

Foundations of Discipline – Pgy1 Guide for Academic Coaches

2020 - 21



Overview

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

“The loftier the building, the deeper must the foundation be laid.”

-Thomas à Kempis

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Objectives of the Foundations of Discipline Stage of Training, Pgy-1 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. Begin to develop skill in completion of risk assessments that inform acute safety plans
5. Begin to develop & implement management plans for patients of low to medium complexity
6. Begin to develop differential diagnoses in patients of low to medium complexity
7. Practice and hone skills in case presentation, documentation, order writing and handover
8. Gain experience providing after hours coverage as a physician
9. Develop awareness & appreciation for the work of medical colleagues with whom psychiatrists often interact including those in family medicine, emergency medicine, neurology and internal medicine.
10. Perform critical appraisal & present on relevant medical literature
11. Gain knowledge of & begin to apply concepts of:
 - Differentiating normal versus disease states
 - Recognition of and approach to investigation & management of:
 - common medical conditions
 - medical comorbidities in people with psychiatric presentations
 - medical conditions with psychiatric manifestations
 - Diagnostic classification systems
 - Legislation related to medico-legal requirements of mental health care
 - Etiology, diagnosis, treatment & natural course of major psychiatric disorders
 - Developing 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 Pgy1 Residents during the Foundations of Discipline Stage of Training

Foundations of Discipline Psychiatry residents are expected to:

- Maintain sight of their role as physicians in providing their best possible patient care
- Actively engage in all learning activities
- Be an active participant in their learning. Identify key topics of interest and personal learning objectives to their 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 they are working
- Attend all clinical days, unless on vacation, post-call (Hamilton residents) or ill
- Demonstrate awareness of clinical responsibilities.
- Actively participate in all academic sessions
- Arrive on time for all clinical work & academic sessions
- Notify clinical supervisors of any days / times they 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 their limitations. Residents should be supported in informing their supervisor whenever they find themselves outside of their knowledge or skill level.
- Not take any patient material home with them.
- Conduct themselves 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-1 Year

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

- Demonstrate an approach to the investigation and treatment of medical and neurological conditions that have relevance to psychiatric care. This includes medical conditions of high prevalence in the general population and those with psychiatric conditions, as well as the interactions with & side effects of psychotropic medication.
- Demonstrate familiarity with topics at the interface of neurology and psychiatry
- Demonstrate an approach to the assessment and management of psychiatric presentations within medical settings.
- Demonstrate development of knowledge of symptom complexes of major psychiatric disorders
- Conduct a psychiatric assessment with a patient of low to medium complexity.
- Begin to develop appropriate differential diagnoses and management plans in patients of low to medium complexity.
- Conduct a basic risk assessment and begin to develop an appropriate safety plan
- Demonstrate use of key safety strategies in conducting psychiatric interviews
- Conduct an emergency psychiatric assessment in patients of low to medium complexity
- Demonstrate improved efficiency in providing verbal case presentations
- Document all clinical encounters in written/electronic form, in an appropriately thorough manner.
- Demonstrate the ability to engage cooperatively with patients, using active listening skills, and providing compassionate care
- Demonstrate the ability to communicate clearly with patients, families & other health care professionals.
- Interact effectively with all health care team members, acknowledging individuals' roles and expertise, and recognizing there is much to be learned from others
- Responsibly and accountably attend to clinical and academic responsibilities.
- Display organizational skills with effective time-management
- Accurately assess one's own personal learning needs and demonstrate commitment to continuously improving one's knowledge and skills including through self-directed learning and use of critical appraisal in reviewing the literature.
- Demonstrate awareness of systems factors that affect patients
- Demonstrate professional behavior in all interactions including with patients, families, health care team members, supervisors, colleagues, administrative support staff.
- Engage in conflict resolution with respect and solution-focused strategies
- Achieve the goals & objectives specific to each rotation

*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](#).

General Expectations of Supervisors* during Foundations of Discipline Stage of Training

*As senior residents will be supervising their junior colleagues on call, these expectations would also apply to senior residents in that role.

Supervisors are also encouraged to refer to the McMaster Postgraduate Medical Education document, "*Supervision of Clinical Activities of PGME Learners*" found [here](#).

During the Foundations of Discipline Stage of Training, supervisors of Pgy-1 Psychiatry residents are expected to:

- Maintain sight of their role as physicians in providing the best possible patient care
- Always be available to the resident, in case of an urgent patient situation during regular work hours, including days when providing indirect supervision.
- Actively engage residents in clinical activities and learning opportunities
- Take interest in residents' learning objectives. Discuss with the resident at the start of the rotation their personal learning objectives as well as the overall G&O of the rotation
- Take shared responsibility with residents to identify opportunities for observation and feedback including for EPA encounters.
- Regularly provide specific, actionable feedback to promote knowledge & skill development
- Allow the resident to attend all mandatory academic activities without guilt or fear of reprisal.
- Allow the resident to attend to mandatory psychotherapy training responsibilities without guilt or fear of reprisal. Residents and psychotherapy supervisors have been encouraged to complete psychotherapy requirements on Wednesdays, however this is not always possible. All attempts are made for psychotherapy requirements to be as least disruptive to core rotation training as possible when it is necessary for them to be held outside of Wednesdays.
- Notify residents of any days / times you will be absent, as well as coverage arrangements
- Conduct themselves in a professional manner
- Complete all evaluations in a timely manner:
 - **ITARs** should be completed within **one week** of due date. (these expire after 60 days)
 - **EPA Evaluations** should be completed within **one day** of the encounter (these expire after 1 week)
 - Emergency Psychiatry Evaluations are NOT required of Pgy-1 Residents

Specific Supervisor Expectations:

Guidelines for supervisors to specific scenarios can be found in the following documents:

- [Guidelines for Faculty Supervising Psychiatry Residents in PES, Junior to Senior Residency, April 6, 2020](#)
- [Guidelines for Faculty Supervising Psychiatry Residents On Call, Oct.1, 2019](#)
- [McMaster Psychiatry PG Program, Guidelines for Pandemic Supervision, April 6, 2020](#)

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 2 Other Clinical Teaching Encounters	Teaching to Pt/Family
Psychotherapy			Learn Foundational Skills	Begin CBT
Longitud'nl Reqts	Addictions Log Developmental Disabilities Log		SPMI Patient(s) & Log	

Entrustable Professional Activities Residents are to Achieve by the End of the Foundations of Discipline

For full descriptors of these EPAs, please see Appendix A.

Successful Evals Required

Mandatory Contextual Variables Required in the Successful Evals

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

Design of Pgy1 Year of Foundations of Discipline: August 25, 2020 – June 30, 2021

Block #	3	4	5	6	7	8	9	10	11	12	13
Dates	Aug25-Sep21	Sep22-Oct19	Oct20-Nov16	Nov17-Dec14	Dec15-Jan11	Jan12-Feb8	Feb9-Mar8	Mar9-Apr5	Apr6-May3	May4-May31	Jun1-30
Rotation	IM		Neuro	Psych Inpt Medical Team	Addictions	EM	FM	Emergency Psychiatry	Elective	Peds Neuro	Selective
Call	GIM Call		Neuro Call	ER Psych	ER Psych	N/A	FM Call	ER Psych	ER Psych	ER Psych	ER Psych
	Blocks 3 - 13 will be the above rotations, with the order of rotations varying for each student.										
Scholarly Work	Critical Appraisal & Present Psychiatric Literature (EPA F5)										
Longitud'nl Reqts	Addictions Log Developmental Disabilities Log										

Pgy1 Block Rotations

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](#).

- Residents will rotate through a series of rotations, as illustrated above.
- Residents have been asked to inform their supervisors of all days that they will be away (vacation, post-call, professional leave, retreats, etc.), as well in advance as possible.
- For questions specific to a rotation, residents are to contact the Program Administrator for that discipline (see Contacts).
- For questions regarding the Emergency Psychiatry & Addictions Rotations, residents are to contact Cheyenne or Ashley.
- **Internal Medicine:**
 - 2 block rotation. PARO Memorandum of Understanding: 1 week vacation / 2-blocks CTU
 - On Call responsibilities are with GIM service
 - EPAs of High Yield: [F1](#)
 - EPAs of Medium Yield: [F5](#), [C5 \(delirium\)](#)
- **Neurology:**
 - 1 block rotation
 - On Neurology inpatient wards (Neuro CTU and Stroke Service) [in Hamilton](#)
 - On call responsibilities are with the Neuro service buddied with senior resident

- Weeknights until midnight only
 - 1 Weekend Day (9am-5pm)
 - Approx. 1 call / week
 - EPAs of High Yield: [F1](#)
 - EPAs of Medium Yield: [F5](#)
- **Psych Inpatient Medical Team:**
 - 1 block
 - Hamilton: with SJH, West 5th Medical Team
 - WRC: with Homewood Medical Team
 - On-call responsibilities will be with Emergency Psychiatry call roster at home campus
 - EPAs of High Yield: [F1](#)
 - EPAs of Medium Yield: [F5](#), [C5 \(delirium\)](#), [C8 \(side effect Tx\)](#), [C9 \(capacity\)](#)
- **Emergency Medicine:**
 - 1 block
 - EPAs of High Yield: [F1](#)
 - EPAs of Medium Yield: [C5 \(delirium\)](#)
- **Family Medicine:**
 - 1 block
 - On call responsibilities are with Department of Family Medicine
 - EPAs of High Yield: [F1](#)
- **Pediatric Neurology:**
 - 1 block
 - On call responsibilities will be with Emergency Psychiatry call roster at home campus
 - EPAs of High Yield: [F1](#), [F5](#)
- **Addiction Psychiatry:**
 - 1 block
 - Completed at Homewood Health Centre, Guelph
 - On call responsibilities are with Emergency Psychiatry call roster at home campus
 - EPAs of High Yield: [F1](#), [F2](#), [F3](#), [F4](#), [F5](#)
 - EPAs of Medium Yield: [C1](#), [C8](#)
- **Emergency Psychiatry:**
 - 1 block
 - On call responsibilities are with Emergency Psychiatry call roster at home campus
 - EPAs of High Yield: [F1](#), [F2](#), [F3](#), [F4](#), [F5](#)
 - EPAs of Medium Yield: [C1](#), [C9](#)

- **Selective:**

- 1 block
- Pre-selected from listing of possible rotations prior to start of residency
- On call responsibilities are with Emergency Psychiatry call roster at home campus
- EPAs of Yield will depend on the Selective.

- **Elective Block:**

- Residents are responsible for designing & arranging their own block Elective experience.
- Most often, residents chose a Psychiatry experience for their elective
- Electives may be clinical or research and may be completed outside of a McMaster Site.
- Residents are asked to submit a proposal to the Program Director, at least one month in advance of the block, which includes the title of the elective, location of the elective, supervisor name & contact info, & their personal Goals & Objectives for the rotation.
- Residents should review their Goals & Objectives for the elective with their supervisor prior to submitting the proposal to the Program Director.

Mapping of Foundations’ Entrustable Professional Activities (EPAs) on Pgy1 Rotations

Full details of the five Entrustable Professional Activities (EPAs) which residents must complete by the end of the Foundations of Discipline Stage of Training can be found in Appendix A.

This chart identifies the Foundations EPAs which are likely of high yield during each Pgy1 rotation

*Capital X and multiple X indicate higher yield of that EPA during that rotation.	On Call Psych Emerg	GIM	Medical Team to Inpt Psych	Neuro	Family Medicine	ER Med	Addicns	Peds Neuro	pgy1 Elective	pgy1 Selective	Emerg Psych
Foundations											
EPA F1 Assessing, Dxing & participating in mgmt of pts w medical presentations relevant to psychiatry	X	XXX	XXX	XXX	XXX	XXX	XX	X		X	X
EPA F2 Performing psychiatric assessment referencing a biopsychosocial approach, and dvping basic DDx for pts w mental disorders	X				X		X		X	x	X
EPA F3 Developing & implementing mgmt plans for pts w psychiatric presentations of low to medium complexity.	X				X		X		X	X	X
EPA F4 Performing risk assessment that informs dvpt of acute safety plan for pts w risk of harm to self or others	X				X		X		X	X	XX
EPA F5 Performing critical appraisal & presenting psychiatric literature		X	X	X	x			X	x	X	

Mapping of Core EPAs with some Yield on pgy1 Rotations

There are also some “Core” 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 in the Foundations Stage.

*Capital X and multiple X indicate higher yield of that EPA during that rotation.	TtD Clinical	On Call Psych Emerg	GIM	Medical Team to Inpt Psych	Neuro	Family Medicine	ER Med	Addicns	Peds Neuro	pgy1 Elective	pgy1 Selective	Emerg Psych
Core												
EPA C1 Developing Tx / mgmt plans for adult patients with psych presentations of medium to high complexity		X				x	x	X		X	X	X
EPA C2 Performing psychiatric assessments, providing DDx & mgmt for presentations in children & youth.										X	X	
EPA C3 Performing psychiatric assessments, providing DDx & mgmt plans in older adults.		X								X	X	X
EPA C5 Identifying, assessing and managing emergent situations in psychiatric care across the lifespan.			X	X			X					
EPA C8 Integrating the principles & skills of psychopharmacology into patient care.		X				x	x	X		X		X
EPA C9 Applying relevant legislation & legal principles to patient care & clinical practice.		X	X			x	x	X		X		X

***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

Pgy1 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
- Residents should review their 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.
- Residents should review their log with the Program Director and/or Regional Education Lead (WRC) during their 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

Pgy1 Academic Days

- **Resident Attendance at Academic Half-Days is mandatory**, excepting vacation, professional leave, and post-call days.
- Supervisors have been made aware that residents are excused from afternoon clinical activities to attend their academic sessions.
- If residents are going to be away for an Academic Half-Day Session, they are asked to inform the facilitator and Connie (Hamilton) and Ashley (WRC).
- Academic Half-Days are held on Wednesday afternoons from 2:30 to 4:30 pm.
- During non-pandemic times, these sessions are held at SJH, West 5th Campus in Hamilton. WRC residents may choose to attend these sessions in person or access them via Zoom.
- During times of pandemic restrictions, these sessions will be held via Zoom.
 - To promote engagement, residents are expected to have their camera turned on in all academic sessions unless extenuating circumstances prevent this. In the event of such circumstances, residents are asked to inform the presenter of the reason
- Some rotations excuse residents from clinical duties for a full day on Wednesdays. During these rotations, residents' attendance at Psychiatry Grand Rounds and applicable Psychiatry Academic Enrichment sessions is expected.
 - **McMaster Dept. of Psychiatry Grand Rounds:**
 - Are held on Wednesday mornings, 9-10am, September to June
 - **Academic Enrichment Sessions:**
 - Wednesdays, 12:30 to 2 pm, SJH, West 5th Campus
 - For Pgy1 residents, these may include PRAM meetings, Evidence-Based Medicine Rounds, Complex Case Rounds, & OSCE Prep sessions.
- Homewood Health Centre Grand Rounds are held Thursdays, 12-1pm in the Homewood Aud.
 - These are optional, and encouraged, for residents on rotation at Homewood

Assessment During Foundations of Discipline Stage of Training – Pgy1 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 Rotations	ITAR (In-Training Assessment of Resident)	Primary Supervisor during each Block Rotation
2. EPAs	CBME Assessment Forms (accessed through MedSIS)*	Person observing (directly/indirectly) the resident complete the EPA task

1. In-Training Assessment of Resident (ITARs)

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

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 Activities (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 Activities (EPAs)** corresponding to the completion of this stage of training. These EPAs are outlined above and written in full description in Appendix A.

Residents are encouraged to strive for completion of EPA F1 by the end of Pgy1.

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 are outlined in full description in Appendix B.

Residents are encouraged to complete at least 2 – 3 EPA Observations & Feedback per week, across rotation & on-call experiences.

Assessment of an EPA should be documented using a CBME Assessment Form, located on MedSIS.

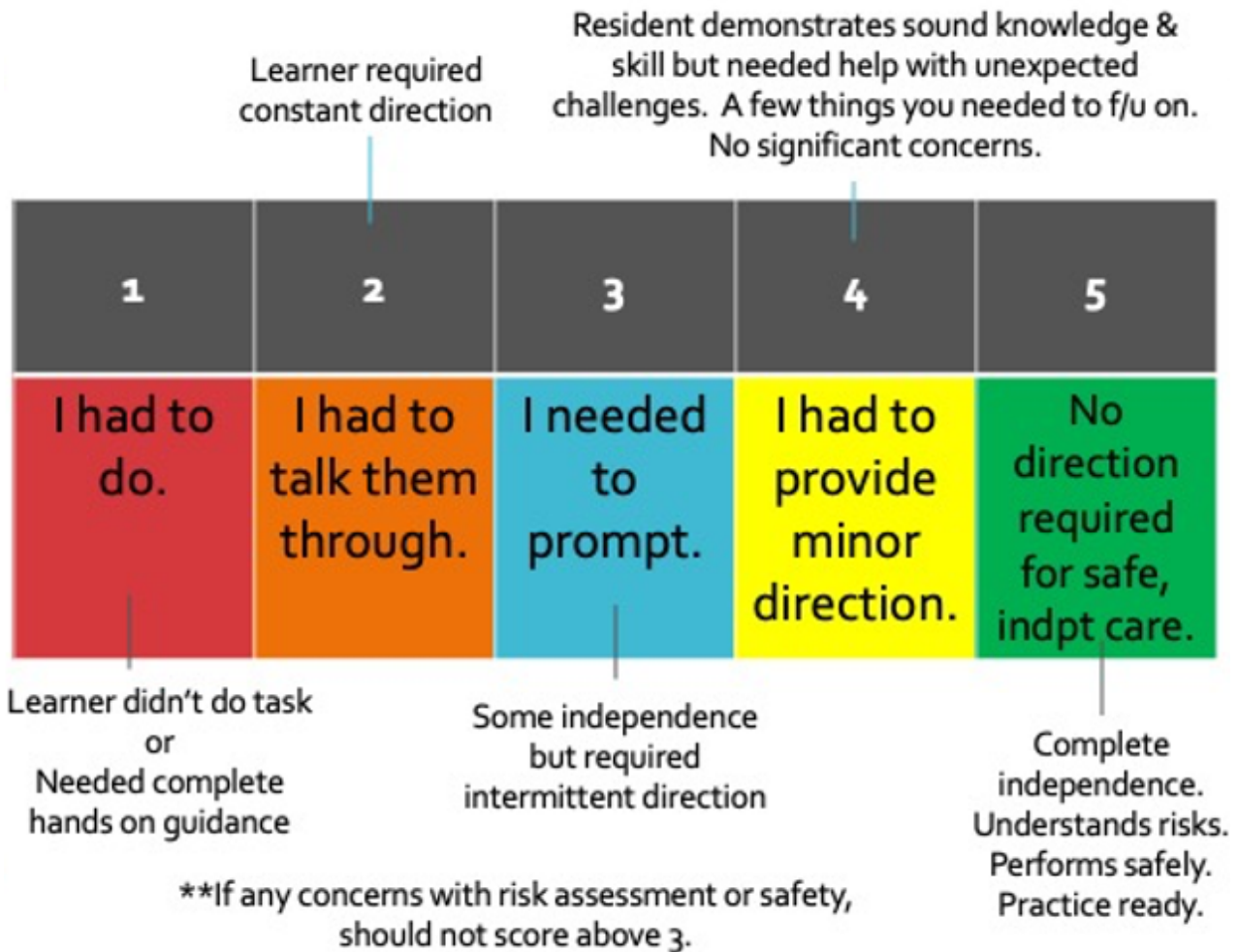


For MedSIS Instructions for use on **Mobile Devices**:
<https://healthsci.mcmaster.ca/medsis/training/cbme>



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

The resident should be assessed on their EPA performance using the descriptors on the Entrustment Scale, indicated on the CBME Assessment Form, as shown below:



Faculty & Residents are reminded that the most important part of the EPA Assessment is the Feedback Section.

IN ADVANCE of doing the clinical task that is to be assessed, supervisors have been asked to discuss with the resident:

- The EPA being observed
- Expectations of time duration of observed activity
- What they should do if they are not sure how to proceed

Assessments may involve direct or indirect observation depending on variables such as the task at hand, patient complexity, your comfort level, and resident skill.

Assessments should be followed by:

- In the moment, face to face verbal feedback
- Completion of the written, electronic CBME Assessment Form

Residents and supervisors have been reminded that:

- CBME Assessments should be completed even if completion of the task was rated less than a 4 or 5, in order to foster feedback and promote knowledge & skill development
- It is anticipated that it may take 2-3 attempts before a resident achieves a successful assessment, so observations & feedback opportunities should begin early in a rotation

Elements of **feedback** for a Foundations resident should include:

- Close time proximity to the completion of the task
- Identify any strengths demonstrated
- Identify 1 -2 specific areas for development with concrete examples
- Outline specific strategies for the resident to improve those areas for development
- Explain reasoning for score on Entrustment Scale
- Explain what would increase their Entrustment Score to the next number

Details of the Foundations' EPAs and the Core EPAs of potential yield in Pgy1 can be found in Appendix A and B.

Rotation Feedback

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

- An evaluation of the session

At the **end of each of your clinical rotation** experiences residents 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 the pgy1 Year**, residents will be asked to complete:

- A survey providing feedback about the Academic Coach pilot
- A PGME survey regarding their experiences as a first-year resident at McMaster

We will also be hosting **sessions to gather residents' feedback about CBME** over the course of the year.

Academic Coaches

Thank you for your support of our residents as an Academic Coach!

You are asked to meet with your Pgy1 resident at least 3 times this year.

Within your role, you are asked to:

- Help facilitate the resident's learning & development over time
- Help the resident navigate the curriculum map & plan their learning
- Identify & discuss specific, individual learning needs & goals with the resident
- Offer suggestions for strategies to promote development in areas of need & interest
- Review with the resident, their progress in achieving personal learning goals & required competencies
- Discuss challenges the resident may be experiencing
- Assist with rotation planning for Pgy2
- Assist with incorporating any recommendations from the Competence Committee



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
- 2 **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**
- 3 **COM 1.1** Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
- 4 **COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
- 5 **COM 1.4** Respond to patients' non-verbal communication and use appropriate non-verbal behaviours to enhance communication with patients
- 6 **COM 1.5 Recognize when personal feelings in an encounter are valuable clues to the patient's emotional state**
- 7 **COM 2.1** Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information
- 8 **COM 2.2 Focus the interview, managing the flow of the encounter while being attentive to the patient's cues and responses**
- 9 **COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent**
- 10 **ME 2.2** Perform, interpret, and report mental status examination, including phenomenology
- 11 **ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 12 **COM 2.1** Integrate and synthesize information about the patient's beliefs, values, preferences, context, and expectations with biomedical and psychosocial information
- 13 **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
- 14 **COM 5.1 Document information about patients and their medical conditions**
- 15 **COM 5.2** Demonstrate reflective listening, open-ended inquiry, empathy, and effective eye contact while using a written or electronic medical record
- 16 **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**
- 4 **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**
- 5 **ME 2.4 Prescribe first line psychotropic medicines**
- 6 **ME 3.2** Obtain and document informed consent, under supervision
- 7 **ME 4.1 Develop plans for ongoing management and follow-up**
- 8 **ME 4.1 Coordinate care when multiple health care providers are involved**
- 9 **COM 5.1** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 10 **COL 1.2** Describe the roles and scopes of practice of other health care professionals related to their discipline
- 11 **COL 1.2** Consult as needed with other health care professionals, including other physicians
- 12 **HA 1.1** Demonstrate an approach to working with patients to advocate for health services or resources
- 13 **S 2.5** Provide feedback to enhance learning and performance for learners
- 14 **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 Pgy1

Core EPA #C1

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 #C2

Performing psychiatric assessments and providing differential diagnoses and management plans for children and youth.

Key Features:

- This EPA focuses on performing a developmentally informed psychiatric assessment, using knowledge of neurobiological, cognitive, behavioral, emotional, family and personality development to perform a comprehensive biopsychosocial interview involving the patient, family, and others.
- This also includes synthesizing the information to develop a differential diagnosis and management plan that integrates psychopharmacology, psychotherapy and social interventions as appropriate.
- The management plan should include considerations of parent or guardian guidance, referral resources, and basic pharmacological and psychotherapeutic interventions.
- This EPA does not include delivery of the management plan.

Assessment plan:

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

Use Form 1. Form collects information on:

- Case type: anxiety disorder; mood disorder; attention deficit/hyperactivity disorder; autism spectrum disorder; intellectual disability; other neurodevelopmental disorder; personality disorder; psychotic disorder; substance use disorder; OCD; trauma; other presentation
- Co-morbidities (write-in):
- Setting: emergency; inpatient unit; consultation liaison; outpatient; community; residential treatment centre
- Complexity: low; medium; high
- Demographic: child 4-12 years; adolescent 13-18 years
- Observation (select all that apply): direct; case discussion; review of clinical documents

Collect 6 observations of achievement

- At least 1 mood disorder, anxiety disorder, or OCD
- At least 1 ADHD
- At least 1 abuse, neglect, or trauma
- At least 1 intellectual disability/autism spectrum disorder comorbidity
- At least 2 children 4-12 years

- At least 2 adolescents 13-18 years
- At least 4 direct observations, including review of documentation
- At least 3 different observers
- At least 2 observations by a child and adolescent psychiatrist

Relevant Milestones:

- 1 ME 1.3 Apply knowledge of normal and abnormal physical, cognitive, emotional, and behavioural development**
- 2 ME 2.2** Focus the clinical encounter, performing it in a time-effective manner without excluding key elements
- 3 ME 2.2 Adapt the clinical assessment to the patient’s developmental stage**
- 4 ME 2.2 Synthesize biological, psychological, and social information to determine a diagnosis**
- 5 ME 2.2** Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
- 6 ME 2.4 Develop and implement management plans that consider all of the patient’s health problems and context**
- 7 ME 3.2 Use shared decision-making in the consent process**
- 8 COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**
- 9 COM 2.1** Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview
- 10 COM 5.1** Document clinical encounters in an accurate, complete, timely, and accessible manner and in compliance with legal and privacy requirements
- 11 HA 1.1** Work with patients to address the determinants of health that affect them and their access to needed health services or resources
- 12 P 3.1 Apply child welfare legislation, including mandatory reporting**

Core EPA #C3

Performing psychiatric assessments and providing differential diagnoses and management plans for older adults.

Key Features:

- This EPA focuses on performing psychiatric assessments that adjust for potential cognitive and sensory decline, using the biopsychosocial model to guide the interview.
- This includes synthesizing the information to develop a differential diagnosis and management plan that integrates neurostimulation, psychopharmacology, psychotherapy, and social interventions, as appropriate, in older adult patients.
- This EPA includes new or persistent mood, anxiety, and psychotic disorders in older adults with or without co-morbid neurocognitive disorders.
- This EPA may include younger patients with early onset neurodegenerative or neurocognitive disorders such as Alzheimer's, and Behavioural and Psychological Symptoms of Dementia (BPSD).

Assessment plan:

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

Use Form 1. Form collects information on:

- Case type (select all that apply): anxiety disorder; bereavement; major depressive disorder; bipolar disorder; neurocognitive disorder; BPSD; personality disorder; psychotic disorder; substance use disorder
- Co-morbidities (select all that apply): delirium; CVA/Vascular disease; frailty; acquired or traumatic brain injury; Parkinson's disease; other movement disorder; other; n/a
- Setting: emergency; inpatient unit; consultation liaison; outpatient; community; assisted living; palliative
- Complexity: low; medium; high
- Additional concerns: rationalization of polypharmacy; elder abuse; other; n/a
- Observation (select all that apply): direct; case discussion; review of clinical documents

Collect 6 observations of achievement

- At least 3 neurocognitive disorders, including at least 1 patient with BPSD
- At least 1 major depressive disorder and/or bereavement
- At least 1 anxiety disorder
- At least 1 case with rationalization of polypharmacy
- At least 2 different observers
- At least 4 direct observations, including review of documentation
- At least 2 by a geriatric psychiatrist or psychiatrist with special interest in older adult patients

Relevant Milestones:

- 1 **ME 1.3 Apply knowledge of normal and abnormal physical, cognitive, emotional, and behavioural development**
- 2 **ME 2.2 Perform a psychiatric assessment, including a focused physical exam**
- 3 **ME 2.2** Focus the clinical encounter, performing it in a time-effective manner without excluding key elements
- 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 2.4 Develop and implement management plans that consider all of the patient's health problems and context**
- 7 **ME 3.2** Use shared decision-making in the consent process
- 8 **COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**
- 9 **COM 5.1** Document clinical encounters in an accurate, complete, timely, and accessible manner and in compliance with legal and privacy requirements
- 10 **HA 1.1 Work with patients to modify determinants of health**
- 11 **HA 1.1 Facilitate access to health services and resources**
- 12 **P 3.1 Apply relevant legislation, including capacity and neglected adults**

Core EPA #C5

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

Core EPA #C8

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; serotonin/noradrenaline 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:
 - o long-acting injectable antipsychotic
 - o oral antipsychotic
 - o sedative/hypnotic
- At least 2 starting and monitoring 2 different classes of antidepressants
- At least 1 each starting and/or monitoring:
 - o Lithium
 - o clozapine

- At least 1 each of managing:
 - o Benzodiazepine
 - o opioid agonist therapy
 - o mood stabilizer other than lithium
 - o 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**

Core EPA #C9

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**