

<<Mandatory Certificate EPA>>

<<Trainees can attain either ST3-FP-FELL-EPA2A or EPA2B, not both>>

ST3-FP-FELL-EPA2A –Systemic working: case review

| | | | | | |
|--|--|---------------|---------------------------|------------------------------|--|
| Area of practice | Forensic psychiatry | | EPA identification | ST3-FP-FELL-EPA2A | |
| Stage of training | Stage 3 – Advanced | | Version | v0.10 (EC-approved 10/04/15) | |
| <p>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.</p> | | | | | |
| Title | Systemic working: case review. | | | | |
| Description Maximum 150 words | Participate in a systemic review process of a serious adverse event. | | | | |
| Fellowship competencies | ME | 3, 7, 8 | HA | 2 | |
| | COM | 1, 2 | SCH | 2, 3 | |
| | COL | 1, 3, 4 | PROF | 1, 2, 3, 4, 5 | |
| | MAN | 1, 2, 3, 4, 5 | | | |
| Forensic competencies For Certificate of forensic psychiatry trainees only | ME | a, b, c, e | HA | b, c | |
| | COM | a, c | SCH | b | |
| | COL | a, b | PROF | a, b | |
| | MAN | a, b, c, d | | | |
| Knowledge, skills and attitude required 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>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Awareness of local governance frameworks and processes. • Awareness of local policies and guidelines relating to incidents (eg. local serious untoward incident/critical incident review policies and procedures), complaints, patient safety and disciplinary procedures. | | | | |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Recommendations from previous investigations and inquiries. • Inquiries and critical appraisal of inquiry processes (eg. hindsight bias and counterfactual arguments). • Principles and practice of root cause analysis or other suitable method. • Theoretical basis of effective communication with an understanding of how communication failures can occur and adversely affect clinical outcome. • Relevant mental health legislation where applicable. <p>Skills</p> <ul style="list-style-type: none"> • Keeping records of incidents and relevant paperwork. • Application of root cause analysis to an inquiry process. • Providing accurate and timely reports and giving evidence after an incident to an internal or external inquiry. • Consider reactions of others facing potential criticism. • Staying within limits of own expertise. • Recognition of different perspectives. • Check correct information has been imparted and understood by all intended recipients. • Risk awareness and risk management commensurate with case in question. • Contingency planning to minimise future incidents. <p>Attitude</p> <ul style="list-style-type: none"> • Demonstrate ability to act professionally with understanding of confidentiality, conflict of interest and the professional and psychological impact of the event and subsequent inquiry on those involved. • Honesty, integrity, respect, awareness of biases and sources of biases – self-awareness. • Objectivity. • Ethical and moral approach to participation in the process. |
| Assessment method | Progressively assessed during individual and clinical supervision, including three appropriate WBAs. |
| Suggested assessment method details | <ul style="list-style-type: none"> • Case-based discussion. • Professional presentation. |
| References | |

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