

**ST3-AP-FELL-EPA19 – Acquired brain injury 3**

<b>Area of practice</b>	Adult psychiatry (Neuropsychiatry)	<b>EPA identification</b>	ST3-AP-FELL-EPA19	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	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.				
<b>Title</b>	<b>Assessment and management of psychological and behavioural symptoms in an adult under the age of 50 with an acquired brain injury.</b>			
<b>Description</b> Maximum 150 words	The trainee will demonstrate advanced skills in the assessment of an adult (under 50 years of age) who has an acquired brain injury. The trainee will develop and implement a management plan for challenging behaviours, mood symptoms, cognitive impairments and other neuropsychiatric sequelae of head injury. The trainee will work with and coordinate, if appropriate, the multidisciplinary team. The trainee will work with the family/carers in developing this management plan.			
<b>Detailed description</b> If needed	Note: the age restriction is so that the focus is on deficits caused by brain injury rather than problems related to ageing or a neurodegenerative disorder.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2
	<b>MAN</b>	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>Detailed knowledge of the functional neuroanatomy of the brain, correlating this knowledge with the clinical signs and symptoms of the patient with a brain injury.</li> <li>Detailed knowledge of the mechanisms by which a brain injury may influence behaviour and psychological function.</li> <li>Detailed knowledge of the role of neuroimaging in assessment of brain injury, including its limitations and how to correlate neuroimaging findings with the clinical presentation.</li> <li>Comprehensive knowledge of neurocognitive functions and how these can be tested, including executive function and other higher cortical functions.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Detailed knowledge of the broad range of neuropsychiatric sequelae of head injury and how these can present.</li> <li>• Detailed knowledge of how the behavioural sequelae of brain injury, such as impulsivity and disinhibition, can influence the risk assessment.</li> <li>• Comprehensive knowledge of the use of psychotropic medication in patients with brain injury, including the evidence base, side effects, risks and toxicity.</li> <li>• Knowledge of support services available.</li> <li>• Knowledge of issues around guardianship and administration, insurance and compensation claims.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Skilled biopsychosocial assessment.</li> <li>• Conduct a relevant neurocognitive assessment being aware of the limitations in interpreting the findings in these assessments.</li> <li>• Interpret findings in the broad range of neuroimaging investigations and incorporate these into assessments.</li> <li>• Conduct a skilled neurological examination relevant to the neuropsychiatric history.</li> <li>• Formulate a comprehensive and tailored aetiological explanation for the patient’s symptoms, integrating biological, psychological and social contributions.</li> <li>• Undertake a risk assessment informed by the formulation.</li> <li>• Develop and implement a management plan to address the psychological and behavioural symptoms. The trainee will do this by working with, and if appropriate coordinating, the multidisciplinary team, including neurology, neurosurgery, neuropsychology, rehabilitation medicine and nursing and allied health staff.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Advocate on behalf of patients and their family/carers.</li> <li>• Involve all members of the multidisciplinary team, as well as family/carers, in the care of the patient.</li> <li>• Maintain an optimistic and hopeful attitude to the patient’s prognosis and recovery.</li> <li>• Demonstrate a good understanding of ethical issues in the assessment and treatment of individuals with brain injury. In particular, nonmaleficence (the avoidance of iatrogenic harm) and the maintenance of as much autonomy as possible, while managing risks appropriately and safely.</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>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>

	<ul style="list-style-type: none"><li>• Direct Observation of Procedural Skills (DOPS) - conducting a neurocognitive assessment in a patient with brain injury and an appropriate neurological examination in a patient with a brain injury.</li><li>• Professional presentation – on the neuropsychiatric sequelae of acquired brain injury.</li></ul>
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**References**

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