***ST2-AP-EPA8 – Acquired brain injury 2***

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| ***Area of practice*** | Adult psychiatry (Neuropsychiatry) | ***EPA identification*** | ST2-AP-EPA8 |
| ***Stage of training*** | Stage 2 – Proficient | ***Version*** | v0.4 (EC-approved 24/07/15) |

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.

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| ***Title*** | ***Assess and manage psychological and behavioural symptoms in an adult under the age of 50 with an acquired brain injury.*** |
| ***Description***<br>Maximum 150 words | The trainee will be proficient in the assessment of an adult (under 50 years of age) who has an acquired brain injury. The trainee will develop a management plan for challenging behaviours, mood symptoms, cognitive impairments and other neuropsychiatric sequelae of head injury. The trainee will work with the multidisciplinary team and family/carers to develop the management plan. |
| ***Detailed description***<br>If needed | Note: the age restriction is so that the focus is on deficits caused by brain injury rather than problems related to ageing or a neurodegenerative disorder. |

| ***Fellowship competencies*** | | | | |
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| | **ME** | 1, 2, 3, 4, 5, 7 | **HA** | 1 |
| | **COM** | 1, 2 | **SCH** | |
| | **COL** | 1, 2, 3 | **PROF** | 1, 2 |
| | **MAN** | | | |

***Knowledge, skills and attitude required***

The following lists are neither exhaustive nor prescriptive.

Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

**Ability to apply an adequate knowledge base**

- Proficient knowledge of the functional neuroanatomy of the brain, correlating this knowledge with the clinical signs and symptoms of the person with a brain injury.
- Understanding the mechanisms by which a brain injury may influence behaviour and psychological function.
- The role of neuroimaging in assessment of brain injury and how to correlate neuroimaging findings with the clinical presentation.
- Understanding neurocognitive testing, including executive function and other higher cortical functions.
- Knowledge of the common neuropsychiatric sequelae of head injury and how these can present.

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| | • Awareness of how the behavioural sequelae of brain injury, such as impulsivity and disinhibition, can influence the risk assessment.<br>• Knowledge of the use of psychotropic medications in persons with brain injury, including their evidence base, side effects, risks and toxicity.<br>**Skills**<br>• Proficient biopsychosocial assessment.<br>• Proficiently conducts a relevant neurocognitive assessment.<br>• Interprets findings in common neuroimaging investigations and incorporates these into assessments.<br>• Proficiently conducts a neurological examination relevant to the neuropsychiatric history.<br>• Formulates an appropriate aetiological explanation for the patient's symptoms, integrating biological, psychological and social contributions.<br>• Proficiency in risk assessment informed by the formulation.<br>• In collaboration with the relevant multidisciplinary team, which may include neurology, neurosurgery, neuropsychology, rehabilitation medicine and nursing and allied heath staff, develops a management plan to address the psychological and behavioural symptoms.<br>**Attitude**<br>• Advocacy on behalf of patients and their family/carers.<br>• Appropriate involvement of the patient/family/carers, in the patient's care.<br>• Maintenance of a professional, optimistic and hopeful attitude to the patient's prognosis and recovery.<br>• Demonstration of a good understanding of ethical issues in the assessment and treatment of individuals with brain injury. In particular, nonmaleficence (the avoidance of iatrogenic harm) and the maintenance of as much autonomy as possible, while managing risks appropriately and safely. |
| ***Assessment method*** | Progressively assessed during individual and clinical supervision, including three appropriate WBAs. |
| ***Suggested assessment method details*** | • Mini-Clinical Evaluation Exercise.<br>• Case-based discussion.<br>• Observed Clinical Activity (OCA).<br>• Direct Observation of Procedural Skills (DOPS) – conducting a neurocognitive assessment in a person with brain injury or an appropriate neurological examination in a person with a brain injury. |
| **References** | |

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