

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	<p>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.</p> <p>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.</p> <p>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.</p>		
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.	<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> <p>Neuropsychological testing:</p> <ul style="list-style-type: none"> • 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. 		

	<ul style="list-style-type: none"> • Appreciates the medical, legal, ethical, financial and psychological impacts of testing. <p>Neuroimaging:</p> <ul style="list-style-type: none"> • 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. <p>Rating scales:</p> <ul style="list-style-type: none"> • 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). <p>Skills</p> <p>Neuropsychological testing:</p> <ul style="list-style-type: none"> • 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. <p>Neuroimaging:</p> <ul style="list-style-type: none"> • 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. <p>Rating scales:</p> <ul style="list-style-type: none"> • 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. <p>Attitude</p> <ul style="list-style-type: none"> • 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.

<p>Suggested assessment method details</p>	<ul style="list-style-type: none"> • Case-based discussion. • Professional presentation. • Mini-Clinical Evaluation Exercise. • Direct Observation of Procedural Skills (DOPS).
<p>References</p> <p>BURNS A, LAWLOR B & CRAIG S. <i>Assessment scales in old age psychiatry</i>. 2nd edn. London: Martin Dunitz, 2004.</p> <p>HODGES JR. <i>Cognitive assessment for clinicians</i>. 2nd edn. Oxford: Oxford University Press, 2007.</p> <p>INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION. <i>2011 Neuroimaging in dementia webinar series</i>. Northfield: IPA, 2011. Viewed 14 June 2013, <www.ipa-online.org/wordpress/meetings-and-education/ipa-learning-portal-online-education>.</p>	

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