Entrustable Professional Activities for Psychiatry

2026
VERSION 2.0

This document is to be used in conjunction with the *Entrustable Professional Activity User Guide*, which is available on the Royal College's website.

This document applies to residents who have not yet entered the stage(s) containing revised EPAs.

Psychiatry: Transition to Discipline EPA #1

Obtaining a psychiatric history and mental status exam to inform the preliminary diagnostic impression for patients presenting with psychiatric disorders

Key Features:

- This EPA verifies the medical school skills of obtaining a psychiatric history and synthesizing information for diagnosis.
- This includes clinical assessment skills, including performing a mental status examination and a focused physical or neurological exam, if clinically indicated, and synthesizing a preliminary diagnostic impression in a patient with a common psychiatric disorder in any case type.
- This EPA may include obtaining and synthesizing collateral information, if clinically indicated.
- This EPA may be observed in any psychiatry setting.
- It is recommended that EPA observations should be planned collaboratively before or at the time of the activity.

Assessment Plan:

Direct observation by psychiatrist, Core/TTP psychiatry resident or subspecialty psychiatry resident

Use form 1. Form collects information on:

- Case type: anxiety disorder; mood disorder; obsessive-compulsive and related disorders; personality disorder; psychotic disorder; substance use disorder; trauma and stressor related disorders; other (write in)

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- Observer: psychiatrist; Core/TTP psychiatry resident; subspecialty psychiatry resident

Collect 3 observations of achievement
- At least 2 different case types
- At least 2 different observers
- At least 2 by psychiatrists

CanMEDS Milestones:

1 **ME 1.3 Apply diagnostic classification systems for common psychiatric disorders**
2 **ME 2.2 Perform a clinically relevant history, including ID, HPI, and PPH**
3 **ME 2.2 Perform a focused physical, including a neurological exam as clinically relevant**
4 **ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
5 **ME 2.2 Conduct a mental status examination**
6 **COM 1.4 Use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to the patient and family[1]**
7 **COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent**
8 **P 1.1 Demonstrate awareness of the limits of one's own professional expertise**

[1] Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with their care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

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