

<<Mandatory Certificate EPA>>

<<If a generalist or Certificate trainee has completed the similar Stage 2 EPA, ST2-AP-EPA2: Physical comorbidity 2, this EPA is not to be attained>>

**ST3-AP-AOP-EPA6 – Physical comorbidity 3**

<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-AOP-EPA6	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.6 (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>Physical comorbidity 3.</b>			
<b>Description</b> Maximum 150 words	The trainee demonstrates comprehensive assessment and management of patients with significant physical comorbidity or physical sequelae of psychiatric treatment. The trainee must have a broad understanding of the significance of physical disorders for the patient and develop a management plan which results in appropriate intervention and/or appropriate liaison with other specialists.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2
	<b>MAN</b>			
<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 the relationship between the psychiatric disorder and physical comorbidity or physical sequelae of psychiatric illness or treatment in terms of their impact on each other.</li> <li>• Demonstrate knowledge of relevant physical health parameters.</li> <li>• Be able to estimate cardiovascular and other risks based on physical findings.</li> <li>• Knowledge of current management protocols for common physical comorbidities.</li> </ul> <p><b>Skills</b></p>			

	<ul style="list-style-type: none"> <li>• Conduct an appropriate assessment of physical comorbidity and/or physical sequelae of psychiatric illness or treatment including conducting a physical examination to the extent that is relevant for comprehensive understanding and management of the patient.</li> <li>• Order and review relevant investigations based on the assessment.</li> <li>• Develop and implement, in collaboration with the patient and other treating health professionals, a treatment plan to manage and/or minimise potential important sequelae of psychiatric treatment such as the metabolic syndrome, sexual dysfunction, extrapyramidal side effects (EPSE) and drug toxicity.</li> <li>• Appropriately liaise with, and refer to, other medical and non-medical professionals in order to optimise overall treatment.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Acknowledge limitations of own knowledge and skill and refer appropriately to other medical and non-medical professionals in order to optimise overall treatment.</li> <li>• Advocate with, and for, the patient and/or their family/carers in order to improve overall outcomes and access to services.</li> <li>• Proactive in approach to detection and management of physical comorbidities and sequelae of psychiatric treatment.</li> <li>• Use of a motivation enhancement approach towards health behaviour change.</li> <li>• Demonstrate awareness of the barriers for patients in achieving physical health change.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual or 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>Lambert T, Reavley N, Jorm A &amp; Oakley Browne M (2017) Royal Australian and New Zealand College of Psychiatrists expert consensus statement for the treatment, management and monitoring of the physical health of people with an enduring psychotic illness. <i>Australian and New Zealand Journal of Psychiatry</i> 51(4): 322-337.</p>	

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