Psychiatry: Core EPA #4

Performing psychiatric assessments and developing comprehensive treatment/management plans for older adult patients

Key Features:

- This EPA focuses on performing biopsychosocial psychiatric assessments in older adults, with appropriate adjustments made for patients with cognitive and sensory decline. This includes developing and communicating a differential diagnosis and a comprehensive biopsychosocial treatment or management plan in older adult patients.
- This EPA may include younger patients with early onset neurodegenerative or neurocognitive disorders such as Alzheimer's, and patients with Behavioural and Psychological Symptoms of Dementia (BPSD).
- It is recommended that EPA observations should be planned collaboratively before or at the time of the activity.

Assessment plan:

Direct observation, case discussion and/or review of consult letter or other documentation by geriatric psychiatrist, psychiatrist, TTP psychiatry resident, or geriatric psychiatry subspecialty resident[6]

Use form 1. Form collects information on:

- Case type (select all that apply): anxiety disorder; bereavement; bipolar disorder; BPSD; major depressive disorder; neurocognitive disorder; personality disorder; psychotic disorder; other
- Setting: emergency; inpatient; consultation liaison; outpatient; community; assisted living; palliative
- Additional concerns: rationalization of polypharmacy; elder abuse; other; n/a
- Observation (select all that apply): direct; case discussion; review of clinical documents
- Observer: geriatric psychiatrist; psychiatrist; TTP psychiatry resident; geriatric psychiatry subspecialty resident

Collect 6 observations of achievement

- At least 4 different case types
- At least 3 patients with neurocognitive disorders, including at least 1 patient with BPSD
- At least 1 case with rationalization of polypharmacy
- At least 4 direct observations, including review of documentation
- At least 2 different observers

[6] If not certified subspecialist, the majority of their experience is in the domain of geriatric psychiatry.

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- At least 3 by a geriatric psychiatrist or psychiatrist with special interest in older adult patients

CanMEDS Milestones:

1 **ME 1.3 Apply knowledge of normal and abnormal physical, cognitive, emotional, and behavioural development**
2 **ME 2.2 Perform a psychiatric assessment, including a focused physical exam, where appropriate**
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 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**

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