

Foundations of Discipline – pgy2 Guide for Faculty & Senior Residents

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, 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 medical 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, Pgy-2 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 Pgy-2 Residents during Foundations of Discipline Stage of Training

During Foundations of Discipline, Psychiatry residents are expected to:

- Maintain sight of their role as physicians in providing the best possible patient care
- Actively engage in all learning activities
- Be an active participant in their learning; identifying key topics of interest and personal learning objectives to their supervisor and take initiative in gaining knowledge & skill in those areas
- Take shared responsibility in identifying opportunities for observation and feedback on EPAs
- 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 you will be absent, in advance of the absence whenever possible. This includes any post-call days and their week with IAMS (Hamilton)
- 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. Whenever they are outside of your knowledge or skill level, they should be informing their supervisor.
- Not take patient material home.
- 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-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](#).

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-2 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** should be completed within **one week** of call shift (these expire after 1 week)

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

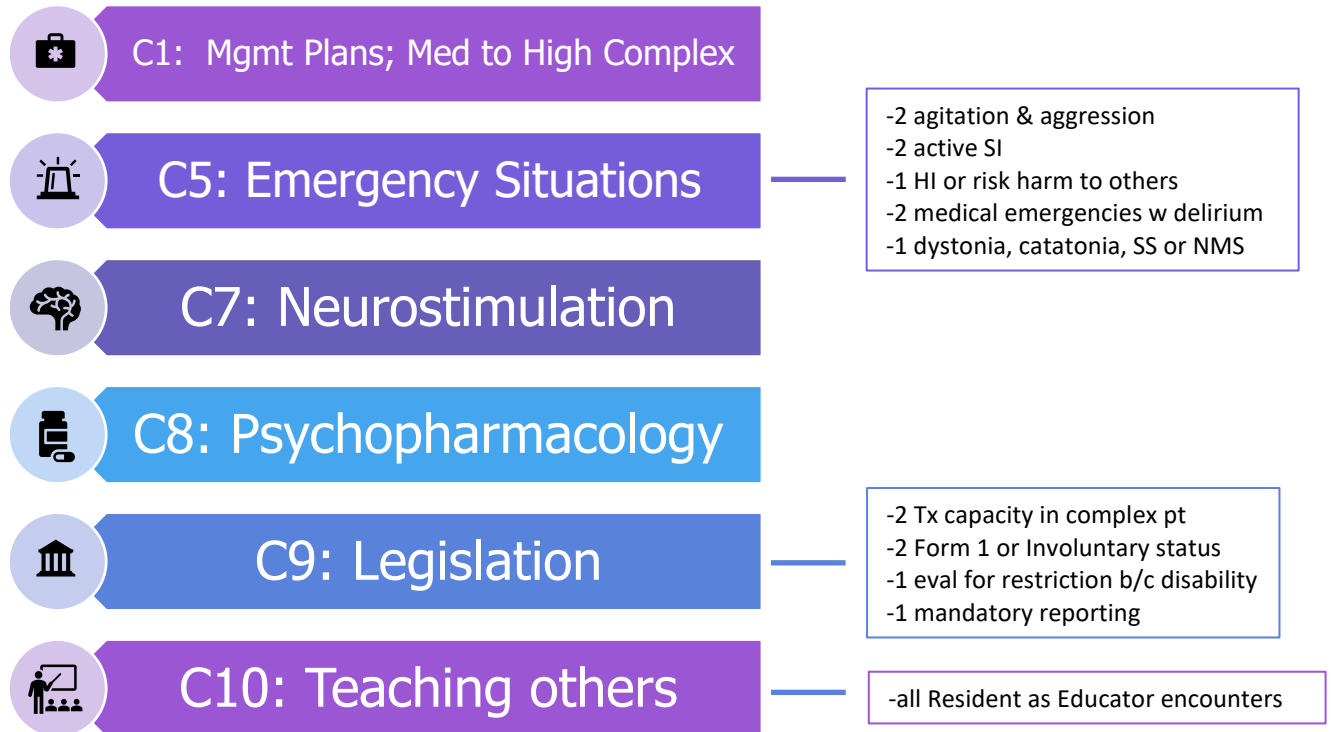
Foundations EPAs to be Completed during Pgy2

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



*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						2 Other Teaching Encounters						1 Teaching to Pt / Family	
Scholarly Projects	Learn about CQI						Begin Considering 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](#).

- **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 and felt to be important in further developing our residents' competence in substance use disorders.

Pgy2 On Call Duties

Thank you for your support and supervision of our residents on call.

- **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
- Call in PES is overnight call, followed by a post-call day
- Call frequency for Pgy2 residents is approximately 1 / 7 - 9 days
- Once the resident has triggered the Emergency Psychiatry Evaluation process, a MedSIS notification will be sent to you. **Please complete this evaluation.**
- For descriptors of expectations supervisors 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 WRC Pgy2 residents is at the Guelph General Hospital Emergency Psychiatry Service
- Pgy2 residents will complete the first three months of Pgy2 call buddied with a more senior resident. Subsequently they will be the only resident on call.
- Residents must leave call by 11pm. There are no post-call days.
- Once the resident has triggered the Emergency Psychiatry Evaluation process, a MedSIS notification will be sent to you. **Please complete this evaluation.**
- At the end of the shift, please review hand over any outstanding clinical issues with the resident. Residents are not expected to start cases after 9:30 PM unless mutually agreed upon with the supervising faculty.
- 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 Winter 2021!**

- 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 in advance of implementation of this experience

Pgy2 Longitudinal Requirements

- **Severe & Persistent Mental Illness (SPMI) Patient(s):**

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 may carry over between the two rotations. For example, the resident may begin working with a patient during their General Inpatient Rotation and then meet with the patient with the outpatient team when possible, to continue following the patient.

Core rotation supervisors are asked to assist residents in identifying patients that would be suitable for this experience.

Residents are to log this SPMI Longitudinal experience

- **Other Longitudinal Logging Requirements:**

Residents are to also keep logs of their experiences in:

- Addictions
- Dual Diagnosis
- Psychotherapy

Psychotherapy During Pgy2

Complete instructions on the Psychotherapy Requirements and process for their completion are located on the Psychotherapy Training e-Resource (PTeR).

During Pgy-2 Residents' Psychotherapy Training will Include:

- **Motivational Interviewing** – learning through academic half day sessions & PTeR
- **Emotion-Focused Therapy** – learning through academic half day sessions & PTeR
- **Foundational Psychotherapy Skills Training**
 - Facilitated sessions to practice foundational skills will occur Wednesday mornings
- **Cognitive Behavioural Therapy:**
 - Academic half-day sessions on CBT-A and CBT-D occur Winter 2021 + PTeR Modules
 - Residents will then complete one course of CBT (either A or D) with a patient with supervision with goal of completion by end of Pgy2

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

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

<i>During General Inpatient Rotation</i>
<ul style="list-style-type: none">• 1 Teaching to Patient / Family
<i>During General Outpatient Rotation</i>
<ul style="list-style-type: none">• 1 Teaching to Patient / Family
<i>Any Other Teaching Encounter (any setting)</i>
<ul style="list-style-type: none">• 2 Additional Teaching Encounters of any kind

Please Note:
For Pgy1 & 2 residents, please use the
Core EPA#10
assessment form for evaluation of all
Resident as Educator activities.

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 dyping 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

Assessment During Foundations of Discipline Stage of Training – Pgy2 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	EPA Form 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
6. StACERs (Structured Assessment of Clinical Encounter Report)	StACER Feedback Form (located on MedSIS)	Optimally, 2 different assessors per rotation. One may be primary supervisor

1. In-Training Assessment of Resident (ITARs)

At the mid-point and end of each six-block rotation, supervisors 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 clinical experience.

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.

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

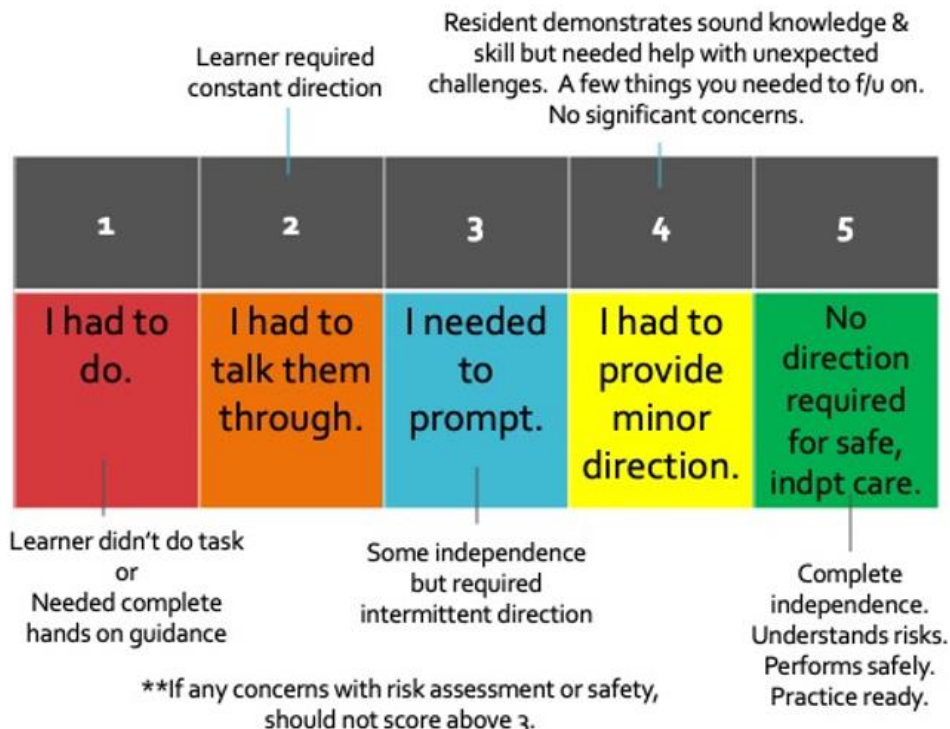
For MedSIS Instructions for use on Mobile Devices:

<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-evaluations.pdf?sfvrsn=6667a62_2

The resident should be assessed on their EPA performance using the descriptors on the Entrustment Scale, indicated on the Workplace Based Assessment form.



IN ADVANCE of doing the clinical task that is to be assessed, please 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 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 promote knowledge & skill development.**

It is anticipated that it may take 2-3 attempts before a resident achieves a successful assessment. For this reason, please begin assessing EPAs earlier on in a rotation.

Aim to complete at least 2 EPA observations a week on core rotations.

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

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 pgy2 can be found in Appendix A.

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.

4. Emergency Psychiatry On-Call Evaluations

All residents are required to have a minimum number of evaluations completed by supervisors who are on call with them in the Emergency Psychiatry department.

Pgy-2 Residents are to have a minimum of 12 Emergency Psychiatry On-Call Evals / 6 mos

Residents will trigger the evaluation, which will then come to the supervisor's "to do" list on MedSIS.
Your attention to completing the evaluation as close in time to the shift as possible is greatly appreciated.

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, residents must have 3 successful observations of achievement of CBT sessions
- Supervisors can complete these assessments by listening to recordings of sessions

6. StACERs (Structured Assessment of Clinical Encounter Report)

2 StACERs should be completed during each of the General Inpatient and General Outpatient rotation.
(ie. 4 StACERs completed over the course of the Pgy2 year)

During each of these rotations, StACERs should be completed:

- Mid-unit
- Close to end-unit

Optimally, the two StACERs completed during each rotation would be completed by different assessors. The assessor(s) may be the primary supervisor. If you are the only primary supervisor for your resident's rotation, thank you for helping the resident locate a second faculty member with whom they may complete their second StACER for the rotation.

The StACER should consist of:

- 50 minute interview with a patient of whom both the resident and assessor have no previous knowledge
- 10 minutes for resident to collect their thoughts
- Up to 60 minute discussion including:
 - Verbal case presentation
 - Differential Diagnosis including indication of Preferred Diagnosis
 - Verbal formulation of the patient
 - Discussion of any Q&A related to the patient, as directed by the assessor

The StACER should be evaluated for the level of a junior resident.

The StACER Feedback Form is located on [Medportal](#) as well as [here](#).

This should be completed as close in time as possible to the completion of the StACER activity. Please provide the resident with a copy of the Feedback Form. The resident is then to submit the Feedback Form to the Postgrad Program.

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 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
- 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 #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; 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 two 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**
- 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