Foundations of Discipline – Pgy2

Resident Guide

2020 - 21

Overview

The Foundations of Discipline Stage of Training lays the groundwork of knowledge and skills necessary to practice psychiatry including the management of relevant medical presentations, building of psychiatric assessment skills, development of differentials, implementation of management plans for patients of low to medium complexity, and performing of risk assessments. Application of critical appraisal skills & presentation of relevant literature is also expected.

"One must have first of all a solid foundation."

-Sri Aurobindo

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Objectives of the Foundations of Discipline Stage of Training, Pgy2 Year

The objectives of the Foundations of Discipline Stage of Training are for residents to:

1. Develop knowledge and skills required to manage medical presentations relevant to Psychiatry
2. Develop skills in performing psychiatric assessments referencing a biopsychosocial approach
3. Acquire knowledge and skills to develop basic differential diagnoses
4. Develop skill in completion of risk assessments that inform acute safety plans
5. Develop & implement management plans for patients of low to medium complexity
6. Practice and hone skills in case presentation, documentation, order writing & handover
7. Gain experience providing after hours coverage in the emergency psychiatry setting
8. Perform critical appraisal & present on relevant medical literature
9. Gain knowledge of & begin to apply concepts of:
    - Neuroscience
    - Differentiating normal versus disease states
    - Legislation related to medico-legal requirements of mental health care
    - Etiology, diagnosis, treatment & natural course of major psychiatric disorders including substance use and withdrawal
    - Commonly used diagnostic & symptom related rating scales
    - Biopsychosocial formulation
    - Foundational principles of psychotherapy
    - Foundations of physician-patient relationships
    - Advocacy for special populations including marginalized and/or vulnerable
    - Communication & its impact with patients, families and interprofessional teams
    - Safe, psychiatric care including use of de-escalation techniques
    - Team dynamics and conflict management
    - Principles of patient safety and quality assurance & improvement
    - Strategies for physician wellness

General Expectations of Pgy2 Residents during Foundations of Discipline Stage of Training

As Foundations of Discipline Psychiatry residents, you are expected to:

- Maintain sight of our role as physicians in providing the best possible patient care
- Actively engage in all learning activities
- Be an active participant in your learning. Identify key topics of interest and personal learning objectives to your supervisor & take initiative in gaining knowledge & skill in those areas
- Take shared responsibility with supervisors to identify opportunities for observation and feedback including for EPA encounters.
- Be receptive to feedback & work to incorporate recommendations for knowledge & skill development
- Be an active member of all clinical teams with which you are working
- Attend all clinical days, unless on vacation, post-call (Hamilton residents) or ill
- Demonstrate awareness of clinical responsibilities. Although you are not the MRP, you are a physician, a member of the clinical team and working towards independent practice.
- Actively participate in all academic sessions
- Arrive on time for all clinical work & academic sessions
- Notify clinical supervisors of any days / times you will be absent, in advance of the absence whenever possible. This includes any post-call days.
- Notify presenters as well as program administrator of any absences from sessions, optimally prior to the start of the session
- Complete documentation in a timely manner that provides effective communication and continuity in patient care.
- Be aware of your limitations. Whenever you are outside of your knowledge or skill level, inform your supervisor.
- Do not take patient material home with you.
- Conduct yourself in a professional manner, including use of social media & smart technology
- Complete all evaluations in a timely manner

Skill Expectations* of Residents during Foundations of Discipline Stage of Training, Pgy-2 Year

By the **end** of the Foundations of Discipline Stage, a resident should be able to:

- Demonstrate understanding of key safety strategies in conducting psychiatric interviews in multiple settings
- Demonstrate awareness of classes of disorders, symptom complexes of major mood disorders, Schizophrenia, Dementia, and common personality disorders
- Demonstrate a developing knowledge and skill level in the management of intoxication and withdrawal syndromes including that of alcohol and opioids.
- Conduct a psychiatric assessment with a patient of low to medium complexity
- Engage patients and families cooperatively with active listening and effective communication.
- Conduct a risk assessment from which a safety plan is developed
- Conduct a basic emergency psychiatric assessment
- Provide an accurate mental status examination
- Provide a case presentation in an effective and efficient manner
- Develop reasonable and appropriate differential diagnoses
- Propose reasonable management plans for patients of low to medium complexity
- Demonstrate increasing knowledge in psychopharmacology
- Effectively document in written/electronic form, a psychiatric assessment including basic, initial differential diagnosis and initial steps in a management plan, in a timely manner
- Complete discharge summaries in a timely manner
- Demonstrate ability to appropriately apply sections of the Mental Health Act including involuntary committal, as well as the Health Care and Consent Act such as findings of Incapacity to Consent to Treatment.
- Engage foundational psychotherapeutic skills in interactions with all patients
- Demonstrate a working knowledge of Cognitive Behavioural Therapy
- Collaborate with team members, in a respectful and professional manner
- Apply an organized approach to meeting clinical, academic and personal responsibilities
- Demonstrate an awareness of social factors that can affect patient presentations
- Identify areas for personal learning, seek out information from appropriate sources and apply to clinical cases
- Be open to feedback and demonstrate attempts to incorporate it with a growth mindset
- Demonstrate professional behaviour in all aspects of clinical and academic work.

*Goals & Objectives for each rotation are sent to supervisors and residents prior to the start of a rotation. They are also located on Medportal, and can additionally be found here.

Design of the Foundations of Discipline Stage of Training (Pgy1 & Pgy2)

Stage of Training	Foundations of Discipline			
pgy-Year	pgy-1	pgy-2		
Rotation Descriptions	GIM, Neuro, ER Med, FM, Ped Neuro, Addictions, ER Psych, Inpt Medical Team Selective, Elective	General Acute Inpts	General Acute Outpts	Selective
Scholarly Work	Critical Appraisal & Present Psychiatric Literature			
Resident as Educator		Teaching to Pt/Family	Teaching to Pt/Family	
		2 Other Clinical Teaching Encounters		
Psychotherapy		Learn Foundational Skills	Begin CBT	
Longitud'nl Reqts	Addictions Log Developmental Disabilities Log	SPMI Patient(s) & Log		

Foundations EPAs to be Completed during Pgy2

For full descriptors of these EPAs, please see Appendix A

Medical Presentations Relevant to Psychiatry	8	2 medical emergencies 1 substance intoxication 1 overdose &/or withdrawal 1 endocrine or metabolic disorder		4 different observers 3 by supervising MD
Psychiatric Assessment & Differential Diagnosis	6	3 different case types 1 emergency setting 2 inpatient settings 2 outpatient settings	At most 2 children/teens At most 2 older adults	2 by psychiatrists 3 different observers
Management Plans	6	1 mood disorder 1 psychotic disorder 1 personality disorder 1 substance use disorder	At most 2 children/teens At most 2 older adults 1 anxiety, trauma or OCD	2 by psychiatrists 3 different observers
Risk Assessments & Safety Plans	5	1 active SI or behaviour 1 active HI or violence 1 non-suicidal self-injury	At most 1 child/teen At most 1 older adult	3 by psychiatrists 3 different observers
Critical Appraisal & Presentation of Psych Literature	2			2 different observers

Core EPAs of Possible High Yield during Pgy2

For full descriptors of these EPAs, please see Appendix B

- C1: Mgmt Plans; Med to High Complex
- C5: Emergency Situations
  - -2 agitation & aggression
  - -2 active SI
  - -1 HI or risk harm to others
  - -2 medical emergencies w delirium
  - -1 dystonia, catatonia, SS or NMS
- C7: Neurostimulation
- C8: Psychopharmacology
- C9: Legislation
  - -2 Tx capacity in complex pt
  - -2 Form 1 or Involuntary status
  - -1 eval for restriction b/c disability
  - -1 mandatory reporting
- C10: Teaching others

***EPA C8: Psychopharmacology: Keep an eye open for these learning opportunities:**

Starting & monitoring LAI	Starting & monitoring oral antipsychotic	Starting & monitoring 2 different classes antidepressants	Starting & monitoring sedative / hypnotic
Starting &/or monitoring Lithium	Starting &/or monitoring Clozapine	Managing Benzodiazepines	Managing Opioid Agonist Therapy
Managing Mood Stabilizer Other Than Lithium	Managing Agent to Tx Mx-Induced Side Effect	Pt on Multiple Psychiatric Mx	Rx'ing Mx in Pregnant or Breast-Feeding Patient

Design of Pgy2 Year of Foundations of Discipline: July 1, 2020 – June 30, 2021

Stage	Foundations												
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Dates	July 1 - 27	Jul 28-Aug24	Aug25-Sep21	Sep22-Oct19	Oct20-Nov16	Nov17-Dec14	Dec15-Jan11	Jan12-Feb8	Feb9-Mar8	Mar9-Apr5	Apr6-May3	May4-May31	Jun1-30
Rotation	General Adult Inpatients ⟷						General Adult Outpatients						Anchored Selective
Lngd'l F/U	SPMI Patient x 6 months												
Call	No Inpatient Call 1st Half of Year						2 Days Inpatient Call 2nd Half of Year						
	Emergency Psychiatry Call as Junior Resident.												
PsychTx	Foundational Psychotherapy Skills						Learn CBT (A&D). Complete CBT (A or D) with patient & supervision						
RaEs	1 Teaching to Pt / Family						1 Teaching to Pt / Family						
	2 Other Teaching Encounters												
Scholarly Projects	Learn about CQI						Begin Consdiering Ideas for CQI Project						

Pgy2 Block Rotations

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Dates	July 1 - 27	Jul 28-Aug24	Aug25-Sep21	Sep22-Oct19	Oct20-Nov16	Nov17-Dec14	Dec15-Jan11	Jan12-Feb8	Feb9-Mar8	Mar9-Apr5	Apr6-May3	May4-May31	Jun1-30
Rotation	General Adult Inpatients ⟷						General Adult Outpatients						Anchored Selective

- Residents will complete:
  - 6 Blocks of General Adult Inpatient Psychiatry
  - 6 Blocks of General Adult Outpatient Psychiatry
  - 1 Block of Anchored Selective during Block 13
  - Hamilton Residents – 1 week with the Inpatient Addiction Medicine Service

*Goals & Objectives for each rotation are sent to supervisors and residents prior to the start of a rotation. They are also located on Medportal, and can additionally be found here.

- Please inform your supervisors, as well in advance as possible, of:
    - All days that you will be away (vacation, post-call, professional leave, retreats, etc)
    - Your scheduled week with the Inpatient Addiction Medicine Service (Hamilton Residents)
    - The days & times you see your psychotherapy patient and have psychotherapy supervision. **Remember that you are still accountable for completion of clinical responsibilities on the days you have psychotherapy (outside of Wednesdays).**

- **Anchored Selective**
    - Anchored Selective is held during Block 13 of Pgy2, and Block 1 of Pgy3
    - The purpose of Anchored Selective is to provide opportunity for residents to gain experience with **special populations**, that they may not have during longer, core rotations.
    - Time in Anchored Selective may consist of one experience for both blocks or divided up among a few experiences.
    - Residents must submit a proposal for the design of their Anchored Selective by March 30, 2021 to the Program Director and REL for approval. The proposal must include:
        - Dates of each placement
        - Supervisor within each placement
        - Personal goals & objectives for each placement, written in CanMEDS format
    - Anchored Selective may include working in any of the following areas:

Dual Diagnosis	Shelter Health
Indigenous Health	HIV Psychiatry
Addictions	Women's Health Concerns
Forensics	Schizophrenia Services
Refugee & Immigrant Populations	Other as approved by PD & REL
ACT	

- **Inpatient Addiction Medicine Service Experience** (Hamilton Residents)
    - The Inpatient Addiction Medicine Service is led by a team of Addiction specialists, providing treatment of acute substance use presentations (often withdrawal and initial phase of recovery treatment) to inpatients on medicine and surgical floors.
    - Residents will be informed of the week for which they are scheduled for this experience
    - Efforts will be made to avoid residents from having post-call days during this week
    - Residents are encouraged to not take vacation or personal leave days during this week due to its brevity. This experience has been highly evaluated by previous residents – this is a week not to miss!

Pgy2 On Call Duties

- **Emergency Psychiatry**
    - **Hamilton:**
        - Call will be with the Psychiatric Emergency Service at SJH, Charlton Site
        - Pgy2 residents continue to be junior residents, and will always be paired with a senior resident
        - There is always a staff psychiatrist on call
        - Currently residents are not scheduled in PES on Tuesdays or Saturdays
        - Call in PES is overnight call, followed by a post-call day
        - At the end of your shift, please trigger your PES Evaluation.
        - For descriptors of expectations of residents on call, please refer to the McMaster Psychiatry Postgraduate Program document, "*Guidelines for Faculty Supervising Psychiatry Residents in the Psychiatric Emergency Service (PES), Junior to Senior Residency*" found here.
    - **WRC:**
        - Call for Pgy2 residents is at the Guelph General Hospital Emergency Psychiatry
        - Pgy2 residents will complete the first three months of Pgy2 call buddied with a more senior resident. Subsequently they will then be the only resident on call.
        - There is always a staff psychiatrist on call.
        - Call shifts are to end by 11pm. There are no post-call days.
        - At the end of the shift, please review hand over any outstanding clinical issues with your on-call supervisor. Residents are not expected to start cases after 9:30 PM unless mutually agreed upon with the supervising faculty.

- At the end of your shift, please trigger your Emergency Psychiatry evaluation.
- For descriptors of expectations of residents on call, please refer to the McMaster Psychiatry Postgraduate Program, Waterloo Regional Campus document, "*Guidelines for Faculty Supervising Psychiatry Residents on Call*" found here.

- **Inpatient Psychiatry Call Experiences**

Coming Soon! (delayed due to pandemic)

  - Inpatient On-Call is an important experience to gain as a resident
  - Opportunities are being designed for our Pgy2 to Pgy5 residents in WRC and Hamilton
  - Further details will be provided well in advance of implementation of this experience

Psychotherapy During Pgy2

Complete instructions on the Psychotherapy Requirements and process for their completion are located on the Psychotherapy Training e-Resource (PTeR). Additionally, through academic sessions residents will be oriented to each modality.

Motivational Interviewing (MI):

- During pgy2 you will receive Academic Half-Day Sessions introducing Motivational Interviewing.
- You are also expected to complete the Motivational Interviewing e-Modules on the Psychotherapy Training e-Resource (PTeR).
- There is no experiential requirement for this modality.

Emotion-Focused Therapy (EFT):

- You will also receive Academic Half-Day Sessions introducing Emotion-Focused Psychotherapy
- You are expected to complete the Emotion-Focused e-Module on the Psychotherapy Training e-Resource (PTeR).

Foundational Psychotherapy Skills Training:

- Facilitated sessions to practice foundational skills vital to the practice of all psychiatric practice, including psychotherapy will be scheduled through the fall.
- Due to pandemic restrictions, these sessions may be held through Zoom Videoconference
- Further details will be provided via email notifications
- Attendance at these sessions is expected. These sessions will be held on Wednesday AMs.

Cognitive-Behavioural Therapy (CBT):

- In January 2021 you will receive Academic Half-Day Sessions introducing Cognitive-Behavioural Therapy for Depression (CBT-D) and for Anxiety (CBT-A)
- You are expected to complete the Cognitive Behavioural Therapy e-Module on the Psychotherapy Training e-Resource (PTeR) prior to starting with a patient in CBT
- Completion of a supervised experience with a patient in **either** CBT-A or CBT-D, is required.
- **Aim to complete the CBT modality by the end of Pgy2**

*Whenever possible, try to schedule psychotherapy supervision and psychotherapy patient meetings on Wednesdays or at times that are least disruptive to your block clinical rotation responsibilities.

*Always inform your clinical rotation supervisors of your psychotherapy responsibilities well in advance.

*If you need to be away from clinical rotation during a part of a day to complete psychotherapy, you are still accountable for completion of your clinical rotation responsibilities for that day.

Pgy2 Longitudinal Logging Requirements

- **Addictions Experiences Log:**

  - Residents are required to complete a minimum of 90 hours of addictions training over the course of their residency, and record these experiences in a log
  - This may include any clinical experiences on rotation or on call, academic sessions, reading or additional training / learning you may due in the area of additions.
  - Each encounter should be recorded separately in the log
  - You will be asked to review the log on a yearly basis until the 90 hours have been achieved.

  - Residents are required to create their own table for logging, using the following as a guide. Narrative comments and descriptions must be captured in each log entry.

Date of Encounter	Supervisor	Patient Initials	Diagnosis	Description of Addictions Encounter	Learning Points	Time (hours)

- **Dual Diagnosis Experiences Log:**
  - Residents must maintain a log of clinical encounters with clients with Dual Diagnosis (ie. Intellectual Disability with comorbid Mental Health Disorders) as they occur, throughout their residency
  - There is no minimum or maximum number of encounters.
  - You will be asked to review your log with the Program Director and/or Regional Education Lead (WRC) during your Dockside/Riverside Chats.
  - Residents are required to create their own table for logging, using the following as a guide. Narrative comments and descriptions must be captured in each log entry.

Date of Encounter	Supervisor	Patient Initials	Diagnosis	Description of DDx Encounter	Learning Points

- **Severe & Persistent Mental Illness (SPMI) Log:**
  - Pgy2 residents are required to follow a patient with SPMI (i.e Schizophrenia, Schizoaffective Disorder, Bipolar Affective Disorder) for a minimum of 6 months during their General Adult Inpatient rotation and/or General Adult Outpatient rotation. Following 2 separate patients for 3 months each will also suffice. The experience can carry over between the two rotations.
  - Logging must be done per encounter
  - Please ask you supervisor(s) to identify potential patients for you to follow
  - You will be asked to review your log with the Program Director and/or Regional Education Lead (WRC) during your Dockside/Riverside Chats.

  - Residents are required to create their own table for logging, using the following as a guide. Narrative comments and descriptions must be captured in each log entry.

Date of Encounter	Supervisor	Patient Initials	Diagnosis	Description of SPMI Encounter	Learning Points

- **Psychotherapy Log:**
  - Please track your psychotherapy sessions completed with patients
  - The Psychotherapy log simply tracks your sessions with the following information:

Modality	Date	Patient Initials	Treatment

Resident as Educators (RaE) Requirements during Pgy2

Teaching is a fundamental role of the physician, in a variety of formats, environments and with a variety of audiences. For this reason,

- Residents are expected to be working in the role of a teacher on a regular basis.
- Evaluation of a minimum number of teaching encounters is required for pgy2 to pgy5 residents

Teaching may include any of the following:

Potential Settings	Potential Audiences	Potential Formats
•PES •Inpatient Ward •Outpatient clinic •Leading a seminar •Presenting Literature •Jouranl Club •Grand Rounds •Community Forums •Family Meetings	•Medical Students •Patients •Families •Resident Peers •Departmental Colleagues •Interprofessional Colleagues •Community members •Staff physicians including referring physicians •Family Physicians •Community Partners	•Clinical supervision of junior learners •Formal teaching sessions •Formal presentation •Small group sessions •Interactive seminars •Psychoeducation to patients & families •Informal discussion with referring physicians

During their pgy2 year, residents must be evaluated completing at least:

During General Inpatient Rotation	
• Teaching to Patient / Family	
During General Outpatient Rotation	
• Teaching to Patient / Family	
Any Teaching Encounter (any setting)	
• Additional Teaching Encounter of any kind	
• Additional Teaching Encounter of any kind	

A tracking sheet for residents for RaE Activities is located on Medportal & can also be found here.

The assessment form for **Core EPA#10** should be used for evaluation of RaE activities.

(Note that the RaE Requirements for our program extend beyond those required for the Core EPA #10.)

Mapping of EPAs on Pgy2 Clinical Experiences

Table 1: Mapping of Foundations EPAs with on Pgy2 Experiences

This chart identifies the Foundations EPAs which are likely of high yield during each pgy2 experience.

*Capital X and multiple X indicate higher yield of that EPA during that rotation.	Adult Inpatient	Adult Outpatient	SPMI Longitudinal	On Call Psych Emerg	PsychoTx Longitudinal	Other
Foundations	(Sept pgy1 to June 30 pgy2)					
EPA F1 Assessing, Dxing & participating in mgmt of pts w medical presentations relevant to psychiatry	x	x		X		
EPA F2 Performing psychiatric assessment referencing a biopsychosocial approach, and dvping basic DDx for patients with mental disorders	XXX	XXX	X	XX	X	
EPA F3 Developing & implementing mgmt plans for pts w psychiatric presentations of low to medium complexity.	XXX	XXX	X	XX	X	
EPA F4 Performing risk assessment that informs dvpt of acute safety plan for pts w risk of harm to self or others	XX	XX	XX	XXX	X	
EPA F5 Performing critical appraisal & presenting psychiatric literature	X	X				EBM Rnds. ORS

There are also some "**Core of Discipline" EPAs** (EPAs that residents must complete by the end of the Core of Discipline Stage of Training i.e. pgy4), which residents may have the opportunity to work on during rotations during their Pgy2 year of the Foundations Stage of Training. These are indicated in the chart below.

Table 2: Mapping of Core EPAs on Pgy2 Experiences

*Capital X and multiple X indicate higher yield of that EPA during that rotation.	Adult Inpatient	Adult Outpatient	SPMI Longitudinal	On Call Psych Emerg	PsychoTx Longitudinal	Other
Core (pgy3 & pgy4)						
EPA C1 Developing comprehensive Tx / mgmt plans for adult patients of medium to high complexity.	X	X		X		
EPA C2 Performing psychiatric assessments, providing DDx & mgmt for presentations in children & youth.						
EPA C3 Performing psychiatric assessments, providing DDx & mgmt plans in older adults.				x		
EPA C4 Performing comprehensive biopsychosocial formulations for pts across the lifespan.	X	X			X	
EPA C5 Identifying, assessing and managing emergent situations in psychiatric care across the lifespan.	X			X		
EPA C6 Integrating the principles & skills of psychotherapy into patient care.					XX	
EPA C7 Integrating the principles & skills of neurostimulation into patient care.	X					
EPA C8 Integrating the principles & skills of psychopharmacology into patient care.	X	X	X	X		
EPA C9 Applying relevant legislation & legal principles to patient care & clinical practice.	XX	X	x	XX		
EPA C10 Providing teaching for students, residents, the public and other health care professionals.	X	X		X		X

Pgy2 Academic Days

- Academic Days are held on **Wednesdays**, and typically consist of the following schedule:

- Attendance at Academic Days is mandatory, excepting vacation, professional leave, and post-call days. Supervisors are aware that residents are excused from clinical activities to attend their academic sessions.

- Attendance at the **McMaster Department of Psychiatry Grand Rounds** is expected. These are held:
    - Wednesday mornings, 9-10am (Sept. to June).
    - During pandemic restrictions, these are being held via Zoom videoconference.
    - During times of non-restriction, the rounds are held at SJH, West 5th Campus in the lower auditorium.
    - For those at the WRC, the rounds are also accessible via OTN webcast and Telemedicine videoconference, the details of which are located on the email announcements each week. PCVC can also be arranged with the assistance of Lisa Kennedy lkenne@mcmaster.ca.
    - Each Grand Rounds presentation is recorded and can be accessed afterward on the McMaster Department of Psychiatry YouTube page.

- Attendance at **Psychiatry Academic Enrichment sessions** is expected.
    - Wednesdays, 12:30 to 2 pm
    - During pandemic restrictions, these are being held via Zoom Videoconference. During times of non-restriction, these are held at SJH, West 5th Campus
    - These include PRAM meetings, Evidence-Based Medicine, Complex Case Rounds, Diagnostic Interviewing & OSCE Prep sessions.
    - The schedule is indicated on the Core Curriculum schedule found on Medportal.
    - For WRC residents, Evidence-Based Medicine, OSCE Prep and Diagnostic Interviewing is held in the WRC. The schedule with location info is posted on MedSIS.

- Homewood Health Centre Grand Rounds are held:
    - Thursdays, from 12 – 1pm in the Homewood Auditorium.
    - These are optional, and encouraged, for residents on rotation at Homewood
    - It is hoped that these will be restored once pandemic restrictions lift.

- Attendance at **Core Curriculum Sessions** is expected.
    - The Academic Day Schedule is posted on Medportal.
    - Due to the pandemic, all academic sessions are being delivered via Zoom Videoconferencing.
    - To promote engagement, residents are expected to have their cameras turned on in all academic sessions unless extenuating circumstances are preventing this. In the event of such circumstances, residents are asked to inform the presenter of the reason they are not able to have their camera on.
    - Four times a year, the WRC residents will have 4 weeks of One Room Schoolhouse curriculum, based in WRC. Attendance is expected for each of those sessions.
    - If you are going to be away for an Academic Half-Day session, please inform the facilitator and Cheyenne / Meaghan / Ashley

Assessment During Foundations of Discipline Stage of Training, Pgy-2 Year

Please also refer to the McMaster Postgraduate Medical Education document, *"Policy on Assessment of Learners in PGME Programs, June 2019"* found here.

Assessment Tools

Task	Assessment Tool	Assessor
1.Block Rotation Evaluation	ITAR (In-Training Assessment of Resident)	Primary Supervisor during each Block Rotation
2. EPAs	Workplace Based Assessment Form. (accessed through MedSIS)	Person observing you (directly/indirectly) completes the EPA
3. Resident as Educator (RaE) Activities	WBA for Core EPA #10	Person observing you or who received your teaching
4. Emergency Psychiatry Clinical Work	Emergency Psychiatry Evaluations. (completed via MedSIS)	Faculty supervisor for each on call shift
5. Psychotherapy	As outlined on PTeR	Psychotherapy Supervisor

1. In-Training Assessment of Resident (ITARs)

At the mid-point and end of each six-block rotation, the resident's primary supervisor(s) will be sent an In-Training Assessment of Resident (ITAR) to complete on MedSIS.

For rotations shorter than six months, an ITAR will only be sent at the end of the rotation.

ITARs' assess overall performance on a number of aspects of the CanMEDS roles, with the rating scale:

1	2	3	4	5
Unsatisfactory	Provisional Satisfactory	Satisfactory	Very Good	Outstanding

2.Assessment of Entrustable Professional Acts (EPAs)

By the end of the Foundations of Discipline Stage of Training, residents should demonstrate the required number of observations of achievement for each of the five Entrustable Professional Acts (EPAs) corresponding to the completion of this stage of training. These EPAs are outlined above and written in full description in Appendix A.

Residents should also be working towards completing some observations of achievement on the EPAs required for completion of the next Core of Discipline Stage of Training. Although these EPAs are not listed in full in this guide, those Core EPAs of high yield during the Foundations stage are indicated above and outlined in full description in Appendix B.

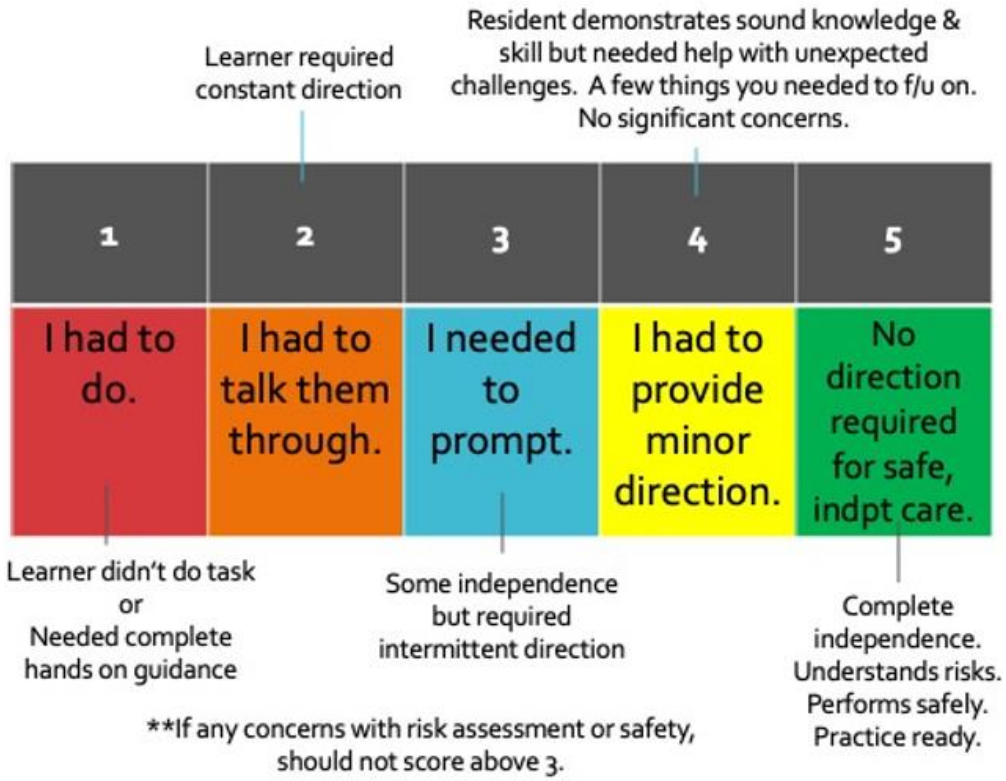
The Royal College document outlining in full all of the Psychiatry EPAs has been placed in the Google Drive Repository of Documents for your cohort found here. Additionally, residents are encouraged to make use of the tracking documents that are also made available in the repository.

Assessment of an EPA should be documented using a Workplace Based Assessment form, located on MedSIS.

For MedSIS Instructions for use on Mobile Devices:
https://healthsci.mcmaster.ca/medsis/training/cbme

For MedSIS Instructions to Trigger a WBA on Desktops:
https://healthsci.mcmaster.ca/docs/librariesprovider30/training/pgme/students/how-to---trigger-on-demand-evalautions.pdf?sfvrsn=6667a62_2

EPAs are assessed on the Entrustment Scale:



Remember! The most important part of the WBA is the **Feedback Section.**

It will take likely take two to three attempts to gain a successful EPA observation, so be sure to start requesting your supervisor to assess you doing an EPA early on in your clinical experience.

IN ADVANCE of doing the clinical task, discuss with your supervisor/observer of the task, that they might assess your work. Such assessments should:

- Involve direct or indirect observation by the assessor
- Be followed by in the moment, face to face verbal feedback after completion of the clinical task
- Be followed by completion of the electronic Workplace Based Assessment** form (WBA)

**WBAs should be completed even if completion of the task was rated less than a 4 or 5, in order to foster feedback and development.

Aim to complete at least 2 -3 EPA Observations a week, including rotation, call & psychotherapy.

3. Evaluation of Residents as Educators (RaEs)

- For Pgy2 residents (and all subsequent CBME residents), the required Resident as Educator experiences should be assessed using the WBA form for **EPA Core #10**, located on MedSIS.
- Please note that the RaE Requirements for our program extend beyond those required for the Core EPA #10.
- A tracking form of completion of Resident as Educator experiences can be found on Medportal.

4. Emergency Psychiatry On-Call Evaluations

Pgy2 Residents are expected to have a minimum of 12 emergency psychiatry evaluations completed per six months

Tip! Trigger your evaluation before leaving at the end of your shift.

Instructions for triggering these PES Evaluations on located on Medportal, and can be found via: http://postgrad.medportal.ca/programs/psych/documents/InstructionsforPESEvalsinMEDSIS_ResidentView_2018Update.pdf

Evaluation Form of Residents On-Call

	Satisfactory	Needs Improvement
At the start of the call shift I received a brief summary of current patients and patient flow issues in the PES		
Case presentations by the resident demonstrated adequate familiarity with each patient's history and clinical information		
The resident demonstrated appropriate clinical decision-making skills.		
The resident developed reasonable disposion and treatment plans for each patient.		
The resident identified knowledge gaps for discussion, when time allowed, as appropriate.		
The resident asked questions about clinical or administrative issues when needed.		
The resident managed and prioritized patient care and service needs.		
The resident demonstrated professionalism throughout the on-call period.		

Areas of Strength:

Areas for Improvement:

5. Psychotherapy Evaluations

Detailed information regarding psychotherapy assessment can be found on PTeR.

Residents will be evaluated regarding:

- Completion of PTeR modules
- Therapeutic Alliance Rating Scales
- Ratings of Tapes
- EPA Core #6 (see below)

EPA C6 (Psychotherapy) Assessments during Pgy2

- To complete this EPA, you must have 3 successful observations of achievement of CBT sessions
- Your supervisor can complete these assessments by listening to your tapes
- It is suggested that you aim to have 4 successful observations of achievement in CBT, to work towards completion of this EPA overall

Rotation Feedback

Feedback from our residents is imperative to our ongoing review & revision of the program, and faculty development. It is also a requirement for the process of Tenure and Promotion of faculty members. For these reasons, completion of all evaluations is asked of our residents. Thank you in advance for taking the time to provide useful feedback.

At the end of each academic session, you will be asked to complete:

- An evaluation of the session

At the end of each of your clinical rotation experiences, you will be asked to complete:

- An evaluation of the rotation (i.e. about the experience in general)
- An evaluation of the faculty supervisor

At the end of each emergency psychiatry call shift, you will be asked to complete:

- An evaluation of the faculty supervisor(s) on call

At the completion of your CBT module, you will be asked to complete:

- An evaluation of the faculty supervisor

At the end of the Pgy2 Year, you will be asked to complete:

- A survey providing feedback about the Academic Coach pilot

APPENDIX A: Foundations' EPA Listing

Foundations EPA #1

Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry.

Key Features:

- This EPA focuses on management of medical presentations relevant to psychiatry, and recognition and initial management of medical emergencies.
- Examples include the following: substance intoxication; overdose and withdrawal; endocrine and metabolic disorders; delirium; stroke; traumatic brain injury; acute MI, HTN, CHF, COPD, and neuropsychiatric presentations of medical illness (seizure disorder, movement disorders); MS; Huntington's; Parkinson's disease.
- This EPA includes performing a medical assessment, including a general physical exam and neurological assessment, and interpreting relevant investigations.

Assessment Plan:

Direct observation by psychiatrist, neurologist, internal medicine specialist/hospitalist, emergency medicine physician, pediatrician, geriatrician, family physician, physician assistant, nurse practitioner, or non-psychiatry Core or TTP resident

Use Form 1. Form collects information on:

- Medical emergency: yes; no
- Case type: substance intoxication; overdose and/or withdrawal; congestive heart failure; chronic obstructive pulmonary disease; endocrine or metabolic disorders; acute myocardial infarction; hypertension; delirium; neuropsychiatric presentations of medical illness (seizure disorder, movement disorders, MS, Huntington's, Parkinson's disease); stroke; traumatic brain injury; other presentation
- Setting: emergency; inpatient; outpatient
- Demographic: child; adolescent; adult; older adult
- Service: psychiatry; neurology; medicine (CTU, GIM, or Family Medicine); on-call experiences; emergency; other

Collect 8 observations of achievement

- At least 2 medical emergencies
- At least 1 substance intoxication
- At least 1 overdose and/or withdrawal
- At least 1 neuropsychiatric presentation
- At least 1 endocrine or metabolic disorder
- At least 4 different observers
- At least 3 by a supervising staff physician

Relevant Milestones:

1. **ME 1.3 Apply clinical and biomedical sciences to manage core patient presentations**
2. **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**
3. **COM 2.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information**
4. **ME 2.2 Perform a medical assessment, including general physical exam and neurological assessment**
5. **ME 2.1 Differentiate stable and unstable patient presentations**
6. **ME 2.4 Develop a plan for initial management of a medical presentation**
7. **ME 1.6 Seek assistance in situations that are complex or new**
8. **ME 4.1** Ensure follow-up on results of investigation and response to treatment
9. **COM 3.1** Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan
10. **COM 4.1** Communicate with cultural awareness and sensitivity
11. **COM 5.1** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
12. **COL 1.2** Describe the roles and scopes of practice of other health care professionals related to their discipline
13. **P 1.1 Demonstrate awareness of the limits of one's own professional expertise**

Foundations EPA #2

Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders.

Key Features:

- This EPA focuses on establishing rapport/therapeutic alliance and performing psychiatric assessments using a biopsychosocial approach in order to develop a differential diagnosis which reflects an understanding of common conditions and comorbidities.
- This EPA includes demonstrating an understanding of the impact of the biopsychosocial approach on diagnosis, assessment, management, and prognosis to improve patient-centered care.

Assessment Plan:

Direct observation by psychiatrist/psychiatry subspecialist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident, or psychiatry/psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient; day hospital; community; assisted living; correctional; residential treatment centre; simulation
- Demographic: child; adolescent; adult; older adult
- Case type: anxiety disorder; cognitive disorder; mood disorder; personality disorder; psychotic disorder; substance use disorder; other
- Complexity: low; medium; high

Collect 6 observations of achievement

- At least 1 emergency setting
- At least 2 inpatient settings
- At least 2 outpatient settings
- At most 2 child and adolescent patients
- At most 2 older adult patients
- At least 3 different case types
- At least 2 by psychiatrists
- At least 3 different observers

Relevant Milestones:

1 **ME 1.3** Apply knowledge of psychiatry, including neuroscience, psychology, and nosology, to accurately assess and diagnose patients

ME 1.3 Apply knowledge of the impact of biological, psychological, and social factors, including cultural factors, on the etiology and manifestation of mental disorders

COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion

COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety

COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviours to enhance communication with patients

COM 1.5 Recognize when personal feelings in an encounter are valuable clues to the patient's emotional state

COM 2.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information

COM 2.2 Focus the interview, managing the flow of the encounter while being attentive to the patient's cues and responses

COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

ME 2.2 Perform, interpret, and report mental status examination, including phenomenology

ME 2.2 Develop a differential diagnosis relevant to the patient's presentation

COM 2.1 Integrate and synthesize information about the patient's beliefs, values, preferences, context, and expectations with biomedical and psychosocial information

COM 3.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan

COM 5.1 Document information about patients and their medical conditions

COM 5.2 Demonstrate reflective listening, open-ended inquiry, empathy, and effective eye contact while using a written or electronic medical record

P 1.1 Exhibit appropriate professional behaviours

Foundations EPA #3

Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity.

Key Features:

- This EPA includes the implementation of the management plan.
- The observation of this EPA is based on the review of a management plan and observation of the resident's communication of the management plan to the patient.

Assessment Plan:

Direct and indirect observation by psychiatrist/psychiatric subspecialist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident, or psychiatry/psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient; day hospital; community; assisted living; correctional; residential treatment centre; shared/collaborative care; simulation
- Case type: anxiety disorder; mood disorder; personality disorder; psychotic disorder; OCD; substance use disorder; trauma; other
- Demographic: child; adolescent; adult; older adult

Collect 6 observations of achievement

- At least 1 mood disorder
- At least 1 psychotic disorder
- At least 1 personality disorder
- At least 1 substance use disorder
- At least 1 of anxiety or trauma or OCD
- No more than 2 child or adolescent patients
- No more than 2 older adult patients
- At least 3 different observers
- At least 2 by psychiatrists

Relevant Milestones:

1. **ME 2.3** Establish goals of care
2. **ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context**
3. **ME 3.2 Describe the indications, contraindications, risks, and alternatives for a given treatment plan**

- **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**
- **ME 2.4 Prescribe first line psychotropic medicines**
- **ME 3.2** Obtain and document informed consent, under supervision
- **ME 4.1 Develop plans for ongoing management and follow-up**
- **ME 4.1 Coordinate care when multiple health care providers are involved**
- **COM 5.1** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- **COL 1.2** Describe the roles and scopes of practice of other health care professionals related to their discipline
- **COL 1.2** Consult as needed with other health care professionals, including other physicians
- **HA 1.1** Demonstrate an approach to working with patients to advocate for health services or resources
- **S 2.5** Provide feedback to enhance learning and performance for learners
- **P 3.1** Integrate appropriate components and aspects of mental health law into practice

Foundations EPA #4

Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others.

Key Features:

- The focus of this EPA is the appropriate assessment of risk and safety issues.
- This EPA includes developing an acute safety management plan. This may include focusing on risk factors for suicide, self-harm, and violence towards others in the assessment.
- This EPA involves consideration of mental health law and its application to patients at risk of harm to self or others.

Assessment Plan:

Direct observation by psychiatrist/subspecialty psychiatrist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident or psychiatry/psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Patient history: non-suicidal self-injury; history of violence or forensic involvement; active suicidal ideation or behaviour; active homicidal/violent ideation or violent behaviour; other issue
- Setting: emergency; inpatient unit; outpatient
- Demographic: child; adolescent; adult; older adult

Collect 5 observations of achievement

- At least 1 patient with non-suicidal self-injury
- At least 1 patient with active suicidal ideation or behavior
- At least 1 patient with active homicidal/violent ideation or violent behaviour
- No more than 1 child or adolescent patient
- No more than 1 older adult patient
- At least 3 by psychiatrists
- At least 3 different observers

Relevant Milestones:

1. **COM 2.2 Manage the flow of challenging patient encounters**
2. **COM 1.1 Recognize and manage one's own reaction to patients**
3. **COM 2.1** Collect collateral information that informs diagnosis and management plan
4. **ME 2.2 Assess risk factors for violence, suicide, and self-harm, including modifiable and non-modifiable factors**

5. **ME 3.2** Describe the indications, contraindications, risks, and alternatives for a given treatment plan
6. **ME 2.4 Develop and implement an acute safety management plan**
7. **L 2.1** Consider appropriate use of resources when developing treatment plans
8. **ME 5.2** Apply crisis intervention skills, including development of a safety plan, as appropriate
9. **P 3.1 Apply knowledge of the relevant codes, policies, standards, and laws governing physicians and the profession, including relevant mental health legislation**
10. **COL 3.1 Identify patients requiring handover to other physicians or health care professionals**
11. **COL 3.2 Provide a clinically relevant summary to the receiving physician or care team**

Foundations EPA #5

Performing critical appraisal and presenting psychiatric literature.

Key Features:

- This EPA focuses on critical appraisal of literature in order to make appropriate clinical decisions and to encourage lifelong learning and acquisition of new knowledge and skills in the specialty.
- This EPA includes posing a clinically relevant question, performing a literature search, critically appraising the literature, and presenting in a group setting.
  - This includes presentations such as grand rounds, journal club, case conference, M&M rounds or QI rounds.

Assessment plan:

Direct observation of presentation by supervisor, with input from audience
Use Form 1.

Collect 2 observation of achievement

- At least 2 different observers

Relevant Milestones:

1. **S 3.1 Recognize uncertainty and knowledge gaps in clinical and other professional encounters relevant to their discipline**
2. **S 3.3 Assess the validity and risk of bias in a source of evidence**
3. **S 3.3 Interpret study findings, including a critique of their relevance to practice**
4. **S 3.3 Evaluate the applicability of evidence (i.e. external validity, generalizability)**
5. **S 4.2 Identify ethical principles in research**
6. **S 4.5** Summarize and communicate to colleagues, the public, or other interested parties, the findings of applicable research and scholarship

APPENDIX B
High Yield Core EPAs for Pgy2

Core EPA #1

Developing comprehensive treatment / management plans for adult patients.

Key Features:

- This EPA focuses on performing a psychiatric assessment, using psychological and neurobiological theories of psychiatric illness and personality development to guide the biopsychosocial interview, and gathering pertinent patient information in adult patients of medium to high complexity.
- This also includes synthesizing the information to develop a differential diagnosis and a comprehensive treatment/management plan that integrates psychopharmacology, psychotherapy, neurostimulation and social interventions, as appropriate.
- This EPA does not include delivery of the management plan.

Assessment plan:

Direct observation, case discussion and/or review of consult letter or other documents by psychiatrist/psychiatric subspecialist, TTP psychiatry resident, psychiatry fellow, Core/TTP psychiatry subspecialty resident, psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient
- Case type (select all that apply): anxiety disorder; major depressive disorder; bipolar disorder; personality disorder; psychotic disorder; substance use disorder; intellectual disability; autism spectrum disorder; trauma; other
- Complexity: low; medium; high
- Observation (select all that apply): direct; case discussion; review of clinical documents

Collect 8 observations of achievement

- At least 2 emergency
- At least 2 inpatient
- At least 2 outpatient
- At least 2 consultation liaison
- At least 2 psychotic disorders
- At least 1 substance use disorder
- At least 1 anxiety disorder
- At least 1 history of trauma
- At least 1 major depressive disorder
- At least 1 bipolar disorder
- At least 1 personality disorder
- At least 1 intellectual disability/ autism spectrum disorder comorbidity
- At least 3 high complexity
- At least 5 direct observations with review of documentation
- At least 4 different observers
- At least 3 by psychiatrists

Relevant Milestones:

1. **ME 1.3** Apply knowledge of diagnostic criteria for mental health disorders
2. **ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed**
3. **ME 2.2 Perform a psychiatric assessment, including a focused physical exam**
4. **ME 2.2 Select appropriate investigations and interpret their results**
5. **ME 2.2 Synthesize biological, psychological, and social information to determine a diagnosis**
6. **ME 2.3 Establish goals of care**
7. **ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context**
8. **ME 3.1** Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centred, and considers the risks and benefits of all approaches
9. **COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**
10. **COM 3.1 Convey information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**
11. **P 1.1** Exhibit appropriate professional behaviours

Core EPA #5

Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan.

Key Features:

- This EPA focuses on the assessment and management (i.e. pharmacological and nonpharmacological) of any psychiatric emergency and maintaining safety and minimizing risk to patients, self, and others.
- This includes presentations involving risk of harm to self or others, acute agitation and aggression, as well as other behavioural and emotional disturbances, and medical emergencies, such as acute dystonic reactions, delirium, catatonia, serotonin syndrome, neuroleptic malignant syndrome (NMS), etc.

Assessment Plan:

Direct observation by psychiatrist/psychiatric subspecialist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident, or psychiatry/psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient; community; simulation
- Case type: acute agitation and aggression; other behavioural and/or emotional disturbance; active suicidal ideation; homicidal/violent ideation; risk of harm to others; medical emergency related to delirium; acute dystonic reaction; catatonia; serotonin syndrome; NMS; other condition
- Complexity: low; medium; high

Collect 8 observations of achievement

- At least 2 patients with acute agitation and aggression
- At least 2 patients with active suicidal ideation
- At least 1 patient with homicidal/violent ideation or risk of harm to others
- At least 2 patients with medical emergencies related to delirium
- At least 1 patient with acute dystonic reaction, catatonia, serotonin syndrome, or NMS (may be in a simulation setting)
- At least 3 observations by psychiatrist/psychiatric subspecialist

Relevant Milestones:

1. **ME 2.1 Recognize instability and medical/psychiatric acuity in a clinical presentation**
2. **ME 2.1 Recognize and manage patients at risk of harm to self or others and intervene to mitigate risk**
3. **ME 2.2** Focus the assessment performing it in a time-effective manner without excluding key elements

- **ME 2.2** Assess risk of harm to self or others
- **ME 3.1 Determine the most appropriate therapies and/or interventions to minimize risk**
- **ME 2.4** Develop and implement a management plan
- **ME 5.2 Apply policies, procedures, and evidence-based practices when dealing with patient, staff, and provider safety, including violent and potentially violent situations**
- **ME 2.4** Determine the setting of care appropriate for the patient's health care needs
- **ME 4.1** Determine the need, timing, and priority of referral to another physician and/or health care professional
- **COM 3.1** Convey the rationale for decisions regarding involuntarily treatment and/or hospitalization
- **COM 1.5** Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately
- **COL 3.1 Provide emergent/urgent medical assistance for patients as necessary, arranging for referral and/or transport to appropriate medical facility**
- **COL 3.2 Ensure communication of risk management plans**
- **L 1.2** Assess and manage safety/risk for staff and care providers in all settings

Core EPA #7

Integrating the principles and skills of neurostimulation into patient care.

Key Features:

- This EPA focuses on the application of neurostimulation modalities in the management of adult and older adult patients.
- This includes determining appropriateness of the intervention for the clinical scenario; identifying contraindications, risks, and benefits; completing pre-procedure workup; delivering ECT; managing and interpreting electroencephalography (EEG) as a part of ECT; providing follow-up care; and managing short and long term complications.
- This EPA also includes communicating with the patient and family about the procedure to guide consent, and dealing with stigma or cultural resistance related to acceptance of the proposed procedure.
- The observation of this EPA is divided into two parts: suitability for neurostimulation; delivery of neurostimulation.

Assessment plan:

Part A: Suitability for neurostimulation

Direct and indirect observation by psychiatrist

Use form 1. Form collects information on:

- Setting: inpatient unit; outpatient; simulation
- Demographic: adult; older adults - Case type (write-in):
- Modality: ECT; rTMS; other evidence-based form of neurostimulation

Collect 3 observations of achievement

- At least 1 of each demographic
- At least 2 observations must be for ECT

Part B: Delivery of neurostimulation

Direct observation by psychiatrist or neurostimulation provider

Use form 1. Form collects information on:

- Demographic: adult; older adults - Case type (write-in):
- Modality: ECT; rTMS; other evidence-based form of neurostimulation

Collect 3 observations of achievement

- At least 2 observations must be for ECT

Relevant Milestones:

Part A: Suitability for neurostimulation

1. **ME 2.4** Develop and implement management plans that consider all of the patient's health problems and context
2. **ME 2.2 Assess a patient's suitability to proceed with neurostimulation**
3. **ME 3.2 Describe the indications, contraindications, risks, and alternatives for neurostimulation**
4. **COM 3.1 Provide information clearly and compassionately, checking for patient/family understanding**
5. **COM 4.3** Answer questions from the patient and/or family
6. **COM 4.3 Use communication skills and strategies that help the patient make an informed decision**
7. **ME 3.2** Use shared decision-making in the consent process
8. **ME 3.2 Obtain and document informed consent**
9. **ME 2.4 Anticipate peri-procedural issues and complications, and incorporate these considerations in the management plan**
10. **HA 1.2 Work with patients and their families to decrease stigma regarding neurostimulation treatments**

Part B: Delivery of neurostimulation

1. **ME 2.2 Assess a patient's suitability to proceed with neurostimulation**
2. **ME 3.2** Describe the indications, contraindications, risks, and alternatives for neurostimulation
3. **ME 3.2 Obtain and document informed consent**
4. **ME 3.4 Prepare and position the patient for the neurostimulation procedure**
5. **ME 3.4 Administer sedation and apply monitoring equipment to optimize patient safety and comfort**
6. **ME 3.4 Apply neurostimulation using appropriate techniques**
7. **COL 1.2 Communicate effectively with nurses and/or assistants during the procedure**
8. **ME 3.4 Document the encounter to adequately convey the procedure and outcome(s)**
9. **ME 3.4 Establish and implement a plan for post-procedure care**

Core EPA #8

Integrating the principles and skills of psychopharmacology into patient care.

Key Features:

- This EPA focuses on pharmacological management and includes the prescription and monitoring of medications for adult patients as well as for children, adolescents, and older adults.
- This EPA includes obtaining informed consent and providing education for medication as appropriate across the lifespan, including in pregnancy, children, adolescents, and the elderly population (with varying levels of capacity).
- This EPA also includes advocating for access to medication.

Assessment plan:

Direct and indirect observation by psychiatrist/subspecialty psychiatrist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident, or psychiatry/psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Demographic: child; adolescent; adult; older adult
- Activity (select all that apply): starting and monitoring medication; medication management (including switching, augmenting, discontinuation); reviewing management; safe prescribing practice; de-prescribing
- Medication (select all that apply): serotonin specific reuptake inhibitor; serotoninnoradrenaline reuptake inhibitor; tricyclic antidepressant; antipsychotic; clozapine; long-acting injectable antipsychotic; anxiolytic; benzodiazepine; sedative/hypnotic; lithium; mood stabilizer; stimulant; cognitive enhancer; opioid agonist; agent to treat medication side effect; other
- Complexity factors: pregnancy; breast feeding; multiple medications; substitute decision maker; medical comorbidity; other

Collect 12 observations of achievement:

- At least 1 each starting and monitoring
    - long-acting injectable antipsychotic
    - oral antipsychotic
    - sedative/hypnotic

- At least 2 starting and monitoring two different classes of antidepressants

- At least 1 each starting and/or monitoring:
    - lithium
    - clozapine

- At least 1 each of managing:
    - Benzodiazepine
    - opioid agonist therapy
    - mood stabilizer other than lithium
    - agent to treat medication-induced side effect

- At least 1 patient on multiple psychiatric medications
- At least 2 patients in the CL setting
- At least 2 child/adolescents, including starting and managing 1 stimulant
- At least 2 older adults, including 1 with a cognitive enhancer
- At least 1 pregnant or breastfeeding patient
- At least 5 observers
- At least 3 by psychiatrists

Relevant Milestones:

1. **ME 1.3 Apply knowledge of pharmacodynamics and pharmacokinetics at various developmental stages**
2. **ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
3. **ME 3.2 Describe the indications, contraindications, risks, and alternatives for a given treatment plan**
4. **ME 2.2 Assess and monitor patient adherence and response to therapy**
5. **ME 2.2 Assess potential harmful or beneficial drug-drug interactions**
6. **ME 3.2** Use shared decision-making in the consent process
7. **ME 4.1 Establish plans for ongoing care**
8. **COM 5.1 Document prescriptions accurately in the patient's medical record, including the rationale for decisions**
9. **COL 1.2** Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
10. **L 2.2** Apply evidence and management processes to achieve cost-appropriate care
11. **HA 1.1 Facilitate access to appropriate medications**
12. **P 1.4** Recognize and manage conflicts of interest in independent practice

Core EPA #9

Applying relevant legislation and legal principles to patient care and clinical practice.

Key Features:

- This EPA includes activities in which clinicians must apply legislation or ensure they employ a legally defensible approach in evaluation, diagnosis, and communication.
- Examples include the following: performing suicide and self-harm risk assessments; performing acute violence risk assessments; restricting rights of a patient; evaluating and defending an opinion for various capacities; obtaining and documenting informed consent; evaluating and communicating an opinion regarding restrictions and limitations relevant to disability; evaluating whether a duty exists to third parties.

Assessment plan:

Direct observation by psychiatrist/psychiatry subspecialist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident, or psychiatry/ psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient; simulation
- Issue: capacity to consent to treatment; fitness to stand trial; financial capacity; testamentary capacity; capacity with respect to long-term care; MAID; disability; disclose information; restriction or limitation of rights; need for mandatory or discretionary reporting; other issue
- Initiating involuntary treatment or hospitalization: yes; no
- Complexity: low; medium; high

Collect 6 observations of achievement

- At least 2 capacity to consent to treatment in complex patients
- At least 2 restricting or limiting rights of a patient with the included due process protections such as initiating involuntary treatment and/or hospitalization
- At least 1 evaluation for restrictions/limitations relevant to disability
- At least 1 need for mandatory or discretionary reporting
- At least 4 by psychiatrists
- At least 2 different psychiatrist observers

Relevant Milestones:

1. **ME 1.3 Apply knowledge of legal principles and legislation relevant to Psychiatry**
2. **ME 2.2 Perform risk assessments, including for suicide, self-harm, and violence**
3. **ME 3.2** Obtain and document informed consent

4. **ME 5.2** Adopt strategies that promote patient safety and address human and system factors
5. **ME 2.2 Assess a patient's decision-making capacity**
6. **COM 1.6** Tailor approaches to decision-making to patient capacity, values, and preferences
7. **COM 5.1 Document clinical encounters in an accurate, complete, timely, and accessible manner, and in compliance with legal and privacy requirements**
8. **P 3.1 Adhere to requirements for mandatory and discretionary reporting**
9. **P 3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice**

Core EPA #10

Providing teaching for students, residents, the public and other health care professionals.

Key Features:

- This EPA focuses on formal teaching presentations to diverse audiences such as patients, families, junior and senior learners, and other health professionals.
  - This includes critical appraisal of relevant literature, adaptation of language and material to the needs of the audience, and effective presentation skills.

Assessment plan:

Direct observation by psychiatrist
Use Form 1. Form collects information on:

- Topic (write-in):
- Audience (select all that apply): residents/medical students; peers; psychiatrists; patients and/or families; public; other health care professional

Collect 4 observations of achievement

- At least 2 different audiences
- At least 2 different psychiatrist observers

Relevant Milestones:

1. **S 2.4** Identify the learning needs and desired learning outcomes of others
2. **ME 1.3 Apply a broad base and depth of knowledge in biopsychosocial sciences**
3. **S 2.4 Develop learning objectives for a teaching activity**
4. **S 3.3 Critically evaluate the literature**
5. **S 3.4** Integrate best evidence and clinical expertise
6. **S 2.4 Present the information in an organized manner**
7. **S 2.4 Use audiovisual aids effectively**
8. **S 2.4 Provide adequate time for questions and discussion**