

Name:.....

ECT Competencies

The trainee by year 3 ought to be able to administer ECT without direct supervision, prepare patients for ECT, explain to patients and relatives about ECT, its indications and broad place within psychiatric treatment. Trainees ought to be able to monitor a patient's mental state and cognitive functioning during a course of ECT.

Consultants and trainees by the end of year 6 ought to have a good understanding of the place of ECT in modern clinical practice sufficient to obtain informed consent from patients to reach level 1 competency. Only consultants responsible for the ECT clinic or trainees (ST4-6) with a special interest in the administration of ECT would be expected to have level 1 competency in the practical aspects of the administration of ECT (sufficient to run an ECT clinic).

1 = fully conversant (FC); 2 = working knowledge (WK); 3 = awareness (A)

Verbally assessed

1 FC = Is able to explain accurately all the important features to a standard that shows sufficient understanding that would allow them to competently and independently apply the knowledge

2 WK = Is able to explain the key features to a standard that shows sufficient understanding that would allow them to apply the knowledge in common situations and access further information if necessary

3 A = Is aware of the topic and knows where to get further information but not to a level that provides a WK

Observed

1 FC = Is able to carry out the procedure to a standard that shows sufficient skill and understanding that would allow them to competently and independently carry it out.

2 WK = Is able to carry out the procedure to a standard that shows sufficient skill and understanding that would allow them to carry it out in usual situations but to know their limitations and access further help if necessary

3 A = Is aware of the topic and knows where to get further information but not to a level that provides a WK

Required competencies:

Foundation doctors

Theory & background:	awareness	1-6
Practical aspects of ECT	not required	
Other aspects of ECT practice a & b:	not required	

ST1-3

Theory & background	working knowledge	1, 3-6
	Awareness	2
Practical aspects of ECT	fully conversant	1-5,7
	Working knowledge	6
Other aspects of ECT practice a	1-5 to be achieved	
Other aspects of ECT practice b	not required	

ST4-6 & prescribing consultants

Theory & background	fully conversant	1-6
Practical aspects of ECT	working knowledge	1-7
Other aspects of ECT practice a & b	not required	

ECT consultants

Theory & background	fully conversant	1-6
Practical aspects of ECT	fully conversant	1-7
Other aspects of ECT practice a	not required	
Other aspects of ECT practice b	1-6 to be achieved	

Name:.....

1. Theory and background

	Competency	Evidenced	Level	Date	Signature
1.	<i>NICE Guidelines:</i> Demonstrate knowledge of NICE Guidelines, including Guidance on a. Continuation ECT b. When ECT should be discontinued c. choice of unilateral or bilateral treatment.	Verbally			
2	<i>Royal College Standards:</i> Demonstrate an awareness of standards, including ECTAS & SEAN.	Verbally			
3.	<i>Local protocols:</i> Demonstrate a knowledge of local policies and procedures, including a. emergency ECT b. outpatient ECT c. high risk patients	Verbally			
4.	<i>Consent process:</i> Demonstrate a knowledge of the Consent to treatment requirements, including Common Law, MHA, MCA documentation/ requirements (p 20 NICE)	Verbally			
5.	<i>ECT process:</i> Able to describe a. indications for ECT with special reference to NICE b. the contra-indications to ECT c. the possible side effects, risks and benefits of ECT d. the pre-treatment preparations required to be undertaken by referring doctor e. the procedure for the administration of ECT.	Verbally			
6.	<i>Mechanisms of action:</i> Knowledge of: a. current theories of mechanism of action of ECT b. physiological effects of ECT	Verbally			

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2. Practical Aspects of ECT

	Compete	Evidenced	Level	Date	Signature
1.	<i>Clinic protocol:</i> a. understand clinic dosing protocol b. understand when to restimulate c. understand procedure for prolonged seizure	Verbally			
2.	<i>Using the ECT machine:</i> a. attaching EEG leads b. apply Electrodes bilateral c. apply Electrodes unilateral d. impedance testing	Observed			
3.	<i>Delivering the dose:</i> a. set correct stimulus	Observed			
4.	<i>Monitoring:</i> a. Observe motor seizure b. Observe EEG monitoring c. Understand how to interpret EEG	Observed			
5.	<i>Recording:</i> Correct recording of treatment in patient record	Observed			
6.	Knowledge of anaesthetics and muscle relaxants used in ECT	Verbally			
7.	Basic resuscitation training Note: Fully conversant = training in last year Working knowledge= last 5 yrs	Written			

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3. Other aspects of ECT practice

a)

	Competency	Evidenced	Date	Signature
1.	Attended Induction to ECT			
2.	Observed clinical application of ECT	Observed		
3.	Supervised clinical application 1	Observed		
4.	Supervised clinical application 2	Observed		
5.	Supervised clinical application 3	Observed		
6.	Additional clinical application 1	Observed		
7.	Additional clinical application 2	Observed		
8.	Additional clinical application 3	Observed		
9.	Additional clinical application 4	Observed		
10.	Additional clinical application 5	Observed		
11.	Additional clinical application 6	Observed		

b)

	Competency	Evidenced	Level	Date	Signature
1.	Participation in <i>audit</i> of ECT	Audit reports			
2.	Participation in one day of <i>CPD</i> relating to ECT each year	CPD returns			
3.	Able to <i>advise consultant colleagues</i> on: a. relative merits of bilateral/ unilateral treatment b. suitability of patient for ECT c. drug treatments during ECT d. management of side effects during ECT	Practice			
5.	Involved in <i>regular review</i> of policies and procedures in ECT clinic	Practice			
6.	Evidence of <i>training and supervising</i> doctors in training in ECT practice	Practice			

Date of revision: July 2009

Review due: July 2011