Psychiatry: Core EPA #3

Performing psychiatric assessments and providing differential diagnoses with 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.
- This EPA may be observed in simulation.
- It is recommended that EPA observations should be planned collaboratively before or at the time of the activity.

Assessment plan:

Direct or indirect observation by child and adolescent psychiatrist, psychiatrist, TTP psychiatry resident, or child and adolescent psychiatry subspecialty resident[5]

Use form 1. Form collects information on:

- Case type: abuse, neglect, or trauma; ADHD; anxiety disorder; gender issues; mood disorder; neurodevelopmental disorders; personality disorder; psychotic disorder; other presentation
- Setting: emergency; inpatient; outpatient; simulation; other
- Demographic: child (4-12 years); adolescent (13-18 years)
- Observation (select all that apply): direct; indirect; simulation
- Observer: child and adolescent psychiatrist; psychiatrist; TTP psychiatry resident; child and adolescent psychiatry subspecialty resident

Collect 6 observations of achievement

- At least 1 mood disorder
- At least 1 anxiety disorder
- At least 1 ADHD
- At least 1 other neurodevelopmental disorder
- At least 1 abuse, neglect, or trauma
- At least 1 case with gender dysphoria
- At least 1 child 4-12 years

[5] If not a certified subspecialist, the majority of their experience is in the domain of CAP.

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- At least 2 adolescents 13-18 years
- At least 4 direct observations
- At least 3 different observers
- At least 3 observations by a child and adolescent psychiatrist or psychiatrist with special interest in child and adolescent patients

CanMEDS Milestones:

1 **ME 1.3 Apply knowledge of normal and abnormal physical, cognitive, emotional, and behavioural development**
2 **ME 2.2 Focus the clinical encounter, performing it in a time-effective manner without excluding key elements**
3 **ME 2.2 Adapt the clinical assessment to the patient's developmental stage**
4 **ME 2.2 Synthesize biological, psychological, and social information to determine a diagnosis**
5 **ME 2.4 Develop and implement management plans that consider all the patient's health problems and context**
6 **ME 3.2 Use shared decision-making in the consent process**
7 **COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**
8 **COM 2.1 Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview**
9 **HA 1.1 Work with patients to modify determinants of health**
10 **HA 1.1 Facilitate access to health services and resources**
11 **P 3.1 Apply child welfare legislation, including mandatory reporting**
12 **COM 5.3 Share information with patients and others, including parents, schools, and external agencies as necessary, in a manner that enhances understanding and that respects patient privacy and confidentiality**

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