

Description of expected competency development during inpatient rotation

Certificate of Advanced Training in Child and Adolescent Psychiatry



Inpatient, residential and partial hospitalisation (day patient) care are part of the spectrum of care and intervention in child and adolescent mental health disorder. Inpatient care presents the most intensive and acute component of that spectrum. Psychiatric admission of children is uncommon representing less than 7% of the total MH inpatients.¹ Inpatient services are the most costly element, estimated to account for almost half of the cost of annual mental health treatment for children and adolescents². Moreover, despite considerable efforts to develop alternative types of care, there are children and adolescents for whom inpatient psychiatric care remains appropriate.¹

Only a small proportion of child psychiatrists work in inpatient units and residential settings but all child psychiatrists will potentially come into clinical contact with patients and families who may require such care. By the completion of Advanced Training in Child and Adolescent Psychiatry (ATCAP) a trainee must demonstrate competency in relation to inpatient care of children with mental health disorder. For many trainees the acuity and risk issues inherent in an intensive care setting assist in development in competency in relation to these presentations in other settings. Opportunities also exist to develop skills in managing the milieu and to develop skills in leading the MDT.

There are many types of inpatient units. Age and diagnostic range, median length of stay, and models of care vary within and across different countries and states of Australia. Most mandatory ATCAP inpatient rotations are in an acute inpatient setting where the majority of admissions are of adolescents (even if mixed ages are accepted) and the focus of treatment is acute symptom management, achievement of safety and return to effective community treatment. Trainees in some jurisdictions have an inpatient rotation within child (aged 5-12 years) focused units or in subacute or longer stay adolescent units or units. Where local service models do not allow for specialized child and adolescent mental health units, Subcommittee of Advanced Training in Child and Adolescent Psychiatry (SATCAP) have occasionally accredited inpatient experiences where children or adolescents with mental health presentations are managed as inpatients by a multidisciplinary mental health team on the paediatric unit. None of these are an ideal way to achieve competency across the range of different developmental ages, diagnoses and inpatient interventions. ATCAP trainees undertaking training in rural or provincial settings experience considerable difficulty achieving their compulsory inpatient experience and historically have needed to relocate to gain an equivalent training experience within the binational ATCAP program.

The competencies outlined here are those that most particularly enabled by the inpatient experience. They are not a comprehensive list of the competency required for a child psychiatrist working in an inpatient setting. They have been developed to assist trainees, services, Directors of Advanced Training and SATCAP in determination as to whether a particular post meets the requirements for accreditation as ATCAP Mandatory six-month Inpatient experience required for certification. Where an accredited post or rotation has a narrower diagnostic or treatment focus (for example specialized inpatient units) trainees should consider how the competencies may be gained in other rotations within the context of their learning plan.

¹ Pottick KJ, McAlpine DD, Andelman RB. Changing Patterns of Psychiatric Inpatient Care for Children and Adolescents in General Hospitals, 1988–1995. *American Journal of Psychiatry* 2000; 157:1267–1273)

² Burns BJ, Taube CA: *Mental Health Services for Adolescents: Background Paper for US Congress*, Office of Technology Assessment's Adolescent Health Project. Washington, DC, US Congress, Office of Technology Assessment, 1990

Stage 3 Inpatient Rotation Required Competencies		Fellowship Competencies
1	Conduct a relevant assessment (including mental state and physical examination) for the inpatient setting through collecting and collating and synthesizing a range of information from multiple sources.	Medical Expert 1, 2, 6
2	Develop a working diagnosis and relevant differential diagnoses that relates to a formulation of strengths and deficits/difficulties and leads to prioritized recommendations for intervention within the inpatient setting.	Medical Expert 3, 4
3	Evaluate a young person's risk to them self and others, the impact of admission on such risk.	Medical Expert 4
4	Enhance safety in inpatient settings by developing, negotiating, implementing and evaluating individual risk management plans including where management might involve the use of coercive intervention is such as seclusion, restraint and sedation.	Medical Expert 4, 5, 8
5	Evaluate the relevance of a variety of therapeutic modalities to patient care within the inpatient settings including family and group interventions.	Medical Expert 4
6	Demonstrate skills in evidence based psychopharmacological treatments in urgent and dangerous situations.	Medical Expert 5, 7
7	Utilize an analysis of the benefit, limitations and adverse impacts of managing different developmental ages and clinical presentations in inpatient, residential and partial hospitalization settings to make decisions about the about role of admission to inpatient and residential settings in the longitudinal management.	Medical Expert 4, 7
8	Apply of the principles of recovery focused care for young people and their families as relevant to inpatient care.	Health Advocate 1, 2
9	Work in compliance with mental health and other relevant legislation including that United Nations Convention on the Rights of the Child, Children's Protection, Family Law, Young Offenders and Education Acts in the management of young persons and their family.	Medical Expert 8 Professional 1
10	Plan and implement a discharge plan that is mindful of the need for liaison with less restrictive levels of care.	Medical Expert 4 Communicator 1, 2
11	Evaluate the systemic functioning of the inpatient unit and articulate the impact of milieu in the care of inpatients. Act to attend to problems in the milieu that impact adversely on inpatient care (or have the potential to).	Medical Expert 5 Manager 2
12	Demonstrate capacity to provide clinical leadership to an inpatient multidisciplinary team (by completion of EPA 5).	Communicator 1 Manager 2
13	Collaborate to enhance the care of young people with mental health presentations and disorder at the interface of inpatient care with other agencies including <ul style="list-style-type: none"> • wider hospital system such as emergency departments, paediatric units and general hospital settings • wider child and youth mental health services including the private sector and non-government organisations • the child protection sector • the adult mental health sector. 	Collaborator 1, 2, 3, 4 Health Advocate 1, 2

Revision Record

Contact	Training team		
Date	Version	Approver	Description
26/10/17	v1.0	SATCAP	New document.
October 2019	NEXT REVIEW		