

Core Competencies
Clinical Division of Old Age Psychiatry
The Hong Kong College of Psychiatrists

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Working Group on Core Competency:

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Objective 1

| Knowledge | Skills | Attitudes demonstrated through behaviours |
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| Professional psychiatric expertise (General Professional Training) | Comprehensive assessment and management of old age psychiatric problems | <ul style="list-style-type: none">◆ Mastery of skills in comprehensive assessment and management of clinical psychiatric problems that are of particular relevance among older adults, such as delirium, neurodegenerative disorders, late-onset psychiatric disorders, medical co-morbidities, end-of-life issues, and legislation concerning capacity, competence and consent.◆ Mastery of skills in comprehensive assessment and management of disorders that are prevalent in but not exclusive to older adults, such as hypochondriasis, chronic schizophrenia and depressive disorder.◆ Assessment skills should include taking a relevant psychiatric history from the |

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| | | <p>patient and significant others, making a mental state examination with detailed cognitive assessment, and performing mental capacity assessment where appropriate. Particular attention should be paid to comorbid physical illnesses and concurrent use of medical drugs, as such history may alter the clinical presentation or lead to drug-drug interactions. Physical examination should take into account the complex interaction between physical and mental problems in old age. For diagnostic skills, atypical presentations of mental illness in old age should be considered, and age appropriate differential diagnoses should be formulated. Functional assessment, social assessment, and needs and risk assessment with particular attention to elderly suicide and elder abuse should be included.</p> |
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| | | <ul style="list-style-type: none">◆ Management skills should encompass multi-domain interventional skills, using an individualised approach. Pharmacological management should pay particular attention to the pharmacokinetic and pharmacodynamic changes associated with ageing, including vulnerability to side effects and drug interactions. Psychosocial management and risk management should be essential components of the management plan. A basic level of psychotherapeutic skills should be mastered. Basic knowledge on geriatric medicine is also desirable in the formulation of an individualized management plan for the older adults with medical co-morbidities. |
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Objective 2

| Knowledge | Skills | Attitudes demonstrated through behaviours |
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| Effective communication (General Professional Training) | Interviewing skills Communication skills of particular relevance to old age psychiatry | Mastery of interviewing skills to collect clinically relevant history and perform detailed cognitive assessment <ul style="list-style-type: none">● The ability and patience to communicate with older adults, who come from diverse background in culture, dialect and education. Of particular concern are those with cognitive or sensory impairments, speech problems or language barriers.● The ability to communicate with both formal and informal caregivers on the psychiatric diagnoses, prognosis, and management plan, and to evaluate and advise on caregiver needs.● The ability to communicate with professional colleagues and community |

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| | | <p>partners, regarding the special needs of the older adult with psychiatric problems.</p> <ul style="list-style-type: none">● The ability to communicate with general public regarding public health issues, and early detection and prevention strategies. |
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Objective 3

| Knowledge | Skills | Attitudes demonstrated through behaviours |
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| Academic (Higher Professional Training) | Broad-based knowledge of relevance to old age psychiatry Research Evidence based medicine | Acquisition of broad-based knowledge in neuroscience, behavioural science, and social science, and the ability to integrate knowledge into psychiatric assessment and management with a clinical neuroscience approach. Updating knowledge in recent advances and discoveries in fields related to old age psychiatry. Understanding research methodology and critical appraisal of research literature, particularly in the area of applied research. Understanding the principles of evidence based medicine, and the ability to synthesize knowledge to modify practice based on new evidence. Through knowledge translation, research findings may be translated into everyday clinical practice, with an intention to improve patient care. |

Objective 4

| Knowledge | Skills | Attitudes demonstrated through behaviours |
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| Managerial and leadership (Higher professional training) | Leadership skills Supervisory skills | <ul style="list-style-type: none">◆ Understanding of leadership skills, managerial and administrative roles and responsibilities.● Acquisition of supervisory skills in different service settings of old age psychiatry. Examples include multidisciplinary team, occupational safety concerns, clinical or medico-legal areas, and community outreach services. |

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| | Advocacy | <ul style="list-style-type: none">◆ Understanding and combating stigma associated with psychiatric disorders in older population among the public, as well as social and healthcare professionals.◆ Adopting an advocacy role for the mental health of the elderly. |
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| | | including geriatrics, healthcare professionals from other subspecialties, formal and informal caregivers, and community partners. |
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Objective 7

| Knowledge | Skills | Attitudes demonstrated through behaviours |
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Objective 8

| Knowledge | Skills | Attitudes demonstrated through behaviours |
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Objective 9

| Knowledge | Skills | Attitudes demonstrated through behaviours |
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