Psychiatry: Foundations EPA #4

Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others

Key Features:

- The focus of this EPA is the appropriate assessment of risk and safety issues.
- This EPA includes developing an acute safety management plan using a biopsychosocial approach which reflects an understanding of common risk and safety issues. This includes focussing on risk factors for suicide, self-harm, and violence towards others in the assessment.
- This EPA involves consideration of mental health law and its application to patients at risk of harm to self or others.
- The biopsychosocial approach is expected at a foundational level and will be elaborated in the Core stage.
- It is recommended that EPA observations should be planned collaboratively before or at the time of the activity.

Assessment Plan:

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

Use form 1. Form collects information on:

- Patient history: non-suicidal self-injury; history of violence or forensic involvement; active suicidal ideation or behaviour; violent behaviour or active homicidal/violent ideation; other issue
- Setting: emergency; inpatient; outpatient; other
- Demographic: child (4-12) or adolescent (13-17); adult (18+)
- Observer: psychiatrist; TTP psychiatry resident; subspecialty psychiatry resident

Collect 5 observations of achievement

- At least 1 patient with non-suicidal self-injury
- At least 1 patient with active suicidal ideation or behavior
- At least 1 patient with violent behaviour or active homicidal/violent ideation
- At least 4 adult patients
- At least 3 direct observations
- At least 3 different observers
- At least 3 by psychiatrists

CanMEDS Milestones:

1 **ME 2.2 Assess risk factors for violence, suicide, and self-harm, including modifiable and non-modifiable factors**

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2 **COM 2.2 Manage the flow of challenging patient encounters**
3 **COM 1.1 Recognize and manage one's own reaction to patients**
4 **COM 2.1 Collect collateral information that informs diagnosis and management plan**
5 **L 2.1 Consider appropriate use of resources when developing treatment plans**
6 **P 3.1 Apply knowledge of the relevant codes, policies, standards, and laws governing physicians and the profession, including relevant mental health legislation**
7 **ME 2.4 Develop and implement an acute safety management plan**
8 **ME 3.2 Describe the indications, contraindications, risks, and alternatives for a given treatment plan**
9 **ME 5.2 Apply crisis intervention skills, including development of a safety plan, as appropriate**
10 **COL 3.1 Identify patients requiring handover to other physicians or health care professionals**
11 **P 1.1 Demonstrate awareness of the limits of one's own professional expertise**

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