

ST3-CAP-AOP-EPA4 – Commencing psychopharmacological treatment

Area of practice	Child and adolescent psychiatry	EPA identification	ST3-CAP-AOP-EPA4	
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	Commencing psychopharmacological treatment for children and adolescents who have not previously been treated with psychopharmacology.			
Description Maximum 150 words	<p>The trainee:</p> <ul style="list-style-type: none"> engages with the child, adolescent and family to assist them to understand the rationale for medication treatment within the broader treatment context (in addition to non-medication interventions such as parent, family or individual therapy) informs the child, adolescent and their family of the expected benefits including the likely timeframe of response informs the child, adolescent and family of the risk of the medication which should include the common, and less common but significant, adverse effects instigates a review process for benefits and risks adheres to applicable state/territory/national regulatory requirements obtains and documents consent of the child, adolescent and parents. 			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	
	COM	1, 2	SCH	1, 2
	COL	1	PROF	1
	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 psychotropic prescribing in children and adolescents, including: <ul style="list-style-type: none"> developmental differences in pharmacokinetics and pharmacodynamics legislative requirements as relevant to the medication 			

	<ul style="list-style-type: none"> - off-label prescribing - current evidence base and its limitations - best child and adolescent psychiatric practice - social debate around medication prescribing in children. <ul style="list-style-type: none"> • Demonstrates an awareness of the implications for other systems involved with the child. <p>Skills</p> <ul style="list-style-type: none"> • Undertakes a detailed and comprehensive assessment of a child and family to inform prescribing practice. • Encourages discussion, questions and interaction within the clinical encounter to ensure understanding, adapting communication to the developmental stage and background of the child. • Monitors response, including benefits and adverse effects of treatment. • Documents the rationale for medication treatment and issues related to consent. • Addresses possible stigma and misinformation linked to medication prescribing. <p>Attitude</p> <ul style="list-style-type: none"> • Ethical prescribing. • Demonstrates respect for the views and opinions expressed by the child, adolescent and family with regards to the treatment offered and incorporates these views in treatment planning.
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"> • Observed Clinical Activity (OCA). • Mini-Clinical Evaluation Exercise. • Case-based discussion. • Direct Observation of Procedural Skills (DOPS).
References	

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