# NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

# NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Child and Adolescent Psychiatry

Draft version 1

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# List of EPAs:

**Child and Adolescent Psychiatry**

***EPA 1: Assessing patients and their families and developing initial management plans using a developmentally appropriate approach***

Key Features: This EPA focuses on the application of medical expertise and communication skills to conduct a psychiatric assessment with patients presenting with a mental health concern and their families, using appropriate language, demonstrating sensitivity and establishing rapport.

- It includes reviewing preexisting relevant documentation (e.g., referral information, triage) and synthesizing information to develop a formulation, differential diagnosis, and initial management plan.

Assessment Plan:

Direct observation by child and adolescent psychiatrist or entrusted subspecialty child and adolescent psychiatry fellow.

Assessment form collects information on:

- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Case type: anxiety disorder; attention deficit/hyperactivity disorder; autism spectrum disorder; disruptive behavior; eating disorder; intellectual disability; mood disorder; obsessive compulsive disorder; other neurodevelopmental disorder; personality disorder; psychotic disorder; somatic symptom disorder; substance use disorder; trauma; other presentation.

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 1 school age
- At least 1 adolescent
- At least 2 different case types
- At least 1 observation by a child and adolescent psychiatrist

When is unsupervised practice expected to be achieved: *PGY 1*

Relevant milestones

1. COM 1.1 Convey empathy, respect, and compassion to facilitate trust and autonomy
2. COM 1.4 Use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness
3. ME 2.2 Gather a relevant history
4. ME 2.2 Conduct a mental status examination
5. COM 2.3 Seek and synthesize relevant information from other sources
6. COM 4.1 Conduct an interview, demonstrating cultural awareness
7. ME 1.3 Apply diagnostic classification systems for common mental health disorders
8. ME 2.2 Develop a differential diagnosis relevant to the patient's presentation
9. P 1.1 Demonstrate awareness of the limits of one's own professional expertise

**Child and Adolescent Psychiatry**

***EPA 2: Performing risk assessments and implementing basic safety planning and crisis intervention for patients posing risk of harm to self or others***

Key Features: This EPA focuses on the performance of a risk assessment of an individual and the implementation of a basic safety plan which includes systemic factors (i.e., family supports/youth protection/applying mental health law to patients at risk of harm to self or others).

- This EPA includes assessment of agitation, aggression, threatening behavior, suicidality and/or self-harm as part of the primary presentation.
- This EPA includes completing an environmental safety assessment.
- This EPA does not include managing challenging family/system issues that occur in the context of a patient presenting in crisis; that is developed in EPA 13.

Assessment Plan:

Direct observation by child and adolescent psychiatrist, general psychiatrist with experience working in emergency and child contexts, or entrusted subspecialty child and adolescent psychiatry fellow.

Assessment form collects information on:

- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Setting: inpatient; outpatient; emergency; urgent care; consultation liaison; community; indirect consultation
- Case type: agitation/aggression/threatening behavior; suicidality/self-harm
- Complexity: low; medium; high

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 1 school age
- At least 1 adolescent
- At least 1 agitation/aggression/threatening behavior
- At least 1 suicidality/self-harm
- At least 1 observation by a child and adolescent psychiatrist

When is unsupervised practice expected to be achieved: *PGY #1*

Relevant milestones

1. ME 2.1 Evaluate the security and safety of the environment in which one is performing the psychiatric assessment
2. COM 2.2 Manage the flow of a challenging patient encounter
3. COM 1.1 Recognize and manage one's own reaction to patients
4. ME 2.2 Perform a focused psychiatric assessment

ME 2.2 Assess risk of harm to self or others
ME 3.1 Determine the most appropriate interventions to minimize risk
ME 2.4 Develop and implement an acute safety management plan
L 2.1 Consider appropriate use of resources when developing treatment plans
P 3.1 Apply knowledge of relevant mental health legislation
ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance

**Child and Adolescent Psychiatry**

***EPA 3: Communicating assessment findings and management plans to patients and families***

Key Features: This EPA focuses on the application of oral communication skills and strategies to convey information, engaging the patients and families in a developmentally informed way for the purpose of shared decision-making.

Assessment Plan:

Direct observation by a child and adolescent psychiatrist or entrusted subspecialty child and adolescent psychiatry fellow; this may include feedback from the patient/family.
Assessment form collects information on:

- Interlocutor(s) (select all that apply): patient; family; none

Basis for formal entrustment decision:

Collect 3 observations of achievement.

- At least 1 observation of communication with a patient
- At least 1 observation of communication with a family
- At least 2 different observers
- At least 1 observation by a child and adolescent psychiatrist

When is unsupervised practice expected to be achieved: *PGY #1*

Relevant milestones

1. COM 1.1 Demonstrate empathy, respect and compassion
2. COM 1.2 Respect patient confidentiality, privacy and autonomy within the family context
3. COM 3.1 Provide accurate information about the patient's condition and plans for investigation and/or management
4. COM 3.1 Use plain language and avoid medical jargon
5. COM 3.1 Verify and validate the patient's and/or family's understanding
6. COM 4.3 Answer questions from the patient and/or family
7. COM 4.1 Communicate in a manner that is respectful, non-judgmental and culturally aware

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***EPA 4: Conducting family interviews to assess family functioning and interaction***

Key Features: This EPA focuses on conducting clinical interviews with a patient and one or more family members and presenting the findings of the family assessment to the supervisor.

- This includes observing and describing salient factors in family functioning such as: hierarchy; nonverbal cues; attachment style; parenting style; parent-child temperament mismatch/fit; cultural factors (e.g., immigration); different constellations (e.g., single parent, divorce, blended); co-parenting relationship; intergenerational factors (e.g., trauma); instrumental functioning (e.g., groceries, daily routines).
- The observation of this EPA is divided into two parts: direct observation of the interview, and case discussion with oral reflection.

Assessment Plan:

*Part A: Direct observation*

Direct observation by child and adolescent psychiatrist or other health professional with expertise in family therapy (e.g., social worker, psychologist)

Assessment form collects information on:

- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Complexity: low; medium; high

*Part B: Case discussion with oral reflection*

Case discussion, including trainee reflection, with child and adolescent psychiatrist or other health professional with expertise in family therapy (e.g., social worker, psychologist)

Assessment form collects information on:

- Interview observed: yes; no
- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Complexity: low; medium; high

Basis for formal entrustment decision:

*Part A: Direct observation*

Collect 3 observations of achievement.

- At least 1 school age
- At least 1 adolescent
- At least 2 different observers
- At least 1 child and adolescent psychiatrist observer

*Part B: Case discussion with oral reflection*

Collect 3 observations of achievement.

- At least 1 school age

- At least 1 adolescent
- At least 2 different observers
- At least 1 child and adolescent psychiatrist observer

When is unsupervised practice expected to be achieved: *PGY #1*

Relevant milestones

*Part A: Direct observation*

1. COM 1.2 Optimize the physical environment for patient and family comfort, dignity and privacy
2. COM 2.2 Provide a clear structure for and manage the flow of the encounter
3. ME 2.2 Adapt the assessment to the child's age and developmental stage
4. COM 2.1 Conduct a family-centered interview, gathering all relevant biomedical and psychosocial information
5. COM 1.2 Respect patient confidentiality, privacy and autonomy within the family context
6. ME 2.2 Select and use appropriate interviewing and screening tools
7. COM 1.1 Exhibit a positive, non-judgmental attitude
8. COM 3.1 Use plain language and avoid medical jargon
9. COM 2.1 Actively listen and respond to patient cues
10. COM 1.4 Respond to non-verbal communication and use appropriate non-verbal behaviors to enhance communication

*Part B: Case discussion with oral reflection*

1. ME 2.2 Summarize the assessment for presentation to a supervisor
2. COM 2.1 Integrate and synthesize information about the patient's and family's beliefs, values, preferences, context, and expectations
3. COM 2.1 Recognize salient factors in family functioning
4. ME 1.3 Apply knowledge of the impact of biological, psychological, and social factors, including cultural factors, on the etiology and manifestation of mental health disorders
5. ME 2.2 Develop an integrated case formulation that presents a relevant biopsychosocial understanding
6. ME 2.4 Assess the impact of family factors on the development of a management plan
7. COM 1.5 Recognize when personal feelings in an encounter are valuable clues to the patient's emotional state

**Child and Adolescent Psychiatry**

***EPA 5: Documenting developmentally informed comprehensive psychiatric assessments***

Key Features: This EPA focuses on documentation for the medical record and for communication with hospital and community-based health care providers and other relevant community professionals (e.g., school staff).

- The documentation should include a developmental formulation with relevant details that inform diagnosis, prognosis, and treatment plan.
- The report should be appropriate to the role of the recipient and in accordance with the needs of the patient and family, meeting appropriate privacy legislation.

Assessment Plan:

Review of documentation of the comprehensive psychiatric assessment by child and adolescent psychiatrist, with feedback from document recipients if possible.

Assessment form collects information on:

- Interview directly observed: yes; no
- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Case type: anxiety disorder; attention deficit/hyperactivity disorder; autism spectrum disorder; disruptive behavior; eating disorder; intellectual disability; mood disorder; obsessive compulsive disorder; other neurodevelopmental disorder; personality disorder; psychotic disorder; somatic symptom disorder; substance use disorder; trauma; other presentation (please specify)
- Setting: inpatient; outpatient; emergency; consultation liaison; community; residential treatment center
- Complexity: low; medium; high
- Intended recipient (write in):

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- At least 1 document review for an interview that was directly observed
- At least 2 different age groups
- At least 2 different case types
- At least 2 different settings
- At least 4 medium or high complexity
- At least 2 different observers

When is unsupervised practice expected to be achieved: *PGY #1*

Relevant milestones

**1** COM 5.1 Organize information in appropriate sections

2 COM 5.1 Document all relevant findings
3 COM 5.1 Convey the patient-specific developmental formulation with relevant details that inform diagnosis, prognosis, and treatment plan
4 COM 5.1 Select language and terminology that is appropriate for the intended audience
5 COM 5.1 Ensure text is clear and comprehensible without significant typographical and grammatical errors
6 COM 5.1 Adhere to legal and privacy requirements in written communications
7 COM 5.1 Complete clinical documentation in a timely manner

**Child and Adolescent Psychiatry**

***EPA 6: Conducting focused, relevant physical examinations***

Key Features: This EPA focuses on the performance and interpretation of physical examination procedures relevant to the diagnosis, differential diagnosis, and treatment plan.

- It includes conducting examinations relevant to medication trials, such as examinations for metabolic syndrome and extrapyramidal side effects.

Assessment Plan:

Direct observation by child and adolescent psychiatrist, other physician (pediatrician, pediatric subspecialists, family physician), nurse practitioner, entrusted pediatric fellow, entrusted child, and adolescent psychiatry fellow.

Assessment form collects information on:

- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Case mix (select all that apply): catatonia; tics; movement disorder; dystonia; akathisia; Parkinsonian symptoms (EPS); tardive dyskinesia (TD); first episode psychosis; medication side effect; medication monitoring; somatic symptom and related disorders; eating disorder; genetic syndromes; other presentation (please specify)

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- At least 1 school age
- At least 1 adolescent
- At least 1 assessment for EPS
- At least 1 assessment for medication monitoring or side-effects
- At least 2 observations by supervising staff physician (i.e., not a trainee)

When is unsupervised practice expected to be achieved: *PGY #1*

Relevant milestones

1. COM 1.2 Optimize the physical environment for patient and family comfort, dignity and privacy
2. ME 2.2 Perform a general physical exam, including neurological assessment as needed
3. ME 2.2 Adapt the clinical assessment to the child's age and developmental stage
4. ME 2.2 Identify and recognize the clinical significance of physical exam findings
5. ME 4.1 Monitor for and recognize adverse effects of pharmacotherapy

**Child and Adolescent Psychiatry**

***EPA 7: Collaborating in interprofessional care teams***

Key Features: This EPA focuses on respectful and effective collaboration with the care team.

- This includes an understanding of and valuing the various roles and scope of practice of interprofessional team members.
- This EPA may be observed within various settings, such as in the emergency department, inpatient unit, clinic, or community setting and in case conferences, team meetings, or family meetings.
- The observation of this EPA is based on at least one month of clinical experience.

Assessment Plan:

Direct and indirect observation by supervising child and adolescent psychiatrist, with feedback from members of the interprofessional team

Assessment form collects information on:

- Input collected from (select all that apply): case worker; counsellor; nurse; occupational therapist; psychologist; social worker; speech language pathologist; teacher; other team member
- Setting: inpatient; outpatient; emergency; consultation liaison; community

Basis for formal entrustment decision:

Collect 5 observations of achievement.

- At least 2 members of team providing input

When is unsupervised practice expected to be achieved: *PGY #2*

Relevant milestones

1. COL 2.1 Treat team members with respect
2. COL 1.2 Demonstrate knowledge of the scope and expertise of other health care professionals
3. COL 1.1 Respond appropriately to input from others
4. COL 1.3 Communicate effectively with other health care professionals
5. P 1.1 Respond punctually to requests from patients, their families, or other health care providers
6. P 1.1 Exhibit appropriate professional behaviors

**Child and Adolescent Psychiatry**

***EPA 8: Assessing patients and families of high complexity and developing a care plan using a developmentally informed approach***

Key Features: This EPA focuses on synthesizing patient information to develop a formulation and write a report for patients with a complex presentation.

- Examples of complexity include medical (e.g., medical illness, concurrent disorders/substances, intellectual disability, multiple psychiatric diagnoses, treatment refractory, multiple care providers), linguistic (e.g., barriers to communication), and psychosocial (e.g., family discord, parental psychopathology, low socioeconomic status, acculturation).
- This EPA should be observed across the spectrum of age and development, and with various categories of complexity (e.g., medical, linguistic, psychosocial).
- This EPA may be observed in a simulation setting.

Assessment Plan:

Direct observation, case discussion, and/or review of documentation by child and adolescent psychiatrist

Assessment form collects information on:

- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Setting: inpatient; outpatient; consultation liaison; community; residential treatment center; simulation
- Case type (select all that apply): anxiety disorder; attention deficit/hyperactivity disorder; autism spectrum disorder; disruptive behavior; eating disorder; intellectual disability; mood disorder; obsessive compulsive disorder; other neurodevelopmental disorder; personality disorder; psychotic disorder; somatic symptom disorder; substance use disorder; trauma; other presentation
- Abuse/trauma/neglect component: yes; no
- Level of complexity: low; moderate; high

Basis for formal entrustment decision:

Collect 5 observations of achievement.

- At least 1 of each age group
- At least 2 in outpatient setting
- A variety of case types
- At least 1 intellectual disability or autism spectrum disorder
- At least 1 eating disorder
- At least 1 trauma/abuse/neglect component
- All cases must be of moderate or high complexity
- At least 2 different observers

When is unsupervised practice expected to be achieved: *PGY #2*

Relevant milestones

1. ME 2.2 Perform a diagnostic individual and family interview
2. ME 2.2 Gather information from collateral sources
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 Develop an integrated case formulation that presents a relevant biopsychosocial understanding
6. ME 2.3 Integrate the patient's and family's perspective and context into the care plan
7. ME 2.4 Develop a management plan relevant to the primary condition and comorbidities, including consideration of patient, social and treatment factors
8. COM 5.1 Document the clinical encounter to accurately convey the assessment, clinical reasoning and the rationale for decisions

**Child and Adolescent Psychiatry**

***EPA 9: Communicating tailored treatment plans to patients and families with complex presentations***

Key Features: This EPA focuses on the application of oral communication skills to share formulations and treatment plans with patients and families who have complex presentations and engage them in their care.

- It also includes identifying and addressing barriers to following the treatment plan and obtaining informed consent for therapies.

Assessment Plan:

Direct observation by child and adolescent psychiatrist, which may include input from patients and/or families.

Assessment form collects information on:

- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Case type (select all that apply): anxiety disorder; attention deficit/hyperactivity disorder; autism spectrum disorder; disruptive behavior; eating disorder; intellectual disability; mood disorder; obsessive compulsive disorder; other neurodevelopmental disorder; personality disorder; psychotic disorder; somatic symptom disorder; substance use disorder; trauma; other presentation
- Abuse/neglect/trauma component: yes; no
- Setting: inpatient; outpatient; emergency; consultation liaison; community; residential treatment center
- Complexity: low; medium; high

Basis for formal entrustment decision:

Collect 6 observations of achievement.

- At least 1 of each age group
- At least 3 different primary diagnosis
- At least 1 intellectual disability or autism spectrum disorder comorbidity
- At least 1 abuse/neglect/trauma component
- At least 2 different settings
- At least 3 high complexity
- At least 3 different observers

When is unsupervised practice expected to be achieved: *PGY #2*

Relevant milestones

1. COM 3.1 Use plain language and avoid medical jargon
2. ME 3.2 Describe the proposed therapy, including the rationale, expected outcomes and alternative treatments

3 COM 3.1 Verify and validate the patient's and/or family's understanding
4 COM 4.3 Answer questions from the patient and/or family
5 COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions
6 COM 5.1 Document the encounter to convey the discussion and its outcome
7 ME 2.2 Assess barriers to access or adherence to treatment plans
8 HA 1.1 Facilitate patient access to medications and therapies

**Child and Adolescent Psychiatry**

***EPA 10: Integrating the principles and skills of psychotherapy into patient care***

Key Features: This EPA focuses on the use of the skills that underpin most psychotherapeutic modalities, namely formation of a therapeutic alliance, empathy, and cultural adaptations, as applied to family therapy, structured behavioral interventions for children with disruptive disorders (e.g., Incredible Years, SNAP, Triple P) and at least one other evidence-based treatment, such as cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT) or interpersonal psychotherapy (IPT).

- It includes educating the patient and/or family on the rational and specific therapeutic components of the prescribed psychotherapeutic intervention (e.g., CBT cognitive model of depression, avoidance model of anxiety).
- This EPA includes individual, family, or group settings.
- The observation of this EPA must include some cases for which input from the patient/family (e.g., using the Working Alliance Inventory) is integrated into the assessment by the supervisor.

Assessment Plan:

Direct observation or review of audio, video, or discussion of process notes with supervisor (e.g., psychiatrist, clinical psychologist, clinical social worker, psych educator, occupational therapist, mental health nurse), with input from patients and/or families when possible.

Assessment form collects information on:

- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Case type: anxiety disorder; eating disorder; mood disorder; obsessive compulsive disorder; personality disorder; psychotic disorder; substance use disorder; trauma; other disorder.
- Focus of observation (select all that apply): alliance; empathy; psychoeducation; cultural adaptations.
- Therapeutic modality: family therapy; CBT; DBT; IPT; behavioral intervention for disruptive behavior; other
- Treatment (select all that apply): integrated; longitudinal.
- Feedback from patient: yes; no

Basis for formal entrustment decision:

Collect at least 12 observations of achievement.

- At least 2 different age groups
- At least 3 ‘alliance’
- At least 3 ‘empathy’
- At least 3 ‘psychoeducation’
- At least 1 ‘cultural adaptations’

- At least 3 ‘family therapy sessions’
- At least 3 ‘behavioral intervention sessions for disruptive behavior’
- At least 1 ‘other psychotherapy modality’
- At least 3 observations demonstrating integration of psychotherapeutic interventions in regular clinical care
- At least 2 observations incorporating feedback from patient
- At least 2 supervisors

When is unsupervised practice expected to be achieved: *PGY #1*

Relevant milestones

1. ME 2.4 Select a psychotherapeutic modality and tailor the selected psychotherapy to the patient on the basis of an appropriate case formulation
2. ME 3.2 Obtain and document informed consent, explaining the risk and benefits of, and the rationale for a proposed intervention
3. COM 1.1 Establish, repair when necessary, and maintain a therapeutic alliance with the patient
4. ME 3.4 Set the frame
5. ME 3.4 Deliver the psychotherapeutic intervention
6. COM 1.3 Demonstrate understanding of the patient’s reaction to the physician
7. COM 1.4 Use expert verbal and non-verbal communication with the patient and family
8. ME 3.4 Establish professional and therapeutic boundaries consistent with the psychotherapeutic modality
9. COM 1.6 Adapt to the patient’s preference and needs over the course of the psychotherapy
10. ME 2.2 Assess and monitor response to therapy
11. ME 2.4 Integrate the selected psychotherapy with other treatment modalities

**Child and Adolescent Psychiatry**

***EPA 11: Providing pharmacological therapy***

Key Features: This EPA includes initiating, monitoring, and managing pharmacologic treatments, including assessing response to therapy, adverse effects, and adherence to therapy as well as discontinuing and/or deprescribing therapy, as appropriate.

- This EPA includes the use of off-label and non-first line treatments.
- This EPA may be observed in a simulation (e.g., OSCE) setting, for medications that are not readily used in this population.

Assessment plan:

Direct observation, documentation review and/or case discussion by supervisor
Assessment form collects information on:

- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Class of medication (select all that apply): stimulant; non-stimulant ADHD medication; antidepressant; antipsychotic; lithium; anticonvulsant; sedative/hypnotic; other medication.
- Medication(s) (write in):
- Activity (select all that apply): starting medication; medication management (including monitoring, dose-adjustment, switching, augmenting); discontinuing/ deprescribing.
- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect 20 observations of achievement.

- At least 1 infant/preschool
- At least 3 school age
- At least 3 adolescent
- At least 4 starting stimulants (including 2 methylphenidate and 2 amphetamine)
- At least 1 starting non-stimulant ADHD medication
- At least 2 starting antidepressants
- At least 2 starting antipsychotics
- At least 1 starting or managing lithium
- At least 1 starting or managing anticonvulsant
- At least 1 starting or managing clozapine
- At least 2 managing stimulant
- At least 1 managing non-stimulant ADHD medication
- At least 2 managing antidepressants
- At least 2 managing antipsychotics
- At least 2 patients on multiple psychiatric medications
- At least 2 deprescribing medication
- No more than 3 in simulation setting

- At least 3 different observers

When is unsupervised practice expected to be achieved: *PGY #1*

Relevant milestones

1. ME 1.3 Apply knowledge of pharmacodynamics and pharmacokinetics at various developmental stages
2. ME 2.4 Determine the most appropriate pharmacologic treatment
3. ME 3.2 Obtain and document informed consent, explaining the risk and benefits of, and the rationale for a proposed intervention
4. ME 2.4 Adjust dosage based on factors such as response, tolerability, age, and pharmacokinetic considerations
5. ME 2.4 Select, implement and/or follow a monitoring strategy, including laboratory monitoring as relevant
6. ME 4.1 Assess and manage treatment adherence
7. ME 2.2 Assess and monitor response to therapy
8. ME 4.1 Establish plans for ongoing care, which may include modification of current therapy
9. COM 5.1 Document prescriptions accurately in the patient's medical record, including the rationale for decisions
10. HA 1.1 Facilitate patient access to medications and therapies

**Child and Adolescent Psychiatry**

***EPA 12: Demonstrating leadership in coordinating the delivery of interprofessional care for patients and families in a collaborative model***

Key Features: This EPA focuses on demonstrating a leadership role with interprofessional colleagues in providing care in a variety of settings (e.g., school, primary care).

- This EPA also includes advocating effectively within the team for the needs of the patient and engaging available resources to support the patient and family.
- This EPA includes identifying and addressing team dynamics.
- The observation of this EPA is based on a period of at least a month.
- This EPA is observed in two parts: observation by the supervisor, and trainee reflection of team dynamics.
- The observation of the reflection on team dynamics is based on the supervisor's review of an oral reflection that provides a formulation of team dynamics and how it influenced their interventions.

Assessment Plan:

*Part A: Leadership in interprofessional care*

Direct observation by supervising child and adolescent psychiatrist, with input provided by interprofessional team members

Assessment form collects information on:

- Setting: inpatient; outpatient; consultation liaison; community
- Input provided by: case worker; child welfare worker; counsellor; justice professional; nurse; occupational therapist; psychologist; school professional; social worker; speech language pathologist; other team member

*Part B: Trainee reflection*

Review of trainee oral reflection by supervisor

Use assessment form.

Basis for formal entrustment decision:

*Part A: Leadership in interprofessional care*

Collect 2 observations of achievement.

- At least 2 different settings

*Part B: Trainee reflection*

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: *PGY #2*

Relevant milestones

1. L 4.2 Lead and direct the activities of the interprofessional team, when appropriate
2. ME 2.2 Ascertain patients' health and personal needs
3. HA 1.1 Facilitate patient access to health services and community resources
4. COL 1.2 Make effective use of the scope and expertise of interprofessional team members and colleagues in other sectors
5. COL 1.2 Work effectively with other health care professionals and colleagues in other sectors
6. COL 1.1 Respond appropriately to input from others
7. COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
8. COL 2.2. Analyze and address issues in team dynamics
9. COL 2.2 Listen to understand and to find common ground with collaborators
10. P 1.1 Exhibit appropriate professional behaviors

**Child and Adolescent Psychiatry**

***EPA 13: Assessing, managing, and implementing crisis intervention for complex patients and families in crisis or emergency situations***

Key Features: This EPA focuses not only on accurate assessment of level of risk, but also decision- making regarding a management plan, as well as disposition and knowledge of the legal requirements and available resources/setting.

- It includes the integration of information from multiple sources, including risk assessment of the patient, family dynamics, and systemic issues.
- Management may involve non-pharmacological or pharmacological interventions to manage an agitated patient, and interventions to manage challenging family and system dynamics.
- This EPA may be observed in a variety of settings, including emergency/urgent care, inpatient and outpatient settings, and telepsychiatry.

Assessment Plan:

Direct observation or case discussion by child and adolescent psychiatrist or entrusted child and adolescent psychiatry fellow

Assessment form collects information on:

- Age: infant/preschool (under 6); school age (6-12); adolescent (over 12)
- Setting: inpatient; outpatient; emergency; urgent care; consultation liaison; community; indirect consultation
- Management component (select all that apply): agitated patient-non-pharmacological; agitated patient-pharmacological; complex family; systems-related challenge
- Complexity: low; medium; high

Basis for formal entrustment decision:

Collect 6 observations of achievement.

- At least 4 direct observation
- At least 2 infant/preschool or school age
- At least 2 adolescents
- At least 1 in emergency or urgent care setting
- At least 1 of each management component
- All at least medium or high complexity
- At least 5 high complexity
- At least 2 different child and adolescent psychiatrist observers

When is unsupervised practice expected to be achieved: *PGY #2*

Relevant milestones

1. ME 2.2 Perform a psychiatric assessment that addresses all relevant issues
2. ME 2.2 Gather information from collateral sources
3. ME 2.2 Assess risk of harm to self or others
4. ME 3.1 Determine the most appropriate therapies and/or interventions to minimize risk
5. ME 2.4 Develop and implement a management plan
6. ME 5.2 Apply policies, procedures, and evidence-based practices when dealing with patient, staff, and provider safety, including violent and potentially violent situations
7. ME 2.4 Determine the setting of care appropriate for the patient's health care needs
8. L 2.1 Consider appropriate use of resources when developing treatment plans
9. P 3.1 Apply knowledge of relevant mental health legislation
10. COM 3.1 Convey the rationale for decisions regarding involuntarily treatment and/or hospitalization
11. COL 3.2 Ensure communication of risk management plans at handover or transfer to another physician or care team

**Child and Adolescent Psychiatry**

***EPA 14: Critically appraising child and adolescent psychiatry literature***

Key Features: This EPA includes posing a clinically relevant question, performing a literature search, and critically appraising the literature.

- This may be related to any aspect of child and adolescent practice, including basic or clinical science, quality improvement, or medical education.
- This EPA may be observed in a grand rounds or comparable academic setting involving a review of multiple sources from the literature. Fellows may also demonstrate the achievement of this EPA via submission of a manuscript suitable for publication to a peer reviewed journal, or presentation of the project at a peer- reviewed local, regional, or national scientific meeting.

Assessment Plan:
Direct observation by supervisor
Use assessment form.

Basis for formal entrustment decision:
Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: *PGY #1*

Relevant milestones

1. S 3.1 Recognize knowledge gaps arising from a clinical encounter
2. S 3.1 Generate focused questions for scholarly review
3. S 3.3 Develop and execute an effective search strategy
4. S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
5. S 3.3 Assess the level of evidence quality
6. S 4.5 Summarize the findings of a literature review
7. S 3.4 Integrate best evidence and clinical expertise
8. S 2.4 Present the information in an organized manner

**Child and Adolescent Psychiatry**

***EPA 15: Providing consultation for indirect care provided by interprofessional and physician colleagues***

Key Features: This EPA focuses on providing appropriate and timely advice about clinical management without direct contact with the patient, neither in person nor through telehealth.

- It includes recognizing concerns that can be managed indirectly versus those that require direct assessment.
- Observation of this EPA must include review of the fellow's documentation of the encounter.

Assessment Plan:

Direct observation or case discussion, with review of documentation, by supervisor; this may include input from interprofessional, or physician colleagues involved in the interaction.

Assessment form collects information on:

- Types of observation (select all that apply): direct; document review; case discussion; colleague input
- Input provided by (write in):

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 1 with either direct observation or input from interprofessional or physician colleague involved in the interaction

When is unsupervised practice expected to be achieved: *PGY #2*

Relevant milestones

1. COM 2.3 Request and synthesize patient information gathered by another health professional
2. ME 2.2 Interpret clinical information, along with the results of investigations, for the purposes of diagnosis and management
3. L 2.1 Apply knowledge of the health care resources available in other care settings
4. ME 2.4 Determine the setting of care appropriate for the patient's health care needs
5. ME 2.4 Provide recommendations for additional investigations and/or next steps in management and treatment
6. COL 1.3 Support clinical colleagues in the development and implementation of a management plan
7. COM 5.1 Document advice provided to off-site health care providers

**Child and Adolescent Psychiatry: Transition to Practice**

## *EPA 16: Managing a child and adolescent psychiatry service with clinical and administrative aspects*

Key Features: This EPA focuses on the child and adolescent psychiatrist's role in overall delivery of patient care.

- This includes evidence-informed decision-making across the breadth of presentations and case complexity and running the service or practice efficiently and in a manner consistent with sustainable practice and work-life balance.
- This includes triaging patient referrals, prioritizing competing interests, demonstrating time management, documenting challenging situations, providing indirect consultation, and using resources responsibly.
- It also includes managing adverse events both clinically and administratively, and leadership through self-reflection and analysis of team dynamics.
- It also includes the administrative aspects of practice such as patient advocacy, and financial management, and the other responsibilities of an attending physician such as supporting the interprofessional team and maintaining a professional work environment.
- The observation of this EPA is divided into two parts: patient care; working with the team.
- The patient care aspects of this EPA are based on at least one month of observation.

Assessment Plan:

*Part A: Patient care*

Direct observation by supervising psychiatrist

Assessment form collects information on:

- Setting: inpatient; outpatient; emergency; consultation liaison; community

*Part B: Working with the team*

Collation of feedback from multiple observers by supervisor; observers may include other physicians, social workers, nurses, OT/PT, administrators, peers, residents, or subspecialty fellows

Assessment form collects information on:

- Number of people providing input (write in):

Basis for formal entrustment decision:

*Part A: Patient care*

Collect 1 observation of achievement.

*Part B: Working with the team*

Collect 2 observations of achievement, at least one month apart.

- Each observation must include feedback from at least 2 observers

When is unsupervised practice expected to be achieved: *PGY #2*

Relevant milestones

*Part A: Patient care*

1. ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of junior attending
2. ME 1.5 Manage a caseload and prioritize urgent clinical issues
3. ME 1.4 Perform relevant and time-effective clinical assessments using a biopsychosocial approach
4. ME 3.1 Determine the most appropriate procedures, therapies, or social interventions for the purpose of assessment and/or management
5. S 3.4 Integrate best evidence, clinical expertise and relevant biopsychosocial determinants into decision-making
6. ME 2.4 Develop management plans that are relevant to the case and all the specific biopsychosocial determinants of the case
7. ME 4.1 Determine the need and timing for referral to another health care professional
8. ME 4.1 Coordinate care when multiple health care providers are involved
9. P 4.2 Manage competing personal and professional priorities
10. P 4.1 Exhibit self-awareness and effectively manage influences on personal well- being and professional performance

*Part B: Working with the team*

1. ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of junior consultant
2. COL 1.2 Make effective use of the scope and expertise of other health care professionals
3. COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
4. COL 1.1 Respond appropriately to input from others
5. COL 1.3 Communicate effectively with other health care professionals
6. COL 2.1 Show respect toward collaborators
7. HA 1.1 Facilitate patient access to health services and community resources
8. P 1.1 Respond punctually to requests from patients, their families, or other health care providers
9. COM 1.5 Manage disagreements and emotionally charged conversations with patients and/or families
10. P 1.1 Exhibit appropriate professional behaviors
11. L 4.2 Run the service efficiently, safely, and effectively

**Child and Adolescent Psychiatry**

***EPA 17: Supervising junior trainees***

Key Features: This EPA focuses on providing appropriate supervision and opportunities for autonomy: triaging the level of supervision according to acuity, setting, and trainee and patient needs; delegating appropriately; and being available in case of emergency.

- This EPA also includes coaching junior trainees, assessing the performance of others, and providing feedback.

Assessment Plan:

Direct observation by supervisor, with input from other health care professionals and learners

Assessment form collects information on:

- Setting: inpatient; outpatient; emergency; consultation liaison; community; on-call

Basis for formal entrustment decision:

Collect 4 observations of achievement.

When is unsupervised practice expected to be achieved: *PGY #2*

Relevant milestones

1. COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
2. S 2.1 Use strategies for deliberate, positive role-modelling
3. S 2.2 Ensure a safe learning environment for all members of the team
4. S 2.3 Balance clinical supervision and graduated responsibility, ensuring the safety of patients and learners
5. S 2.4 Provide formal and informal teaching for junior learners
6. S 2.5 Provide useful, timely, constructive feedback

**Child and Adolescent Psychiatry: Transition to Practice**

***EPA 18: Developing and implementing a continuing personal development plan geared to future career goals towards working as a consultant child and adolescent psychiatrist***

Key Features: This EPA focuses on recognizing gaps in performance, personal career goals, and/or needs of the intended practice setting, and developing and implementing a personalized training experience to address them.

- This may include developing further expertise in an area of interest such as a clinical focus, research, education scholarship, health advocacy, or administration.
- Achievement of this EPA includes a) providing a learning plan with rationale, personal needs assessment, and identification of the methods and activities necessary for its achievement; b) submission of evidence of achievement in each area/setting identified in the learning plan – the outcomes must be SMART (specific, measurable, achievable, relevant, timely); and c) reflection on the effectiveness of the plan's design for the trainee's development, highlighting strengths and areas for improvement and reflecting on how future learning plans can be improved.
- The observation of this EPA is divided into three parts: developing a learning plan; implementing a training experience; reflecting on learning.

Assessment Plan:

*Part A: Developing a learning plan*

Review of fellow's submission of a reflective learning plan identifying activities to achieve by supervisor.

Use assessment form.

*Part B: Implementing a training experience*

Direct observation by supervisor

Use assessment form.

*Part C: Reflecting on learning plan efficacy*

Review of fellow's submission by supervisor.

Use assessment form.

Basis for formal entrustment decision:

*Part A: Developing a learning plan*

Collect 1 observation of achievement (per year).

*Part B: Implementing a training experience*

Collect 1 observation of achievement (per year).

*Part C: Reflecting on learning plan efficacy*
Collect 1 observation of achievement (per year).

When is unsupervised practice expected to be achieved: PGY #2

Relevant milestones
*Part A: Developing a learning plan*
1. P 2.1 Demonstrate a commitment to maintaining and enhancing competence
2. S 1.2 Interpret data on personal performance to identify opportunities for learning and improvement
3. L 4.2 Examine personal interests and career goals
4. S 1.1 Define learning needs related to personal practice and/or career goals
5. S 3.1 Generate focused questions that address practice uncertainty and knowledge gaps
6. S 1.1 Create a learning plan that is feasible, includes clear deliverables and a plan for monitoring ongoing achievement
7. S 1.1 Identify resources required to implement a personal learning plan
8. L 4.2 Adjust educational experiences to gain competencies necessary for future practice

*Part B: Implementing a training experience*
1. P 3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice
2. L 4.1 Set priorities and manage time to integrate practice and personal life
3. L 4.2 Manage a career and a practice
4. S 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
5. P 2.1 Demonstrate a commitment to maintaining and enhancing competence
6. P 4.1 Exhibit self-awareness and effectively manage influences on personal well- being and professional performance

*Part C: Reflecting on learning plan efficacy*
1. P 2.1 Demonstrate a commitment to maintaining and enhancing competence
2. S 1.2 Interpret data on personal performance to identify opportunities for learning and improvement
3. S 1.1 Monitor and revise a personal learning plan to enhance professional practice


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