

ST2-AP-EPA2 – Physical comorbidity 2

Area of practice	Adult psychiatry	EPA identification	ST2-AP-EPA2	
Stage of training	Stage 2 – Proficient	Version	v0.5 (BOE-approved 12/07/12)	
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.				
Title	Physical comorbidity 2.			
Description Maximum 150 words	The trainee demonstrates comprehensive assessment and management of patients with significant physical comorbidity or physical sequelae of psychiatric treatment. The trainee must have a broad understanding of the significance of physical disorders for the patient and develop a management plan which results in appropriate intervention, and/or appropriate liaison with other medical practitioners. The trainee must demonstrate this in at least three patients.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	1, 2
	COM	1, 2	SCH	1
	COL	1, 2, 3, 4	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"> Understand the relationship between the psychiatric disorder and physical comorbidity or physical sequelae of psychiatric illness or treatment in terms of their impact on each other. <p>Skills</p> <ul style="list-style-type: none"> Conduct an appropriate assessment of physical comorbidity in psychiatric patients including conducting a physical examination to the extent that these are relevant for comprehensive understanding and management of the patient. Conduct a comprehensive assessment of physical sequelae of psychiatric illness or treatment including relevant physical examination. Order relevant investigations based on the assessment. 			

	<ul style="list-style-type: none"> • Develop and implement, in collaboration with the patient, a treatment plan to manage and/or minimise potential important sequelae of psychiatric treatment such as the metabolic syndrome, sexual dysfunction, extrapyramidal side effects (EPSE) and drug toxicity. <p>Attitude</p> <ul style="list-style-type: none"> • Acknowledge limitations of own knowledge and skill to enable appropriate referral to other medical and non-medical professionals in order to coordinate and optimise overall treatment. • Proactive in approach to detection and management of physical comorbidities and sequelae of psychiatric treatment.
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. • Mini-Clinical Evaluation Exercise. • Direct Observation of Procedural Skills (DOPS). • Observed Clinical Activity (OCA).
<p>References</p> <p>Lambert, T., Reavley, N., Jorm, A. & Oakley Brown, M. (2017). Royal Australian and New Zealand College of Psychiatrists expert consensus statement for the treatment, management and monitoring of the physical health of people with an enduring psychotic illness. <i>Australian and New Zealand Journal of Psychiatry</i>, 51(4): 322-337.</p>	

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