Psychiatry: Core EPA # 7

Integrating the principles and skills of psychopharmacology in the assessment and management of patients with challenging presentations and comorbidities

Key Features:

- This EPA builds on the skills of the Foundation stage to focus on the application of safe prescribing practices in the provision and optimization of comprehensive pharmacological management for the breadth of psychiatry patients, including children, adolescents, older adults, and adults with challenging presentations, such as pregnancy, polypharmacy, medical and psychological comorbidities, serious and persistent mental illness, and patients with varying levels of capacity.
- This EPA focuses on prescribing, monitoring, and managing medications. Monitoring includes reviewing bloodwork, metabolic parameters, and side effects. Managing involves titrating, switching, augmenting (add on or adjunct) for partial response, or discontinuing medications as appropriate to the patient's evolving circumstances. Deprescribing medication may also be included in this EPA.
- This EPA also includes managing side effects of medications which may include metabolic syndrome (e.g., with metformin), cognitive impairment (e.g., with stimulants) or sexual side effects (e.g., with bupropion, mirtazapine).
- It also includes patient education and addressing ethical and legal issues related to informed consent, patient capacity, and decision-making in patients with varying cognitive abilities or legal concerns, as appropriate.
- This EPA may be observed using a clinical patient encounter, or simulation, if required.
- It is recommended that observations of this EPA be scheduled in advance.

Assessment plan:

Direct and indirect observation by psychiatrist, TTP psychiatry resident, psychiatry subspecialty resident

Use form 1. Form collects information on:

- Activity (select all that apply): starting; monitoring (review bloodwork, side effects, metabolic parameters); managing (titrating, switching, augmenting, and discontinuation); de-prescribing
- Medication (select all that apply): agent to treat side effects; benzodiazepine; cognitive enhancer; clozapine; lithium; long-acting injectable antipsychotic (LAI); mood stabilizer; oral antipsychotic; serotonin specific reuptake inhibitor; serotonin-noradrenaline reuptake inhibitor; stimulant; tricyclic antidepressant; other
- Challenging factors: pregnancy or breast feeding; multiple medications; other
- Setting: inpatient unit; outpatient; consultation liaison; simulation
- Demographic: child (4-12); adolescent (13-17); adult (18+); older adult
- Observer: psychiatrist; TTP psychiatry resident; psychiatry subspecialty resident

© 2026 The Royal College of Physicians and Surgeons of Canada. All rights reserved.

Collect 10 observations of achievement
Starting:
- 1 clozapine
- 1 stimulant in child and adolescent population
- 1 agent for side effects other than EPS

Managing:
- 1 clozapine
- 1 stimulant in child and adolescent population
- 1 benzodiazepine

Monitoring:
- 1 clozapine
- 1 LAI

Monitoring or managing:
- 1 stimulant in adult population

Starting or monitoring or managing:
- 1 cognitive enhancer in the older adult population

With:
- At least 1 patient on multiple psychiatric medications
- At least 2 patients in the CL setting
- At least 2 children/adolescents
- At least 2 older adults
- At least 1 pregnant or breastfeeding patient
- At least 8 clinical (not simulated) cases
- At least 5 different observers
- At least 5 by psychiatrists

CanMEDS 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 Develop plans for ongoing management and follow-up**
8	**COL 1.2 Negotiate overlapping and shared-care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care**
9	**HA 1.1 Facilitate access to appropriate medications**

© 2026 The Royal College of Physicians and Surgeons of Canada. All rights reserved.

Psychiatry: Core EPA #8

Delivering psychodynamic, group, and family psychotherapies

Key Features:

- This EPA applies the knowledge and skills developed in psychotherapy to inform an assessment and provide appropriate psychotherapeutic interventions amongst various modalities, as well as ongoing assessment of the patient's response to the intervention.
- This includes the delivery of individual psychodynamic therapy, and family or group therapy.
- This includes identifying and empathizing with the patient, maintaining a collaborative relationship with the patient (and family), fostering the therapeutic alliance, recognizing and repairing tensions or ruptures in the 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 rationale and therapeutic components of the prescribed psychotherapeutic intervention.
- The assessor should include details in the narrative assessment regarding which **Psychodynamic Psychotherapy interventions** were correctly utilized and could include exploration of transference/ countertransference, interpretation, working through resistance, promoting insight, recognize maladaptive patterns and link to past experiences, recognize defenses, exploration of object relations, encouraging emotional expression
- The assessor should include details in the narrative assessment regarding which **Group Psychotherapy interventions** were correctly utilized and could include establishing group norms, facilitating cohesion, exploring relational dynamics, managing conflict, using group feedback, facilitating group process, managing group dynamics
- The assessor should include details in the narrative assessment regarding which **Family Psychotherapy interventions** were correctly utilized and could include enhancing communication, identifying and restructuring family roles, exploring family dynamics, conflict resolution, strengthening emotional bonds, reframing, setting boundaries and addressing dysfunctional patterns, emotional regulation, strength-based interventions
- Observations of achievement should be entrustable to the level of a generalist psychiatrist.
- Longitudinal elements relevant to this EPA may be assessed using alternate methods e.g., ITER/ITAR[7].
- It is recommended that EPA observations should be planned collaboratively before or at the time of the activity.

Assessment plan:

Direct observation or review of audio, video or transcript by psychiatrist, or other mental health professional trained in the modality

Use form 4 (narrative feedback)

[7] ITER/ITAR is not available on the eportfolio platform

© 2026 The Royal College of Physicians and Surgeons of Canada. All rights reserved.

Collect 4 observations of achievement

- At least 1 of family or group therapy
- At least 1 observation of psychodynamic psychotherapy of the more foundational interventions (e.g., recognize defenses, recognize maladaptive patterns and link to past experiences)
- At least 1 observation of psychodynamic psychotherapy of the more advanced interventions (e.g., exploration of transference/ countertransference, working through resistance)

CanMEDS Milestones:

1 **ME 1.3** Apply knowledge of the principles of psychotherapy to patient care

2 **COL 1.3** Integrate the patient's perspective and context into the collaborative care plan

3 **ME 3.4** Provide psychotherapeutic interventions

4 **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

5 **COM 1.5** Establish boundaries as needed in emotional situations

6 **COM 1.5** Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately

7 **COM 1.1** Establish, repair when necessary, and maintain a therapeutic alliance with the patient

8 **ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves

9 **ME 2.2** Assess patient response to psychotherapy

10 **P 1.1** Exhibit appropriate professional behaviours

© 2026 The Royal College of Physicians and Surgeons of Canada. All rights reserved.