

ST2-AP-EPA7 – Epilepsy and mental illness 2

Area of practice	Adult psychiatry (Neuropsychiatry)	EPA identification	ST2-AP-EPA7	
Stage of training	Stage 2 – Proficient	Version	v0.4 (EC-approved 24/07/15)	
<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	Assess and manage a mental illness occurring in an adult with an established diagnosis of epilepsy.			
Description Maximum 150 words	<p>The trainee will be proficient in the assessment of an adult who has a proven diagnosis of epilepsy made by a neurologist, who presents with symptoms of a mental illness. The trainee will undertake an integrated assessment of organic and psychosocial factors contributing to the psychiatric symptoms and develop a management plan to address the mental illness, taking into account the patient's neurological disorder. The trainee will work with the multidisciplinary team and the patient's family/carers in developing this management plan.</p>			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7	HA	1
	COM	1, 2	SCH	
	COL	1, 2, 3	PROF	1, 2
	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"> • Proficient knowledge of the neurophysiology of the brain, especially in relation to ictal phenomena. • Understanding of the mechanisms by which epilepsy may produce behavioural and psychological symptoms. • The role of the EEG in assessment of epilepsy and how to correlate EEG findings with the clinical presentation. • Knowledge of the common neuropsychiatric sequelae of epilepsy and how these can present. • Awareness of the differences between neuropsychiatric symptoms that occur during pre-ictal (aura), ictal and interictal periods. • Proficient knowledge of the use of psychotropic medication in patients with epilepsy, including their evidence base, side effects, risks and toxicity, especially in relation to effect on seizure threshold. • Proficient knowledge of the use of anticonvulsant medications for psychiatric disorders, including their evidence base, proposed mechanism of action and their side effects, risks and toxicity. 			

	<p>Skills</p> <ul style="list-style-type: none"> • Proficient biopsychosocial assessment including a careful cognitive evaluation. • Able to apply EEG reports and results of electrophysiological investigations to the assessment and management of the patient. • Proficiently conducts a neurological examination relevant to the neuropsychiatric history. • Formulates an appropriate aetiological explanation for the patient's symptoms, integrating biological, psychological and social contributions. • Develops a management plan to address the psychological and behavioural symptoms of the patient. This should be done in conjunction with the multidisciplinary team, including neurology, neuropsychology and nursing and allied health staff. • Appropriate prescription of anticonvulsant medication for psychiatric indications, in collaboration with a neurologist. <p>Attitude</p> <ul style="list-style-type: none"> • Ethical and professional approach to patient and family. • Advocacy on behalf of patients and their family/carers. • Appropriate involvement of the patient/family/carers in the patient's care. • Collaborative and integrated care of the patient in conjunction with the neurologist and the neurology team.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<p>At least one WBA focusing on the interpretation of an EEG report and clinical correlation of the results with the patient's presentation.</p> <ul style="list-style-type: none"> • Mini-Clinical Evaluation Exercise. • Case-based discussion. • Observed Clinical Activity (OCA). • Direct Observation of Procedural Skills (DOPS) – conducting an appropriate neurological examination of a patient with epilepsy.
References	

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