

**ST3-CL-AOP-EPA1 – Clinically significant psychological states**

<b>Area of practice</b>	Consultation–liaison psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA1
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 10/04/15)
<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>			
<b>Title</b>	<b>Assess, formulate and manage clinically significant psychological states in the context of the patient’s illness in the general medical setting.</b>		
<b>Description</b> Maximum 150 words	<p>The trainee can perform an advanced level of assessment and provide a sophisticated formulation of the patient’s predicament. The trainee can develop a detailed management plan tailored to the patient’s illness. The trainee demonstrates advanced skills to explain the nature of psychological states and their origins to patients, families and staff and engage the relevant persons in a negotiated management plan. The trainee exercises good judgement in the allocation of resources for the optimal care of the patient, family and staff within the treatment setting. The trainee applies and communicates current best level of evidence for the assessment and management of the case. The trainee demonstrates an ability to meet the challenges posed by a consultative model of care.</p>		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, ,7 ,8	<b>HA</b> 1
	<b>COM</b>	1, 2	<b>SCH</b> 1, 2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b> 1, 2, 4
	<b>MAN</b>	1, 2, 4	
<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>• Understands in broad terms the inter-relationships between physical illnesses and their treatments and psychiatric presentations and knows how to research details of these inter-relationships as they might apply to particular patients.</li> <li>• Considers appropriate use of mental health legislation and other relevant legal frameworks.</li> <li>• Appreciates relevant psychodynamic factors, eg. transference/countertransference.</li> <li>• Understands additional resources, eg. social worker, appropriate follow up.</li> <li>• Understands the most suitable setting for patient care.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Reviews information on psychological responses to physical illness, eg. somatoform disorders, normal grief.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Clarifies the referring agent's expectation of the consult.</li> <li>• Comprehensive assessment, including consideration of: <ul style="list-style-type: none"> <li>– premorbid psychological functioning</li> <li>– social and cultural setting</li> <li>– prognosis</li> <li>– loss</li> <li>– normal/abnormal illness behaviour</li> <li>– physiological disturbance.</li> </ul> </li> <li>• Integrates information from the assessment into a sophisticated formulation, accurate diagnosis and differential diagnosis.</li> <li>• Develops a detailed evidence-based management plan appropriate for the specific patient and setting, then negotiates implementation of that plan with the patient, their family and the treating team.</li> <li>• Uses effective and empathic verbal and non-verbal communication skills: <ul style="list-style-type: none"> <li>– verbally communicated information is understandable, concise and accurate</li> <li>– information is documented in a sensitive, understandable, concise and accurate manner.</li> </ul> </li> <li>• Negotiates clinical role throughout the course of the treatment episode.</li> <li>• Appropriately prioritises allocation of their own time to the case.</li> <li>• Identifies possible stigma surrounding psychological distress.</li> <li>• Advocates for the adequate provision of health information to the patient and family.</li> <li>• Proposes strategies for resolving disputes/disagreement.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Models and encourages a non-judgemental approach to patients, including patients with previous mental illness and/or personality disorder.</li> <li>• Respectful approach to the healthcare workers caring for the patient.</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> </ul>

<i>(These included, but are not limited to, WBAs)</i>	<ul style="list-style-type: none"><li>• Observed Clinical Activity (OCA).</li><li>• Feedback from appropriate sources.</li><li>• Direct Observation of Procedural Skills (DOPS).</li></ul>
<b>References</b>	

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