

## 2012 Fellowship Program

# Stage 3 Consultation– liaison psychiatry EPAs & COE forms

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 consultation–liaison psychiatry EPAs have been collated here, together with their respective Confirmation of Entrustment (COE) forms, for ease of printing.

#### Document version history

<b>Version N°</b>	<b>Revision description/reason</b>	<b>Date</b>
v0.2	Updated with DOPS	14/12/16
v0.1a	Minor amendment to duplicate EPA name	15/02/16
v0.1	First version of collated Stage 3 consultation–liaison psychiatry EPAs & COE forms published on website.	16/11/15

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**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)	
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>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	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.			
<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.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. <b>Ability to apply an adequate knowledge base</b> <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> </ul>			

	<ul style="list-style-type: none"> <li>• Understands the most suitable setting for patient care.</li> <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.

<p><b><i>Suggested assessment method details</i></b></p>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Observed Clinical Activity (OCA).</li> <li>• Feedback from appropriate sources.</li> <li>• Direct observation.</li> </ul>
<p><b>References</b></p>	

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



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

**CONFIRMATION OF ENTRUSTMENT FORM**

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](mailto:training@ranzcp.org)

<b>ST3-CL-AOP-EPA1 – Clinically significant psychological states (COE form)</b>			
<b>Area of practice</b>	C–L 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)
<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>	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.		

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-CL-AOP-EPA2 – Medically unexplained symptoms**

<b>Area of practice</b>	Consultation–liaison psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA2	
<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>Manage a patient with medically unexplained symptoms.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee demonstrates an advanced ability to assess, formulate and manage medically unexplained symptoms in a medical setting. They are able to explain the nature of medically unexplained symptoms and their origins to patients, families and staff and engage the relevant persons in a negotiated management plan. The trainee applies and communicates current best level of evidence for the assessment and management of the case. The trainee demonstrates awareness of 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, 3
	<b>MAN</b>	1, 2		
<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 to an advanced level the knowledge base around medically unexplained symptoms.</li> <li>• Appreciates relevant psychological factors, eg. psychodynamic factors.</li> <li>• Understands additional resources, eg. social worker, appropriate follow up.</li> <li>• Understands most suitable setting for patient care.</li> <li>• Identifies and understands medical and systemic factors that may be contributing to the patient’s clinical presentation.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Comprehensive assessment, including consideration of: <ul style="list-style-type: none"> <li>– premorbid psychological functioning</li> </ul> </li> </ul>			



	<ul style="list-style-type: none"> <li>- social and cultural setting</li> <li>- prognosis</li> <li>- loss</li> <li>- physiological disturbance</li> <li>- relevant investigations.</li> </ul> <ul style="list-style-type: none"> <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 and then negotiates implementation of that plan with the patient, family and treating team.</li> <li>• Uses effective and empathic verbal and non-verbal communication skills.</li> <li>• Information is documented in a sensitive, understandable, concise and accurate manner.</li> <li>• Clarifies the referring agent's expectation of the consult and communicates findings to the referrer using a model that is tailored to, and understandable by, that referrer.</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 and develops a plan to minimise this.</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>• Able to be supportive and encouraging of the staff caring for the patient and understanding of differing views and attitudes towards somatically expressed psychological distress.</li> <li>• Sees involvement in these clinical situations as an opportunity to provide education around the somatic expressions of mental distress.</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>• Observed Clinical Activity (OCA).</li> <li>• Feedback from appropriate sources.</li> </ul>

	<ul style="list-style-type: none"><li>• Direct observation.</li></ul>
<b>References</b>	

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



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<b>ST3-CL-AOP-EPA2 – Medically unexplained symptoms (COE form)</b>			
<b>Area of practice</b>	C–L psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA2
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 10/04/15)
<b>Title</b>	<b>Manage a patient with medically unexplained symptoms.</b>		
<b>Description</b>	The trainee demonstrates an advanced ability to assess, formulate and manage medically unexplained symptoms in a medical setting. They are able to explain the nature of medically unexplained symptoms and their origins to patients, families and staff and engage the relevant persons in a negotiated management plan. The trainee applies and communicates current best level of evidence for the assessment and management of the case. The trainee demonstrates awareness of challenges posed by a consultative model of care.		

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-CL-AOP-EPA3 – CL Capacity assessment**

<b>Area of practice</b>	Consultation–liaison psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA3
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.6 (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.			
<b>Title</b>	<b>Capacity assessment.</b>		
<b>Description</b> Maximum 150 words	The trainee can respond and manage a request to assess a patient’s decision-making capacity.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 6, 7, 8	<b>HA</b> 1
	<b>COM</b>	1, 2	<b>SCH</b> 2
	<b>COL</b>	1, 3, 4	<b>PROF</b> 1, 2
	<b>MAN</b>	1, 2	
<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 that decision-making capacity is specific to a particular decision at a particular time.</li> <li>• Understands and applies common law concepts such as capacity and valid consent.</li> <li>• Understands and applies requirements as set out in local guardianship legislation for capacity and substitute decision making.</li> <li>• Understands and applies any application in, or overlap with, local mental health legislation.</li> <li>• Understands the extent to which a capacity assessment can, and should, be undertaken by the referring medical practitioner and when it might require the engagement of a mental health professional.</li> <li>• Understands that a decision that is considered unwise or irrational is not in or of itself a reason to indicate loss of capacity.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Liaise with referring agents to clarify the nature of the request, ensure that a capacity assessment is appropriate and ascertain what information the patient has been given to date.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Conduct a history and mental state examination (including cognitive examination) relevant to the assessment of capacity.</li> <li>• Specifically assess capacity around the decision at hand. Judge the extent to which the patient understands the information relevant to the decision and his/her ability to use and weigh this information in the balance to come to a decision.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Understand the importance of ensuring a balance between facilitating patient autonomy and allowing patients who lack capacity access to beneficial treatment.</li> <li>• Understand that psychiatrists are seen as experts in the area of capacity.</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>• Professional presentation.</li> <li>• Direct observation and report.</li> </ul>
<p><b>References</b></p> <p>BIRD S. Capacity to consent to treatment. <i>Aust Fam Physician</i> 2011; 40: 249–50.</p> <p><i>Hunter and New England Area Health Service v A</i> [2009] NSWSC 761. [Available at <a href="http://www.lawlink.nsw.gov.au">http://www.lawlink.nsw.gov.au</a>.]</p> <p>KERRIDGE I, LOWE M &amp; STEWART C. <i>Ethics and law for the health professions</i>. 4th edn. Annandale: Federation Press, 2013.</p> <p>RYAN C, CALLAGHAN S &amp; PEISAH C. The capacity to refuse psychiatric treatment: a guide to the law for clinicians and tribunal members. <i>Aust NZ J Psychiatry</i> 2015; 49: 324–33.</p> <p>RYAN C &amp; CALLAGHAN S. Legal and ethical aspects of refusing medical treatment after a suicide attempt: the Woollorton case in the Australian context. <i>Med J Aust</i> 2010; 193: 239–42.</p>	

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



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<b>ST3-CL-AOP-EPA3 – Capacity assessment (COE form)</b>			
<b>Area of practice</b>	C–L psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA3
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.6 (EC-approved 24/07/15)
<b>Title</b>	<b>Capacity assessment.</b>		
<b>Description</b>	The trainee can respond and manage a request to assess a patient’s decision-making capacity.		

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-CL-AOP-EPA4 – Neuropsychiatric symptoms**

<b>Area of practice</b>	Consultation–liaison psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA4	
<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 and manage a patient presenting with neuropsychiatric symptoms.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee demonstrates advanced ability to assess, formulate and manage patients with manifestations of neurological and psychiatric illness. The trainee applies and communicates sound knowledge of the psychiatric manifestations of neurological and neurodegenerative diseases and the interplay between these disciplines. The trainee demonstrates sensitivity to the challenges posed by the consultative model of care and is able to engage collaboratively with the treating team, patient and carers.</p>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2, 3, 4
	<b>MAN</b>	1, 2, 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>• Aware of the relevant legal frameworks.</li> <li>• Demonstrates advanced knowledge of neurological disorders especially those which commonly cause psychiatric symptoms or mistaken diagnoses, eg. interictal psychosis, neuropsychiatric systemic lupus erythematosus, effects of steroids.</li> <li>• Understands appropriate use of investigations, eg. MRI, EEG, voltage-gated antibodies, etc.</li> <li>• Understands most suitable setting for patient care.</li> <li>• Considers possibility of somatoform disorders and communicates this sensitively.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Able to apply the relevant legal frameworks.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Able to conduct comprehensive assessment including: <ul style="list-style-type: none"> <li>- appropriate cognitive testing</li> <li>- neurological examination</li> <li>- interpretation of investigations.</li> </ul> </li> <li>• Able to communicate effectively with other health professionals involved in the patient's care especially around investigations and management setting.</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 and then negotiates the implementation of that plan with the patient, their family and the treating team.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Models and encourages a non-judgemental approach to patients.</li> <li>• Tolerance of the uncertainty relating to unexplained neurological symptoms.</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>• Observed Clinical Activity (OCA).</li> </ul>
<p><b>References</b></p> <p>CUMMINGS JL &amp; MEGA MS. <i>Neuropsychiatry and behavioral neuroscience</i>. 2nd edn. New York: Oxford University Press, 2003.</p> <p>CUMMINGS JL &amp; TRIMBLE MR, eds. <i>Concise guide to neuropsychiatry and behavioral neurology</i>. 2nd edn. Arlington: American Psychiatric Publishing, 2002.</p>	

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





RANZCP ID:	
Surname:	
First name:	
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<b>ST3-CL-AOP-EPA4 – Neuropsychiatric symptoms (COE form)</b>			
<b>Area of practice</b>	C–L psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA4
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 10/04/15)
<b>Title</b>	<b>Assess and manage a patient presenting with neuropsychiatric symptoms.</b>		
<b>Description</b>	The trainee demonstrates advanced ability to assess, formulate and manage patients with manifestations of neurological and psychiatric illness. The trainee applies and communicates sound knowledge of the psychiatric manifestations of neurological and neurodegenerative diseases and the interplay between these disciplines. The trainee demonstrates sensitivity to the challenges posed by the consultative model of care and is able to engage collaboratively with the treating team, patient and carers.		

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-CL-AOP-EPA5 – Scholarly presentation**

<b>Area of practice</b>	Consultation–liaison psychiatry		<b>EPA identification</b>	ST3-CL-AOP-EPA5
<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>Scholarly presentation to a non-psychiatric audience.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee can independently prepare and present a scholarly presentation on a consultation–liaison topic to a non-psychiatric audience. This involves:</p> <ul style="list-style-type: none"> <li>• a literature review and synthesis of topic/material to be presented</li> <li>• adapting the material chosen for the audience</li> <li>• clear communication, identifying key messages</li> <li>• justification of the role of psychiatry in the assessment and management of the patient(s)</li> <li>• interaction and discussion with the audience</li> <li>• audit and reflection on the presentation.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	7	<b>HA</b>	1
	<b>COM</b>	1	<b>SCH</b>	1, 2, 3
	<b>COL</b>	3	<b>PROF</b>	1, 3
	<b>MAN</b>			
<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>• Demonstrate relevant knowledge of topic(s) presented.</li> <li>• Demonstrate knowledge of relevant evidence-based interventions.</li> <li>• Demonstrate basic knowledge about successful presentations, eg. guidelines for formatting slides, how to engage an audience.</li> </ul> <p><b>Skills</b></p>			

	<ul style="list-style-type: none"> <li>• Ability to communicate psychiatric concepts clearly to a non-psychiatric audience.</li> <li>• Organises and delivers information in a way that imparts it effectively to the particular audience.</li> <li>• Capacity to answer questions and deal with feedback in a non-defensive and thoughtful manner.</li> <li>• Ability to conduct an appropriate search of the medical literature.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Imparts knowledge in a way that is respectful of the diverse levels of expertise in the audience.</li> <li>• Organises and delivers information in a manner respectful of the sometimes sensitive nature of issues in consultation–liaison psychiatry.</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>• Professional presentation.</li> <li>• Case-based discussion.</li> </ul>
<b>References</b>	

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



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

**CONFIRMATION OF ENTRUSTMENT FORM**

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<b>ST3-CL-AOP-EPA5 – Scholarly presentation (COE form)</b>			
<b>Area of practice</b>	C–L psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA5
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 10/04/15)
<b>Title</b>	<b>Scholarly presentation to a non-psychiatric audience.</b>		
<b>Description</b>	<p>The trainee can independently prepare and present a scholarly presentation on a consultation–liaison topic to a non-psychiatric audience. This involves:</p> <ul style="list-style-type: none"> <li>• a literature review and synthesis of topic/material to be presented</li> <li>• adapting the material chosen for the audience</li> <li>• clear communication, identifying key messages</li> <li>• justification of the role of psychiatry in the assessment and management of the patient(s)</li> <li>• interaction and discussion with the audience</li> <li>• audit and reflection on the presentation.</li> </ul>		

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-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)	
<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>Coercive treatments.</b>			
<p><b>Description</b> Maximum 150 words</p>	<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		
<p><b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.</p>	<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> </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



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

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<b>ST3-CL-AOP-EPA6 – Coercive treatments (COE form)</b>			
<b>Area of practice</b>	C–L 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)
<b>Title</b>	<b>Coercive treatments.</b>		
<b>Description</b>	<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>		

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-CL-AOP-EPA7 – Psychiatric illness in a patient with a chronic medical illness**

<b>Area of practice</b>	Consultation–liaison psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA7	
<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>Assess and manage psychiatric illness in patients with a chronic medical illness.</b>			
<b>Description</b> Maximum 150 words	The trainee must demonstrate an ability to assess, identify and manage psychological distress and/or psychiatric illness in a patient with a chronic medical illness.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2, 3, 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>• Common psychological responses of individuals with a chronic medical illness including abnormal illness behaviour.</li> <li>• Common psychiatric comorbidities in individuals with a chronic medical illness.</li> <li>• Common psychological symptoms related to the underlying chronic medical illness.</li> <li>• Psychodynamic factors, eg. countertransference, transference and therapeutic nihilism, and how these factors can influence the behaviour of the health provider.</li> <li>• Appropriate biological, psychological and social therapies to manage psychiatric symptoms in patients with a chronic medical illness.</li> <li>• Challenges of the use of medications in patients with a chronic medical illness, eg. drug interactions.</li> <li>• Aware of the evidence basis for psychological and other interventions for improving quality of life in chronic illness.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Provides a comprehensive biopsychosocial assessment including consideration of:</li> </ul>			



	<ul style="list-style-type: none"> <li>- treatment adherence</li> <li>- family and cultural factors</li> <li>- the patient's understanding of the illness</li> <li>- illness related behaviour.</li> </ul> <ul style="list-style-type: none"> <li>• Works collaboratively with other health professionals to provide a psychiatric assessment and manage patients with chronic medical illness.</li> <li>• Develops and recommends an appropriate management plan in a consultation or liaison role.</li> <li>• Demonstrates effective verbal and written communication skills.</li> <li>• Ability to take into consideration the patient's expressed will and preferences, prioritise these and negotiate tensions when these cannot be the primary consideration.</li> <li>• Ability to instil hope in the patient and their carers.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Understands the importance of advocacy.</li> <li>• Aware of the impact on the treating team of caring for people with chronic medical illness.</li> <li>• Aware of the limitations of a consultation–liaison role.</li> <li>• Models a hopeful and optimistic attitude with an understanding of patient dignity.</li> <li>• Attitude of openness to a range of views about potentially helpful strategies.</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>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>
<p><b>References</b></p> <p>COGHLAN R, LAWRENCE D, HOLMAN CDJ &amp; JABLENSKY AV. <i>Duty to care: physical illness in people with mental illness</i>. Perth: The University of Western Australia, 2001.</p>	

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



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

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<b>ST3-CL-AOP-EPA7 – Psychiatric illness in a patient with a chronic medical illness (COE form)</b>			
<b>Area of practice</b>	C–L psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA7
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 10/04/15)
<b>Title</b>	<b>Assess and manage psychiatric illness in patients with a chronic medical illness.</b>		
<b>Description</b>	The trainee must demonstrate an ability to assess, identify and manage psychological distress and/or psychiatric illness in a patient with a chronic medical illness.		

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-CL-AOP-EPA8 – Chronic psychiatric illness in the general hospital**

<b>Area of practice</b>	Consultation–liaison psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA8	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.4 (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 and manage chronic psychiatric illness in a patient in the general hospital.</b>			
<b>Description</b> Maximum 150 words	The trainee must demonstrate an ability to assess and manage a chronic mental illness and the range of issues involved in a patient in the general hospital.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	1, 2, 3, 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>• Evidence base for treatments of chronic psychiatric disorders.</li> <li>• Knowledge of common medical comorbidities in individuals with a chronic psychiatric illness.</li> <li>• Psychodynamic factors, eg. countertransference, transference and therapeutic nihilism, and how these factors can influence the behaviour of the health provider.</li> <li>• Challenges of the use of medications in patients with a chronic psychiatric illness, eg. drug interactions.</li> <li>• Knowledge of the literature around stigma and discrimination towards individuals with psychiatric diagnoses and its impact on medical and surgical treatment choices.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Gather, collate and synthesise the previous psychiatric diagnosis and treatment history.</li> <li>• Assess the patient’s mental state to evaluate the impact of their psychiatric illness on their current medical problem.</li> <li>• Assess the patient’s mental state to evaluate the impact of their current medical problem on their psychiatric illness.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Advise, support and educate the medical team on how to optimally manage the patient in view of their psychiatric disorder.</li> <li>• Provide a comprehensive biopsychosocial assessment including consideration of: <ul style="list-style-type: none"> <li>– treatment adherence</li> <li>– family and cultural factors</li> <li>– the patient's understanding of the illness</li> <li>– illness behaviour.</li> </ul> </li> <li>• Work collaboratively with other health professionals to provide a psychiatric assessment and manage patients with medical illness.</li> <li>• Develop and recommend an appropriate management plan in a consultation or liaison role, through negotiation with the patient, their family and the treatment team.</li> <li>• Demonstrate effective verbal and written communication skills.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Understands the importance of advocacy.</li> <li>• Collaborative approach with patient and carers.</li> <li>• Aware of the impact on the treating team of caring for people with chronic psychiatric illness.</li> <li>• Aware of the limitations of a consultation–liaison role.</li> <li>• Models a hopeful and optimistic attitude with an understanding of patient dignity.</li> <li>• Aware of the stigma associated with a psychiatric diagnosis in a general medical setting.</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>• Observed Clinical Activity (OCA).</li> <li>• Direct observation.</li> </ul>
<p><b>References</b></p> <p>COGHLAN R, LAWRENCE D, HOLMAN CDJ &amp; JABLENSKY AV. <i>Duty to care: physical illness in people with mental illness</i>. Perth: The University of Western Australia, 2001.</p>	

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



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

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<b>ST3-CL-AOP-EPA8 – Chronic psychiatric illness in the general hospital (COE form)</b>			
<b>Area of practice</b>	C–L psychiatry	<b>EPA identification</b>	ST3-CL-AOP-EPA8
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.4 (EC-approved 10/04/15)
<b>Title</b>	<b>Assess and manage chronic psychiatric illness in a patient in the general hospital.</b>		
<b>Description</b>	The trainee must demonstrate an ability to assess and manage a chronic mental illness and the range of issues involved in a patient in the general hospital.		

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 .....