NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Psychiatry

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List of EPAs:

Psychiatry

EPA 1: Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders

Key Features: This EPA verifies skills of obtaining a psychiatric history and synthesizing information for diagnosis.

- This includes clinical assessment skills, including a mental status examination and a focused physical/neurological exam if clinically indicated, and synthesizing a preliminary diagnostic impression in a patient of low complexity.
- This EPA may be observed in any psychiatry setting.

Assessment Plan:

Direct observation by psychiatrist/subspecialty psychiatrist faculty, entrusted resident or fellow.

Assessment form collects information on:

- Case mix: anxiety disorder; cognitive disorder; mood disorder; neurodevelopmental disorder; personality disorder; psychotic disorder; substance use disorder; other [write in]

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 2 different case types
- At least 1 by psychiatrist

When is unsupervised practice expected to be achieved: end of 3 months of training

Relevant Milestones:

1. ME 1.3 Apply diagnostic classification systems for common mental disorders
2. ME 2.2 Perform a clinically relevant history including ID, HPI, and PPH
3. ME 2.2 Perform a focused physical and/or neurological exam as clinically relevant
4. ME 2.2 Develop a differential diagnosis relevant to the patient's presentation
5. ME 2.4 Develop an initial management plan for common patient presentations
6. COM 1.1 Convey empathy, respect, and compassion to facilitate trust and autonomy
7. COM 1.4 Use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to the patient and family
8. COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
9. COM 4.1 Conduct an interview, demonstrating cultural awareness
10. P 1.1 Demonstrate awareness of the limits of one's own professional expertise

Psychiatry

EPA 2: Communicating clinical encounters in oral and written/electronic form

Key Features: This EPA includes presenting a case in a succinct and systematic manner, including all relevant details (such as mental status exam, issues of risk, information relevant to handover), and providing written/electronic documentation of the encounter and the management plan using a relevant structure and headings.

- This includes using appropriate psychiatric terms/phenomenology.
- This EPA does not include developing the management plan.
- The observation of this EPA is based on an oral presentation of an assessment and review of written/electronic documentation.
- This EPA may be observed using a clinical patient encounter, a standardized patient, a recorded encounter, a written case, or other formats.

Assessment Plan:

Direct observation of verbal presentation and review of written/electronic communication observation by a psychiatrist/psychiatric subspecialist, entrusted resident or fellow.

Assessment form collects information on:

- Activity (select all that apply): history; verbal presentation; written/electronic documentation.

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 of each presentation format, verbal and written
- At least 1 observation must be based on an interview that was observed
- At least 1 by a psychiatrist

When is unsupervised practice expected to be achieved: end of 3 months of training

Relevant Milestones:

1. ME 2.2 Synthesize clinical information for presentation to supervisor
2. COM 5.1 Document the mental status exam accurately
3. COM 5.1 Document an accurate and up-to-date medication list
4. COM 5.1 Document information about patients and their medical conditions
5. COL 2.1 Convey information respectfully to referral source
6. COM 5.1 Organize information in appropriate sections within an electronic or written medical record
7. COL 3.2 Describe specific information required for safe handover during transitions in care

Psychiatry:

EPA 3: 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, or entrusted resident or fellow

Assessment form collects information on:

- Urgent: yes; no
- Case mix: 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
- Patient age: child; adolescent; adult; older adult
- Service: psychiatry; neurology; medicine (CTU, GIM, or Family Medicine); on-call experiences; emergency; other

Basis for formal entrustment decisions:

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

When is unsupervised practice expected to be achieved: end of 15 months of training

Relevant Milestones:

1. ME 1.3 Apply clinical and biomedical sciences to manage core patient presentations
2. COM 1.1 Communicate using a patient-centered approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
3. COM 2.1 Conduct a patient-centered 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

Psychiatry:

EPA 4: 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 co- morbidities.

- 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, or entrusted resident or fellow. Assessment form collects information on:

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

Basis for formal entrustment decisions:

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

When is unsupervised practice expected to be achieved: end of 15 months of training

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-centered 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 behaviors 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-centered 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 behaviors

Psychiatry:

EPA 5: 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, or entrusted resident or fellow

Assessment form collects information on:

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

Basis for formal entrustment decisions:

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

When is unsupervised practice expected to be achieved: end of 15 months of training

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-centered approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion

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

Psychiatry:

EPA 6: 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, or entrusted resident or fellow
Assessment form collects information on:

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

Basis for formal entrustment decisions:

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 behavior
- 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

When is unsupervised practice expected to be achieved: end of 15 months of training

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

Psychiatry:

EPA 7: 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 assessment form

Basis for formal entrustment decisions:

Collect 2 observation of achievement

- At least 2 different observers

When is unsupervised practice expected to be achieved: end of 15 months of training

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

Psychiatry:

EPA 8: 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 documents by psychiatrist/psychiatric subspecialist, or entrusted resident or fellow

Assessment form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient
- Case mix (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
- Case complexity: low; medium; high

Basis for formal entrustment decisions:

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

When is unsupervised practice expected to be achieved: end of PGY3

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-centered, 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 behaviors

Psychiatry:

EPA 9: Performing psychiatric assessments and providing differential diagnoses and management plans for children and youth

Key Features: This EPA focuses on performing a developmentally informed psychiatric assessment, using knowledge of neurobiological, cognitive, behavioral, emotional, family and personality development to perform a comprehensive biopsychosocial interview involving the patient, family, and others.

- This also includes synthesizing the information to develop a differential diagnosis and management plan that integrates psychopharmacology, psychotherapy and social interventions as appropriate.
- The management plan should include considerations of parent or guardian guidance, referral resources, and basic pharmacological and psychotherapeutic interventions.
- This EPA does not include delivery of the management plan.

Assessment plan:

Direct observation, case discussion and/or review of consult documents by child and adolescent psychiatrist, psychiatrist, entrusted resident or fellow

Assessment form collects information on:

- Case mix: anxiety disorder; mood disorder; attention deficit/hyperactivity disorder; autism spectrum disorder; intellectual disability; other neurodevelopmental disorder; personality disorder; psychotic disorder; substance use disorder; OCD; trauma; other presentation
- Co-morbidities (write-in):
- Setting: emergency; inpatient unit; consultation liaison; outpatient; community; residential treatment center
- Case complexity: low; medium; high
- Patient age: child 4-12 years; adolescent 13-18 years

Basis for formal entrustment decisions:

Collect 6 observations of achievement

- At least 1 mood disorder, anxiety disorder, or OCD
- At least 1 ADHD
- At least 1 abuse, neglect, or trauma
- At least 1 intellectual disability/autism spectrum disorder comorbidity
- At least 2 children 4-12 years
- At least 2 adolescents 13-18 years
- At least 4 direct observations, including review of documentation
- At least 3 different observers
- At least 2 observations by a child and adolescent psychiatrist

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

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

Psychiatry:

EPA 10: Performing psychiatric assessments, and providing differential diagnoses and management plans for older adults

Key Features: This EPA focuses on performing psychiatric assessments that adjust for potential cognitive and sensory decline, using the biopsychosocial model to guide the interview.

- This includes synthesizing the information to develop a differential diagnosis and management plan that integrates neurostimulation, psychopharmacology, psychotherapy, and social interventions, as appropriate, in older adult patients.
- This EPA includes new or persistent mood, anxiety, and psychotic disorders in older adults with or without co-morbid neurocognitive disorders.
- This EPA may include younger patients with early onset neurodegenerative or neurocognitive disorders such as Alzheimer's, and Behavioral and Psychological Symptoms of Dementia (BPSD).

Assessment plan:

Direct observation, case discussion and/or review of consult documentation by geriatric psychiatrist, psychiatrist, entrusted resident or fellow

Assessment form collects information on:

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

Basis for formal entrustment decisions:

Collect 6 observations of achievement

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

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

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

Psychiatry:

EPA 11: Developing comprehensive biopsychosocial formulations for patients across the lifespan

Key Features: This EPA focuses on the development of the biopsychosocial formulation, including utilizing psychological theories and theories of personality development, applying knowledge of neuroscience, neurodevelopment, aging, genetics and epigenetics, and socioeconomic determinants of health.

- This EPA includes synthesis and presentation of a comprehensive biopsychosocial formulation in oral or written/electronic form.
- The observation of this EPA requires direct observation of the patient assessment in at least 3 cases.

Assessment plan:

Direct observation of oral presentation or review of written documentation of the formulation by a psychiatrist/psychiatric subspecialist, entrusted resident or fellow

Assessment form collects information on:

- Patient age: child; adolescent; adult; older adult
- Setting: emergency; inpatient; consultation liaison; outpatient; community; day hospital; assisted living; correctional; residential treatment center; school; simulation
- Case complexity: low; medium; high

Basis for formal entrustment decisions:

Collect 8 observations of achievement.

- At least 1 child
- At least 1 adolescent
- At least 4 adults
- At least 2 older adults
- No more than 2 in simulation setting
- At least 3 cases in which the supervisor has observed the assessment of the patient, of which at least 1 is an adult patient
- At least 3 high complexity
- At least 4 by psychiatrists
- At least 1 by a child and adolescent psychiatrist
- At least 1 by a geriatric psychiatrist

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

1 ME 1.3 Apply a broad base and depth of knowledge in neuroscience, neurodevelopment, aging, genetics, epigenetics in psychological theories, theories of

personality development, and socioeconomic determinants of health

2. ME 2.2 Focus the clinical encounter, performing it in a time-effective manner without excluding key elements
3. COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
4. ME 2.2 Identify and respond to predisposing, precipitating, perpetuating, and protective factors
5. COM 2.1 Integrate, summarize, and present the biopsychosocial information obtained from a patient-centered interview
6. ME 2.4 Use the biopsychosocial formulation to inform the management plan
7. COM 3.1 Convey the biopsychosocial formulation to patients
8. COM 5.1 Document clinical encounters in an accurate, complete, timely, and accessible manner and in compliance with legal and privacy requirements

Psychiatry:

EPA 12: 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 non- pharmacological) 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 behavioral 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, entrusted psychiatry resident or entrusted psychiatry fellow

Assessment form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient; community; simulation
- Case mix: acute agitation and aggression; other behavioral 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 [write in]
- Case complexity: low; medium; high

Basis for formal entrustment decisions:

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

When is unsupervised practice expected to be achieved: end of PGY3

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

Psychiatry:

EPA 13: Integrating the principles and skills of psychotherapy into patient care

Key Features: This EPA applies the knowledge and skills developed in psychotherapy to inform an assessment and provide appropriate psychotherapeutic interventions and ongoing assessment of the patient's response to the intervention.

- This includes identifying and empathizing with the patient, developing a collaborative relationship with the patient and family, recognizing the importance of therapeutic alliance, recognizing and repairing tensions/ruptures in this alliance, and adapting the psychotherapeutic intervention to the individual patient context (trauma, culture, spiritual, social, biological).
- This also includes educating the patient and/or family on the rational and therapeutic components of the prescribed psychotherapeutic intervention.
- This EPA includes delivery of individual Cognitive Behavioral Therapy (CBT), individual psychodynamic therapy, family, or group therapy, and at least one other evidence-based psychotherapy.
- Long term psychodynamic therapy is recommended but not required for achievement.

Assessment plan:

Direct observation or review of audio, video or transcript by supervisor, entrusted resident or fellow

Assessment form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient
- Patient age: child; youth; adult; older adult
- Case mix: anxiety disorder; eating disorder; mood disorder; obsessive compulsive disorder; personality disorder; psychotic disorder; substance use; trauma; other disorder
- Therapeutic modality: DBT; CBT; IPT; MI; mindfulness; psychodynamic (short term or long term); group therapy; family therapy; supportive therapy; emotion focused therapy (EFT); other
- Treatment: integrated; longitudinal

Basis for formal entrustment decisions:

Collect 13 observations of achievement.

- At least 3 psychodynamic psychotherapy sessions
- At least 3 CBT sessions
- At least 2 family or group therapy sessions
- At least 2 sessions in one other evidence-based modality
- At least 3 observations demonstrating integration of psychotherapeutic interventions in regular clinical care

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

1. ME 1.3 Apply knowledge of the principles of psychotherapy to patient care
2. ME 1.6 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
3. ME 2.2 Assess patient suitability for psychotherapy
4. ME 2.2 Assess patient response to psychotherapy
5. ME 3.1 Select a psychotherapeutic modality and tailor the selected psychotherapy to the patient on the basis of an appropriate case formulation
6. ME 2.4 Integrate the selected psychotherapy with other treatment modalities
7. ME 3.4 Deliver the psychotherapeutic intervention
8. ME 4.1 Establish plans for ongoing care
9. COM 1.1 Establish, repair when necessary, and maintain a therapeutic alliance with the patient
10. COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
11. COM 1.5 Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately
12. COM 1.5 Establish boundaries as needed in emotional situations
13. COM 5.1 Adapt record keeping to the specific guidelines of their discipline and the clinical context
14. COL 1.3 Integrate the patient's perspective and context into the collaborative care plan
15. HA 1.2 Apply the principles of behavior change during conversations with patients about adopting healthy behaviors
16. P 1.1 Exhibit appropriate professional behaviors

Psychiatry:

EPA 14: 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

Assessment form collects information on:

- Setting: inpatient unit; outpatient; simulation
- Patient age: adult; older adults
- Case mix (write-in):
- Procedure: ECT; rTMS; other evidence-based form of neurostimulation

Part B: Delivery of neurostimulation

Direct observation by psychiatrist or neurostimulation provider

Basis for formal entrustment decisions:

Part A: Suitability for 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

Collect 3 observations of achievement

- At least 2 observations must be for ECT

When is unsupervised practice expected to be achieved: end of PGY3

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

Psychiatry:

EPA 15: 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, entrusted resident or fellow

Assessment form collects information on:

- Patient age: 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 [write in]
- Case mix: pregnancy; breast feeding; multiple medications; substitute decision maker; medical comorbidity; other [write in]

Basis for formal entrustment decisions:

Collect 12 observations of achievement:

- At least 1 each starting and monitoring
    - long-acting injectable antipsychotic
    - oral antipsychotic
    - sedative/hypnotic
- At least 2 starting and monitoring 2 different classes of antidepressants
- At least 1 each starting and/or monitoring
    - lithium
    - clozapine
- At least 1 each of managing
    - benzodiazepine
    - opioid agonist therapy

    - mood stabilizer other than lithium
    - agent to treat medication-induced side effect
- At least 1 patient on multiple psychiatric medications
- At least 2 patients in the CL setting
- At least 2 child/adolescents, including starting and managing 1 stimulant
- At least 2 older adults, including 1 with a cognitive enhancer
- At least 1 pregnant or breastfeeding patient
- At least 5 observers
- At least 3 by psychiatrists

When is unsupervised practice expected to be achieved: end of PGY3

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

Psychiatry:

EPA 16: 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, entrusted resident or fellow
Assessment form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient; simulation
- Case mix: 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
- Case complexity: low; medium; high

Basis for formal entrustment decisions:

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

When is unsupervised practice expected to be achieved: end of PGY3

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

Psychiatry:

EPA 17: 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

Assessment 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

Basis for formal entrustment decisions:

Collect 4 observations of achievement

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

When is unsupervised practice expected to be achieved: end of PGY3

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

Psychiatry: Transition to Practice

EPA 18: Managing the clinical and administrative aspects of a psychiatric practice

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

- This includes evidence–informed decision-making across the breadth of psychiatric presentations and case complexity and running the service or practice efficiently and in a manner consistent with sustainable practice and work-life balance.
- This also includes the administrative aspects of practice such as quality assurance and improvement, 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 in 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: emergency; inpatient unit; consultation liaison; outpatient; 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, junior residents, or subspecialty residents

Assessment form collects information on:

- Number of people providing input (write in)

Basis for formal entrustment decisions:

Part A: Patient care

Collect 1 observation of achievement.

Part B: Working with the team

Collect feedback at least twice and at least one month apart

- Each observation must include feedback from at least 2 observers

When is unsupervised practice expected to be achieved: 1-2 months before completion of training

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. L 2.1 Allocate health care resources for optimal patient care
10. P 4.2 Manage competing personal and professional priorities
11. 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 attending
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 other health care professionals
5. COL 1.3 Communicate effectively with other health care professionals
6. COL 2.1 Show respect toward collaborators
7. HA 1.1 Facilitate access to health services and resources
8. P 1.1 Respond punctually to requests from patients 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

Psychiatry: Transition to Practice

EPA 19: 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 psychiatrist/psychiatric subspecialist, with input from other health care professionals and learners

Assessment form collects information on:

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

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

When is unsupervised practice expected to be achieved: 1-2 months before completion of training

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

Psychiatry: Transition to Practice

EPA 20: Developing and implementing personalized training experiences geared to career plans or future practice

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

Part B: Implementing a training experience.

Direct observation by supervisor

Part C: Reflecting on learning plan efficacy.

Basis for formal entrustment decisions:

Collect 1 observation of achievement from each category.

When is unsupervised practice expected to be achieved: 1-2 months before completion of training

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 Fulfill 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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