

ST3-CAP-AOP-EPA3 – Initial assessment reports

Area of practice	Child and adolescent psychiatry	EPA identification	ST3-CAP-AOP-EPA3	
Stage of training	Stage 3 – Advanced	Version	v0.7 (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.				
Title	<i>Produces comprehensive psychiatric reports after initial assessment of children, adolescents and their families.</i>			
Description Maximum 150 words	<p>The trainee can document the relevant information gained from their initial assessment including an appropriate management plan. The trainee:</p> <ul style="list-style-type: none"> • includes appropriate information, with reference to the limitations of the assessment • adequately addresses risks • addresses any questions raised in the referral • articulates clear management recommendations. 			
Detailed description If needed	An assessment report may include a letter to a GP or other referrer or a case report for a multidisciplinary team.			
Fellowship competencies	ME	1, 2, 3, 4	HA	1, 2
	COM	1, 2	SCH	
	COL	1, 3	PROF	1, 2
	MAN			
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"> • Knowledge of risk and resilience factors. • Understands family system dynamics and problem formulation. • Understands limits of consent and confidentiality. <p>Skills</p>			

	<ul style="list-style-type: none"> • Effectively compiles, synthesises and presents written information obtained in the assessment: <ul style="list-style-type: none"> – communication is clear, unambiguous and succinct – the content and tone is tailored to the purpose – the content is selected with reference to possible positive and negative implications for children, adolescents and families. • Makes explicit the purpose of the report and the requirements of the recipients. <p>Attitude</p> <ul style="list-style-type: none"> • Recognises the importance of clear, non-pejorative communication to enhance collaborative practice.
Assessment method	Progressively assessed across different age groups during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Mini-Clinical Evaluation Exercise. • Case-based discussion.
References	

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