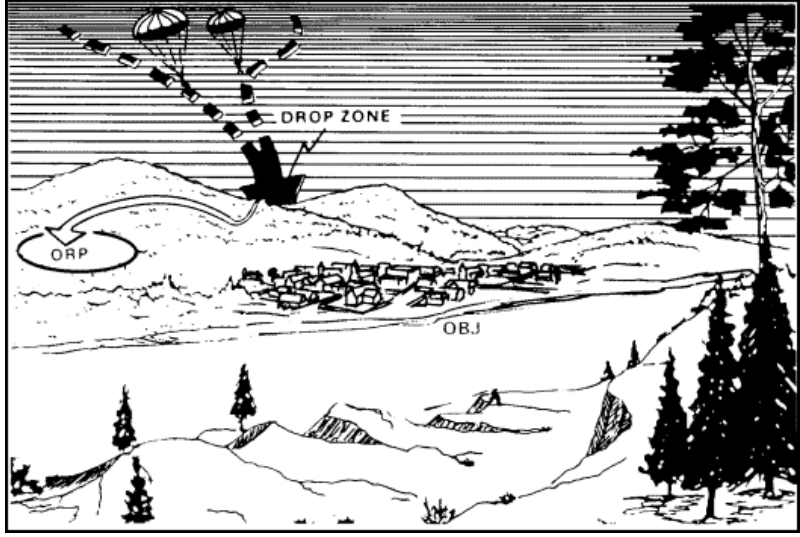
COMPETENCE BY DESIGN (CBD)

A REVIEW AND UPDATE FOR THE LATE ADOPTER, NEW CONSULTANT OR ENTHUSIASTIC AFFICIONADO

James Ross, MD, MHPE, FRCPC
Learning After Five
Western/Schulich Psychiatry
Originally presented January 14, 2021

OBJECTIVES



By the end of the presentation, participants will be able to:

1. Describe the current Competence by Design (CBD) framework in psychiatry in Canada and specifically at Western

2. Apply an EPA observation *at an appropriate skill level* within clinical supervision

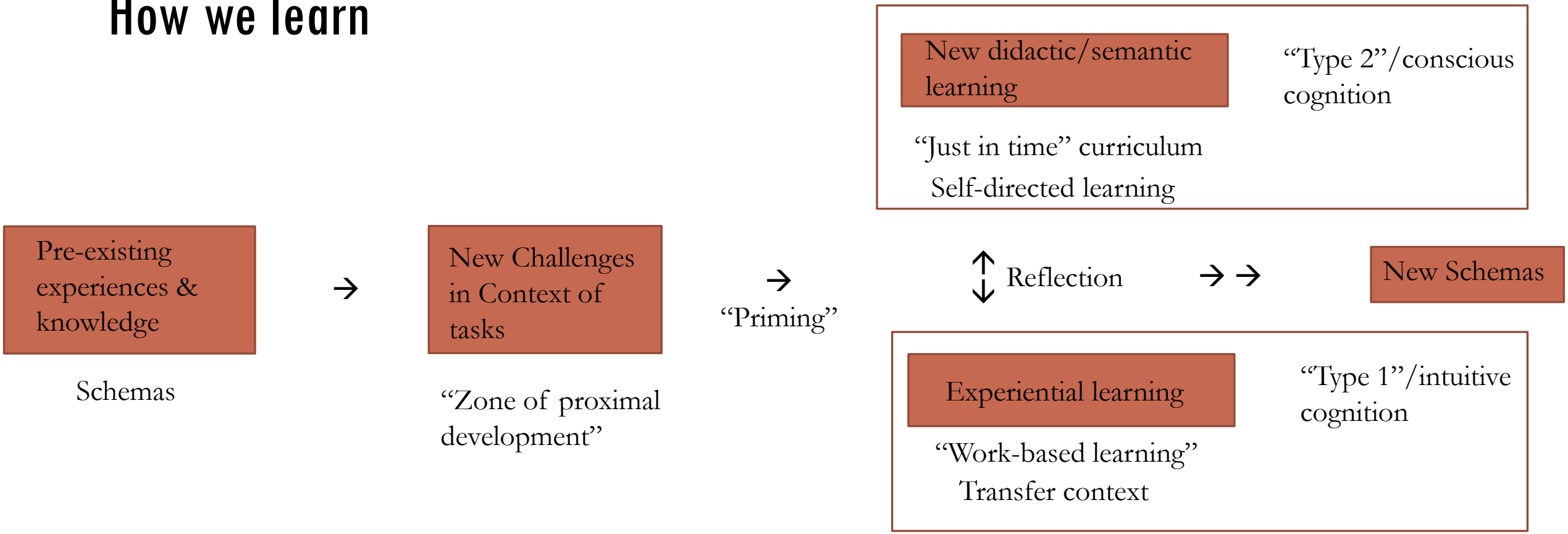
3. Describe the plan for CBD at Western Psychiatry for the current and upcoming academic years.

OVERVIEW

- Review of Competence by Design (CBD) model
- Tour of the EPA
- Elentra Update
- Entrustability
- Giving Feedback in CBD
- How CBD will change our curriculum
- PGY2 and PGY3 2021-2022
- Practice Exercise

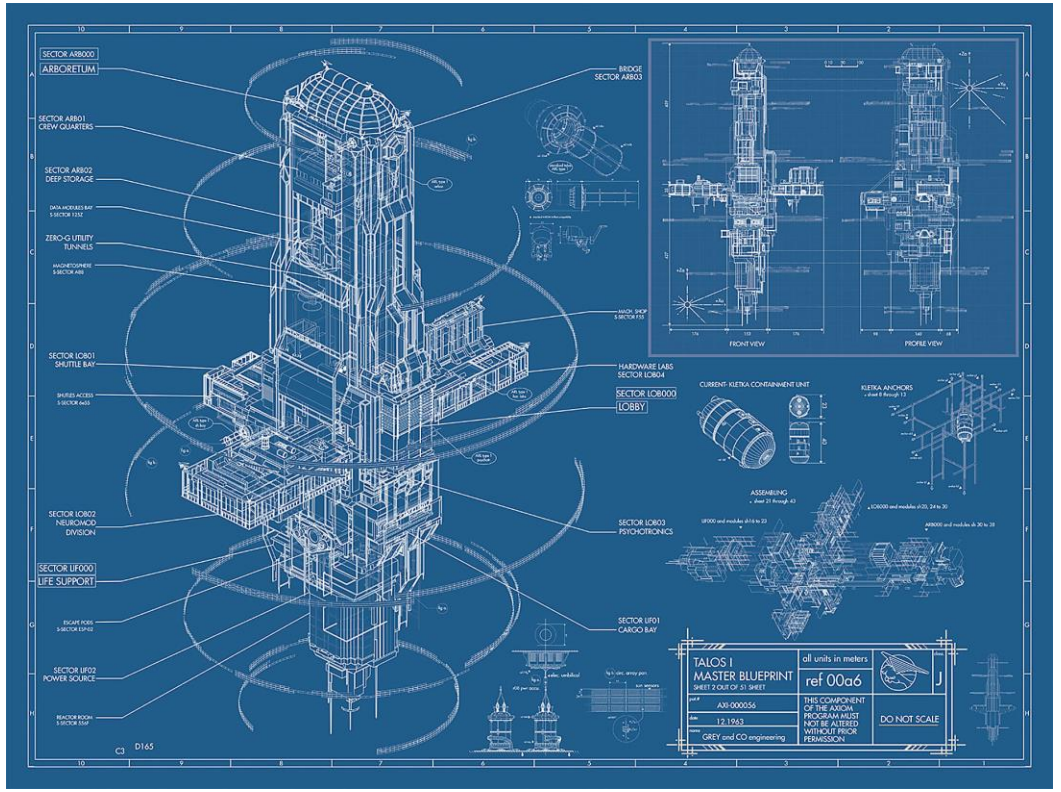
REVIEW OF CBD

How we learn


Pre-existing experiences & knowledge
Schemas
New Challenges in Context of tasks
"Zone of proximal development"
"Priming"
New didactic/semantic learning
"Just in time" curriculum
Self-directed learning
"Type 2"/conscious cognition
Reflection
Experiential learning
"Work-based learning"
Transfer context
"Type 1"/intuitive cognition
New Schemas

HOW CBME WORKS

- Programs of assessment



HOW CBME WORKS

- Programs of assessment

Our (document) program of assessment includes:

- Resident requirements checklist and assessments
- Curriculum map for time-based requirements (objectives)
- Curriculum map for CBD – EPAs, competencies, milestones

HOW CBME WORKS

- Programs of assessment
- Learner centred and driven

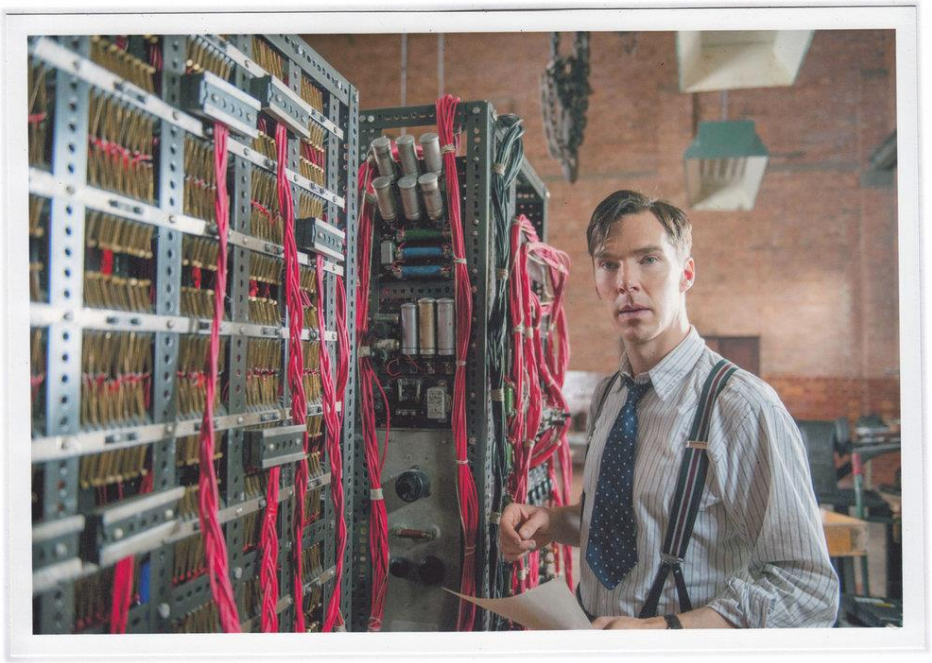
HOW CBME WORKS

- Programs of assessment
- Learner centred and driven
- Multiple assessments

HOW CBME WORKS

- Programs of assessment
- Learner centred and driven
- Multiple assessments
- Multiple observers

HOW CBME WORKS



- Programs of assessment
- Learner centred and driven
- Multiple assessments
- Multiple observers
- Testing skills rather than getting global impressions

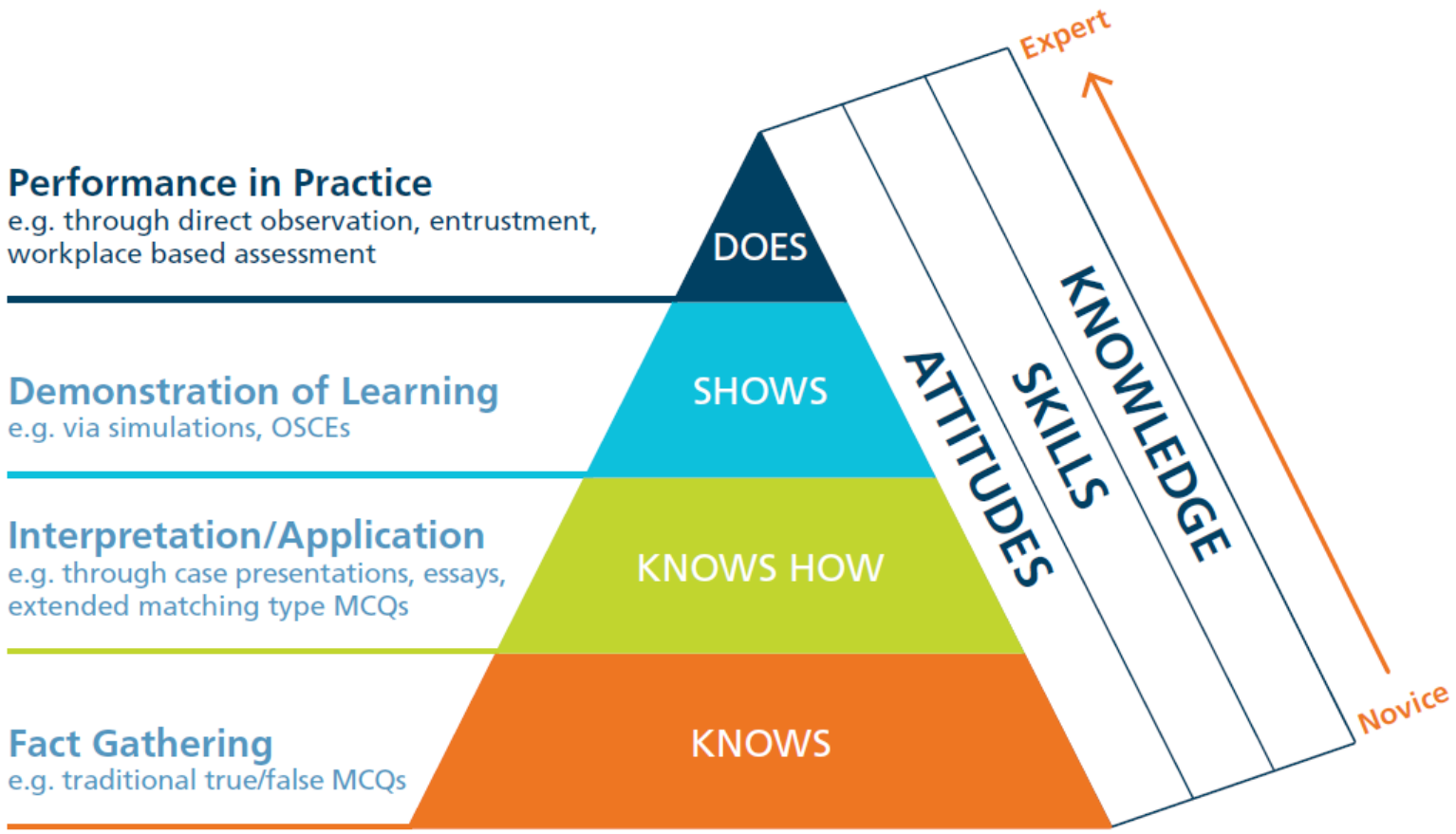
HOW CBME WORKS

- Programs of assessment
- Learner centred and driven
- Multiple assessments
- Multiple observers
- Testing skills rather than getting global impressions
- Outcomes-based advancement rather than time-based (sort of)

HOW CBME WORKS

- Programs of assessment
- Learner centred and driven
- Multiple assessments
- Multiple observers
- Testing skills rather than getting global impressions
- Outcomes-based advancement rather than time-based
- Competencies, milestones and EPAs

MILLER'S PYRAMID



"Miller's Pyramid of Clinical Competence," by R. Mehay and R. Burns, 2009. In R. Mehay (Ed.), The Essential Handbook for GP Training and Education (chapter 29: Assessment and Competence, p414). Also available at: http://www.essentialgptrainingbook.com/chapter-29.php. Reproduced with kind permission of Dr. Ramesh Mehay.

How CBME addresses how we learn

Context-driven teaching methods

New didactic/semantic learning

"Type 2"/conscious cognition

"Just in time" curriculum

Self-directed learning

Pre-existing experiences & knowledge

→

New Challenges in Context of tasks

→

"Priming"

↕ Reflection

→ →

New Schemas

Schemas

"Zone of proximal development"

Learner-centred and driven curriculum

Milestones within coherent program of assessment

Experiential learning

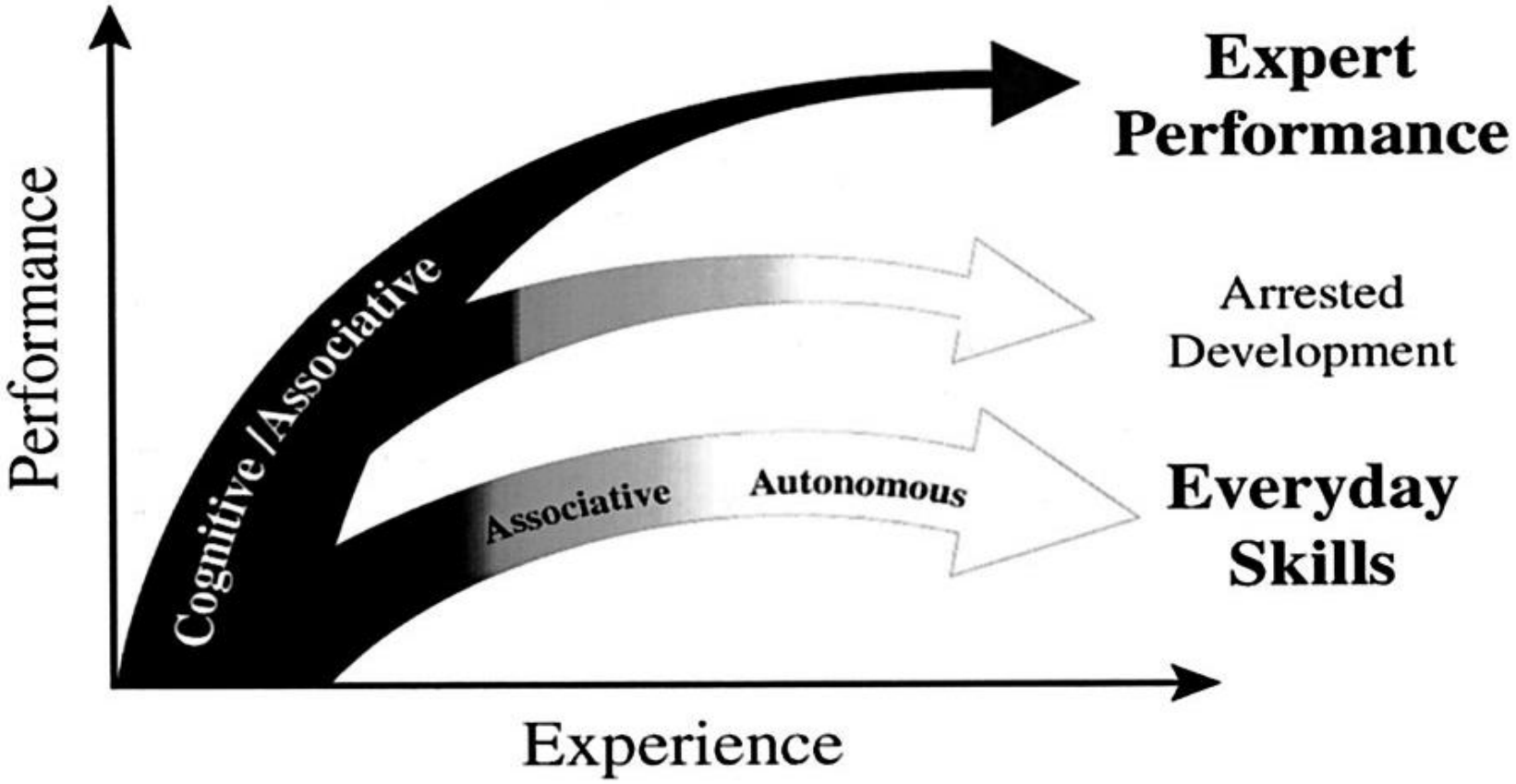
"Type 1"/intuitive cognition

"Work-based learning"

Transfer context

Competencies/EPAs

Ericsson – Deliberate Practice



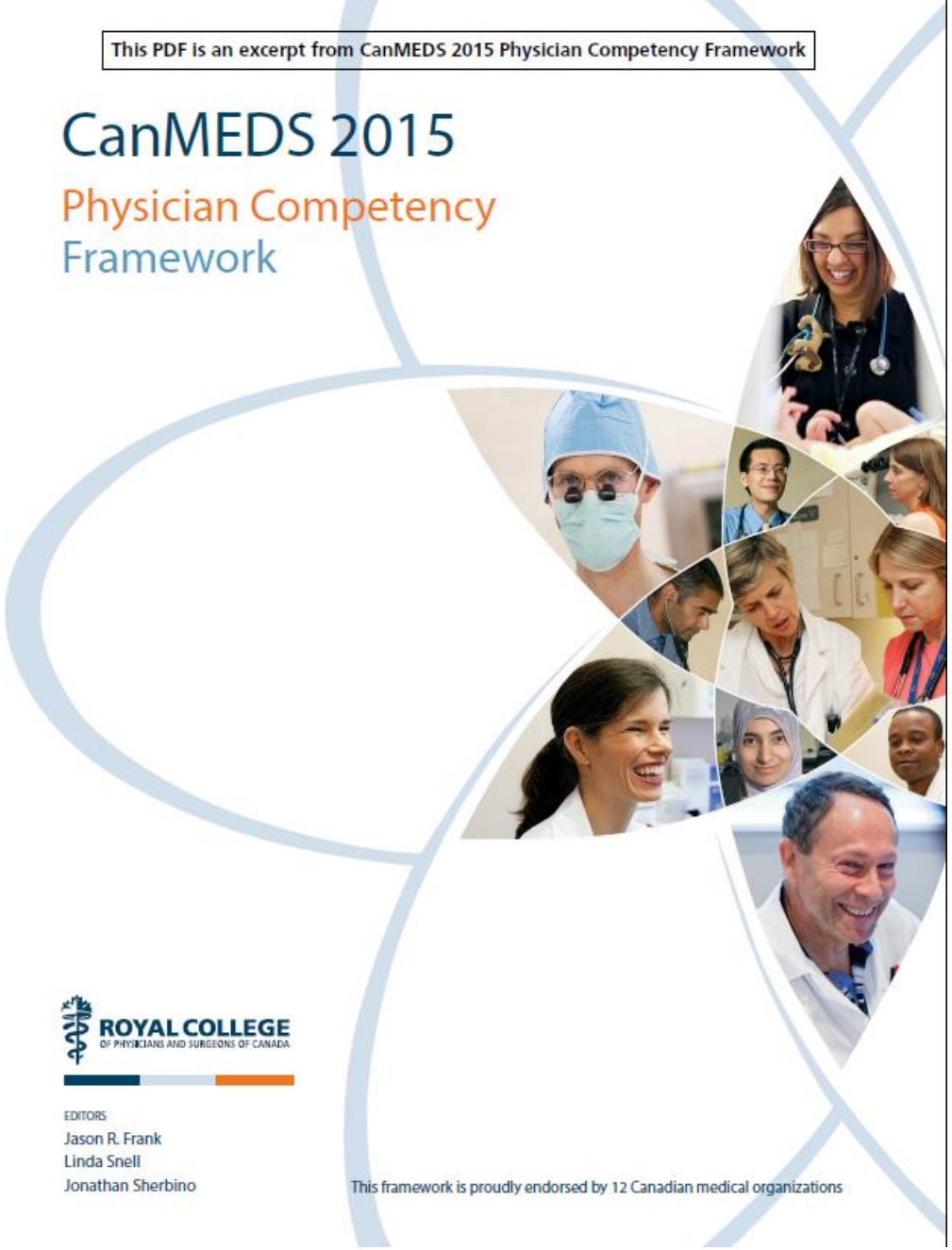
WHAT ARE COMPETENCIES?

Differing definitions, but generally agreed to be the component abilities that make up professional skill.

The outcomes that define the program of assessment

Schuwirth and Van der Vleuten (2010): "Apparently there is no completely agreed upon definition, but there is common ground, and the definitions converge on the notion of integration of knowledge, skills and attitudes/professionalism, the whole task performance."

In Canada/CBD, the **CanMEDS roles and their competencies** are the framework



The 2015 CanMEDS competency framework contains all of the competencies that apply across specialty programs

MEDICAL EXPERT

Key competencies	Enabling competencies
PHYSICIANS ARE ABLE TO:	
1. Practise medicine within their defined scope of practice and expertise	1.1 Demonstrate a commitment to high-quality care of their patients 1.2 Integrate the CanMEDS Intrinsic Roles into their practice of medicine 1.3 Apply knowledge of the clinical and biomedical sciences relevant to their discipline 1.4 Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner 1.5 Carry out professional duties in the face of multiple, competing demands 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
2. Perform a patient-centred clinical assessment and establish a management plan	2.1 Prioritize issues to be addressed in a patient encounter 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 2.3 Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation 2.4 Establish a patient-centred management plan
3. Plan and perform procedures and therapies for the purpose of assessment and/or management	3.1 Determine the most appropriate procedures or therapies 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy 3.3 Prioritize a procedure or therapy, taking into account clinical urgency and available resources 3.4 Perform a procedure in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
4. Establish plans for ongoing care and, when appropriate, timely consultation	4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety	5.1 Recognize and respond to harm from health care delivery, including patient safety incidents 5.2 Adopt strategies that promote patient safety and address human and system factors

General medical expert competencies from the CanMEDS 2015 framework

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Psychiatry Competencies

2020
VERSION 1.0

Effective for residents who enter training on or after July 1, 2020.

DEFINITION

Psychiatry is the branch of medicine specializing in the understanding of the biological, psychological, and social domains of the human experience as they impact the etiology, assessment, diagnosis, treatment, and prevention of, and recovery from mental, emotional, cognitive, and behavioural disorders, alone or as they coexist with other medical disorders, in patients of all ages.

PSYCHIATRY PRACTICE

Psychiatrists assess, diagnose, treat, and advocate for individuals with mental disorders across the lifespan. This includes patients with emergent, urgent, and non-urgent presentations. These activities are carried out within the context of a doctor-patient

PSYCHIATRY COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, psychiatrists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Psychiatrists are able to...

1. **Practise medicine within their defined scope of practice and expertise**
    - 1.1. Demonstrate a commitment to high-quality care of their patients
    - 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Psychiatry
    - 1.3. Apply knowledge of the clinical and biomedical sciences, as well as issues of medical jurisprudence, relevant to Psychiatry
        - 1.3.1. Normal and abnormal development
            - 1.3.1.1. Impact of developmental trauma
        - 1.3.2. Normal aging
        - 1.3.3. Normal and abnormal psychology
        - 1.3.4. Genetics
        - 1.3.5. Neuroscience, including neuroanatomy, neurochemistry, and neurophysiology
        - 1.3.6. Nosology
        - 1.3.7. Pharmacology, including pharmacodynamics and pharmacokinetics
        - 1.3.8. Phenomenology
        - 1.3.9. Social and cultural determinants of mental health
        - 1.3.10. Measures of cognitive performance
        - 1.3.11. Trauma-informed care
        - 1.3.12. Principles of public health, including referral patterns, community agencies, and systems of mental health care and delivery
        - 1.3.13. Preventive psychiatry

Psychiatry-specific competencies

Key and enabling competencies	Requirements for residency	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice	Advanced expertise
COMMUNICATOR MILESTONES						
1 Establish professional therapeutic relationships with patients and their families*						
1.1 Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion	Describe the key components of a patient-centred approach to medical care Outline the evidence that effective physician–patient communication enhances patient and physician outcomes		Demonstrate the key components of a patient-centred approach in complex clinical encounters	Assess a patient's health literacy Demonstrate flexibility in applying a patient-centred approach in the breadth of clinical encounters in practice	Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion	Teach and assess the patient-centred approach to communication
1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety	Describe elements of the physical environment that affect patient comfort, privacy, engagement, and safety (e.g., curtains, background noise, time standing or sitting, lighting, heating)	Mitigate physical barriers to communication to optimize patient comfort, privacy, engagement, and safety	Optimize the physical environment for patient comfort, privacy, engagement, and safety			Parti insti initia phys for p
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	Describe how patient and physician values, biases, and perspectives affect clinical encounters			Recognize when patient and physician values, biases, or perspectives threaten the quality of care, and modify the approach to patient care according to the context of the discipline		Teac reco in w phys or pr threa of ca modify the approach to patient care

COMMUNICA

Milestones have been created for many of the general competencies and the psychiatry-specific ones.

These milestones are present on the EPA descriptions, which we will get to in a few slides…

Psychiatry: Foundations EPA #5

Performing critical appraisal and presenting psychiatric literature

Key Features:

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

Assessment plan:

Direct observation of presentation by supervisor, with input from audience

Use Form 1.

Collect 2 observation of achievement

- At least 2 different observers

Relevant Milestones:

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

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs) IN CBD

- Consist of a task, often broad, to keep number of EPAs low (20).

- EPAs are elaborated on the assessment form with:
  - Key Features
  - Assessment plan
  - Milestones

- There are 4 different types of assessment forms that may be used, a form 1 is usually used in Psychiatry
  - (more on this in the next few slides)

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Entrustable Professional Activities for Psychiatry

2020

VERSION 1.0

This document is to be used in conjunction with the *Entrustable Professional Activity User Guide*, which is available on the Royal College's website.

Psychiatry: Transition to Discipline EPA #1

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

Key Features:

- This EPA verifies medical school 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

Psychiatry: Foundations EPA #5

F5: Performing critical appraisal and presenting psychiatric literature

Key Features:

- This EPA focuses critically appraising the 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 at a group setting.
- This EPA includes a presentation in a group setting such as grand rounds, journal club, case conference, M&M rounds, QI rounds, etc.

Assessment plan:

Direct observation by supervisor of presentation with input from audience of presentation in a group setting

Use form 1.

Collect 2 observation of achievement

- At least 2 different observers

Relevant Milestones:

1 **S 3.1 Recognize uncertainty and knowledge gaps in clinical and other professional encounters relevant to their discipline**
2 **S 3.3 Interpret study findings, including a critique of their relevance to practice**
3 **S 3.3 Assess the validity and risk of bias in a source of evidence**
4 **S 3.4 Describe how various sources of information, including studies, expert opinion, and practice audits contribute to the evidence base of medical practice**
5 **S 4.2 Discuss and provide examples of the ethical principles applicable to research and scholarly inquiry relevant to Psychiatry**
6 **S 4.4 Describe and compare the common methodologies used for scholarly inquiry in their discipline**
7 **S 4.5** Summarize and communicate to colleagues, the public, or other interested parties, the findings of applicable research and scholarship

This is EPA F5 -
5th Foundations of discipline EPA

Each EPA has:

1. Key Features
2. Assessment plan
3. Contexts in which the EPA should be seen, including observers
4. Milestones

Psychiatry - CBD
EPAs by stages
April 18, 2019

Stage 1 – Transition to Discipline	Stage 2 – Foundations of Discipline	Stage 3 – Core of Discipline	Stage 4-Transition to Practice
Approx. 1-3 months	Approx. 20-23 months	Approx. 23-26 months (2 years)	Approx. 10-14 months (1 year)
TTD 1. Obtaining a psychiatric history, which includes a preliminary diagnostic impression that informs a management plan for patients presenting with mental health concerns TTD 2. Communicating supervised clinical encounters in oral and written/electronic form	F 1. Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry F 2. Performing a psychiatric assessment referencing a biopsychosocial approach, and developing a basic differential diagnoses for all psychiatric patients F 3. Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity F 4. Performing a risk assessment that informs the development of an acute safety plan for patients posing risk for harm to self or others F 5. Performing critical appraisal and presenting psychiatric literature	C 1. Performing psychiatric assessments, providing differential diagnoses and developing a comprehensive treatment/management plan for all presentations in adult patients of medium to high complexity C 2. Performing psychiatric assessments, providing differential diagnoses and management for presentations in children and youth C 3. Performing psychiatric assessments, providing differential diagnoses and management plans in older adults C 4. Developing comprehensive biopsychosocial formulations for patients across the lifespan C 5. Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan C 6. Integrating the principles and skills of psychotherapy into patient care C 7. Integrating the principles and skills of neurostimulation into patient care	TTP 1. Managing the clinical and administrative aspects of a psychiatric practice TTP 2. Supervising junior trainees **TTP 3 Developing and implementing personalized training experiences geared to career plans or future practice** C 8. Integrating the principles and skills of psychopharmacology into patient care **C9 - Applying relevant legislation and legal principles to patient care and clinical practice** **C10 - Providing teaching for students, residents, the public and other health care professionals**

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Psychiatry
Training Experiences

2020
VERSION 1.0

These training requirements apply to those who begin training on or after July 1, 2020.

The final year of training/Transition to Practice stage in Psychiatry may be undertaken concurrently with training for certification in Child and Adolescent Psychiatry or Geriatric Psychiatry.

The following training experiences are required, recommended, or optional, as indicated.

TRANSITION TO DISCIPLINE (TTD)

The focus of this stage is orientation and introduction of new trainees to the Psychiatry program and institution(s), including policies, procedures, protocols, resources, and facilities. During this stage trainees will perform psychiatric interviews and mental status examinations in low complexity patients, formulate preliminary diagnostic impressions to inform management of mental health concerns, and communicate clinical encounters appropriately.

Required training experiences (TTD stage):

1. Clinical training experiences
   1.1. Any psychiatric clinical setting and/or simulated psychiatry experience(s)

2. Other training experiences

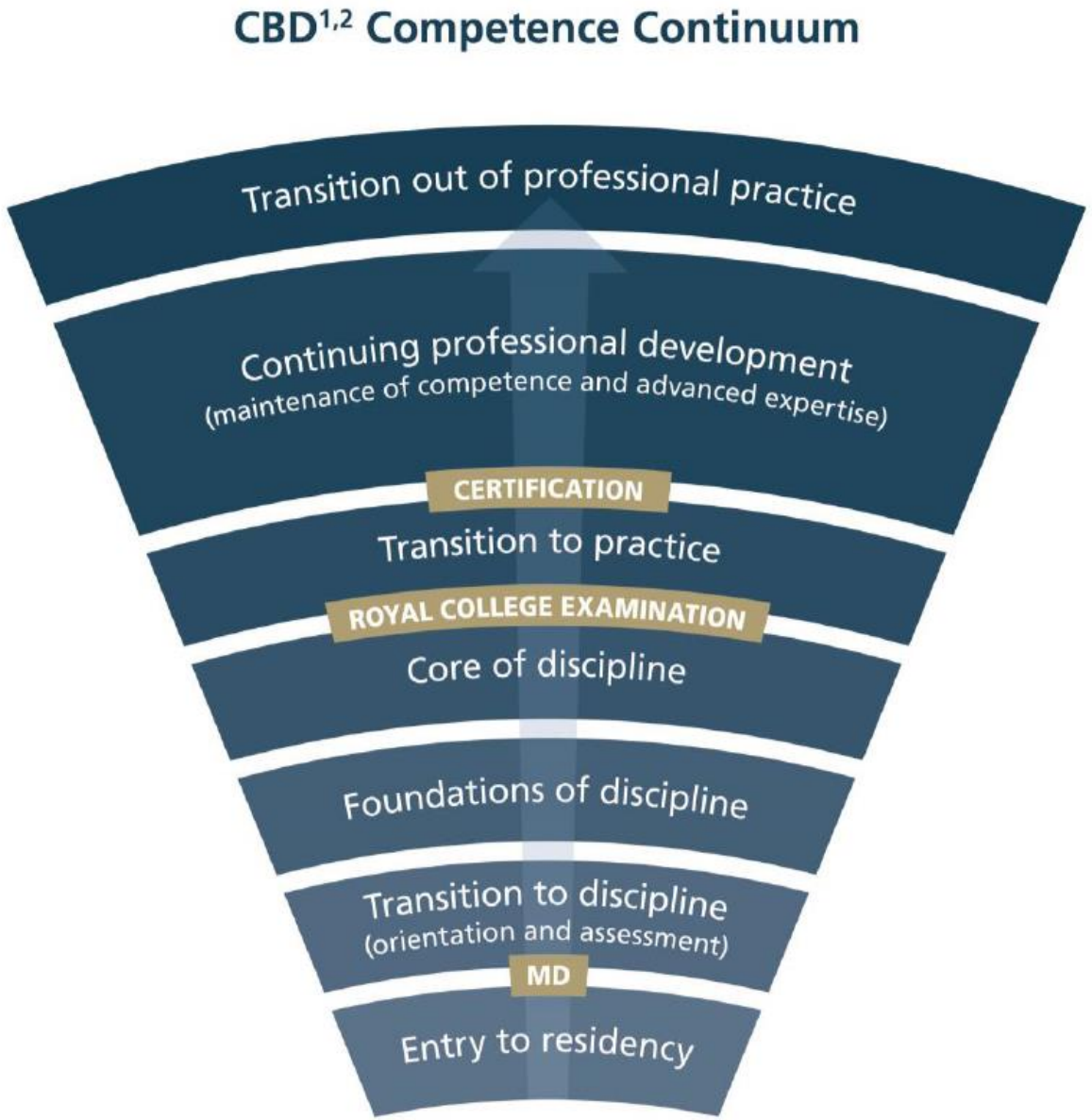
Required training experiences

Also outlined in a separate document.

CBD is a "hybrid" model.

Stages of training for CBD.

Exam at end of PGY4



Stages of training in psychiatry

Transition to Discipline – (1-2mo) Intro to practice, orientation, basic EPAs about performing assessments

Foundations of Discipline – 2 years, off service rotations and introductory/**junior psychiatry rotations** (inpatient and outpatient)

Core of Discipline – **2 years**, more specialized/integrative psychiatry rotations, **senior psychiatry rotations**

Transition to Practice – 1 year, administrative and systems level skills, acting as independent consultant, electives

E-PORTFOLIO - ELENTRA

- Online platform **Elentra** is the e-portfolio for our program and most of the country.
- Different views of same information for Learner, Academic Advisor, Competence Committee
- Will also give committees access to **meta-data about the program** and how well training is covering different areas of competency.
- RCPSC e-portfolio is to be used for the purpose of documenting success at end of residency

TOUR OF AN EPA

"Key features"

Psychiatry: Core EPA # 1

C 1: Performing psychiatric assessments providing differential diagnoses and developing a comprehensive treatment/management plan for all presentations in adult patients of medium to high complexity

Key Features:

- This EPA focuses on performing a psychiatric assessment, using psychological and neurobiological theories of psychiatric illness and personality development to guide biopsychosocial interviews, and gathering pertinent patient information in order to provide synthesis of the differential diagnosis and develop a comprehensive treatment/management plan.
- Delivery of management plan may not be completed by the resident but offered/recommended as a consultant, integrating psychopharmacology, psychotherapy skills, neurostimulation, and social interventions, as appropriate.

Psychiatry: Core EPA # 1

C 1: Performing psychiatric assessments providing differential diagnoses and developing a comprehensive treatment/management plan for all presentations in adult patients of medium to high complexity

Assessment plan:

Direct and indirect (case discussion, review of consult letter or other documents) by psychiatrist (including Child and Adolescent, Geriatric, and Forensic), TTP psychiatry resident, psychiatry fellow, Core/TTP psychiatry subspecialty resident, psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; consultation liaison; emergency
- Demographic: adult; older adult
- Case type (select all that apply): psychotic disorder; major depressive disorder; bipolar disorder; anxiety; personality disorder; substance abuse; cognitive; intellectual/neurodevelopmental disorder; trauma; other
- If "other" indicate case type: [write in]
- Complexity: medium; high
- Observation: direct; indirect

Collect 8 observations of achievement

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

Assessment plan with contextual variables

Psychiatry: Core EPA # 1

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- At least 2 outpatient
- At least 2 emergency
- At least 2 consultation liaison
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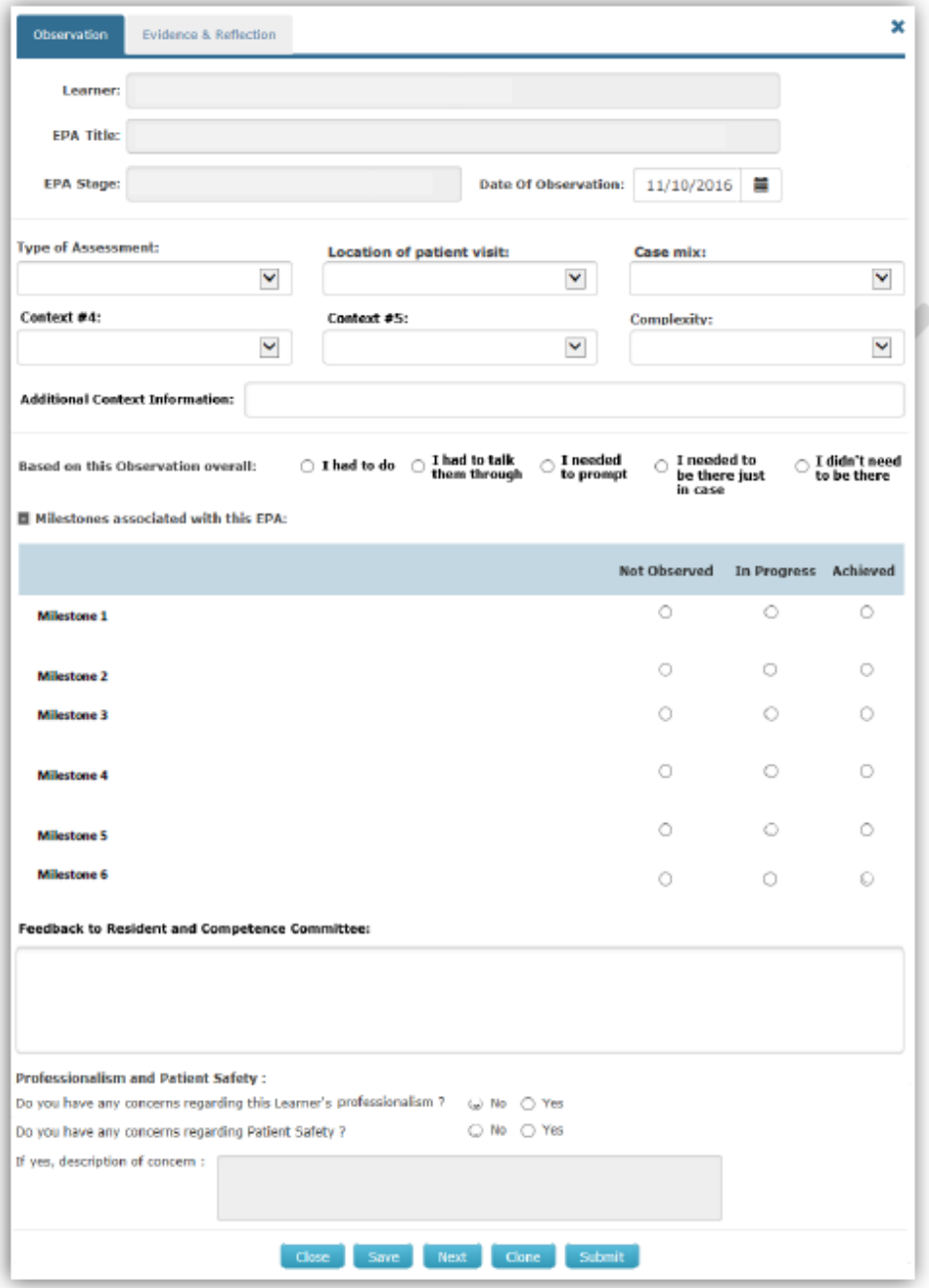
- At least 4 different observers
- At least 3 by psychiatrist

What form to use = Form 1

EPA OBSERVATION - FORM 1 (BLANK TEMPLATE)



Observation | Evidence & Reflection

Learner:

EPA Title:

EPA Stage: Date Of Observation: 11/10/2016

Type of Assessment: Location of patient visit: Case mix:

Context #4: Context #5: Complexity:

Additional Context Information:

Based on this Observation overall: I had to do | I had to talk them through | I needed to prompt | I needed to be there just in case | I didn't need to be there

Milestones associated with this EPA:

	Not Observed	In Progress	Achieved
Milestone 1			
Milestone 2			
Milestone 3			
Milestone 4			
Milestone 5			
Milestone 6			

Feedback to Resident and Competence Committee:

Professionalism and Patient Safety :

Do you have any concerns regarding this Learner's professionalism ? No | Yes

Do you have any concerns regarding Patient Safety ? No | Yes

If yes, description of concern :

Close | Save | Next | Clone | Submit

Form 1 from the RCPSC

Psychiatry: Core EPA # 1

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- At least 2 emergency
- At least 2 consultation liaison
- At least 5 direct observations (including review of documentation)
- At least 4 different observers
- At least 3 by psychiatrist

What types of observation are required and **how many of each**.

both **direct and indirect observations**

All of these have to be <u>successful</u> completions of the EPA

Psychiatry: Core EPA # 1

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- At least 4 different observers
- At least 3 by psychiatrist

What kind of observers and **how many** of each type

Psychiatry: Core EPA # 1

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- At least 1 history of trauma
- At least 1 depressive disorder
- At least 1 bipolar disorder
- At least 1 personality disorder
- At least 1 intellectual disability/ autism spectrum disorder comorbidity
- At least 2 inpatient
- At least 2 outpatient
- At least 2 emergency
- At least 2 consultation liaison
- At least 5 direct observations (including review of documentation)
- At least 4 different observers
- At least 3 by psychiatrist

Specific **settings** required for observation

Psychiatry: Core EPA # 1

C 1: Performing psychiatric assessments providing differential diagnoses and developing a comprehensive treatment/management plan for all presentations in adult patients of medium to high complexity

Assessment plan:

Direct and indirect (case discussion, review of consult letter or other documents) by psychiatrist (including Child and Adolescent, Geriatric, and Forensic), TTP psychiatry resident, psychiatry fellow, Core/TTP psychiatry subspecialty resident, psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; consultation liaison; emergency
- Demographic: adult; older adult
- Case type (select all that apply): psychotic disorder; major depressive disorder; bipolar disorder; anxiety; personality disorder; substance abuse; cognitive; intellectual/neurodevelopmental disorder; trauma; other
- If "other" indicate case type: [write in]
- Complexity: medium; high
- Observation: direct; indirect

Collect 8 observations of achievement

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

Demographic groups

Psychiatry: Core EPA # 1

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Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; consultation liaison; emergency
- Demographic: adult; older adult
- Case type (select all that apply): psychotic disorder; major depressive disorder; bipolar disorder; anxiety; personality disorder; substance abuse; cognitive; intellectual/neurodevelopmental disorder; trauma; other
- If "other" indicate case type: [write in]
- Complexity: medium; high
- Observation: direct; indirect

Collect 8 observations of achievement

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

Case Types

Psychiatry: Core EPA # 1

C 1: Performing psychiatric assessments providing differential diagnoses and developing a comprehensive treatment/management plan for all presentations in adult patients of medium to high complexity

Assessment plan:

Direct and indirect (case discussion, review of consult letter or other documents) by psychiatrist (including Child and Adolescent, Geriatric, and Forensic), TTP psychiatry resident, psychiatry fellow, Core/TTP psychiatry subspecialty resident, psychiatry subspecialty fellow

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- If "other" indicate case type: [write in]
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Collect 8 observations of achievement

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

Levels of complexity

The EPA has to be at least of the complexity specified but can be higher

Case Complexity Guideline

Psychiatric complexity

- More than three DSM 5 diagnoses that hinder function (so tobacco-use disorder cannot be included in the count)
    - Prototype complex case: PD plus addictions plus another "axis 1" diagnosis: mood or psychosis
    - Other prototypes: Severe personality disorders with mood and anxiety disorders
- Long-standing active psychiatric illness
- More than four or five regular psychoactive medications or more than ten prescribed medications
- Chronic low level of function
- Significant language or cultural barrier
- Treatment resistance
- Significant biopsychosocial complexity: medically complex patients, forensic or violent patients, patients under child protection involvement (or adults followed by social services for their children), complex (polysubstance) addiction, severe intellectual and communication deficits, homelessness, refugees …

Maybe we should define a simple case to help in conceptualizing a complex case:

A simple case would include:

- One DSM 5 diagnosis that hinders function
- Recent onset or infrequent relapses
- Treatment naïve or limited past treatment
- No language barrier
- No significant intellectual or communication barrier
- No significant psychosocial issues

A moderate case would include:

- One to three DSM diagnoses that hinder function
- Recurrent illness
- More than one past treatment trial
- One to three psychoactive medications
- "Overcome-able" language and cultural barriers
- Fluctuating level of function with some recent periods of moderate-level functioning
- Moderate biopsychosocial complexity: see above

Psychiatry: Core EPA # 1

C 1: Performing psychiatric assessments providing differential diagnoses and developing a comprehensive treatment/management plan for all presentations in adult patients of medium to high complexity

Milestones

This EPA has both general and psychiatry-specific milestones.

On the Form 1, they are rated as:
-Not observed,
-In progress or
-Achieved

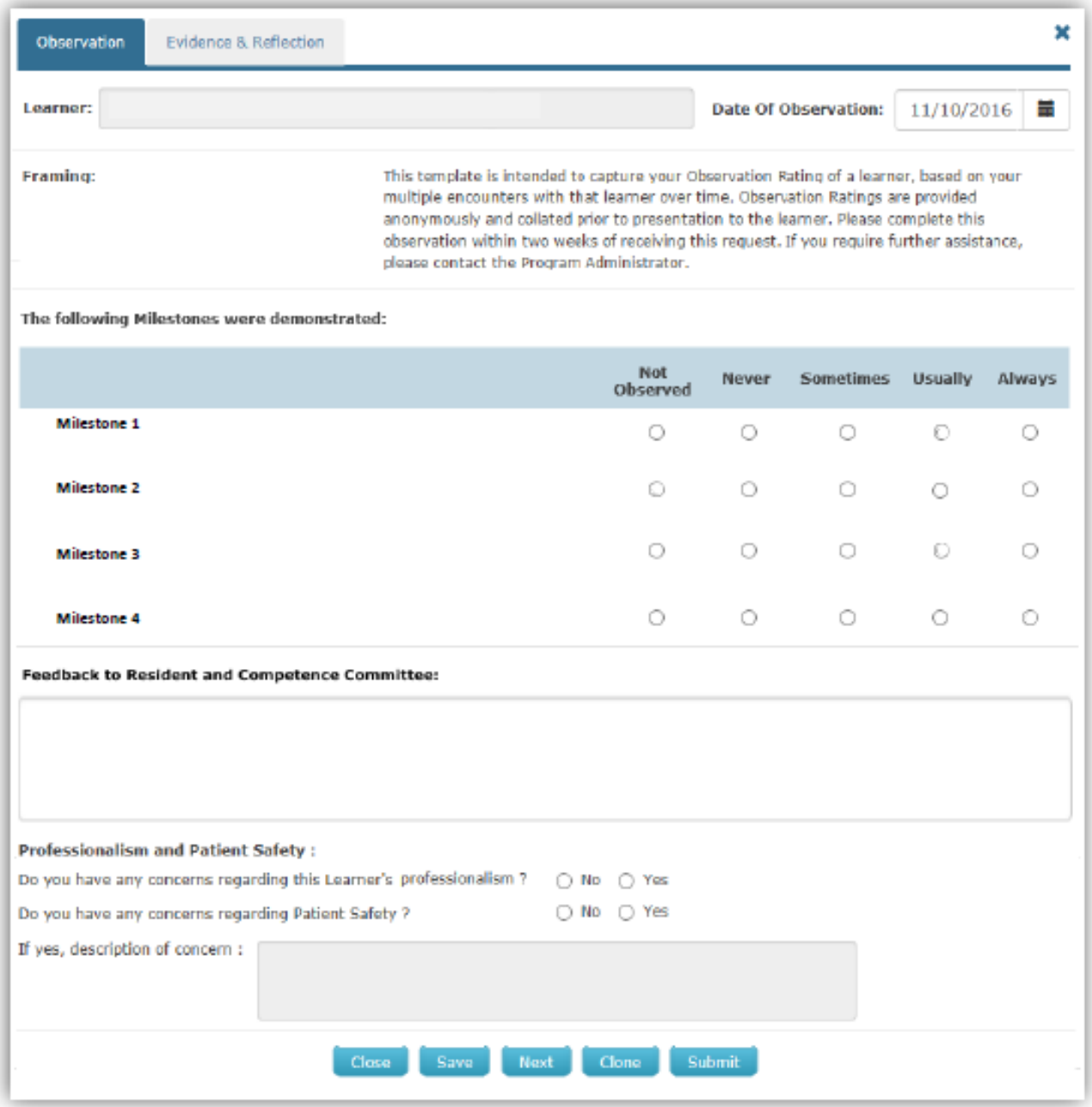
Relevant Milestones:

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 during the current encounter or during future visits or with other health care practitioners**
3. **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**
4. **ME 2.2 Synthesize patient's biological, psychological, and social information to determine a diagnosis**
5. **ME 2.2 Perform a mental status examination**
6. **ME 2.3 Establish goals of care in collaboration with the patient and family, which may include slowing disease progression, achieving cure, improving function, and palliation**
7. **ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context in collaboration with the patient and family and, when appropriate, the interdisciplinary team**
8. **ME 3.1 Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centred, and considers the risks and benefits of all approaches**
9. **COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**
10. **COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**
11. **P 1.1** Exhibit appropriate professional behaviours and relationships in all aspects of practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality

Psychiatry - CBD
EPAs by stages
April 18, 2019

Stage 1 – Transition to Discipline	Stage 2 – Foundations of Discipline	Stage 3 – Core of Discipline	Stage 4-Transition to Practice
Approx. 1-3 months	Approx. 20-23 months	Approx. 23-26 months (2 years)	Approx. 10-14 months (1 year)
TTD 1. Obtaining a psychiatric history, which includes a preliminary diagnostic impression that informs a management plan for patients presenting with mental health concerns TTD 2. Communicating supervised clinical encounters in oral and written/electronic form	F 1. Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry F 2. Performing a psychiatric assessment referencing a biopsychosocial approach, and developing a basic differential diagnoses for all psychiatric patients F 3. Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity F 4. Performing a risk assessment that informs the development of an acute safety plan for patients posing risk for harm to self or others F 5. Performing critical appraisal and presenting psychiatric literature	C 1. Performing psychiatric assessments, providing differential diagnoses and developing a comprehensive treatment/management plan for all presentations in adult patients of medium to high complexity C 2. Performing psychiatric assessments, providing differential diagnoses and management for presentations in children and youth C 3. Performing psychiatric assessments, providing differential diagnoses and management plans in older adults C 4. Developing comprehensive biopsychosocial formulations for patients across the lifespan C 5. Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan C 6. Integrating the principles and skills of psychotherapy into patient care C 7. Integrating the principles and skills of neurostimulation into patient care	TTP 1. Managing the clinical and administrative aspects of a psychiatric practice TTP 2. Supervising junior trainees **TTP 3 Developing and implementing personalized training experiences geared to career plans or future practice** C 8. Integrating the principles and skills of psychopharmacology into patient care **C9 - Applying relevant legislation and legal principles to patient care and clinical practice** **C10 - Providing teaching for students, residents, the public and other health care professionals**

MULTIPLE SOURCE FEEDBACK (MSF) - FORM 3 (BLANK TEMPLATE)



Observation | Evidence & Reflection

Learner: | Date Of Observation: 11/10/2016

Framing: This template is intended to capture your Observation Rating of a learner, based on your multiple encounters with that learner over time. Observation Ratings are provided anonymously and collated prior to presentation to the learner. Please complete this observation within two weeks of receiving this request. If you require further assistance, please contact the Program Administrator.

The following Milestones were demonstrated:

	Not Observed	Never	Sometimes	Usually	Always
Milestone 1	○	○	○	○	○
Milestone 2	○	○	○	○	○
Milestone 3	○	○	○	○	○
Milestone 4	○	○	○	○	○

Feedback to Resident and Competence Committee:

Professionalism and Patient Safety :

Do you have any concerns regarding this Learner's professionalism ? ○ No ○ Yes

Do you have any concerns regarding Patient Safety ? ○ No ○ Yes

If yes, description of concern :

Close | Save | Next | Clone | Submit

Form 3 - multi-source feedback

Used in EPA TTP #1

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Password

Forgot your password?

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Assessment Tools

Select Resident: Click here to select a resident

Select Date of Encounter:

Type here to search

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Assessment Tools

Select Resident [redacted]

Select Date of Encounter

Select an EPA Click here to select an EPA

Begin typing to search...

Filtering Items by EPA

Filter Presets

Current Stage EPAs

- D1: Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders
- D2: Communicating clinical encounters in oral and written/electronic form
- F1: Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry
- F2: Performing psychiatric assessments referencing a

Give Feedback!

Elentra ME Feedback
Please share any feedback you may have about this page.

Psychiatry: Foundations EPA #2
Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders

Key Features:

- This EPA focuses on establishing rapport/therapeutic alliance and performing psychiatric assessments using a biopsychosocial approach in order to develop a differential diagnosis which reflects an understanding of common conditions and 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:

Collect at least 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

*Clinical Setting

-- Please Select --

*Clinical Setting

-- Please Select --

*Case Complexity

-- Please Select --

*Assessor's Role

-- Please Select --

*Patient Demographics

-- Please Select --

Milestones

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

Not observed

- ✔ Not observed
- Working on it
- Almost there
- Achieved

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

Not observed

Recognize when personal feelings in an encounter are valuable clues to the patients emotional state

Not observed

Focus the interview, managing the flow of the encounter while being attentive to the patients cues and responses

***Based on this observation of resident performance overall:**

I had to provide constant guidance or take over

I had to provide significant guidance

I had to provide some guidance

I had to provide minimal guidance

I did not have to provide any guidance

Comments (mandatory)

Comment

Next Steps

Concerns

Concerns

Do you have patient safety concerns related to this resident's performance?

No

- [x] No
- [ ] Yes

Do you have professionalism concerns about this resident's performance?

No

Are there other reasons to flag this assessment?

No

***Have feedback about this form? (eg, "Missing Dx", etc.)**

No

- [x] No
- [ ] Yes

ENTRUSTABILITY

ENTRUSTABILITY

Developed within the idea of the Entrustable professional activity (EPA)

The EPA was developed by Ten Cate and Scheele (2007) to look for **"the constituting elements of professional work"**

"We aim to identify all professional **activities that we would agree a specific medical specialist can be asked to do**"

OTTAWA SURGICAL "O-SCORE"

The Ottawa Surgical Competency Operating Room (O-SCORE) Scale[a]: An Entrustability-Aligned Anchor Scale

Level	Descriptor
1	"I had to do" (i.e., requires complete hands on guidance, did not do, or was not given the opportunity to do)
2	"I had to talk them through" (i.e., able to perform tasks but requires constant direction)
3	"I had to prompt them from time to time" (i.e., demonstrates some independence, but requires intermittent direction)
4	"I needed to be there in the room just in case" (i.e., independence but unaware of risks and still requires supervision for safe practice)
5	"I did not need to be there" (i.e., complete independence, understands risks and performs safely, practice ready)

ENTRUSTABILITY

Developed within surgical specialties – **how much supervision is required** by the supervising staff surgeon?

When a resident is considered fully entrustable **for a specific task**, we would allow him or her to do it on his or her own.

ENTRUSTABILITY

Developed within surgical specialties – how much supervision is required by the supervising staff surgeon?

When a resident is considered fully entrustable **for a specific task**, we would allow him or her to do it on his or her own.

EPAs are specifically **targeted** at the **different levels of training**:

- TTD 1 – Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders
- F3 – Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity
- C1 – Developing comprehensive treatment/management plans for adult patients

Psychiatry - CBD
EPAs by stages
April 18, 2019

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TTD 2. Communicating supervised clinical encounters in oral and written/electronic form	F 2. Performing a psychiatric assessment referencing a biopsychosocial approach, and developing a basic differential diagnoses for all psychiatric patients	C 2. Performing psychiatric assessments, providing differential diagnoses and management for presentations in children and youth	TTP 2. Supervising junior trainees
	F 3. Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity	C 3. Performing psychiatric assessments, providing differential diagnoses and management plans in older adults	**TTP 3 Developing and implementing personalized training experiences geared to career plans or future practice**
	F 4. Performing a risk assessment that informs the development of an acute safety plan for patients posing risk for harm to self or others	C 4. Developing comprehensive biopsychosocial formulations for patients across the lifespan	
	F 5. Performing critical appraisal and presenting psychiatric literature	C 5. Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan	
		C 6. Integrating the principles and skills of psychotherapy into patient care	
		C 7. Integrating the principles and skills of neurostimulation into patient care	
			C 8. Integrating the principles and skills of psychopharmacology into patient care
			C9 - Applying relevant legislation and legal principles to patient care and clinical practice
			C10 - Providing teaching for students, residents, the public and other health care professionals

TTD 1

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 2.2 Conduct a mental status examination**
6. **ME 2.4 Develop an initial management plan for common patient presentations**
7. **COM 1.1 Convey empathy, respect, and compassion to facilitate trust and autonomy**
8. **COM 1.4** Use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to the patient and family
9. **COM 2.3** Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
10. **COM 4.1** Conduct an interview, demonstrating cultural awareness
11. **P 1.1 Demonstrate awareness of the limits of one's own professional expertise**

NOTE ON TRANSITION TO DISCIPLINE EPAS D1 AND D2

Unique EPAs, intended *merely to demonstrate a resident is ready for residency*

A good senior medical student should be entrustable

Most starting residents ***should be entrustable,*** barring circumstances

FOUNDATIONS EPA #3 (F3)

Relevant Milestones:

1. **ME 2.3** Establish goals of care
2. **ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context**
3. **ME 3.2 Describe the indications, contraindications, risks, and alternatives for a given treatment plan**
4. **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**
5. **ME 2.4 Prescribe first line psychotropic medicines**
6. **ME 3.2** Obtain and document informed consent, under supervision
7. **ME 4.1 Develop plans for ongoing management and follow-up**
8. **ME 4.1 Coordinate care when multiple health care providers are involved**
9. **COM 5.1** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
10. **COL 1.2** Describe the roles and scopes of practice of other health care professionals related to their discipline
11. **COL 1.2** Consult as needed with other health care professionals, including other physicians
12. **HA 1.1** Demonstrate an approach to working with patients to advocate for health services or resources
13. **S 2.5** Provide feedback to enhance learning and performance for learners
14. **P 3.1** Integrate appropriate components and aspects of mental health law into practice

CORE EPA #1 (C1)

Relevant Milestones:

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

OBSERVATION VS. ENTRUSTABLE OBSERVATION

There are two separate requirements:

1. Number of **observations** per rotation – having an adequate number of assessments for an EPA. Do NOT have to be entrustable to have done an observation

2. **Observation of *Entrustability*** – need to be entrustable on a specific number of EPAs to progress to the next stage of training

OBSERVATION VS. ENTRUSTABLE OBSERVATION

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OBSERVATION VS. ENTRUSTABLE OBSERVATION

There are two separate requirements:

1. Number of **observations** per rotation – having an adequate number of assessments for an EPA. Do NOT have to be entrustable to have done an observation

2. **Observation of *Entrustability*** – need to be entrustable on a specific number of EPAs to progress to the next stage of training
   - **BUT – it may be important to be entrustable on some EPAs or contextual variables on specific rotations e.g. – F1 neuropsychiatric presentation**

OBSERVATION VS. ENTRUSTABLE OBSERVATION

There are two separate requirements:

1. Number of **observations** per rotation – having an adequate number of assessments for an EPA. Do NOT have to be entrustable to have done an observation

2. **Observation of *Entrustability*** – need to be entrustable on a specific number of EPAs to progress to the next stage of training
   - The required score for entrustability varies with each EPA, at the discretion of the competence committee and the program.
   - **For some EPAs a score of 4 or "I had to provide minimal guidance" is entrustable**.
   - For some a 5 or "I did not need to provide guidance" is entrustable
   - For others, it may be flexible, depending on the overall picture

Rotation	EPAs **expected minimum**	Outline/Template (Click Icon)
Transition to Discipline Stage		
Orientation Block	TTD1 – 1 obs of entrustability TTD2 – 1 obs of entrustability **(Note: observation of entrustability means that the resident has been found entrustable on the EPA)**	 Microsoft Word Document
Foundations of Discipline Stage		
General Adult Psychiatry	F2 – 2 observations F3 – 2 observation F4 – 1 observation **(Note: observation means that the resident has tried the EPA but does not yet have to be entrustable)**	 Microsoft Word Document
CEPS/Psychiatric Emergency	F2 – 3 observations, aim to have 1 obs of achievement F3 – 1 observation F4 – 3 observations	 Microsoft Word Document
Child and Adolescent Psychiatry	F2 – 3 observations F3 – 2 observations F4 – 1 observation if available	 Microsoft Word Document

NOTE ABOUT EPAS

Some advanced EPAs can (and should) be done early, if they apply to a skill that is not covered by existing EPAs at a given level

There should be a lower expectation of becoming entrustable if done early

Is nonetheless a good way to get structured feedback!

Psychiatry - CBD
EPAs by stages
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GIVING FEEDBACK IN CBD

EPA FEEDBACK

Milestone Feedback

Overall Entrustability score

Narrative Feedback – Most important for resident development and the Competence Committee to be able to assess residents' progress

Milestones

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

Not observed

- ✔ Not observed
- Working on it
- Almost there
- Achieved

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

Not observed

Recognize when personal feelings in an encounter are valuable clues to the patients emotional state

Not observed

Focus the interview, managing the flow of the encounter while being attentive to the patients cues and responses

***Based on this observation of resident performance overall:**

I had to provide constant guidance or take over

I had to provide significant guidance

I had to provide some guidance

I had to provide minimal guidance

I did not have to provide any guidance

Comments (mandatory)

Comment

Next Steps

Concerns

CBD ITERS

All ITERs are now monthly and are much simpler, with 10-15 items and space for narrative feedback (important)

CBD ITERs

- no longer have a pass/fail option – **red flag option** instead
- 2020 Psychiatry Competencies **replace** Old OTR Objectives

CBD ITERS

All ITERs are now monthly and are much simpler, with 10-15 items and space for narrative feedback (important)

CBD ITERs

- no longer have a pass/fail option – **red flag option** instead
- 2020 Psychiatry Competencies **replace** Old OTR Objectives

- ~~Objectives~~ → Competencies (as objectives)

University of Western Ontario
Psych Postgrad

Evaluated By: evaluator's name
Evaluating : person (role) or moment's name (if applicable)
Dates : start date to end date

* indicates a mandatory response

PGY1 CEPS (Emergency) Psychiatry ITER

*Date of Evaluation:
20210110

		Consistently below expectations in most essential areas	Did not consistently meet expectations in many essential areas	Consistently met expectations in many but not all essential areas	Consistently met expectations in all essential areas	Consistently exceeded expectations in all essential areas
	Unable to Assess	Beginning	Developing	Satisfactory	Accomplished	Exemplary
*ME 1.3 Apply clinical and biomedical sciences to formulate management plans for core patient presentations in emergency psychiatry	○	○	○	○	○	○
*ME 1.3 Apply provincial and/or federal legislation pertaining to mental health care and delivery	○	○	○	○	○	○
*ME 1.3 Apply safety procedures and practices for psychiatric facilities and personnel	○	○	○	○	○	○
*ME 1.3 Apply interventions to minimize risk	○	○	○	○	○	○
*ME 1.4 – Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner	○	○	○	○	○	○
*ME 2.4 Establish integrated treatment plans	○	○	○	○	○	○

*COM 2.1 Conduct a patient-centered interview, and seek collateral information, gathering all relevant biomedical information	○	○	○	○	○	○
*COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, communicating effectively using a written health record, electronic medical record or other digital technology.	○	○	○	○	○	○
*COL 3.2 Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care	○	○	○	○	○	○

Comments:

*Describe 2 strengths and 2 areas for improvement, using examples if possible:

*Were there deficits in the residents' performance that were of enough concern that the program director and competence committee should be aware?

○ No
○ Yes

If yes, then please provide details, including reference to any comments or ratings already on this form:

*Other comments:

HOW CBD IS CHANGING OUR CURRICULUM

RESIDENT ROTATIONS

Are fundamentally changing

- e.g. – possible longitudinal outpatient rotation
- Exam is now at end of PGY4, Transition to Practice as content of final PGY5 year.

New requirements of supervisors and residents:

- Observation of patient interactions
- More frequent assessments
- Need for direct feedback based on actual observations
- Expectation of feedback, especially if resident is not entrustable
- Residents will be initiating assessments

CBD-RELATED COMMITTEES

RPC

Assessment Committee

-Coordinates and writes OSCEs, OSCE lead (Dr. Ojha)

-Optimizes assessment forms and assessment practices

Competence Committee

-Reviews all resident files (and will review all e-portfolios) to make recommendations about promotion and areas for development

Curriculum Committee

-Revises and continually evaluates all aspects of curriculum – didactic seminars, structure of rotations and other learning experiences

STACER Committee
(STACER lead Dr. Loba)

Academic Advisors

COMPETENCE COMMITTEE

Dr. Ross – Chair

Dr. Beletsky

Dr. Monteleone

Dr. Hocke.

Dr. Mehta

Dr. Dua

Dr. Loba

Dr. Gregory

Dr. Egan

Dr. Burke

Dr. Shanmugalingam

COMPETENCE COMMITTEE

- Has been running since 2018, now hybrid CBD/old-school (time-based)
- CBD residents and residents in need of remediation are reviewed q3mo, others q6mo
- Elentra in ongoing evolution, **dashboard** in development
- Review EPAs and **other required training experiences**
- Residents must be promoted from one stage of training to the next

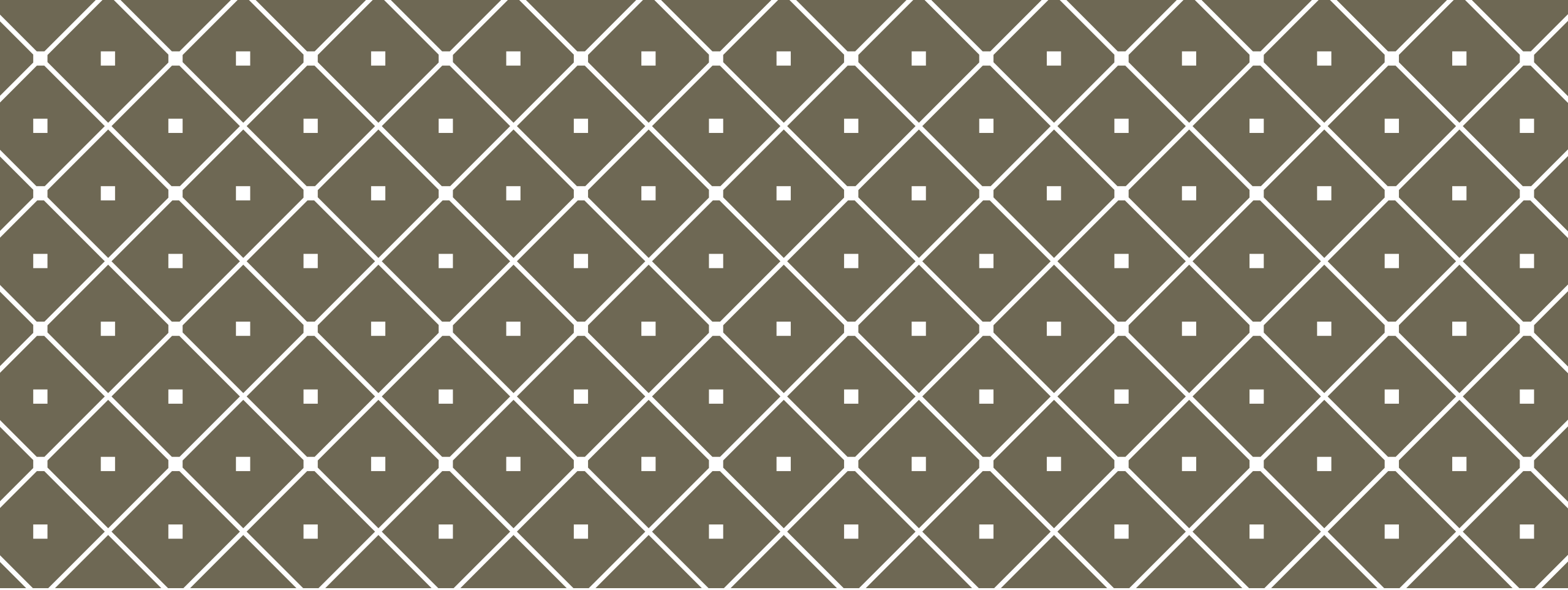
CURRICULUM COMMITTEE

Constant quality improvement review of the curriculum

Curriculum – all didactic and clinical learning experiences

Currently focused on:

- Experiences that facilitate the implementation of CBD
- Increase in experiential and case-based learning in teaching experiences
- Addressing gaps in the existing curriculum



PGY2 AND PGY3 2021-22

CHANGES FOR 2021-2022

- PGY2 will be fully CBD
  - More EPAs
  - CBD ITERs
  - New longitudinal outpatient rotation – one day per week including psychotherapy case(s)

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- PGY3 CBD Pilot
  - EPAs
  - CBD ITERs

CHANGES FOR 2021-2022

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  - More EPAs
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  - New longitudinal outpatient rotation – one day per week including psychotherapy case(s)
- PGY3 CBD Pilot
  - EPAs
  - CBD ITERs
- Psychotherapy training entering CBD model
  - EPAs
  - More direct supervision (using recording)

FOUNDATIONS/PGY2 TRAINING EXPERIENCES

FOUNDATIONS OF DISCIPLINE (F)

The focus of this stage is the development of the skills and knowledge required to manage medical presentations relevant to Psychiatry, perform psychiatric assessments referencing a biopsychosocial approach, develop basic differential diagnoses, implement management plans for patients of low to medium complexity, and perform risk assessments informing acute safety plans. Trainees at this stage will also perform critical appraisal and are expected to present on relevant psychiatric literature.

FOUNDATIONS/PGY2 TRAINING EXPERIENCES

Required training experiences (Foundations stage):

1. Clinical training experiences
    1.1. Psychiatry
        1.1.1. Adult outpatient
        1.1.2. Adult inpatient
        1.1.3. Emergency, including after-hours coverage

Rotation	EPAs/Assessments expected *minimum* observation	Outline/Template (Click Icon)
Foundations of Discipline Stage		
Inpatient psychiatry (3 x 3 block rotations)	Per 4wk block: F2 – 3 observations F3 – 3 observations F4 – 1 observation	Microsoft Word Document
Outpatient Psychiatry Core	Per 4wk block: F2 – 4 observations F3 – 3 observations F4 – (1 observation if possible)	Microsoft Word Document
Outpatient Psychiatry Longitudinal (Year 1)	Per 4wk block: F2 – 1 observation F3 – 1 observation F4 – (1 obs if possible) C4 – 2 over 12 blocks	Microsoft Word Document
Longitudinal Training		
Psychodynamic Therapy	C6 – A 1 obs/2 mo C6 – B ongoing, review q3mo at SAR	Microsoft Word Document
CBT	C6 – A 1 obs/2 mo C6 – B ongoing, review q3mo at SAR	Microsoft Word Document
SMI?	SMI assessment form, completed q 3 blocks	Microsoft Word Document
Interview Skills	PGY2 Inpatient STACER PGY2 Outpatient STACER	Microsoft Word Document
On Call Assessment	1 Adult and 1 C&A assessment per shift (consultant clicks to say “no C&A cases seen” if this is the case)	
ECT Experience	C7 part B – one observation	
Teaching		
PGY2 teaching schedule		

CORE/PGY3 TRAINING EXPERIENCES

CORE OF DISCIPLINE (C)

The focus of this stage is to build on the skills and knowledge of the previous stages to conduct psychiatric assessments, develop biopsychosocial formulations, and provide comprehensive management for psychiatric patients across the lifespan, including emergent situations in psychiatric care. During this stage trainees integrate the principles and skills of psychotherapy, neurostimulation, and psychopharmacology into patient care. In addition, residents will be responsible for teaching others and applying relevant legislation and legal principles to clinical practice.

CORE/PGY3 TRAINING EXPERIENCES

Required training experiences (Core stage):

1. Clinical training experiences
    1.1. Psychiatry
        1.1.1. Geriatric psychiatry
            1.1.1.1. At least two of the following settings: inpatient, day hospital, long-term care, or outpatient

        1.1.2. Child and/or adolescent psychiatry
            1.1.2.1. At least two of the following settings: inpatient, outpatient, residential, day hospital, or school

Rotation	EPAs/Assessments expected *minimum* observation	Outline/Template (Click Icon)
Core of Discipline Stage		
Child and Adolescent Psychiatry	Per 4wk block: C2 – Assessment - 3 observations C4 – BPS Formulation - 3 observations C8 – Psychopharmacology - 1 observation Observe as possible (ideally once per block): C5 – Emergent situation management C9 – Legislation and Legal principles C10 – Teaching	 Microsoft Word Document
Geriatric Psychiatry	Per 4wk block: C3 – Assessment - 3 observations C4 – BPS Formulation - 3 observations C8 – Psychopharmacology - 1 observation Observe on rotation and in organized ECT session: C7 - neurostimulation Observe as possible (ideally once per block): C5 – Emergent situation management C9 – Legislation and Legal principles C10 – Teaching	 Microsoft Word Document
Longitudinal Training		
Psychodynamic Therapy?	C6 – A 1 observation/2 blocks C6 – B ongoing, review q3 blocks at SAR	 Microsoft Word Document
CBT? (if not yet complete)	C6 – A 1 observation/2 blocks C6 – B ongoing, review q3 blocks at SAR	 Microsoft Word Document
SMI (if not yet complete)	SMI assessment form, completed q 3 blocks	 Microsoft Word Document
Interview Skills	PGY3 Child and Adolescent STACER PGY3 Psychogeriatric STACER	 Microsoft Word Document
On Call Assessment	1 Adult and 1 C&A assessment per shift (consultant clicks to say “no C&A cases seen” if this is the case)	

PGY3 Child and Adolescent Psychiatry

Core of Discipline EPAs to be completed on C&A rotations:

Core EPA	Observations of achievement	Minimum # of observations
C2: Assessments, differentials and management plans for C&A	Cases must include at least: • 1 mood/anxiety/OCD • 1 ADHD • 1 abuse/neglect/trauma • 1 ID/ASD • 2 children • 2 adolescents	3 per 4 week bloc
C4: Biopsychosocial formulation	Cases must include at least: • 1 child • 1 adolescent	3 per 4 week bloc
C8: Psychopharmacology	Cases must include at least: • Starting & monitoring a stimulant Possible options: • 2 different classes of antidepressants • Oral antipsychotic • Sedative/hypnotic • Lithium • Other mood stabilizer • Patient on multiple psychotropics	1 per 4 week bloc
C5: Identifying, assessing & managing emergent situations	Possible observations: • Acute agitation/aggression • Active suicidal ideation • Homicidal/violent/risk to others	If possible (ideally one per block)
C9: Applying legislation & legal principles	Possible observations: • Capacity to consent to treatment in complex patients • Initiating involuntary treatment or hospitalization • Evaluation for restriction or limitations relevant to disability • Need for mandatory or discretionary reporting	If possible (ideally one per block)
C10: Teaching	Possible teaching audience: • Medical students • Residents • Public • Other healthcare providers	If possible (ideally one per block)
C6: Psychotherapy A: Direct observation B: Logbook	Modalities: • Family therapy • Psychodynamic therapy • CBT (if not yet complete)	If not yet complete: A: 1 q 2 blocks B: reviewed by PI & Competence Committee

Psychiatry - CBD
EPAs by stages
April 18, 2019

Stage 1 – Transition to Discipline	Stage 2 – Foundations of Discipline	Stage 3 – Core of Discipline	Stage 4-Transition to Practice
Approx. 1-3 months	Approx. 20-23 months	Approx. 23-26 months (2 years)	Approx. 10-14 months (1 year)
TTD 1. Obtaining a psychiatric history, which includes a preliminary diagnostic impression that informs a management plan for patients presenting with mental health concerns TTD 2. Communicating supervised clinical encounters in oral and written/electronic form	F 1. Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry F 2. Performing a psychiatric assessment referencing a biopsychosocial approach, and developing a basic differential diagnoses for all psychiatric patients F 3. Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity F 4. Performing a risk assessment that informs the development of an acute safety plan for patients posing risk for harm to self or others F 5. Performing critical appraisal and presenting psychiatric literature	C 1. Performing psychiatric assessments, providing differential diagnoses and developing a comprehensive treatment/management plan for all presentations in adult patients of medium to high complexity C 2. Performing psychiatric assessments, providing differential diagnoses and management for presentations in children and youth C 3. Performing psychiatric assessments, providing differential diagnoses and management plans in older adults C 4. Developing comprehensive biopsychosocial formulations for patients across the lifespan C 5. Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan C 6. Integrating the principles and skills of psychotherapy into patient care C 7. Integrating the principles and skills of neurostimulation into patient care	TTP 1. Managing the clinical and administrative aspects of a psychiatric practice TTP 2. Supervising junior trainees **TTP 3 Developing and implementing personalized training experiences geared to career plans or future practice** C 8. Integrating the principles and skills of psychopharmacology into patient care **C9 - Applying relevant legislation and legal principles to patient care and clinical practice** **C10 - Providing teaching for students, residents, the public and other health care professionals**