

**ST2-EXP-EPA3 – Risk assessment**

<b>Area of practice</b>	General psychiatry	<b>EPA identification</b>	ST2-EXP-EPA3	
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.5 (BOE-approved 04/05/12)	
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>Assessment and management of risk of harm to self and others.</b>			
<b>Description</b> Maximum 150 words	The trainee can undertake a systematic assessment of the risk of harm to self and others posed by a patient. They can formulate and communicate an appropriate management plan that addresses such risks.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7, 8	<b>HA</b>	2
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	4	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	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>• Knowledge of evidence-based static and dynamic risk and protective factors for both ‘harm to self’ (including suicide) and ‘harm to others’.</li> <li>• Knowledge of appropriate biopsychosocial interventions to enhance protective, and minimise risk, factors.</li> <li>• Awareness of the strengths and limitations of different approaches to assessing risk including: unstructured clinical, actuarial and structured professional judgment approaches.</li> <li>• Relevant statistical concepts including: sensitivity, specificity, positive predictive value, negative predictive value, ‘numbers needed to treat’ applied to risk reduction, base rates and ROC Analysis.</li> <li>• Key legal constructs including standard of care, duty of care.</li> <li>• High-risk periods for suicide and for harm to others (eg. soon after discharge, early in course of ECT).</li> <li>• Basic principles of ethical and legal obligations.</li> </ul> <p><b>Skills</b></p>			

	<ul style="list-style-type: none"> <li>• Formulate an assessment of risk of harm to self and others, including a consideration of evidence-based risk and protective factors (both static and dynamic) and an estimate of likelihood, severity and imminence of harm.</li> <li>• Formulate a risk-management plan arising from risk assessment with the multidisciplinary team, with due consideration of clinical, legal and contextual interventions.</li> <li>• Engage patients and carers, be aware of central role of therapeutic relationships, in risk management.</li> <li>• Communicate and collaboratively implement a risk-management plan with the multidisciplinary team.</li> <li>• Work in collaborative and respectful fashion with the multidisciplinary team.</li> <li>• Ability to weigh up pros and cons of particular interventions and show high quality decision-making processes, including use of risk–benefit analyses.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• A diligent attitude to obtaining sufficient information from available sources, including carers.</li> <li>• A diligent attitude to communicating information where appropriate to carers and health workers involved.</li> <li>• Appropriate attitude to balancing competing priorities, eg. civil liberties, confidentiality, therapeutic rapport, when managing risk.</li> <li>• Commitment to adopting an evidence-based approach.</li> <li>• Awareness of own limitations and willingness to seek other’s opinion when required.</li> <li>• Awareness that risk in general can only be reduced, not eliminated, and that there is a necessary role for ‘therapeutic risk taking’ in psychiatric practice.</li> <li>• Appropriate level of diligence in documentation of assessment, decisions and reasoning.</li> <li>• Adherence to framework that conceives risk assessment as managing identified risk by meeting relevant clinical needs, not simply providing a predictive categorical label.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including 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>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Observed Clinical Activity (OCA).</li> </ul>
<p><b>References</b></p> <p>THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. <i>Risk Basics</i>. Melbourne: RANZCP, October 2016. Viewed 2 May 2017 &lt;<a href="http://learnit.ranzcp.org/User/Course/Search?query=riskbasics">learnit.ranzcp.org/User/Course/Search?query=riskbasics</a>&gt; [member login required].</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