

ST3-CL-AOP-EPA2 – Medically unexplained symptoms

Area of practice	Consultation–liaison psychiatry	EPA identification	ST3-CL-AOP-EPA2	
Stage of training	Stage 3 – Advanced	Version	v0.5 (EC-approved 10/04/15)	
<p>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.</p>				
Title	Manage a patient with medically unexplained symptoms.			
Description Maximum 150 words	<p>The trainee demonstrates an advanced ability to assess, formulate and manage medically unexplained symptoms in a medical setting. They are able to explain the nature of medically unexplained symptoms and their origins to patients, families and staff and engage the relevant persons in a negotiated management plan. The trainee applies and communicates current best level of evidence for the assessment and management of the case. The trainee demonstrates awareness of challenges posed by a consultative model of care.</p>			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	1
	COM	1, 2	SCH	1, 2
	COL	1, 2, 3, 4	PROF	1, 2, 3
	MAN	1, 2		
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"> • Understands to an advanced level the knowledge base around medically unexplained symptoms. • Appreciates relevant psychological factors, eg. psychodynamic factors. • Understands additional resources, eg. social worker, appropriate follow up. • Understands most suitable setting for patient care. • Identifies and understands medical and systemic factors that may be contributing to the patient’s clinical presentation. <p>Skills</p> <ul style="list-style-type: none"> • Comprehensive assessment, including consideration of: <ul style="list-style-type: none"> – premorbid psychological functioning 			

	<ul style="list-style-type: none"> - social and cultural setting - prognosis - loss - physiological disturbance - relevant investigations. <ul style="list-style-type: none"> • Integrates information from the assessment into a sophisticated formulation, accurate diagnosis and differential diagnosis. • Develops a detailed evidence-based management plan appropriate for the specific patient and setting and then negotiates implementation of that plan with the patient, family and treating team. • Uses effective and empathic verbal and non-verbal communication skills. • Information is documented in a sensitive, understandable, concise and accurate manner. • Clarifies the referring agent's expectation of the consult and communicates findings to the referrer using a model that is tailored to, and understandable by, that referrer. • Negotiates clinical role throughout the course of the treatment episode. • Appropriately prioritises allocation of their own time to the case. • Identifies possible stigma surrounding psychological distress and develops a plan to minimise this. • Advocates for the adequate provision of health information to the patient and family. • Proposes strategies for resolving disputes/disagreement. <p>Attitude</p> <ul style="list-style-type: none"> • Models and encourages a non-judgemental approach to patients, including patients with previous mental illness and/or personality disorder. • Able to be supportive and encouraging of the staff caring for the patient and understanding of differing views and attitudes towards somatically expressed psychological distress. • Sees involvement in these clinical situations as an opportunity to provide education around the somatic expressions of mental distress.
Assessment method	Progressively assessed during individual and clinical supervision, including at least three appropriate WBAs.
<p>Suggested assessment method details (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> • Case-based discussion. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA). • Direct Observation of Procedural Skills (DOPS).

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| | <ul style="list-style-type: none">• Feedback from appropriate sources. |
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References

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