Psychiatry: Core EPA #5

Identifying, assessing, and managing emergency 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, 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 behavioural and emotional disturbances and medical emergencies, such as acute dystonic reactions, delirium, catatonia, serotonin syndrome, neuroleptic malignant syndrome (NMS), etc.
- 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 and indirect observation by psychiatrist, TTP psychiatry resident, or subspecialty resident

Use form 1. Form collects information on:

- Case type: active suicidal ideation; acute agitation and aggression; acute dystonic reaction; catatonia; homicidal/violent ideation; medical emergency related to delirium; NMS; other behavioural or emotional disturbance; risk of harm to others; serotonin syndrome; other condition
- Setting: emergency; inpatient; outpatient; simulation; other
- Observer: psychiatrist; TTP psychiatry resident; subspecialty resident

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
- At least 5 direct observations
- At least 4 observations by psychiatrist

CanMEDS Milestones:

1. **ME 2.1 Recognize instability and medical/psychiatric acuity in a clinical presentation**
2. **ME 2.2 Assess risk of harm to self or others**

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3 **ME 2.1 Recognize and manage patients at risk of harm to self or others and intervene to mitigate risk**
4 **COM 1.5 Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately**
5 **ME 2.2 Focus the clinical encounter, performing it in a time-effective manner without excluding key elements**
6 **ME 3.1 Determine the most appropriate therapies and/or interventions to minimize risk**
7 **ME 2.4 Develop and implement management plans that consider all the patient's health problems and context**
8 **ME 5.2 Apply policies, procedures, and evidence-based practices when dealing with patients, staff, and provider safety, including violent and potentially violent situations**
9 **ME 2.4 Determine the setting of care appropriate for the patient's health care needs**
10 **ME 4.1 Determine the need, timing, and priority of referral to another physician and/or health care professional**
11 **COM 3.1 Convey the rationale for decisions regarding involuntarily treatment or hospitalization**
12 **COL 3.1 Provide emergency/urgent medical assistance for patients as necessary, arranging for referral or transport to an 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**

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