The Royal Australian & New Zealand College of Psychiatrists

2012 Fellowship Program

Stage 3
Psychiatry of old age
EPAs & COE forms

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For more information about EPA standard and the EPA entrustment process, please see the preamble in the *EPA Handbook – Stage 1 and 2*.

The Stage 3 psychiatry of old age EPAs have been collated here, together with their respective Confirmation of Entrustment (COE) forms, for ease of printing.

Document version history

Version N^{o}	***Revision description/reason***	***Date***
v0.2	Updated with DOPS	14/12/16
v0.1a	Minor amendment to duplicate EPA names.	15/02/16
v0.1	First version of collated Stage 3 psychiatry of old age EPAs & COE forms published on website.	18/11/15

Table of contents

ST3-POA-FELL-EPA1 – POA Capacity assessment

Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-FELL-EPA1
Stage of training	Stage 3 – Advanced	***Version***	v0.7 (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.

Title	***Formal capacity assessment and report.***			
Description Maximum 150 words	The trainee demonstrates an understanding of legal concepts and criteria for testamentary capacity, enduring power of attorney, unsoundness of mind and capacity to stand trial for their jurisdiction and can apply these in clinical situations.			
Fellowship competencies	**ME**	1, 2, 8	**HA**	1
	COM	1, 2	**SCH**	2
	COL	1	**PROF**	1, 2
	MAN	1, 3		

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

- Demonstrates knowledge of the legal meaning of capacity and of clinical scenarios in old age psychiatry where capacity may be affected.
- Shows detailed knowledge of the legal instruments giving others substitute decision-making power, including enduring powers of attorney, wills, guardianship and administration orders, medical decision making and advance directives, and the criteria that apply to these in the local jurisdiction.
- Shows knowledge of forensic issues, including capacity to stand trial, fitness to plead.
- Has an awareness of how elder abuse and exploitation may occur in these legal domains.

Skills

- Shows the ability to evaluate patients and apply relevant legal concepts and definitions in a range of clinical scenarios.
- Can assess complex social networks, relationship histories and patterns of making previous wills and enduring powers of attorney to understand the psychosocial and historical context in which patients may be making decisions regarding wills and enduring powers of attorney.

	• Can identify circumstances where mental disorders can affect reasoning, knowledge and decision making in processes of patients making legal decisions. • Can communicate psychiatric history, assessments and conclusions in relevant reports. **Attitude** • Appreciates the difference between a clinical versus medicolegal role and assessment in old age psychiatry. • Maintains appropriate professional boundaries when dealing with requests in a medicolegal context. • Maintains impartiality when undertaking medicolegal assessments and providing reports.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Mini-Clinical Evaluation Exercise. • Professional presentation. • Formal review of knowledge through supervision. • Supervisor review of trainee's reports.

References

BROOKBANKS WJ & SIMPSON AIF, eds. *Psychiatry and the law*. Wellington: LexisNexis, 2007.

DARZINS P, MOLLOY DW & STRANG D. *Who can decide? The six step capacity assessment process.* Adelaide: Memory Australia Press, 2000.

O'NEIL N & PEISAH C. *Capacity and the law.* Sydney: Sydney University Press, 2011.

RYAN C, CALLAGHAN S & PEISAH C. The capacity to refuse psychiatric treatment: a guide to the law for clinicians and tribunal members. *Aust NZ J Psychiatry* 2015; 49: 324–33.

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

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CONFIRMATION OF ENTRUSTMENT FORM

RANZCP ID:	
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ST3-POA-FELL-EPA1 – POA Capacity assessment (COE form)			
Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-FELL-EPA1
Stage of training	Stage 3 – Advanced	***Version***	v0.7 (EC-approved 24/07/15)
Title	***Formal capacity assessment and report.***		
Description	The trainee demonstrates an understanding of legal concepts and criteria for testamentary capacity, enduring power of attorney, unsoundness of mind and capacity to stand trial for their jurisdiction and can apply these in clinical situations.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION
In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

PRINCIPAL SUPERVISOR DECLARATION *(if different from above)*
I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

TRAINEE DECLARATION
I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ……..... Signature ……..... Date .....

DIRECTOR OF (ADVANCED) TRAINING DECLARATION
I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) ……

Director of (Advanced) Training RANZCP ID: …….. Signature …….... Date …….....

<<If ST3-AP-AOP-EPA8 or ST3-ADM-FELL-EPA1 (Leadership skills) has been entrusted, trainees should not attain the following EPA>>

ST3-POA-FELL-EPA2 – POA Leadership skills

Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-FELL-EPA2
Stage of training	Stage 3 – Advanced	***Version***	v0.6 (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.			
Title	***Demonstrate leadership skills in a multidisciplinary team setting (POA).***		
Description Maximum 150 words	The trainee demonstrates the ability to provide strong, active leadership in a clinical team and in multidisciplinary clinical meetings, eg. clinical review meetings, ward rounds or case conferences.		

Fellowship competencies				
	ME	4, 5, 6, 7, 8	**HA**	1
	COM	1	**SCH**	2
	COL	2, 3, 4	**PROF**	1, 2, 3, 4, 5
	MAN	1, 2, 3, 4, 5		

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

- Knows the literature on clinical leadership.
- Understands the characteristics of good leaders.
- Understands the roles and responsibilities of other team members.
- Understands the principles of team and group dynamics.
- Understands the concept of clinical governance.

Skills

- Exhibits social awareness and the ability to manage professional relationships, including team conflict.
- Demonstrates the ability to lead a multidisciplinary discussion that is focused, client centred and time managed.
- Integrates the information from the case conference to generate a collaborative plan.

	• Exhibits self-awareness and self-management relevant to his or her leadership roles. • Is able to facilitate or take the lead in making a decision where there is team disagreement that cannot be resolved in a timely manner and evaluate the outcome of this decision. • Demonstrates the use of feedback in relation to his or her own performance. • Demonstrates the ability to support the development of other team members. • Builds partnerships and networks to influence outcomes positively for patients. • Demonstrates critical and strategic thinking in relation to the systems in which he or she works. • Navigates sociopolitical environments. • Demonstrates an ability to effect continuous quality improvement. **Attitude** • Values the contribution of professionals involved to enhance collaborative practice. • Maintains appropriate boundaries whilst developing leadership role. • Demonstrates personal integrity and character. • Demonstrates commitment to high-quality outcomes for patients and carers.
Assessment method	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Feedback from multidisciplinary team members. • Mini-Clinical Evaluation Exercise. • Professional presentation.

References

BRAITHWAITE J & TRAVAGLIA JF. An overview of clinical governance policies, practices and initiatives. *Aust Health Rev* 2008; 32: 10–22.

DOWTON SB. Leadership in medicine: where are the leaders? *Med J Aust* 2004; 181: 652–4.

GREINER CB. Leadership for psychiatrists. *Acad Psychiatry* 2006; 30: 283–8.

LEE T. Turning doctors into leaders. *Harvard Business Review*. April 2010: 50–58.

NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT & ACADEMY OF MEDICAL ROYAL COLLEGES. *Medical leadership competency framework: enhancing engagement in medical leadership. 3rd edn*. Coventry: NHS Institute for Innovation and Improvement, July 2010. Viewed 9 February 2013 <http://www.leadershipacademy.nhs.uk/discover/leadership-framework/supporting-tools/documents-to-download>.

WARREN OJ & CARNALL R. Medical leadership: why it's important, what is required, and how we develop it. *Postgrad Med* 2011; 87: 27–32.

ZALEZNIK A. Managers and leaders: are they different? *Harvard Business Review*. May–June 1977. [Reprinted in HBR January 2004: 74–81.]

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

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ST3-POA-FELL-EPA2 – POA Leadership skills (COE form)			
Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-FELL-EPA2
Stage of training	Stage 3 – Advanced	***Version***	v0.6 (EC-approved 10/04/15)
Title	***Demonstrate leadership skills in a multidisciplinary team setting (POA).***		
Description	The trainee demonstrates the ability to provide strong, active leadership in a clinical team and in multidisciplinary clinical meetings, eg. clinical review meetings, ward rounds or case conferences.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION
In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

PRINCIPAL SUPERVISOR DECLARATION *(if different from above)*
I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

TRAINEE DECLARATION
I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ……..... Signature ……..... Date .....

DIRECTOR OF (ADVANCED) TRAINING DECLARATION
I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) ……

Director of (Advanced) Training RANZCP ID: …….. Signature …….... Date …….....

ST3-POA-FELL-EPA3 – Assessment in general medical settings

Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-FELL-EPA3
Stage of training	Stage 3 – Advanced	***Version***	v0.6 (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.

Title	***Assessment of older people in general medical settings.***			
Description Maximum 150 words	The trainee understands the complexities of assessing an older person in a general medical setting with regard to the patient's illness as well as the interplay between this and the environmental constraints.			
Fellowship competencies	**ME**	1, 2, 3, 4, 5, 6, 7, 8	**HA**	1
	COM	1, 2	**SCH**	2
	COL	1, 2, 3, 4	**PROF**	1, 2
	MAN	2		

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

- Understand developmental issues, personality, culture and stage of life issues and how these impact on illness in late life (grief, loss, end-of-life issues, functional somatic symptoms).
- Particular expertise in recognition and management of delirium.
- Relevance of pain to the overall presentation.
- Good working knowledge of general medical conditions, medication and adverse effects of polypharmacy on the elderly.
- Understand psychiatric symptoms occurring in neurological disorders.
- Understand falls – risk factors and assessment, preventative strategies and fear of falling.
- Understands appropriate use of mental health and other relevant legal frameworks.
- Knowledge of bedside cognitive testing.
- Understand the philosophy and approaches of rehabilitative care and the role of psychiatry in this setting.

	• Understand the philosophy and approaches of palliative care and the role of psychiatry in this setting. **Skills** • Perform comprehensive assessment of the patient and provide sophisticated formulation and management plan. • Perform appropriate bedside cognitive testing. • Ability to assess risk/capacity/competence. • Ability to deal with depression and anxiety occurring in the medically ill elderly (includes appropriate use of antidepressants and other therapies such as cognitive–behavioural therapy [CBT] and brief supportive psychotherapy). • Determine the referring agent's question as well as expectation of the consultation in terms of the patient's wellbeing and in the broader context of the ward environment. • Ability to communicate and negotiate the management plan with the patient, their family and the referring team. • Ability to prioritise referrals, identify role and limitations of this role. **Attitude** • Liaise, communicate effectively and work within a multidisciplinary setting as well as provide education to staff as appropriate. • Act as advocate for patient and family.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Case-based discussion. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA).

References

DAVID AS, FLEMINGER S, KOPELMAN MD et al. *Lishman's organic psychiatry: a textbook of neuropsychiatry*. 4th edn. Chichester: John Wiley & Sons, 2012.

DRAPER B & MELDING P, eds. *Geriatric consultation liaison psychiatry*. Oxford: Oxford University Press, 2001.

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ST3-POA-FELL-EPA3 – Assessment in general medical settings (COE form)			
Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-FELL-EPA3
Stage of training	Stage 3 – Advanced	***Version***	v0.6 (EC-approved 10/04/15)
Title	***Assessment of older people in general medical settings.***		
Description	The trainee understands the complexities of assessing an older person in a general medical setting with regard to the patient's illness as well as the interplay between this and the environmental constraints.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION
In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

PRINCIPAL SUPERVISOR DECLARATION *(if different from above)*
I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

TRAINEE DECLARATION
I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ……..... Signature ……..... Date .....

DIRECTOR OF (ADVANCED) TRAINING DECLARATION
I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) ……

Director of (Advanced) Training RANZCP ID: …….. Signature …….... Date …….....

ST3-POA-FELL-EPA4 – Older adult psychopharmacology

Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-FELL-EPA4
Stage of training	Stage 3 – Advanced	***Version***	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.

Title	***Older adult psychopharmacology, including the use of psychotropic medications in patients with treatment-resistant depression and those with complex general medical needs.***			
Description Maximum 150 words	Older adult psychopharmacology, including management of clozapine, lithium, depot antipsychotics, cognition enhancers and the use of medication in patients with treatment-resistant depression and those with complex medical needs.			
Fellowship competencies	**ME**	1, 2, 3, 4, 5, 6, 7, 8	**HA**	1, 2
	COM	1	**SCH**	1, 2
	COL	1, 2, 3, 4	**PROF**	1, 2, 5
	MAN	1, 5		

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** • Understand the principles underpinning the practice of older adult psychopharmacology, including pharmacokinetic and pharmacodynamic changes with ageing. • Understand the complex interactions that occur between cognitive impairment, physical frailty and psychotropic medications in later life. • Understand the particular issues that arise when prescribing psychotropic medication in the context of common general medical conditions in older people, including dementia, Parkinson's disease and chronic kidney disease. • Understand common and/or important drug–drug interactions in older people. • Appreciate the limited efficacy data for many psychopharmacological interventions when used in older patients. • Appreciate the altered dosing often required when using psychotropic medication in older people. • Appreciate the particular adverse effects most relevant to older people during psychopharmacological treatment.

	• Understand the augmentation strategies that can be employed in older people when initial psychopharmacological treatment has partial efficacy. • Understand the evidence for the use of psychotropic medication in combination with psychosocial interventions for the treatment of common mental disorders in older people. • Understand the biopsychosocial determinants of treatment-resistant depression. • Understand the issues which arise in relation to treatment adherence in older people, including the use of medication organisers, including Dosette boxes, Webster Paks and similar technologies. **Skills** • Demonstrate the ability to assess older patients for the following treatments, safely initiate and monitor for safety and efficacy: - psychotropic medication (including older patients with general medical comorbidities) - clozapine - long-acting injectable antipsychotics - lithium - cognition enhancing medication. • Demonstrate the ability to manage combination psychotropic medication in the context of post-ECT continuation treatment. • Demonstrate the ability to comprehensively assess and manage older patients with treatment-resistant depression. • Demonstrate the ability to safely discontinue psychotropic medication in older people. • Demonstrate the ability to negotiate the psychotropic prescribing, taking into account the wishes of the patient and their family/carers. **Attitude** • Appreciate the impact of the cost of psychotropic medications on likely adherence in later life. • Appreciate the ethical dimensions of prescribing drugs of high cost and modest benefit. • Appreciate the impact of complex treatment schedules on likely adherence in later life. • Appreciate the value of active collaboration with patients and their families/carers about the role of psychotropic medication in later life. • Appreciate the value of collaboration with clinical pharmacy, clinical pharmacology and geriatric medicine colleagues when dealing with complex pharmacological issues in later life.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.

Suggested assessment method details	• Case-based discussion. • Mini-Clinical Evaluation Exercise. • Professional presentation. • Observed Clinical Activity (OCA).

References

Geriatric psychopharmacology:

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HOLLINGWORTH SA, SISKIND DJ, NISSEN LM et al. Patterns of antipsychotic medication use in Australia 2002–2007. *Aust NZ J Psychiatry* 2010; 44: 372–7.

JACOBSON SA, PIES RW & KATZ IR. *Clinical manual of geriatric psychopharmacology*. Arlington: American Psychiatric Publishing, 2007.

MORISKY DE, GREEN LW & LEVINE DW. Concurrent and predictive validity of a self-reported measure of medication adherence. *Med Care* 1986; 24: 67–74. [This paper describes the so-called Morisky Scale for Medication Adherence.]

RITCHIE C. Psychopharmacology in older people. In: Dening T & Thomas A, eds. *Oxford textbook of old age psychiatry*. 2nd edn. Oxford: Oxford University Press, 2013.

Clozapine:

BARAK Y, WITTENBERG N, NAOR S et al. Clozapine in elderly psychiatric patients: tolerability, safety, and efficacy. *Compr Psychiatry* 1999; 40: 320–5.

FRANKENBURG FR & KALUNIAN D. Clozapine in the elderly. *J Geriatr Psychiatry Neurol* 1994; 7: 131–4.

GARERI P, DE FAZIO P, RUSSO E et al. The safety of clozapine in the elderly. *Expert Opin Drug Saf* 2008; 7: 525–38.

PARANTHAMAN R & BALDWIN RC. Survey of clozapine use by consultant old age psychiatrists. *The Psychiatrist* 2006; 30: 410–12.

Depot antipsychotics:

KARIM S & BYRNE EJ. Treatment of psychosis in elderly people. *Adv Psychiatr Treat* 2005; 11: 286–96.

MASAND PS & GUPTA S. Long-acting injectable antipsychotics in the elderly: guidelines for effective use. *Drugs Aging* 2003; 20: 1099–110.

Discontinuation:

BALLARD C, HANNEY ML, THEODOULOU M et al. The dementia antipsychotic withdrawal trial (DART-AD): long-term follow-up of a randomised placebo-controlled trial. *Lancet Neurol* 2009; 8: 151–7.

DEVANAND DP, MINTZER J, SCHULTZ SK et al. Relapse risk after discontinuation of risperidone in Alzheimer's disease. *N Eng J Med* 2012; 367: 1497–1507.

Lithium:

AKSHYA V. Manic syndromes. In: Dening T & Thomas A, eds. *Oxford textbook of old age psychiatry*. 2nd edn. Oxford: Oxford University Press, 2013.

HEAD L & DENING T. Lithium in the over-65s: who is taking it and who is monitoring it? *Int J Geriatr Psychiatry* 1998; 13: 164–171.

PARKER KI, MITMANN N, SHEAR NH et al. Lithium augmentation in geriatric depressed outpatients: a clinical report. *Int J Geriatr Psychiatry* 1994; 9: 995–1002.

SHULMAN KI, MACKENZIE S & HARDY B. The clinical use of lithium carbonate in old age: a review. *Prog Neuropsychopharmacol Biol Psychiatry* 1987; 11: 159–64.

SPROULE BA, HARDY BG & SHULMAN KI. Differential pharmacokinetics of lithium in elderly patients. *Drugs Aging* 2000; 16: 165–177.

Treatment-resistant depression:

KOK RM, NOLEN WA & HEEREN TJ. Outcome of late-life depression after 3 years of sequential treatment. *Acta Psychiatr Scand* 2009; 119: 274–81.

KOK RM, NOLEN WA & HEEREN TJ. Efficacy of treatment in older depressed patients: a systematic review and meta-analysis of double-blind randomized controlled trials with antidepressants. *J Affect Disord* 2012; 141: 103–15.

KOK RM, VINK D, HEEREN TJ & NOLEN WA. Lithium augmentation compared with phenelzine in treatment-resistant depression in the elderly: an open, randomized, controlled trial. *J Clin Psychiatry* 2007; 68: 1177–85.

STOUDEMIRE A, HILL CD, MORRIS R & LEWISON BJ. Long-term outcome of treatment-resistant depression in older adults. *Am J Psychiatry* 1993; 150: 1539–40.

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UNUTZER J & PARK M. Older adults with severe, treatment-resistant depression. *JAMA* 2012; 308: 909–18.

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ST3-POA-FELL-EPA4 – Older adult psychopharmacology (COE form)			
Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-FELL-EPA4
Stage of training	Stage 3 – Advanced	***Version***	v0.5 (EC-approved 10/04/15)
Title	***Older adult psychopharmacology, including the use of psychotropic medications in patients with treatment-resistant depression and those with complex general medical needs.***		
Description	Older adult psychopharmacology, including management of clozapine, lithium, depot antipsychotics, cognition enhancers and the use of medication in patients with treatment-resistant depression and those with complex medical needs.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION
In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

PRINCIPAL SUPERVISOR DECLARATION *(if different from above)*
I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

TRAINEE DECLARATION
I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ……..... Signature ……..... Date .....

DIRECTOR OF (ADVANCED) TRAINING DECLARATION
I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) ……

Director of (Advanced) Training RANZCP ID: …….. Signature …….... Date …….....

ST3-POA-AOP-EPA5 – Management of BPSD

Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA5
Stage of training	Stage 3 – Advanced	***Version***	v0.7 (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.

Title	***Management of behavioural and psychological symptoms of dementia.***			
Description Maximum 150 words	The trainee demonstrates an understanding of the range and manifestations of behavioural and psychological symptoms of dementia (BPSD) and the current scientific understanding of these symptoms. The trainee completes a sophisticated assessment of the person with BPSD across a range of settings. A comprehensive care plan is developed and implemented. The trainee has an extensive understanding informed by recent research of the utility and limitations of pharmacological interventions. The trainee has an extensive understanding of non-pharmacological interventions for BPSD including individual, caregiver, institutional and environmental measures.			
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
	MAN	1, 4, 5		
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** • Appreciates the most recent scientific understanding of the neurobiology of BPSD. • Appreciates the current state of knowledge about the various manifestations of BPSD, including mood changes, anxiety, agitation, aggression, psychosis, apathy and sleep disturbance. • Appreciates the current state of knowledge about specific BPSD issues such as calling out, wandering, inappropriate undressing and the sundowning syndrome. • Appreciates the role of comorbid medical conditions, sensory deficits, pain, medications in BPSD, premorbid personality and carer behaviour.			

	• Demonstrates a sophisticated, comprehensive and up-to-date knowledge of the issues surrounding the use of antipsychotic medication for BPSD including efficacy, risks, consent and the implementation and evaluation of individual treatment trials. • Demonstrates a sophisticated, comprehensive and up-to-date knowledge of the use of other medications for BPSD including antidepressants, anti-anxiety agents, mood stabilisers and analgesics. • Demonstrates a sophisticated, comprehensive and up-to-date knowledge of non-pharmacological management strategies for BPSD. • Appreciates the issues with regard to physical restraint, seclusion and sedation. • Appreciates the role of environmental and architectural factors in the management and accommodation of people with BPSD. • Appreciates the local regulatory, legal, financial and resource issues in regard to the care of people with BPSD. **Skills** • Completes a comprehensive assessment including: - clarification of the presenting issue - history and mental state examination - collateral history from multiple sources - behavioural analysis including charting of behaviours - appropriate cognitive tests and/or rating scales - medical assessment including physical exam and investigations - review of past and current medications - review of past and current substance use, including alcohol, hypnosedatives and opioids - assessment of carers and the physical environment - a sophisticated formulation and differential diagnosis. • Develops, implements and documents a comprehensive care plan including where appropriate: - identification and formulation of the target problem - education of carers - behavioural management techniques - modification of physical environment (or moving patient to a suitable environment) - medication interventions

	- management of medical and pain issues - risk issues - liaison with GP and other community organisations and services - consultations and referrals - legal issues including capacity and consent - assistive technology - follow-up plan - communicates and collaborates with institutional carers in the management of a person with BPSD. **Attitude** • Demonstrates an informed, compassionate and ethical understanding of the issues for family/friend carers of a person with BPSD.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Case-based discussion. • Professional presentation. • Mini-Clinical Evaluation Exercise.

References

DEMENTIA BEHAVIOUR MANAGEMENT ADVISORY SERVICES (ALZHEIMER'S AUSTRALIA). *ReBOC: Reducing behaviours of concern: a hands on guide. A resource to assist those caring for people living with dementia*. Glenside: Alzheimer's Australia, 2012. Viewed 14 June 2013, <http://dbmas.org.au/Want_to_know_more_/Resources1.aspx>.

INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION. *The IPA complete guides to behavioral and psychological symptoms of dementia (BPSD): Specialists guide*. Northfield: IPA, 2012. [Available at www.ipa-online.org/wordpress/publications/guides-to-bpsd]

NSW MINISTRY OF HEALTH AND THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Assessment and management of people with behavioural and psychological symptoms of dementia (BPSD): a handbook for NSW Health clinicians*. North Sydney: NSW Ministry of Health, May 2013. Viewed 13 November 2014, <www.ranzcp.org/Files/Publications/A-Handbook-for-NSW-Health-Clinicians-BPSD_June13_W.aspx>.

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

The Royal Australian & New Zealand College of Psychiatrists

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First name:	
Zone:	
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ST3-POA-AOP-EPA5 – Management of BPSD (COE form)			
Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA5
Stage of training	Stage 3 – Advanced	***Version***	v0.7 (EC-approved 10/04/15)
Title	***Management of behavioural and psychological symptoms of dementia.***		
Description	The trainee demonstrates an understanding of the range and manifestations of behavioural and psychological symptoms of dementia (BPSD) and the current scientific understanding of these symptoms. The trainee completes a sophisticated assessment of the person with BPSD across a range of settings. A comprehensive care plan is developed and implemented. The trainee has an extensive understanding informed by recent research of the utility and limitations of pharmacological interventions. The trainee has an extensive understanding of non-pharmacological interventions for BPSD including individual, caregiver, institutional and environmental measures.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION
In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

PRINCIPAL SUPERVISOR DECLARATION *(if different from above)*
I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

TRAINEE DECLARATION
I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ……..... Signature ……..... Date .....

DIRECTOR OF (ADVANCED) TRAINING DECLARATION
I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) ……

Director of (Advanced) Training RANZCP ID: …….. Signature …….... Date …….....

ST3-POA-AOP-EPA6 – Neuropsychological testing, neuroimaging and rating scales

Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA6
Stage of training	Stage 3 – Advanced	***Version***	v0.8 (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.

Title	***Neuropsychological testing, neuroimaging and rating scales.***			
Description Maximum 150 words	The trainee demonstrates an ability to apply and interpret cognitive screening tests to a high level and is able to explain the utility and limitations of such tests. The trainee demonstrates an understanding of the techniques, interpretation, utility and limitations of neuropsychological testing completed by a psychologist in the assessment of older people. The trainee utilises neuroimaging reports, in combination with neuroanatomical knowledge, to contribute to a sophisticated assessment. The trainee identifies findings that are relevant to older people on CT and MRI images. The trainee can select an appropriate rating scale for the clinical situation, apply it competently to the patient or informant, interpret it in a sophisticated manner and discuss the utility and limitations of the scales available.			
Fellowship competencies	**ME**	1, 2, 3, 7	**HA**	
	COM	1	**SCH**	1, 2
	COL	1, 3	**PROF**	1, 2
	MAN	4		

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

Neuropsychological testing:

- Appreciates the range of neuropsychological tests available including specific tests (eg. Stroop) and tests with multiple subtests (eg. Wechsler Adult Intelligence Scale [WAIS]).
- Appreciates how a psychologist selects and interprets these tests.
- Understands the limitations of such tests, especially in regard to culture, language, educational background, sensory impairments and premorbid ability. Considers techniques and choice of test to mitigate these limitations.

	• Appreciates the medical, legal, ethical, financial and psychological impacts of testing. ***Neuroimaging:*** • Appreciates the techniques, utility and limitations of neuroimaging in the old age psychiatry context. • Appreciates the techniques, utility and limitations of advanced neuroimaging technology such as functional MRI, PET etc. • Consideration of tolerability, risk, cost and availability. ***Rating scales:*** • Appreciates the utility and limitations of psychometric instruments commonly used in the old age psychiatry context to measure depression, anxiety, behaviour, caregiver stress and activities of daily living (ADL)/instrumental activities of daily living (IADL). **Skills** ***Neuropsychological testing:*** • Selects a cognitive screening test that is appropriate for the clinical situation. This includes broad cognitive screening tests (Montreal Cognitive Assessment [MoCA], Addenbrooke's Cognitive Examination [ACE], etc.) and executive functioning screening tests (Clock drawing, Trailmaking, etc.). • Applies, scores and interprets cognitive screening tests to a high level, including reference to normative data. • Integrates information from these tests into a sophisticated formulation and diagnosis. ***Neuroimaging:*** • Identifies relevant findings such as atrophy (global, regional, hippocampal) and vascular changes (white matter changes, infarcts, etc.) on CT and MRI images (and SPECT where available). • Interprets neuroimaging reports in a clinically relevant fashion. • Integrates the neuroimaging report, neuroanatomical knowledge, clinical findings and other information in a sophisticated formulation and diagnosis. ***Rating scales:*** • Appropriately selects a rating scale and is able to competently apply, score and interpret it. • Integrates information from the rating scale with other information into a sophisticated formulation and diagnosis. **Attitude** • Willingness to collaborate with other health workers in contributing to the assessment of the patient. • Appropriate ethical and scientific perspective to ordering and interpreting tests.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.

Suggested assessment method details	• Case-based discussion. • Professional presentation. • Mini-Clinical Evaluation Exercise.

References

BURNS A, LAWLOR B & CRAIG S. *Assessment scales in old age psychiatry*. 2nd edn. London: Martin Dunitz, 2004.

HODGES JR. *Cognitive assessment for clinicians*. 2nd edn. Oxford: Oxford University Press, 2007.

INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION. *2011 Neuroimaging in dementia webinar series*. Northfield: IPA, 2011. Viewed 14 June 2013, <www.ipa-online.org/wordpress/meetings-and-education/ipa-learning-portal-online-education>.

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

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ST3-POA-AOP-EPA6 – Neuropsychological testing, neuroimaging and rating scales (COE form)			
Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA6
Stage of training	Stage 3 – Advanced	***Version***	v0.8 (EC-approved 10/04/15)
Title	***Neuropsychological testing, neuroimaging and rating scales.***		
Description	The trainee demonstrates an ability to apply and interpret cognitive screening tests to a high level and is able to explain the utility and limitations of such tests. The trainee demonstrates an understanding of the techniques, interpretation, utility and limitations of neuropsychological testing completed by a psychologist in the assessment of older people. The trainee utilises neuroimaging reports, in combination with neuroanatomical knowledge, to contribute to a sophisticated assessment. The trainee identifies findings that are relevant to older people on CT and MRI images. The trainee can select an appropriate rating scale for the clinical situation, apply it competently to the patient or informant, interpret it in a sophisticated manner and discuss the utility and limitations of the scales available.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

PRINCIPAL SUPERVISOR DECLARATION *(if different from above)*

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ……..... Signature …….... Date .....

DIRECTOR OF (ADVANCED) TRAINING DECLARATION

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) ……

Director of (Advanced) Training RANZCP ID: …….. Signature …….... Date …….....

ST3-POA-AOP-EPA7 – Social and living assessment

Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA7
Stage of training	Stage 3 – Advanced	***Version***	v0.7 (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.

Title	***Assessing older people in complex domiciliary settings, including those with problems such as hoarding, squalor and homelessness.***
Description Maximum 150 words	The trainee demonstrates an ability to perform a comprehensive psychiatric assessment, mental state examination and formulation. This should include the integration of information gathered from direct observation and assessment, and from collateral sources. The trainee should appropriately assess safety and risk issues relevant to the patient arising from the assessment of their mental state and their social and living circumstances. The trainee should demonstrate an ability to assess for mental illness in the context of issues such as hoarding, squalor and homelessness, in addition to considering personality and other factors. The management plan should consider the involvement of other health professionals where appropriate and other resources as indicated (eg. medical and allied health services, local council, rubbish removal and cleaning, domiciliary supports, mental health support, legal advocacy).

Fellowship competencies	**ME**	1, 2, 3, 4, 5, 6, 7, 8	**HA**	1
	COM	1, 2	**SCH**	2
	COL	1, 2, 3, 4	**PROF**	1, 2
	MAN	4		

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** • Knowledge of appropriate assessment tools appropriate to the assessment of specific clinical presentations (Yale Brown OCD scale, Hoarding Rating Scale, Hoarding Assessment Tool, Environmental Cleanliness & Clutter Scale, Living Conditions Rating Scale). • Understands the likely differential diagnoses associated with such scenarios, including dementias, primary psychoses, mood disorders, substance abuse disorders and personality disorders. • Knowledge of diagnostic criteria for hoarding disorder.

	Skills • Ability to apply and interpret appropriate assessment tools in order to complete a comprehensive psychiatric assessment, ideally performed at the place of residence. • Performs a cognitive assessment, including Mini-Mental State Examination (MMSE), Frontal Assessment Battery (FAB), Global Deterioration Scale (GDS) and further assessment as indicated. • Ability to identify the need for formal neuropsychological testing, particularly if cognitive impairment or psychiatric illness impairs testamentary capacity, considering associated legal/advocacy issues as indicated. • Completes a medical assessment acknowledging the risk of medical comorbidity associated with self-neglect, lack of access to medical services, medications and social isolation, referring to an appropriate medical practitioner. • Performs a comprehensive risk assessment, recognising and assessing the range of risks to the patient, and potentially others, including risks relating to: - mobility/falls - loss of items (medications, keys, papers, food) - fire - hygiene/sanitation. • Completes a social assessment including identification of, and engagement with, supports in place (both formal and informal). Identifies specialised services needed to appropriately assess and manage social situation. • Demonstrates an appreciation of social factors of relevance to the clinical presentation and assesses and manages these. • Recognises the potential need for broader assessments, including assessments of activities of daily living, mobility, financial and advocacy status and identification of areas of need or support. Understands the need to oversee and coordinate services and their implementation and to ensure ongoing monitoring of their impact. • Develops a comprehensive management plan within a biopsychosocial framework, including appropriate prioritisation of clinical issues, particularly risk to the patient related to self-neglect and potential for misadventure, and appropriate psychiatric and medical intervention. • Liaises with collateral sources of information, including family, GP, community health and social services, police, local council and other agencies where applicable. • Ability to collect and assimilate information from various sources and to acknowledge the different viewpoints of those involved whilst maintaining a patient-centred focus in which ethical judgements will need to be made relating to the principles of autonomy versus paternalism. • Considers the need for referral to other health professionals, government services and social supports. **Attitude**

	• Respectful, open-minded and non-judgemental approach to the patient and their situation, whilst maintaining a focus on the salient psychiatric and medical issues relevant to the case. • An understanding that lifestyle choices which are not considered consistent with mainstream standards of living may be made by patients but that this does not necessarily constitute psychiatric or medical illness.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Case-based discussion. • Professional presentation. • Mini-Clinical Evaluation Exercise.

References

AMERICAN PSYCHIATRIC ASSOCIATION. *Diagnostic and statistical manual of mental disorders*. 5th edn. Arlington: APA, 2013.

DEPARTMENT OF HEALTH. *Discussion paper hoarding and squalor 2012*. Melbourne: Ageing and Aged Care Branch, Department of Health, 2012. Viewed 14 June 2013, <http://www.health.vic.gov.au/agedcare/downloads/pdf/hoarding_squalor.pdf>.

SNOWDON J, HALLIDAY G & BANERJEE S. *Severe domestic squalor*. Cambridge: Cambridge University Press, 2012.

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

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ST3-POA-AOP-EPA7 – Social and living assessment (COE form)			
Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA7
Stage of training	Stage 3 – Advanced	***Version***	v0.7 (EC-approved 10/04/15)
Title	***Assessing older people in complex domiciliary settings, including those with problems such as hoarding, squalor and homelessness.***		
Description	The trainee demonstrates an ability to perform a comprehensive psychiatric assessment, mental state examination and formulation. This should include the integration of information gathered from direct observation and assessment, and from collateral sources. The trainee should appropriately assess safety and risk issues relevant to the patient arising from the assessment of their mental state and their social and living circumstances. The trainee should demonstrate an ability to assess for mental illness in the context of issues such as hoarding, squalor and homelessness, in addition to considering personality and other factors. The management plan should consider the involvement of other health professionals where appropriate and other resources as indicated (eg. medical and allied health services, local council, rubbish removal and cleaning, domiciliary supports, mental health support, legal advocacy).		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

PRINCIPAL SUPERVISOR DECLARATION *(if different from above)*

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ……..... Signature ……..... Date .....

DIRECTOR OF (ADVANCED) TRAINING DECLARATION

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) ……

Director of (Advanced) Training RANZCP ID: …….. Signature …….... Date …….....

<<This EPA overlaps substantially with, and relies on, ST3-POA-AOP-EPA5: Management of BPSD and a trainee would generally not be considered competent in this EPA (EPA8) until EPA5 has been attained>>

ST3-POA-AOP-EPA8 – Residential facility assessment

Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA8
Stage of training	Stage 3 – Advanced	***Version***	v0.7 (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.

Title	***Residential aged care facility assessment and management planning.***			
Description Maximum 150 words	The trainee is able to undertake a comprehensive assessment of a range of psychiatric disorders in different types of residential aged care facilities and develop and implement appropriate management plans for these cases, in a manner demonstrating knowledge of factors specific to the residential aged care environment.			
Fellowship competencies	**ME**	1, 2, 3, 4, 5, 6, 7	**HA**	1, 2
	COM	1, 2	**SCH**	2
	COL	1, 2, 3, 4	**PROF**	1, 2
	MAN	1, 2		
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** • Demonstrates knowledge of the prevalence, and unrecognised rates, of psychiatric disorders in residential aged care facilities and the special issues which arise when patients with these disorders reside in residential aged care facilities. • Shows an understanding of individual and group dynamics in institutional settings when faced with challenging behaviours (including sexual disinhibition, aggression, calling out, wandering) and their impact on staff and other residents. • Shows an understanding of issues relevant to residential care including regulatory standards, educational and staffing issues, cultural and legal issues. • Shows an understanding of innovative (and other types) of facilities, services and interventions which have been designed to manage or reduce challenging behaviours.			

	• Shows an understanding of rating instruments which may be used to measure behavioural and psychological symptoms of dementia and psychiatric disorders in residential aged care facilities. • Shows an understanding of non-pharmacological approaches to care, eg. person-centred care, diversional therapy, dementia care mapping, pet, music and aromatherapy, Snozelen, etc. • Knowledge of local funding assessments and arrangements, eg. Aged Care Assessment Teams (ACAT). **Skills** • Can perform a multifaceted assessment with appropriate history and mental state examination, including information sourced from residential aged care facilities staff, families and other healthcare providers, leading to a diagnostic formulation and realistic investigations. • Can develop a comprehensive biopsychosocial management plan addressing individual psychiatric treatment and broader systemic interventions including palliative care. • Can communicate and effectively engage patients, family and staff around the management plan and provide appropriate education and support. • Ability to collaborate with other relevant health professionals and agencies. **Attitude** • Shows an attitude of both sensitivity and objectivity to residential aged care facilities staff complaints regarding challenging behaviours. • Shows a capacity to balance the needs and wishes of patients, families and the residential aged care facilities.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	• Case-based discussion. • Professional presentation. • Observed Clinical Activity (OCA).

References

INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION. *2014 webinar: Interventions for BPSD in long term care homes*. Northfield: IPA, 2014. Viewed 18 November 2014, <www.ipa-online.org/wordpress/meetings-and-education/ipa-learning-portal-online-education/2014-webinars>

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

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ST3-POA-AOP-EPA8 – Residential facility assessment (COE form)			
Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA8
Stage of training	Stage 3 – Advanced	***Version***	v0.7 (EC-approved 10/04/15)
Title	***Residential aged care facility assessment and management planning.***		
Description	The trainee is able to undertake a comprehensive assessment of a range of psychiatric disorders in different types of residential aged care facilities and develop and implement appropriate management plans for these cases, in a manner demonstrating knowledge of factors specific to the residential aged care environment.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION
In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….. Date ……..

PRINCIPAL SUPERVISOR DECLARATION *(if different from above)*
I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….. Date ……..

TRAINEE DECLARATION
I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) …….. Signature …….. Date .....

DIRECTOR OF (ADVANCED) TRAINING DECLARATION
I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) ……

Director of (Advanced) Training RANZCP ID: …….. Signature …….. Date ……..

ST3-POA-AOP-EPA9 – Behavioural or psychological treatment

Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA9
Stage of training	Stage 3 – Advanced	***Version***	v0.6 (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.

Title	***Psychological treatments in older people.***			
Description Maximum 150 words	The trainee demonstrates an ability to complete a complex assessment and formulation relating to the patient presentation and develop a comprehensive management plan which includes a psychological treatment modality. The choice of the psychological treatment should be appropriate to the patient's needs, be tailored to their individual circumstances and delivered in a competent fashion. The trainee should demonstrate an ability to assess the efficacy of the treatment and modify the management strategies and treatment modalities on an ongoing basis as appropriate.			
Fellowship competencies	**ME**	1, 2, 3, 4, 5, 7	**HA**	1, 2
	COM	1	**SCH**	2
	COL	1, 2, 3	**PROF**	1, 2, 3, 4
	MAN	4		

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

- Displays an appropriate level of knowledge of the evidence base for the various psychotherapeutic modalities (eg. behavioural modification, cognitive–behavioural therapy [CBT], interpersonal psychotherapy [IPT], psychodynamic), including the evidence relating specifically to the elderly.
- Displays an appropriate level of knowledge regarding the application of psychotherapy either as monotherapy or combined with other treatment modalities, including medication, and the evidence base for such an approach.
- Understands that psychotherapeutic techniques may need to be modified to address the needs of older people.

Skills

- Performs a comprehensive psychiatric assessment to assist in the identification of an appropriate psychotherapeutic intervention for the patient, including:

	- diagnosis and differential diagnosis - cognitive status (with particular focus on the potential impact of cognitive status on the choice and application of the psychotherapeutic modality and its influence on goal-setting and expectations of therapy) - premorbid psychiatric, cognitive and functional status - potential confounding factors (cultural, language, religious, etc.) - collateral information - biopsychosocial formulation relevant to the subsequent development of a specific psychotherapeutic treatment plan for the patient. • Ability to choose an appropriate psychological treatment modality as part of a detailed management plan using evidence-based guidelines. • Ability to modify psychotherapeutic techniques specific to the needs of the older person. • Clarifies expectations of referral source. • Effective and empathic interpersonal skills employed in educating the patient, optimising patient engagement and compliance with treatment. Explains therapeutic management plan, including structure of sessions, likely timeframe of therapy and patient role in the therapy process (eg. homework in CBT). • Detailed planning of psychological therapy sessions, integrating patient-specific information, including the setting of clear targets for therapy regarding outcomes and appropriate timeframes for achieving this. Ability to re-evaluate goals and progress during the therapy period (graded exposure in CBT). • Recognises and appropriately manages psychodynamic factors in therapy (eg. transference/countertransference). • Manages time effectively during treatment sessions. • Appropriate use of standardised symptom measures and instruments to assess progress and outcomes of therapy. • Displays an ability to appropriately manage service resources in the choice and provision of psychotherapy. • Considers the use of other resources in the management plan that may augment treatment efficacy and outcomes (eg. medication, allied health, psychologist). • Demonstrates understanding of issues frequently relating to psychological illness in the elderly (eg. loss, bereavement, isolation, sense of redundancy, medical illness and morbidity, polypharmacy, cognitive impairment). • Demonstrates competence in communication and coordination of care with other providers. **Attitude** • Treats establishment of an appropriate therapeutic alliance as a key priority. • Avoidance of therapeutic nihilism.
Assessment procedure	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.

Additional assessment considerations (if needed)	• Case-based discussion. • Professional presentation. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA).

References

LAIDLAW K, THOMPSON LW, GALLAGHER-THOMPSON D & DICK-SISKIN L. *Cognitive behaviour therapy with older people*. Chichester: John Wiley & Sons, 2003.

MCCLINTOCK GREENBERG T. *Psychodynamic perspectives on aging and illness.* New York: Springer, 2009.

SHEAR MK, WANG Y, SKRITSKAYA N et al. Treatment of complicated grief in elderly persons: a randomized clinical trial. *JAMA Psychiatry* 2014; 71: 1287–95.

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

The Royal Australian & New Zealand College of Psychiatrists

CONFIRMATION OF ENTRUSTMENT FORM

RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: training@ranzcp.org

ST3-POA-AOP-EPA9 – Behavioural or psychological treatment (COE form)			
Area of practice	Psychiatry of old age	***EPA identification***	ST3-POA-AOP-EPA9
Stage of training	Stage 3 – Advanced	***Version***	v0.6 (EC-approved 10/04/15)
Title	***Psychological treatments in older people.***		
Description	The trainee demonstrates an ability to complete a complex assessment and formulation relating to the patient presentation and develop a comprehensive management plan which includes a psychological treatment modality. The choice of the psychological treatment should be appropriate to the patient's needs, be tailored to their individual circumstances and delivered in a competent fashion. The trainee should demonstrate an ability to assess the efficacy of the treatment and modify the management strategies and treatment modalities on an ongoing basis as appropriate.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

ENTRUSTING SUPERVISOR DECLARATION
In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

PRINCIPAL SUPERVISOR DECLARATION *(if different from above)*
I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) ……

Supervisor RANZCP ID: …….. Signature …….... Date …….....

TRAINEE DECLARATION
I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ……..... Signature ……..... Date .....

DIRECTOR OF (ADVANCED) TRAINING DECLARATION
I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training Name (print) ……

Director of (Advanced) Training RANZCP ID: …….. Signature …..…… Date …….....