ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA) MAP FOR PGY2
Applicable to all residents who began training in or after July 2020

Psychiatry
UNIVERSITY OF TORONTO

The table below outlines the EPAs residents are most likely to encounter on a PGY2 rotation. Residents are encouraged to complete as many EPAs as possible per rotation.

ROTATION	Highest Priority / Priority	Always do when you can	Optional (lower priority)[1]
Addictions Psychiatry (2 months)		FOD1 Medical presentations FOD2 Performing Psychiatric Assessments FOD3 Management Plans FOD5 Critical Appraisal	COD8 Psychopharmacology COD10 Teaching
Child and Adolescent Psychiatry (4 months)[2]	COD2 Children and Youth COD4 Formulation COD6-A Psychotherapy Modality COD8 Psychopharmacology	FOD1 Medical presentations FOD3 Management Plans FOD4 Risk Assessments FOD5 Critical Appraisal COD4 Formulation	COD6-C Integrating psychotherapy skills
General Inpatient Psychiatry[3] (4 months)	COD7-A Neurostimulation: Suitability COD7-B Neurostimulation: Delivery COD9 Legal	FOD1 Medical presentations FOD2 Performing Psychiatric Assessments FOD3 Management Plans FOD4 Risk Assessments FOD5 Critical Appraisal	COD8 Psychopharmacology COD10 Teaching
PLEX (Clinical <u>or</u> Research) (2 months)	Any applicable FOD EPAs		Any applicable COD EPAs
Longitudinal Ambulatory Experience 2 (LAE 2) (12 months)		FOD2 Performing Psychiatric Assessments FOD3 Management Plans FOD4 Risk Assessments FOD5 Critical Appraisal	COD1 Comprehensive Plans COD4 Formulation COD6-A Psychotherapy Modality COD6-C Integrating psychotherapy skills COD8 Psychopharmacology COD9 Legal
Psychotherapy (Longitudinal)		COD6-A Psychotherapy Modality COD6-C Integrating psychotherapy skills	
OTHER EXPERIENCES			
Grand Rounds	FOD5 Critical Appraisal		
Psychotherapy Seminar	COD10 Teaching		
Psychiatry Call	FOD4 Risk Assessments COD9 Legal	FOD1 Medical presentations FOD2 Performing Psychiatric Assessments FOD3 Management Plans	COD5 Emergencies COD8 Psychopharmacology
STACERs (Practice & General)		FOD2 Performing Psychiatric FOD3 Management Plans FOD4 Risk Assessments	COD1 Comprehensive Plans COD4 Formulation

[1] We have included some COD EPAs in the optional (lower priority) column. Residents can always work ahead to the next stage i.e. COD if they have completed their FOD EPA requirements.

[2] **PGY2 Child:** The Royal College has outlined specific requirements for a few COD EPAs. Note these EPAs should be completed during your PGY2 Child rotation. We have included them below for reference:
- COD2 (Children and Youth): All 6 entrustments should be achieved during this rotation.
- COD4 (Formulation): The Royal College expects the following entrustments: at least 1 child, at least 1 adolescent, at least 1 by a child and adolescent psychiatrist.
- COD6-A (Psychotherapy Modality): The Royal College expects at least 2 entrustments in family or group therapy sessions. **Internally we are requiring:** is 1 entrustment in family therapy involving a child/adolescent + 1 other OA in a child/adolescent modality of choice.
- COD8 (Psychopharmacology): The Royal College expects at least 2 entrustments with child/adolescents, including starting and managing 1 stimulant.

[3] **PGY2 Inpatient**: Residents should try and attempt both neurostimulation EPAs: COD7-A and COD7-B, but are reminded that they also have an opportunity to revisit these during the PGY4 Inpatient rotation.

PSYCHIATRY FOD and COD EPA Entrustments

See below for a list of the FOD and COD EPAs PGY2s are likely in encounter during PGY2 rotations and their required entrustments as per the **Royal College EPA Guide**.

CBD Stage	EPA	EPA Name (Nickname in CAPS)	# of Required Entrustments[1]
FOUNDATIONS OF DISCIPLINE	FOD1	Assessing, diagnosing and participating in the management of patients with **MEDICAL PRESENTATIONS** relevant to psychiatry	8
	FOD2	**PERFORMING PSYCHIATRIC ASSESSMENTS** referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders	6
	FOD3	Developing and implementing **MANAGEMENT PLANS** for patients with presentations of low to medium complexity	6
	FOD4	Performing **RISK ASSESSMENTS** that inform the development of an acute safety plan for patients posing risk for harm to self or others	5
	FOD5	Performing **CRITICAL APPRAISAL** and presenting psychiatric literature	2
CORE OF DISCIPLINE	COD1	Developing **COMPREHENSIVE** treatment/management **PLANS** for adult patients	8
	COD2	Performing psychiatric assessments and providing differential diagnoses and management plans for **CHILDREN AND YOUTH**	6
	COD3	Performing psychiatric assessments and providing differential diagnoses and management plans for **OLDER ADULTS**	6
	COD4	Developing comprehensive biopsychosocial **FORMULATIONS** for patients across the lifespan	8
	COD5	Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan (**EMERGENCIES**)	8
	COD6-A	Integrating the principles and skills of psychotherapy into patient care (**PSYCHOTHERAPY MODALITY**)	10
	COD6-C	Applying and integrating psychosocial skills and principles in general psychiatric care (**INTEGRATING PSYCHOTHERAPY SKILLS**)	3
	COD7-A	Integrating the principles and skills of **NEUROSTIMULATION** into patient care: **SUITABILITY**	3
	COD7-B	Integrating the principles and skills of **NEUROSTIMULATION** into patient care: **DELIVERY**	3
	COD8	Integrating the principles and skills of **PSYCHOPHARMACOLOGY** into patient care	12
	COD9	Applying relevant **LEGISLATION** and legal principles to patient care and clinical practice	6
	COD10	Providing **TEACHING** to students, residents, public and other health care professionals	4

[1] Entrustment values are **overall** requirements and are not specific to a rotation. We expect residents to achieve their entrustments over a variety of rotations and clinical experiences. These numbers align with Royal College guidelines.