

**ST3-CL-AOP-EPA6 – Coercive treatments**

<b>Area of practice</b>	Consultation–liaison Psychiatry		<b>EPA identification</b>	ST3-CL-AOP-EPA6
<b>Stage of training</b>	Stage 3 – Advanced		<b>Version</b>	v0.5 (EC-approved 10/04/15)
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.				
<b>Title</b>	<b>Coercive treatments.</b>			
<b>Description</b> Maximum 150 words	<p>In the general medical and surgical setting, the consultation–liaison psychiatrist will face circumstances where patients may be treated against their expressed preference. Circumstances in which coercive treatments are used include:</p> <ul style="list-style-type: none"> <li>• common law doctrine of necessity</li> <li>• under mental health legislation</li> <li>• guardianship legislation</li> <li>• criminal justice system.</li> </ul> <p>The trainee can facilitate treatment in one of the above coercive situations. The ethical and legal principles should be able to be described in each situation.</p>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2, 3, 5
	<b>MAN</b>	1, 2, 3, 4, 5		
<b>Knowledge, skills and attitude required</b> 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><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Historical context of coercive treatments including where psychiatry has been used inappropriately as an agent of the state and where it has been responsible for abrogation of human rights.</li> <li>• Knowledge of the common law (including the right to refuse treatment) and legislative provisions of the relevant jurisdiction and the practical application of these in medical and surgical settings.</li> <li>• Knowledge of ethical principles underpinning current policies and laws.</li> </ul>			

	<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Ability to explain to the patient, their family and the treating team the framework under which the patient is being treated and the reason for the need to go against the patient's expressed preference.</li> <li>• Ability to explain to the patient, their family and the treating team the limitations of using coercive treatments.</li> <li>• Ability to implement and document relevant processes.</li> <li>• Ability to support the patient to make decisions and to maximise the patient's autonomy to the extent possible.</li> <li>• Ability to take into consideration the patient's expressed will and preferences, as expressed, for example, in advance care directives, prioritise these and negotiate tensions when these cannot be the primary consideration.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Kind, thoughtful and respectful in interactions with the person undergoing coercive treatments.</li> <li>• Advocate on behalf of patients and carers.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including at least three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Professional presentation.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<p><b>References</b></p> <p>BLOCH S &amp; GREEN S, eds. <i>Psychiatric Ethics</i>. 4th edn. Oxford: Oxford University Press, 2009.</p>	

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