Psychiatry: Core EPA #9

Integrating psychotherapeutic interventions into regular patient care

Key features:

- This EPA applies the knowledge and skills developed in psychotherapy to inform an assessment and provide appropriate psychotherapeutic interventions into regular clinical care, as well as providing ongoing assessment of the patient's response to the intervention.
- This EPA includes the integration of psychotherapeutic principles into patient care in the hospital or in outpatient settings (e.g., Consultation-liaison, substance use psychiatry).
- This may also include educating the patient and/or family on the rationale and therapeutic components of the prescribed psychotherapeutic intervention.
- This includes identifying and empathizing with the patient, maintaining a collaborative relationship with the patient (and family as necessary), 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 may include any psychotherapeutic intervention, except supportive therapy.
- Every milestone may not be applicable to every observation.
- It is recommended that EPA observations should be planned collaboratively before or at the time of the activity.

Assessment plan:

Direct observation by psychiatrist

Use form 1. Form collects information on

- Intervention: CBT; DBT; emotion focused therapy (EFT); family therapy; group therapy; IPT; MI; mindfulness; psychodynamic (short term or long term); other (write in)

Collect 2 observations of achievement

- At least 2 different interventions
- At least 2 different observers

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 2.4 Integrate the selected psychotherapy with other treatment modalities**

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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**

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