Psychiatry: Core EPA # 5

Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan

Key Features:

- This EPA focuses on the assessment and management (i.e. pharmacological and nonpharmacological) of any psychiatric emergency and maintaining safety and minimizing risk to patients, self, and others.
- This includes presentations involving risk of harm to self or others, acute agitation and aggression, as well as other behavioural and emotional disturbances, and medical emergencies, such as acute dystonic reactions, delirium, catatonia, serotonin syndrome, neuroleptic malignant syndrome (NMS), etc.

Assessment Plan:

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

Use Form 1. Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient; community; simulation
- Case type: acute agitation and aggression; other behavioural and/or emotional disturbance; active suicidal ideation; homicidal/violent ideation; risk of harm to others; medical emergency related to delirium; acute dystonic reaction; catatonia; serotonin syndrome; NMS; other condition
- Complexity: low; medium; high

Collect 8 observations of achievement

- At least 2 patients with acute agitation and aggression
- At least 2 patients with active suicidal ideation
- At least 1 patient with homicidal/violent ideation or risk of harm to others
- At least 2 patients with medical emergencies related to delirium
- At least 1 patient with acute dystonic reaction, catatonia, serotonin syndrome, or NMS (may be in a simulation setting)
- At least 3 observations by psychiatrist/psychiatric subspecialist

Relevant Milestones:

- 1 ME 2.1 Recognize instability and medical/psychiatric acuity in a clinical presentation
- 2 ME 2.1 Recognize and manage patients at risk of harm to self or others and intervene to mitigate risk

- **3 ME 2.2** Focus the assessment performing it in a time-effective manner without excluding key elements
- 4 ME 2.2 Assess risk of harm to self or others
- 5 ME 3.1 Determine the most appropriate therapies and/or interventions to minimize risk
- 6 ME 2.4 Develop and implement a management plan
- 7 ME 5.2 Apply policies, procedures, and evidence-based practices when dealing with patient, staff, and provider safety, including violent and potentially violent situations
- 8 ME 2.4 Determine the setting of care appropriate for the patient's health care needs
- **9 ME 4.1** Determine the need, timing, and priority of referral to another physician and/or health care professional
- **10 COM 3.1** Convey the rationale for decisions regarding involuntarily treatment and/or hospitalization
- **11 COM 1.5** Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately
- 12 COL 3.1 Provide emergent/urgent medical assistance for patients as necessary, arranging for referral and/or transport to appropriate medical facility
- 13 COL 3.2 Ensure communication of risk management plans
- 14 L 1.2 Assess and manage safety/risk for staff and care providers in all settings