - physiological disturbance. • Integrates information from the assessment into a comprehensive formulation, accurate diagnosis and differential diagnosis. • Develops an appropriate management plan for the specific patient and setting. • Uses effective and empathic verbal and non-verbal communication skills: <ul style="list-style-type: none"> - verbally communicated information is understandable, concise and accurate - information is documented in a sensitive, understandable, concise and accurate manner. • Negotiates an appropriate management plan with the treating team. • Clarifies the referring agent's expectation of the consult. • Negotiates clinical role throughout the course of the treatment episode. • Appropriately prioritises allocation of their own time to the case. • Identifies possible stigma surrounding psychological distress. • Advocates for the adequate provision of health information to the patient and family. • Recognises any abnormal treatment behaviour. • Proposes strategies for resolving disputes/disagreement. <p>Attitude</p> <ul style="list-style-type: none"> • Models and encourages a non-judgemental approach to patients, including patients with previous mental illness and/or personality disorder.
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. • Direct observation.

• Feedback from appropriate sources.

References

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