

ST3-AP-FELL-EPA14 – Anorexia nervosa 3

Area of practice	Adult psychiatry (Eating disorders)	EPA identification	ST3-AP-FELL-EPA14	
Stage of training	Stage 3 – Advanced	Version	v0.3 (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	Assessment and comprehensive management of a patient over the age of 18 years with anorexia nervosa presenting in a severely underweight state (eg. BMI < 14).			
Description Maximum 150 words	The trainee will have advanced skills in assessing, developing and implementing a management plan for a patient with anorexia nervosa who presents in a state of severe malnutrition and low weight in which their physical welfare is at risk. The trainee will be able to assess their physical state and ensure appropriate medical interventions are put in place to improve their physical health. The trainee will develop an appropriate risk management plan and engage the patient in interventions aimed at restoring their weight to a safe level. The trainee will implement the management plan and provide ongoing therapy with the goal of maintaining the target weight.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	1, 2
	COM	1, 2	SCH	
	COL	1, 2, 3	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 <ul style="list-style-type: none"> • Knowledge of the diagnostic features of anorexia nervosa. • Physical effects and sequelae of extreme malnutrition, how to assess and identify these, including history, physical examination and laboratory tests. Skilled liaison with medical colleagues about intervention aimed at improving physical health. • Critical understanding of the theories of the underlying psychopathology of anorexia nervosa and how to apply these in clinical practice. • The role of interpersonal and psychological factors in predisposing and perpetuating anorexia nervosa in some people and how to intervene to address these. 			

	<ul style="list-style-type: none"> • The principles of medical resuscitation of a person with severe malnutrition. • Evidence-based biological and psychological interventions in anorexia nervosa. • Evidence base that informs decisions about admission vs community management of anorexia nervosa. <p>Skills</p> <ul style="list-style-type: none"> • Comprehensive biopsychosocial assessment. • Comprehensive risk assessment of a patient who is severely underweight, including consideration of factors that would inform the use of the mental health act or guardianship act, parenteral feeding and management by a medical vs psychiatric team. Ability to make these skilled decisions about the appropriate setting for care of the patient. • Recognise and know how to appropriately manage those patients who are at risk of refeeding syndrome. • Comprehensive aetiological formulation of biopsychosociocultural factors involved. • Development and implementation of a management plan that is informed by the formulation and aims to restore the patient to a safe weight. • Development and implementation of a longer-term management plan to assist the patient to maintain that safe weight. • Ability to liaise with, and coordinate care given by, other agencies and staff involved in supporting the patient, such as a medical or intensive care team, nurses, dietitians, GPs, etc. <p>Attitude</p> <ul style="list-style-type: none"> • Ethical and professional approach to the patient and their family/carers. • Balancing the respect for autonomy vs the need to protect from harm in clinical decisions regarding coercive care. • Collaborating with the patient and their family/carers in all aspects of care. • Nonjudgmental in communicating with the patient and with others involved in their care. • Willingness to advocate for patients with eating disorders in mental health prevention and promotion.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Observed Clinical Activity (OCA) – in which the trainee undertakes a comprehensive assessment of a patient over the age of 18 years presenting with anorexia nervosa and a BMI < 14. • Mini Clinical Evaluation Exercise. • Case-based discussion. • Direct Observation of Procedural Skills (DOPS) - undertaking a physical examination of a severely underweight patient with anorexia nervosa. • Professional presentation – on promotion, prevention and advocacy for people with eating disorders.
References	

HAY P, CHINN D, FORBES D et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. *Aust NZ J Psychiatry* 2014; 48: 977–1008.

TREASURE J. *A guide to the medical risk assessment for eating disorders*. London: King's College London, 2009. Viewed 28 November 2014, <www.kcl.ac.uk/ioppn/depts/pm/research/eatingdisorders/resources/GUIDETOMEDICALRISKASSESSMENT.pdf>.

THE ROYAL COLLEGES OF PSYCHIATRISTS, PHYSICIANS AND PATHOLOGISTS. *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa*. London: RCPsych, October 2014. Viewed 28 November 2014, <www.rcpsych.ac.uk/files/pdfversion/CR189.pdf>.

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