

ST3-AP-FELL-EPA18 – Epilepsy and mental illness 3

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| Area of practice | Adult psychiatry (Neuropsychiatry) | EPA identification | ST3-AP-FELL-EPA18 | |
| 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 management of a mental illness occurring in an adult with an established diagnosis of epilepsy. | | | |
| Description Maximum 150 words | The trainee will have advanced skills in the assessment of an adult who has a proven diagnosis of epilepsy, made by a neurologist, who presents with symptoms of a mental illness. The trainee will undertake a comprehensive, integrated assessment of organic and psychosocial factors contributing to the psychiatric symptoms and develop and implement a management plan to address this mental illness, taking into account the person’s neurological disorder. The trainee will work with and, if appropriate, coordinate the multidisciplinary team. They will involve the person’s family/carers in developing this management plan. | | | |
| Fellowship competencies | ME | 1, 2, 3, 4, 5, 6, 7 | HA | 1 |
| | 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"> Detailed knowledge of the neurophysiology of the brain, especially in relation to ictal phenomena. Detailed understanding of the mechanisms by which epilepsy may produce behavioural and psychological symptoms. Detailed knowledge of the role of EEG in assessment of epilepsy and how to correlate EEG findings with the clinical presentation. Detailed knowledge of the broad range of neuropsychiatric sequelae of epilepsy and how these can present. Knowledge of the differences between neuropsychiatric symptoms that occur during pre-ictal (aura), ictal and interictal periods. | | | |

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| | <ul style="list-style-type: none"> • Detailed knowledge of the use of psychotropic medication in persons with epilepsy, including their evidence base, side effects, risks and toxicity, especially in relation to effect on seizure threshold. • Detailed knowledge of the use of anticonvulsant medications for psychiatric disorders, including their evidence base, proposed mechanism of action and their side effects, risks and toxicity. • Knowledge of treatments for medication-resistant epilepsy, including epilepsy surgery. • Awareness of the diagnostic evaluation of suspected psychogenic non-epileptic seizures (PNES). <p>Skills</p> <ul style="list-style-type: none"> • Comprehensive biopsychosocial assessment. • Able to apply EEG reports and results of other electrophysiological investigations to the assessment and management of the patient. • Conduct a skilled neurological examination relevant to the neuropsychiatric history. • Formulate an appropriate aetiological explanation for the patient's symptoms, integrating biological, psychological and social contributions. • Develop and implement a management plan to address the psychological and behavioural symptoms of the patient. This should be done in conjunction with the multidisciplinary team, including neurology, neuropsychology and nursing and allied health staff. • Skilled prescription of anticonvulsant medication for psychiatric indications, in collaboration with a neurologist. <p>Attitude</p> <ul style="list-style-type: none"> • Advocate on behalf of patients and their family/carers. • Involve family/carers in the care of the patient. • Collaborative and integrated care of the patient in conjunction with the neurologist and the neurology team. • A scholarly approach towards the evidence base and research in the area of epilepsy and mental illness. |
| Assessment method | Progressively assessed during individual and clinical supervision, including three appropriate WBAs. |
| Suggested assessment method details | <p>At least one WBA focusing on the interpretation of an EEG report and clinical correlation of the results with the patient's presentation.</p> <ul style="list-style-type: none"> • Mini-Clinical Evaluation Exercise. • Case-based discussion. • Observed Clinical Activity (OCA). • Direct Observation of Procedural Skills (DOPS) - conducting an appropriate neurological examination in a person with epilepsy. |

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| | <ul style="list-style-type: none">• Professional presentation – on neuropsychiatric disorders in epilepsy. |
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References

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