

<<Mandatory Certificate EPA>>

ST3-FP-AOP-EPA6 – Long-term care

Area of practice	Forensic psychiatry		EPA identification	ST3-FP-AOP-EPA6	
Stage of training	Stage 3 – Advanced		Version	v0.9 (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	Management of a long-term forensic patient.				
Description Maximum 150 words	Implement, coordinate, review and ensure continuity of the multidisciplinary management plan of a long-term forensic patient, including the use of appropriate biological, psychological, social and cultural approaches.				
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8		HA	1, 2
	COM	1, 2		SCH	2
	COL	1, 2, 3, 4		PROF	1, 2, 3
	MAN	2, 4, 5			
Forensic competencies For Certificate of forensic psychiatry trainees only	ME	a, b, c, d, e		HA	a, b, c, d
	COM	a, c, d		SCH	b
	COL	a, b, c		PROF	a, b
	MAN	b, c			
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"> • Impact of legal context (relevant legislation) on patient evaluation. • Impact of cultural factors on clinical presentation. • Classification/diagnostic systems. • Principles and practice of risk assessment. 				

- Roles and responsibilities of other agencies.
- Effects of secure institutions on patients and staff.
- Application of a range of treatment interventions including physical, psychological and social to patients with complex needs.
- Up-to-date principles and evidence base for pharmacological, psychological and social treatments.
- Principles and practice of rehabilitation.

Skills

- Collect and integrate all appropriate information from multiple sources including carers and other agencies.
- Identify and work collaboratively with the relevant stakeholders including patients, carers and other agencies and organise case conferences to develop an integrated management plan.
- Perform an advanced risk assessment utilising a multidisciplinary approach and appropriate risk tools based on the patient profile. Disseminate findings to professional colleagues.
- Perform a thorough review of all past treatment with medication and implement a trial of medications that are appropriate in dose and method of delivery. Put in place measures to monitor and manage compliance.
- Formulate and implement treatment and risk management plans, in accordance with evidence-based practice, with the multidisciplinary team in collaboration with the patient and carers. Use rehabilitation principles including the recovery model to meet the patient's needs.
- Engage the relevant clinicians to perform clinical assessments to clarify diagnostic issues and to conduct appropriate treatment strategies, eg. psychotherapies, specialised targeted therapies (eg. for sex offending, intellectual impairment, brain injury, drug and alcohol counselling).
- Identify short- and long-term goals of treatment, being mindful of the identified risks and addressing risk management including plans to address crises.
- Set up channels of communication between all agencies involved with regular documentation of progress and risk review.
- Recognition of, and ability to manage, countertransference and parallel processes in multidisciplinary teams.

Attitude

- Awareness of limits to expertise and knowledge and willingness to reflect, learn and improve practice.
- Multidisciplinary approach to practice including recognition of diverse perspectives and the contributions of multidisciplinary and multi-agency approaches.
- Patient-centred therapeutic approach with recovery orientation.
- Application of evidence-based practice.

Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs as below.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion – the same patient over a period of 12 months. Present case to a supervisor as a possible 'complex case' and then follow the case over a 12-month period with regular (3-monthly) discussion about progress. (Trainee not expected to be managing the patient for the whole 12 months.) • Professional presentation – to take form of case discussion or case conference chaired by the trainee. This should include a summary of all components of history reviewed, identified current stakeholders and a timeframe of goals to progress. • Observed Clinical Activity (OCA).
References	

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