

**ST3-POA-FELL-EPA3 – Assessment in general medical settings**

<b>Area of practice</b>	Psychiatry of old age	<b>EPA identification</b>	ST3-POA-FELL-EPA3	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.6 (EC-approved 10/04/15)	
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 of older people in general medical settings.</b>			
<b>Description</b> Maximum 150 words	The trainee understands the complexities of assessing an older person in a general medical setting with regard to the patient’s illness as well as the interplay between this and the environmental constraints.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3, 4	<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>• Understand developmental issues, personality, culture and stage of life issues and how these impact on illness in late life (grief, loss, end-of-life issues, functional somatic symptoms).</li> <li>• Particular expertise in recognition and management of delirium.</li> <li>• Relevance of pain to the overall presentation.</li> <li>• Good working knowledge of general medical conditions, medication and adverse effects of polypharmacy on the elderly.</li> <li>• Understand psychiatric symptoms occurring in neurological disorders.</li> <li>• Understand falls – risk factors and assessment, preventative strategies and fear of falling.</li> <li>• Understands appropriate use of mental health and other relevant legal frameworks.</li> <li>• Knowledge of bedside cognitive testing.</li> <li>• Understand the philosophy and approaches of rehabilitative care and the role of psychiatry in this setting.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Understand the philosophy and approaches of palliative care and the role of psychiatry in this setting.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Perform comprehensive assessment of the patient and provide sophisticated formulation and management plan.</li> <li>• Perform appropriate bedside cognitive testing.</li> <li>• Ability to assess risk/capacity/competence.</li> <li>• Ability to deal with depression and anxiety occurring in the medically ill elderly (includes appropriate use of antidepressants and other therapies such as cognitive-behavioural therapy [CBT] and brief supportive psychotherapy).</li> <li>• Determine the referring agent's question as well as expectation of the consultation in terms of the patient's wellbeing and in the broader context of the ward environment.</li> <li>• Ability to communicate and negotiate the management plan with the patient, their family and the referring team.</li> <li>• Ability to prioritise referrals, identify role and limitations of this role.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Liaise, communicate effectively and work within a multidisciplinary setting as well as provide education to staff as appropriate.</li> <li>• Act as advocate for patient and family.</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>• Observed Clinical Activity (OCA).</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<p><b>References</b></p> <p>DAVID AS, FLEMINGER S, KOPELMAN MD et al. <i>Lishman's organic psychiatry: a textbook of neuropsychiatry</i>. 4th edn. Chichester: John Wiley &amp; Sons, 2012.</p> <p>DRAPER B &amp; MELDING P, eds. <i>Geriatric consultation liaison psychiatry</i>. Oxford: Oxford University Press, 2001.</p>	

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