Supplemental Digital Appendix 1

Entrustable Professional Activities for Psychiatry: Full Descriptions

1. Manage Psychiatric Patients Longitudinally

The graduating resident must be able to manage the longitudinal treatment of patients in a variety of settings such as acute hospitalization or ambulatory care. When assuming responsibility for managing a patient's care, the resident continuously reviews clinical response, mental status, adherence, adverse effects and substance use and modifies the diagnosis, formulation, risk assessment, and treatment plan, as necessary. In addition, the resident engages other members of the treatment team, and determines the most appropriate level of care. Finally, the resident must properly prioritize and triage the multiple and sometimes competing needs of their panel of patients.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)

- Recognizes and manages acute changes with an individual patient.
- Provides psychoeducation to patients and family.
- Monitors frequency of appointments and uses full range of office-, video-, telephone-, email-based contact, as permitted by the local environment.
- Monitors and addresses adherence and engagement in treatment, including no shows.
- Implements routine monitoring for adverse effects.
- Optimizes the use of diagnostic and treatment resources (laboratory tests, imaging, medications, psychotherapy, neuromodulation etc.).
- Monitors medical issues including drug levels, side effects, and adverse reactions.
- Manages risk for violence
    - Creates safety plans for patients with chronic risk for suicide
    - Assesses and manages change from baseline levels of chronic suicide and violence risk
- Consults with others appropriately, including:
    - Recognizes when a referral to another provider is indicated.
    - Explains to patient and family the rationale for consultation
    - Communicates effectively with consultants
- Collaborates with others on the treatment team.
- Incorporates community resources.
- Modifies the diagnosis and/or treatment plan as necessary.
- Engages the patient in shared decision-making.
- Obtains informed consent for treatment interventions.
- Maintains appropriate professional boundaries with patients.
- Fosters general health and wellness in patients.
- Balances the needs of an individual patient with the collective needs of the panel, caseload, or census.
- Employs measurement-based tools (e.g., PHQ-9) to help monitor patient outcomes such as adherence, response, and those in need of enhanced attention.
- Incorporates population management tools (e.g. PHQ-9 flowcharts,) into the care of patient.
- Arranges coverage when not on duty.

<u>Scope</u>

- May include inpatient, emergency, consult liaison, and ambulatory settings. A program could split this EPA by setting.
- Applies to simple & complex patients/conditions. A program could split the EPA by patient complexity.
- Applies to all major psychiatric conditions. A program could split the EPA by psychiatric condition.
- May be applied across adult lifespan

1. Manage Psychiatric Patients Longitudinally

- May include telepsychiatry, depending on how the local setting prioritizes this particular medium.

Most Relevant Psychiatry Milestone Competencies: PC1, PC2, PC3, PC4,PC5,MK2,SBP1, SBP2, SBP3,PBLI1,PROF2,ICS1,ICS2

References

1. *Kaplan & Sadock's comprehensive textbook of psychiatry*. Vol. 1. Philadelphia, PA: lippincott Williams & wilkins, 2005.
2. Schatzberg, Alan F., and Charles B. Nemeroff. *The American Psychiatric Press Textbook of Psychopharmacology*. American Psychiatric Association, 1995.
3. Jaffe, Steven L., and Joel Yager. "APA Practice Guidelines." *Academic Psychiatry* 23.1 (1999): 9-13.
4. American Psychiatric Association, ed. *American Psychiatric Association Practice Guidelines for the treatment of psychiatric disorders: compendium 2006*. American Psychiatric Pub, 2006.
5. **Batalden PB et al, "**Continually Improving the Health and Value of Health Care for a Population of Patients: The Panel Management Process," Quality Management in Health Care, Summer 1997 - Volume 5 - Issue 3.
6. Chen EH, Bodenheimer T. Improving Population Health Through Team-Based Panel Management: Comment on "Electronic Medical Record Reminders and Panel Management to Improve Primary Care of Elderly Patients". *Arch Intern Med.* 2011; 171(17):1558-1559. doi:10.1001/archinternmed.2011.395.
7. Jaffe, Steven L., and Joel Yager. "APA Practice Guidelines." *Academic Psychiatry* 23.1 (1999): 9-13.
8. American Psychiatric Association, ed. *American Psychiatric Association Practice Guidelines for the treatment of psychiatric disorders: compendium 2006*. American Psychiatric Pub, 2006.

2. Manage Psychiatric Emergencies

The graduating resident must be able to assess and manage psychiatric emergencies, including patients with suicidality and/or homicidality. Psychiatrists must be able to gather information relevant to the emergency (e.g., suicidal ideation, attempts) and develop an assessment and appropriate management plan. Psychiatrists must also be able to apply local statutes in managing risk to self and others and discharge the duty to protect society.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)

- Ensures safety and appropriate setting for further evaluation (e.g. initiating welfare check)
- Assesses suicide risk
    - Obtains relevant history including historical risk factors and current risk factors and precipitating events
    - Asks about current suicidal ideation, intent and/or plan
    - Utilizes relevant findings from the mental status exam
- Assesses risk of violence to others
    - Obtains relevant history including historical risk factors and current risk factors and precipitating events
    - Asks about current violent ideation, intent and/or plan
    - Utilizes relevant findings from the mental status exam
- Assesses risk of harm towards patient or other vulnerable individuals (e.g. abuse of child/elder/dependent/partner)
- Assesses the impact of psychiatric conditions on the ability to provide food, clothing and shelter for self
- Obtains collateral information from other professionals such as therapist or physician
- Obtains collateral information from patient's family/significant others
- Performs targeted medical assessment, including including intoxication and withdrawal from substances, acute side effects from psychotropic medications, screening and investigations for underlying medical etiology as indicated
- Develops a rapid intervention plan that would treat symptoms and maintain immediate safety of patient and others when indicated including 1:1 sitter, verbal de-escalation strategies, use of p.r.n. medications, use of emergency medications, institution of seclusion or restraint, involvement of law enforcement
- Develops an intervention plan targeted to the level of risk assessment that would effectively minimize the risk of harm to patients or others including appropriate level of care, addressing modifiable factors, pharmacotherapy,

2. Manage Psychiatric Emergencies

increasing social support, developing a safety plan, referrals

- Discharges the duty to protect appropriately: including Tarasoff warning and mandated reporting procedures for abuse of child/elder/dependent/partner when indicated by local statute
- Initiates civil commitment when indicated regarding grave disability, danger to self, danger to others
- Intervenes with patient's family or support network when appropriate for safety planning
- Engages in appropriate interventions after a completed suicide or act of violence e.g. communication with impacted clinical and family members, medical quality review process

Scope

- May be applied across the adult lifespan
- Applies across clinical settings, including inpatient, outpatient, and emergency settings

Most Relevant Psychiatry Milestone Competencies: PC1, PC2, PC3, MK2, MK6, PROF2

References

1. Tarasoff v. Regents of University of California (1976)
2. Rudd MD, Cukrowicz, Bryan CJ: Core competencies in suicide risk assessment and management: implications for supervision. Training Educ Profess Psychol 2008; 2:219–228
3. American Psychiatric Association: Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behavior.Arlington, VA, American Psychiatric Association, 2003.
4. Simon RI: Clinically-based risk management of potentially violent patients; in Textbook of Violence Assessment and Management. Edited by Simon RI, Tardiff K. Washington, DC, American Psychiatric Publishing, 2008.

3. Conduct Psychiatric Diagnostic Evaluation

The graduating resident must be able to perform a diagnostic evaluation, including the elements of data gathering, mental and cognitive status exam, assessment and formulation, and treatment planning. The EPA covers all major psychiatric diagnostic categories, the spectrum of presentations, adult patients across the lifespan, and inpatient, outpatient, and emergency settings.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)

- Adapts evaluation to the clinical setting and workload demands
- Establishes rapport and a working alliance with patient
- Obtains complete, accurate, and relevant medical and psychiatric history in all domains (History of Present Illness, Psychiatry History, , Substance Use History, Medications, Medical History, Review of Symptoms, Family History, Personal and Social History)
- Performs a mental and cognitive status examination, and targeted neurological examination relevant to the patient's complaints
- Obtains relevant collateral information, including from family, chart review, other treaters.
- Assesses patient safety, including homicidal and suicidal ideation
- Orders laboratory, imaging, and other relevant diagnostic investigations
- Synthesizes clinical information into a full, prioritized differential diagnosis that includes a working diagnosis. The differential includes potential medical etiologies.
- Constructs a formulation around a comprehensive model of phenomenology that takes etiology and bio-psycho-social-cultural factors into account
- Obtains informed consent
- Develops with the patient and appropriately initiates an individualized treatment plan that incorporates best available evidence.
- Appropriately seeks consultation
- Identifies and initiates, when necessary, management of urgent or emergent conditions, including referral to higher level of care if appropriate.

- Re-evaluates diagnosis and/or treatment plan based on new information or treatment response

Scope
- May be applied across the adult lifespan.
- Applies across clinical settings, including inpatient, outpatient, and emergency settings. A program could choose to have separate EPAs by clinical setting.
- May include telepsychiatry, depending on how the local setting prioritizes this particular medium.
- Frameworks used for formulation are numerous and vary by setting and no single standard has emerged. We therefore leave the choice of framework to the local setting.
- Applies to emergent, urgent, and routine presentations as well as to simple and complex presentations. A program could choose to have separate EPAs by patient complexity or by acuity.
- Includes all diagnostic categories, including substance use disorders.

Most Relevant Psychiatry Milestone Competencies: PC1, PC2, PC3, MK1, MK2, MK3, MK4, MK5, PROF1, ICS2

References
Practice Guideline for the Psychiatric Evaluation of Adults. Second Edition. APA, 2014.

4. Manage a Patient's Psychiatric Conditions with Medications

The graduating resident must be able to perform the central task of medication management, including the essential tasks of a medication visit or follow-up whether office-, tele-, or video-based. The task includes a focused interval history, review of symptoms, measurement-based care, assessment, treatment planning, and referrals as needed. Embedded within this EPA are the competencies related to medication selection and titration as well as maintaining a therapeutic alliance, managing violence risk, adverse effects, substance misuse and adherence, and engaging the patient in all aspects of care.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)
- Performs a follow-up encounter that includes the tasks that follow, as indicated
- Initiates, titrates, and manages medication, duration, and dose in a collaborative manner with the patient based on best available evidence, risks and benefits, and relevant patient factors.
- Maintains a therapeutic alliance
- Obtains relevant interval history
- Monitors efficacy, including via the use of validated assessment scales (e.g., PHQ-9)
- Monitors and addresses adverse effects, including obtaining appropriate laboratory and other studies (e.g., AIMS)
- Monitors and manages adherence
- Manages co-morbidities
- Refers for (or provides) other appropriate treatments such as psychotherapy
- Provides supportive measures and other relevant psycho-social interventions
- Collaborates with other clinicians in treatment team (e.g., therapist and/or primary care physicians in combined treatment)
- Explores and incorporates the meaning the patient gives to the illness and medication(s)
- Provides psychoeducation to patient and family
- Engages patient in shared decision making and treatment planning and obtains informed consent
- Modifies treatment plan as necessary (e.g, due to patient not responding, adverse effects, patient preference etc…)

Scope
- May be applied across the adult lifespan
- May include telepsychiatry, depending on how the local setting prioritizes this particular medium.
- Covers all psychiatric illnesses. A program could split the EPA by setting.

4. Manage a Patient's Psychiatric Conditions with Medications

- Applies across clinical settings and all psychiatric conditions. A program could split the EPA by setting.

Most Relevant Psychiatry Milestone Competencies: PC3, PC5, MK5, PBLI1, PROF1, PROF2, ICS2

References

1. Schatzberg and Nemeroff. Textbook of Psychopharmacology. APPI.
2. Young JQ, Lieu S, O'Sullivan P, Tong L. Development and initial testing of a structured clinical observation tool to assess pharmacotherapy competence. *Acad Psychiatry.* Jan-Feb 2011; 35(1):27-34.
3. Young JQ, Nelson JC. Reconceptualizing medication management: implications for training and clinical practice. *J Clin Psychiatry.* Dec 2009; 70(12):1722-1723.

5. Manage Involuntary Commitment and Treatment

The graduating resident must be able to manage clinical situations in which involuntary (civil) commitment and involuntary treatment is required for patient care. Psychiatrists must be familiar with local statutes which allow the state, in certain clinical situations, to deny patients the right to refuse treatment. Psychiatrists must be able to apply those standards appropriately and interface with legal authorities in petitions, proceedings, and testimony.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)

- Recognizes the value of patient autonomy and dignity and demonstrates a commitment to overriding these only when absolutely necessary, and with the least restrictive intervention possible.
- Evaluates patient's capacity to refuse treatment
- Uses appropriate legal processes for overriding a patient's right to refuse treatment in emergent and non-emergent situations.
- Applies local statutes to involuntary (civil) commitment.
- Applies local statutes to involuntary treatment.
- Appreciates the difference in processes and procedures between involuntary commitment and involuntary treatment.
- Initiates judicial petitions when indicated.
- Chooses appropriate interventions from least to most restrictive (e.g. show of force, verbal de-escalation strategies, use of emergency medications, seclusion, or restraint)
- When required, testifies in judicial hearings in right to refuse treatment
- When required, testifies in judicial hearings in civil commitment
- Recognizes and reconciles at times opposing personal, clinical, ethical, and legal tensions in involuntary commitment and treatment
- Provides psychoeducation to patient and families.
- Serves as an interface with legal authorities.

Scope

- Across adult lifespan
- Applies across clinical settings, including inpatient, outpatient, and emergency settings
- Applies to emergent, urgent, and routine presentations

Most Relevant Psychiatry Milestone Competencies: PC1, PC2, PC3, MK2, MK6, SBP2, PROF1, PROF2, ICS1, ICS2

References

1. Herman D, "Autonomy, self determination, the right of involuntarily committed persons to refuse treatment, and the use of substituted judgment in medication decisions involving incompetent persons," International Journal of Psychiatry and the Law, Volume 13, Issue 4, 1990, Pages 361–385
2. McLachlan AJ et al, "Criteria for Involuntary Hospitalization," Aust N Z J Psychiatry October 1999 vol. 33 no. 5 729-733
3. Brooks RA, "Psychiatrists' Opinions About Involuntary Civil Commitment: Results of a National Survey," J Am Acad Psychiatry Law 35:2:219-228 (June 2007)

5. Manage Involuntary Commitment and Treatment

4. *Rennie v. Klein* (1983)
5. *Rogers v. Commissioner of Dept. of Mental Health* (1983)
6. *Addington v. Texas* (1979)

6. Assess and Manage Decision-Making Capacity

The graduating resident must be able to assess and manage a patient's capacity to make decisions. Psychiatrists must be able to describe local statutes around decision-making capacity, apply those standards to clinical situations, and participate in petitions, proceedings, and testimony when appropriate.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)

- Evaluates a patient's capacity to make decisions (e.g. expresses a consistent choice, describes the risks/benefits/alternatives or the proposed intervention, appreciates information, manipulates information in a rational manner) using concepts of beneficence, non-maleficence, autonomy, and shared decision making.
- Applies local statutes in determining a patient's capacity to make medical decisions.
- Initiates judicial petitions when indicated
- When required, testifies in right to refuse treatment in judicial hearings
- Provides psychoeducation to patient and families
- Provides guidance to others on the health care team when the patient does not have decision-making capacity.
- Serves as an interface with legal authorities.
- Documents the assessment and plan for a patient's capacity to make decisions.

Scope

- May be applied across the adult lifespan
- Applies across clinical settings, including inpatient, outpatient, and emergency settings
- Applies to emergent, urgent, and routine presentations

Most Relevant Psychiatry Milestone Competencies: PC1, PC2, PC3, MK2, MK6, PROF1, PROF2, ICS1, ICS2

References

1. Sesums LL et al.,"Does This Patient Have Medical Decision-Making Capacity?" *JAMA.* 2011;306(4):420-427
2. Jones RC and Holden T, "A Guide to Assessing Decision-Making Capacity," *CCJM* 2004 Dec;71(12):971-975.
3. Bonheim HE et al., "The Academy of Psychosomatic Medicine Practice Guidelines for Psychiatric Consultation in the General Medical Setting, Psychosomatics, **July–August, 1998.** Volume 39, Issue 4, Pages S8–S30

7. Manage Transitions in Care

The graduating resident must be able to provide safe and effective handoffs and transitions in care. Triggers for these transitions include a change in level of care, end of shift or rotation, patient initiated change in provider, and the provider ending their relationship with the patient's insurer or clinic. These transitions occur in all clinical settings. The EPA covers both roles as sender and receiver.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)

- Identifies when a patient requires a transition in care
- Follows the relevant process and procedure, including locally endorsed structured communication tools in providing verbal and written sign-out
- Performs in a timely manner
- Attends to the meaning the patient may give to the transition
- Provides psychoeducation to patient and family

Functions for sender of information

- Conducts handover communication that minimizes known sources of error (e.g., engage the listener, ask the

7. Manage Transitions in Care

listener to summarize, use clear and respectful language)
- Documents—and update—an electronic handover tool or summary of care
- Follows a structured handover template for verbal communication
- Provides succinct verbal communication that conveys, at a minimum, illness severity (e.g., high risk for suicide), active problems, action planning, and contingency planning
- Elicits feedback about the most recent handover communication when assuming primary responsibility of the patients
- Demonstrates respect for patient privacy and confidentiality

Functions for receiver of information
- Provides feedback to sender to ensure receiver's information needs are met
- Asks clarifying questions
- Repeats back to ensure closed-loop communication
- Ensures that the health care team (including patient/family) knows that the transition of responsibility has occurred
- Assumes full responsibility for required care during one's entire care encounter

Scope
- Includes handoffs triggered by unexpected events, such as the responsible physician needing to leave due to an unplanned event or family emergency.
- May include transitions in shorter- and longer-term treatment relationships
- May include ambulatory, emergency, and inpatient settings
- May Include changes in the level of care, end of shift, and either patient or psychiatrist leaving

Most Relevant Psychiatry Milestone Competencies: MK2, SBP1, SBP2, SBP3, PROF2, ICS1

References
1. The Core Entrustable Professional Activities for Entering Residency. AAMC. October, 2014.
2. ten Cate O, Young JQ. The patient handover as an entrustable professional activity: adding meaning in teaching and practice. *BMJ quality & safety.* Dec 2012; 21 Suppl 1:i9-12.
3. Aylward M, Nixon J, Gladding S. An entrustable professional activity (EPA) for handoffs as a model for EPA assessment development. *Acad Med.* Oct 2014;89(10):1335-1340.

8. Provide Psychiatric Consultation to Other Clinicians or Services

The graduating resident must be able to provide a psychiatric consultation across the spectrum of clinical settings and specialties. The purpose of a psychiatric consultation is to assist another healthcare clinician(s) in providing safe and effective care to patients with psychiatric symptoms and illnesses via accurate, timely, and helpful guidance.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)
- Clarifies the consultation question and establishes the urgency of the consultation
- Conducts a diagnostic psychiatric evaluation which includes collateral data gathering, interview of the patient, history, mental and cognitive status exam, assessment and formulation, and treatment planning
- Communicates directly with the clinician upon completion of the diagnostic evaluation; followed by written documentation of the formulation, diagnosis and treatment recommendations that is concise, efficient, and timely
- Makes clear how consultee can contact for additional questions
- Provides adequate follow up visits
- Facilitates transfers/referrals to other treatment settings where appropriate
- When appropriate, provides consultation based on health record review and communicates psychiatric

8. Provide Psychiatric Consultation to Other Clinicians or Services

recommendations based on consultation question including pharmacotherapy options, violence assessment. (E.g., consultation to primary care clinicians).
- Educates and assists the consultee with the relevant medicolegal aspects of providing care (e.g., use of restraints, capacity to consent to treatment, refusal of treatment, civil commitment, responsibility of a health care proxy, and conservatorship)
- Sustains therapeutic and working relationships with patients, families, and team members in challenging clinical situations and during all phases of the consultation

Scope
- May be applied across the adult life span
- Applies across clinical settings, including inpatient, outpatient, and emergency settings. Applies in various models of care including the collaborative care model. A program could choose to have separate EPA's by clinical setting.
- Applies to emergent, urgent, and routine presentations as well as to simple and complex presentations
- May include consultation to non-psychiatric professionals and allied healthcare professionals
- May include consulting on violence assessment and management of individual patients/cases or panels of patients

Most Relevant Psychiatry Milestone Competencies: PC1, PC2, PC3, MK1, MK2, MK3, MK4, MK5, MK6, SBP2, SBP3, SBP4, PBLI3, PROF1, ICS1, ICS2

References

1. Practice Guidelines for Psychiatric Consultation in the General Medical Setting. Academy of Psychosomatic Medicine. http://www.apm.org/prac-gui/psy39-s8.shtml
2. Psychosomatic Medicine: an introduction to consultation-liaison psychiatry. Edited by Amos and Robinson. Cambridge University Press 2010

9. Provide Supportive Psychotherapy

The graduating resident should be able to utilize techniques of Supportive Psychotherapy when treating patients with a wide range of presenting complaints and diagnoses.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)
- Appropriately identifies patients suitable for this modality
- Develops a case formulation based on an understanding of Supportive Psychotherapy concepts (use of specific direct techniques to achieve treatment objectives based on helping a patient cope with symptoms, life problems, avoid relapse, and maintain the highest level of function).
- Demonstrates an understanding of the difference between providing support in the context of a therapeutic relationship and conducting Supportive Psychotherapy.
- Focuses treatment on conscious problems and conflicts, and utilizes specific techniques to ameliorate symptoms, enhance effective coping skills, increase self-esteem and improve adaptive capacity (e.g. uses empathy, reassurance, encouragement, anticipatory guidance, environmental intervention, clarification, confrontation, and interpretation to facilitate problem solving and strengthen adaptive functioning)
- Maintains a structured, therapeutic frame and uses therapeutic interventions to decreases anxiety, and promote and maintain a positive therapeutic alliance.
- Obtains informed consent
- Engages patient and conducts sessions using an active stance

Scope
- May be applied across adult lifespan

9. Provide Supportive Psychotherapy

- May be applied in a variety of clinical settings, including inpatient, outpatient, and emergency settings
- Can include telepsychiatry
- Applies to emergent, urgent, and routine presentations
- All diagnostic categories

Most Relevant Psychiatry Milestone Competencies: PC3, PC4, MK2, MK4, PBLI1, PROF2

References

1. ACGME Milestones
2. Winston A, Rosenthal R, Pinsker H. Learning Supportive Psychotherapy, APPI, 2012.

10. Lead an Inter-Professional Health Care Team.

The graduating resident must be able to lead an inter-professional team. Team leading requires numerous competencies, including: maintaining focus on the principal goals or purpose, aligning with the broader mission, understanding the roles of others, awareness of group dynamics, deploying medical expertise, promoting shared decision-making, respecting diversity, advocating for the patient, and serving as an agent of change.

Functions/Tasks (as indicated)

- Develops a shared purpose/goal/mission
- Clarifies and supports the role and function of each team member
- Directs improvements in how the team functions or performs.
- Solicits perspectives of others and implements changes to meet specific needs
- Communicates effectively and chooses appropriate medium (e.g., face-to-face, electronic, telephonic)
- Describes and manages team dynamics to ensure healthy team functioning and conflict resolution
- Effectively contributes medical expertise to the work of the group
- Assures a climate of mutual respect and shared values
- Follows when appropriate
- Supports the development of other team members

Scope

- Applies across clinical settings including inpatient, outpatient, and emergency settings.
- May include leading clinical rounds, leading a morbidity and mortality conference, leading a treatment planning session.
- Includes being a good follower: displaying the ability to take direction well, to get in line behind a program, and to deliver on what is expected
- This is a relatively new or emerging EPA for physicians. There is still substantial local variation in the importance given to this EPA at present.

Most Relevant Psychiatry Milestone Competencies: PBLI3, PROF1, PROF2, ICS1

References

1. The CanMEDS Physician Competency Framework.
2. Frank 2007 Medical leadership and Effective Interpersonal Health Care Teams: A Competency based Approach
3. Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative

11. Provide Cognitive Behavioral Therapy

The graduating resident should be able to utilize basic elements of Cognitive Behavioral Therapy when treating patients with commonly presenting disorders (e.g. depression and/or anxiety disorders).

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)

- Conducts cognitive behavioral therapy for commonly presenting disorders in the outpatient setting
- Develops a case formulation utilizing cognitive and behavioral theory concepts and principles
- Conceptualizes the relationship between thoughts, emotions, and behavior; role of core beliefs, automatic thoughts, cognitive distortions, and schemas, etc.
- Appropriately structures sessions utilizing techniques such as agenda setting, in-session instruction and psychoeducation, self-monitoring tasks and homework
- Utilizes a core set of cognitive interventions such as automatic thought record, cognitive restructuring, problem solving and analysis of "pros and cons"
- Utilizes a core set of behavioral interventions such as identifying triggers, exposure, ritual prevention, relaxation training, and behavioral activation
- Takes an active approach that is collaborative, directive, and supportive
- Uses structured assessment tools to obtain baseline and outcome measures.
- Obtains informed consent

Scope

- May be applied across adult lifespan
- Programs may decide whether they will require competence in CBT protocols that are disorder-specific.
- Can include telepsychiatry
- Typically applies to the outpatient settting, but the principles may be applied to a variety of clinical settings

Most Relevant Psychiatry Milestone Competencies: PC3, PC4, MK2, MK4, PBLI1, PROF2

References

1. Learning Cognitive-Behavior Therapy; Jesse Wright et. al. APPI 2006
2. Cognitive Therapy, Basics and Beyond; Judith Beck, Guilford Press, 1995

12. Provide Psychodynamic Psychotherapy

The graduating resident should demonstrate a basic foundation in psychodynamic theory and technique and should be able to integrate these principles and techniques into the psychotherapy treatment of patients when indicated.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)

- Identifies and utilizes basic insight oriented psychotherapy principles and techniques
- Develops a case formulation based on psychodynamic principles
- Links understanding of patient's past, present and transference patterns to feelings, thoughts and behaviors
- Makes interpretations to promote insight and facilitate the uncovering and working through of unconscious themes and conflicts
- Identifies, explores and challenges defenses, resistance, and transference manifestations during treatment
- Considers the supportive-expressive continuum, and moves flexibly along the continuum as needed
- Guides patients through different phases of psychotherapy, from developing a therapeutic alliance to termination
- Effectively listens for latent meaning and utilizes uncovering interventions such as confrontation, clarification, interpretation Demonstrates an understanding of concepts of transference and countertransference and their connection to unconscious
- Manages the emotional content of, and feelings aroused during sessions; and uses countertransference reactions to guide interventions
- Can effectively anticipate and manage boundary crossings and avoid boundary violations
- Obtains informed consent

12. Provide Psychodynamic Psychotherapy

Scope

- May be applied across adult lifespan
- May be applied to a variety of clinical settings.
- Can include telepsychiatry

Most Relevant Psychiatry Milestone Competencies: PC3, PC4, MK2, MK4, PBLI1, PROF2

References

1. ACGME Milestones
2. Psychodynamic Psychotherapy. A clinical Manual. Cabaniss, DL et. al. Wiley-blackwell. 2011
3. Winston A, Rosenthal R, Pinsker H. Introduction to supportive Psychotherapy, APPI, 2004
4. Long Term Psychodynamic Psychotherapy; A Basic Text; Glen O. Gabbard; APPI, 2010

13. Apply Quality Improvement Methodologies to One's Patient Panel or Clinical Service

The graduating psychiatrist must be able to apply basic quality improvement techniques in order to improve the care that their patients receive. Quality improvement approaches are widely recognized as a means to systematically assess and improve patient care and clinical outcomes.

Functions/Tasks (as indicated - not all tasks are always necessary/appropriate)

- Identify a quality gap or failure to meet the principles of safe, timely, effective, efficient, or equitable care for a patient and/or a panel of patients, and/or a clinical service.
- Determine the contributing factors and root causes of quality gap or failure by using relevant QI and patient safety methodologies, For example: root cause analysis, fishbone analysis, morbidity and mortality conference, peer review, and Plan-Do-Study-Act
- Develop, implement, and assess interventions based on QI methodologies
- Assess current practice with high risk or identified patient sub-populations, compare to known best practices, and implement an improved practice.

Scope

- May apply across clinical settings, including inpatient, outpatient, and emergency settings.
- May apply to an individual patient, panel of patients, or a clinical service
- This is a relatively new or emerging EPA for physicians. There is still substantial local variation in the importance given to this EPA at present.

Most Relevant Psychiatry Milestone Competencies: PBLI2

References

1. Institute of Medicine: *Crossing the Quality Chasm.* Washington, D.C.: National Academy Press, 2001.
2. Institute of Medicine: *Health Professions Education: A Bridge to Quality.* Washington, D.C. National Academy Press. 2003.
3. World Health Organization Patient Safety Curriculum (http://www.who.int/patientsafety/education

Abbreviations: EPA indicates entrustable professional activity; PC, patient care; MK, medical knowledge; SBP, systems-based practice; PBLI, practice-based learning and improvement; PROF, professionalism; ICS, interpersonal and communication skills; QI, quality improvement.