Psychiatry: Foundations EPA #2

Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with psychiatric disorders

Key Features:

- This EPA focuses on establishing rapport and therapeutic alliance and performing psychiatric assessments using a biopsychosocial approach to develop a differential diagnosis which reflects an understanding of common psychiatric conditions.
- The biopsychosocial approach is expected at a foundational level and will be elaborated in the Core stage.
- This EPA is intended to be observed in inpatient, outpatient, and emergency psychiatry settings.
- It is recommended that EPA observations should be planned collaboratively before or at the time of the activity.

Assessment Plan:

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

Use form 1. Form collects information on:

- Case type: anxiety disorder; cognitive disorder; mood disorder; personality disorder; psychotic disorder; substance use disorder; other
- Setting: emergency; inpatient; outpatient
- Demographic: child (4-12) or adolescent (13-17); adult (18+)
- Observer: psychiatrist; TTP psychiatry resident; subspecialty psychiatry resident

Collect 6 observations of achievement

- At least 2 inpatient settings
- At least 2 outpatient settings
- At least 4 adult patients
- At least 3 different case types
- At least 3 different observers
- At least 4 by psychiatrists

CanMEDS Milestones:

1. **ME 1.3 Apply knowledge of psychiatry, including neuroscience, psychology, and nosology, to accurately assess and diagnose patients**
2. **ME 1.3 Apply knowledge of the impact of biological, psychological, and social factors, including cultural factors, on the etiology and manifestation of psychiatric disorders**

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3 **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**
4 **COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
5 **COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviours to enhance communication with patients**
6 **COM 2.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information**
7 **COM 2.2 Focus the interview, managing the flow of the encounter while being attentive to the patient's cues and responses**
8 **COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent**
9 **ME 2.2 Perform, interpret, and report mental status examination, including phenomenology**
10 **ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
11 **COM 2.1 Integrate and synthesize information about the patient's beliefs, values, preferences, context, and expectations with biomedical and psychosocial information**
12 **COM 3.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan**
13 **COM 5.2 Demonstrate reflective listening, open-ended inquiry, empathy, and effective eye contact while using a written or electronic medical record**
14 **P 1.1 Exhibit appropriate professional behaviours**

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