

<<This EPA overlaps substantially with, and relies on, ST3-POA-AOP-EPA5: Management of BPSD and a trainee would generally not be considered competent in this EPA (EPA8) until EPA5 has been attained>>

ST3-POA-AOP-EPA8 – Residential facility assessment

Area of practice	Psychiatry of old age	EPA identification	ST3-POA-AOP-EPA8
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	Residential aged care facility assessment and management planning.		
Description Maximum 150 words	The trainee is able to undertake a comprehensive assessment of a range of psychiatric disorders in different types of residential aged care facilities and develop and implement appropriate management plans for these cases, in a manner demonstrating knowledge of factors specific to the residential aged care environment.		
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7	HA 1, 2
	COM	1, 2	SCH 2
	COL	1, 2, 3, 4	PROF 1, 2
	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"> • Demonstrates knowledge of the prevalence, and unrecognised rates, of psychiatric disorders in residential aged care facilities and the special issues which arise when patients with these disorders reside in residential aged care facilities. • Shows an understanding of individual and group dynamics in institutional settings when faced with challenging behaviours (including sexual disinhibition, aggression, calling out, wandering) and their impact on staff and other residents. • Shows an understanding of issues relevant to residential care including regulatory standards, educational and staffing issues, cultural and legal issues. • Shows an understanding of innovative (and other types) of facilities, services and interventions which have been designed to manage or reduce challenging behaviours. 		

	<ul style="list-style-type: none"> • Shows an understanding of rating instruments which may be used to measure behavioural and psychological symptoms of dementia and psychiatric disorders in residential aged care facilities. • Shows an understanding of non-pharmacological approaches to care, eg. person-centred care, diversional therapy, dementia care mapping, pet, music and aromatherapy, Snozelen, etc. • Knowledge of local funding assessments and arrangements, eg. Aged Care Assessment Teams (ACAT). <p>Skills</p> <ul style="list-style-type: none"> • Can perform a multifaceted assessment with appropriate history and mental state examination, including information sourced from residential aged care facilities staff, families and other healthcare providers, leading to a diagnostic formulation and realistic investigations. • Can develop a comprehensive biopsychosocial management plan addressing individual psychiatric treatment and broader systemic interventions including palliative care. • Can communicate and effectively engage patients, family and staff around the management plan and provide appropriate education and support. • Ability to collaborate with other relevant health professionals and agencies. <p>Attitude</p> <ul style="list-style-type: none"> • Shows an attitude of both sensitivity and objectivity to residential aged care facilities staff complaints regarding challenging behaviours. • Shows a capacity to balance the needs and wishes of patients, families and the residential aged care facilities.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion. • Professional presentation. • Observed Clinical Activity (OCA). • Mini-Clinical Evaluation Exercise.
<p>References</p> <p>INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION. 2014 webinar: <i>Interventions for BPSD in long term care homes</i>. Northfield: IPA, 2014. Viewed 18 November 2014, <www.ipa-online.org/wordpress/meetings-and-education/ipa-learning-portal-online-education/2014-webinars></p>	

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