

**ST2-EXP-EPA1 – Electroconvulsive therapy (ECT)**

<b>Area of practice</b>	General psychiatry	<b>EPA identification</b>	ST2-EXP-EPA1	
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.10 (BOE-approved 04/05/12)	
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.				
<b>Title</b>	<b>Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT.</b>			
<b>Description</b> Maximum 150 words	The trainee is proficient in the modern use of ECT including appropriate: selection and work-up of patients, explanation to the patient and family (or carer where appropriate) and liaison with ward, ECT, theatre and anaesthetic staff. The trainee complies with administrative, legal and documentary requirements. They demonstrate correct administration including electrode placement, seizure monitoring and titration and can manage the course, side effects and complications.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 6	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	1, 2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2
	<b>MAN</b>	2, 4, 5		
<b>Knowledge, skills and attitude required</b> 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><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Relevant RANZCP guidelines.</li> <li>• Local protocols, procedures, relevant documentation.</li> <li>• Relevant legal aspects including relevant sections of the local Mental Health Act.</li> <li>• Pre-ECT physical, cognitive and psychiatric evaluation.</li> <li>• Indications, situations of higher risk and contraindications.</li> <li>• How to approach special precautions/higher risk (eg. pacemakers, warfarin, intracranial lesions).</li> <li>• Issues of concurrent medications.</li> <li>• Adverse events, physiological changes during ECT, memory changes.</li> <li>• Role of anaesthetist, all aspects of anaesthesia pertinent to the psychiatrist.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Physical monitoring (examples may include muscle relaxation, pre-Deep Tendon Knee Reflex [DTKR], fasciculation).</li> <li>• Equipment.</li> <li>• Knowledge of dosing protocols, titration procedures and procedures for different electrode placements.</li> <li>• Markers of seizure adequacy.</li> <li>• How stigma and history can impact on the acceptance of ECT for the patient and others.</li> </ul> <p><b>Skills</b></p> <p><i>General</i></p> <ul style="list-style-type: none"> <li>• Interactions with patients, carers, staff/liaison with anaesthetic staff.</li> <li>• Ability to obtain informed consent/sufficient information from patient/carer if involuntary treatment and where feasible.</li> <li>• Communication with other staff involved with the patient, clear documentation.</li> </ul> <p><i>Technical</i></p> <ul style="list-style-type: none"> <li>• ECT technique.</li> <li>• Familiar with the use of equipment, airways, mouth guards, ECT machine.</li> <li>• Determining dose/charge.</li> <li>• Thorough knowledge of EEG monitoring.</li> <li>• Cuff monitoring or similar if or as required.</li> <li>• Set dose/charge.</li> <li>• Skin preparation, testing impedance.</li> <li>• Lead placement (examples may include EEG and ECG, treatment leads).</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Ethical and professional approach to patient, carers and other staff.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b> (these include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Feedback from appropriate sources.</li> <li>• Supervision during ECT sessions. Confidence the trainee has received sufficient training in ECT.</li> </ul>
<b>References</b>	

ROYAL COLLEGE OF PSYCHIATRISTS. *The ECT handbook: the third report of the Royal College of Psychiatrists' special committee on ECT*. London: RCPsych, 2013.

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Code of Ethics*. Melbourne: RANZCP, 2009.

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Position Statement 74: Electroconvulsive Therapy (ECT)*. Melbourne: RANZCP, March 2014. Viewed 2 May 2017, <[www.ranzcp.org/Files/Resources/College\\_Statements/Position\\_Statements/PS-74-PPP-Electroconvulsive-Therapy.aspx](http://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-74-PPP-Electroconvulsive-Therapy.aspx)>.

TILLER J & LYNDON R, eds. *Electroconvulsive therapy: an Australasian guide*. Melbourne: Australian Postgraduate Medicine, 2003.

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