

**ST1-GEN-EPA5 – Antipsychotic use**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST1-GEN-EPA5	
<b>Stage of training</b>	Stage 1 – Basic	<b>Version</b>	v0.3 (EC-approved 14/03/14)	
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>Use of an antipsychotic medication in a patient with schizophrenia/psychosis.</b>			
<b>Description</b> Maximum 150 words	The trainee understands the role and use of antipsychotics, including clozapine, their risks, benefits and alternatives. They are aware of the common and potentially serious side effects, their detection and appropriate management. The trainee adheres to the protocols, documentary and administrative obligations and other aspects of safe initiation, monitoring and treatment. The trainee can engage where possible with the patient, obtaining consent as far as possible, can listen and respond to the patient's concerns and provide explanations in a clear manner. They are aware of the factors that may contribute to non-adherence and those that may improve treatment adherence. They have a respectful and professional attitude towards the patient and other members of the multidisciplinary team.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<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>• Positive and negative symptoms and cognitive deficits in schizophrenia, the current dominant hypotheses for schizophrenia and their mechanisms.</li> <li>• The antipsychotic effect and other effects of these drugs on thinking and behaviour.</li> <li>• The common time period for the onset of the full antipsychotic effect and issues surrounding polypharmacy.</li> <li>• Pharmacology of antipsychotics and drug interactions.</li> <li>• Knowledge of protocols, safe monitoring and side effects (eg. EPSE and metabolic syndrome), including life-threatening side effects (eg. myocarditis, agranulocytosis). Knows how to respond to problems and will appropriately seek assistance.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Factors other than non-adherence that can initiate or maintain a relapse, eg. high expressed emotion, illicit drugs, drug interactions (eg. smoking with clozapine and olanzapine).</li> <li>• Understands options for mode of delivery of antipsychotic treatment, eg. oral/injectable (depot).</li> <li>• The concept of a biopsychosocial approach to treatment.</li> <li>• Issues of informed consent in the chronically mentally ill, ethical issues.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Physical and mental state assessment.</li> <li>• Adapts approach to fit the patient’s personal and cultural background, mental state and diagnosis.</li> <li>• Establishes rapport, involves patient and where appropriate support network in decision making, risk–benefit analysis and incorporates patient aims in the treatment plan.</li> <li>• Applies the biopsychosocial model in formulation and management including patients with treatment resistance.</li> <li>• Assesses and manages side effects.</li> <li>• Able to give explanations in a way that is understandable and meaningful.</li> <li>• Clear and respectful communication with other staff, both written and verbal. Clear, legible documentation.</li> <li>• Manages discontinuation and recommencement.</li> <li>• Able to manage acute and longer-term treatment.</li> <li>• Applies the principles of rehabilitation psychiatry.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Professional approach to patient and others including respect for the views of the patient and others.</li> <li>• Willingness to learn from others involved in the patient’s care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<p>One WBA could focus on clozapine.</p> <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>GALLETLY C, CASTLE D, DARK F et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. <i>Aust NZ J Psychiatry</i> 2016; 50: 410–72.</p>	

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS VICTORIAN BRANCH. *Position paper: Enabling supported decision-making*. Melbourne: RANZCP, May 2018. Viewed 5 October 2018, <[www.ranzcp.org/Files/Branches/Victoria/Enabling-supported-decision-making-Vic-Branch-Posi.aspx](http://www.ranzcp.org/Files/Branches/Victoria/Enabling-supported-decision-making-Vic-Branch-Posi.aspx)>.

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