

ST3-CL-AOP-EPA4 – Neuropsychiatric symptoms

Area of practice	Consultation–liaison psychiatry	EPA identification	ST3-CL-AOP-EPA4	
Stage of training	Stage 3 – Advanced	Version	v0.5 (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	Assess and manage a patient presenting with neuropsychiatric symptoms.			
Description Maximum 150 words	The trainee demonstrates advanced ability to assess, formulate and manage patients with manifestations of neurological and psychiatric illness. The trainee applies and communicates sound knowledge of the psychiatric manifestations of neurological and neurodegenerative diseases and the interplay between these disciplines. The trainee demonstrates sensitivity to the challenges posed by the consultative model of care and is able to engage collaboratively with the treating team, patient and carers.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	1, 2
	COM	1, 2	SCH	1, 2
	COL	1, 2, 3, 4	PROF	1, 2, 3, 4
	MAN	1, 2, 4, 5		
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"> • Aware of the relevant legal frameworks. • Demonstrates advanced knowledge of neurological disorders especially those which commonly cause psychiatric symptoms or mistaken diagnoses, eg. interictal psychosis, neuropsychiatric systemic lupus erythematosus, effects of steroids. • Understands appropriate use of investigations, eg. MRI, EEG, voltage-gated antibodies, etc. • Understands most suitable setting for patient care. • Considers possibility of somatoform disorders and communicates this sensitively. <p>Skills</p> <ul style="list-style-type: none"> • Able to apply the relevant legal frameworks. 			

	<ul style="list-style-type: none"> • Able to conduct comprehensive assessment including: <ul style="list-style-type: none"> - appropriate cognitive testing - neurological examination - interpretation of investigations. • Able to communicate effectively with other health professionals involved in the patient's care especially around investigations and management setting. • 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 the implementation of that plan with the patient, their family and the treating team. <p>Attitude</p> <ul style="list-style-type: none"> • Models and encourages a non-judgemental approach to patients. • Tolerance of the uncertainty relating to unexplained neurological symptoms.
Assessment method	Progressively assessed during individual and clinical supervision, including at least three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA). • Direct Observation of Procedural Skills (DOPS).
<p>References</p> <p>CUMMINGS JL & MEGA MS. <i>Neuropsychiatry and behavioral neuroscience</i>. 2nd edn. New York: Oxford University Press, 2003.</p> <p>CUMMINGS JL & TRIMBLE MR, eds. <i>Concise guide to neuropsychiatry and behavioral neurology</i>. 2nd edn. Arlington: American Psychiatric Publishing, 2002.</p>	

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