

Psychiatry Rotation Competencies



Residents completing the rotation or experience will consistently and correctly demonstrate competence in Psychiatry at the appropriate level expected of a family medicine resident, in the following areas:

1. **Interviewing & communication skills (including patient education, supportive counselling, psychotherapy) (CanMEDS-FM Communicator, Health Advocate)**
 - a) **Communicate effectively with patients and families:** Use a patient-centred approach (text box 1) to obtain and provide information, and effectively manage encounters with patients and families.
 - b) **Assess capacity:** Determine whether patient is capable to understand and appreciate management plans. List criteria for arranging a formal 'capacity assessment'.
 - c) **Care of the 'whole patient':** When dealing with all patients with a mental health condition (especially for vulnerable groups*) assess possible co-morbid conditions or health risks** facing the patient. Communicate non-judgementally about risk, advocate for the patient and arrange additional support or care where appropriate.
*Vulnerable groups include marginalized patients with severe chronic mental health conditions, teens, pregnant patients, the elderly, the homeless / underhoused, those with low socioeconomic status, immigrants, the disabled, aboriginal patients.
**Health risks include risks of medication non-compliance, unmanaged health conditions, substance/alcohol use, sexual health or violence risks, intimate partner violence, eating disorders.
 - d) **Manage challenging interactions:** Manage challenging or emotionally intense interactions with patients and their families with appropriate confidence and skill. When facing a challenging patient interaction identify and acknowledge any underlying issues. Seek to avoid and correct miscommunication and establish common goals and an atmosphere of safety and trust.
 - e) **Therapy and counselling techniques:** Use focused counselling skills to help patients cope with psychiatric symptoms and psychosocial crises. Explain the role for and basic features of cognitive behaviour therapy [CBT]. Describe role for relaxation therapy (e.g. breathing, imagery, mindfulness, progressive muscle relaxation).
2. **Clinical and Technical skills (Can-MEDS-FM: FM Expert)**
 - a) **Mental status exam:** Perform and document an appropriate mental status examination (appearance, behaviour, attitude, level of consciousness, orientation, speech & language, mood, affect, thought process/form/content, insight & judgement, suicidal/homicidal ideation, attention span, memory, intellectual functioning). Describe a patient in a comprehensive manner (including bio-psychosocial factors) and can describe relevant patient context.
 - b) **Psychometric scales, rating tools:** Employ appropriate psychometric scales amenable to use in primary care to rate and monitor mental health conditions (e.g.: PHQ9, GAD-7, SNAP-IV 26, Adult ADHD Self-Report Scale [ASRS], Beck Depression Inventory, Hamilton Scales for Anxiety, MoCA, Mini-mental status examination, Mood Disorder Questionnaire, CAGE, Alcohol Use Disorders Identification Test [AUDIT], CRAFTT [screening substance use in teens]).
3. **Problem formation & synthesis, knowledge-base & prescribing skills (including use of Evidence-Based approach to manage clinical problems) (CanMEDS-FM: FM Medical Expert, Scholar)**
 - a) **Medical knowledge-base:** Demonstrate overall medical knowledge, diagnostic, management skills (e.g. epidemiology, pathophysiology, behavioural medicine/mental health literature) appropriate for level of training. Use evidence-based psychiatric resources.
 - b) **Patients at risk to themselves or others:** State criteria for involuntary admission. Recognize and manage psychiatric emergencies (including aggressive or violent patients, delirium, mania, panic, psychosis, threatened or attempted suicide, drug overdose including prescription, opioid and alcohol withdrawal) and acutely intervene (including arranging involuntary admission).
 - c) **Aggressive or violent behaviour:** Anticipate possible violent or aggressive behaviour and recognize the warning signs and optimizes provider and patient safety.
 - d) **Common mental health conditions:** Use appropriate criteria (eg DSM-5) to diagnose common mental health condition in adults (textbox 2). Use a range of pharmacologic, and non-pharmacologic tools and approaches to manage these conditions appropriately.
 - e) **Psychopharmacology.** Demonstrate knowledge and skill with psychopharmacology for common psychiatric conditions. Select and manage psychotropic medications based on specific psychiatric target symptoms. Counsel patients effectively on the benefits and risks of medication. Describe psychotropic medication indications and contraindications, side effects, toxicity, interactions, when to augment medications (for increased effectiveness) and adjustments needed in different patient populations (e.g. elderly, teens, pregnant or lactating women, patients with renal or liver failure), and discontinuation strategies. Demonstrate knowledge of monitoring requirements (including effect on patient function, side effects to watch for), laboratory tests and therapeutic levels.

4. **Team Participant (CanMEDS-FM: Collaborator, Scholar, Professional)**
 - a) **Team work:** Collaborate effectively with the other health professionals on the multi-disciplinary team. Manage any health professional conflicts or disagreements effectively; communicate and collaborate with primary care physicians, and consultants (including other specialized psychiatric services such as psychogeriatrics) and community services (e.g. Community Care Access Centre).
 - b) **Family meetings:** Conduct and lead effective family meetings, elicit perspectives from each participant, share information (as appropriate) and determine common goals, and understanding of plans going forward.
 - c) **Communicate clearly:** Document well, and communicate clearly with others (including the patient, families, other physicians, health care team members). Arrange two-way information release with therapists and share evaluation summaries, treatment goals and progress.
5. **Organizational Abilities (CanMEDS-FM: Manager, Collaborator, Health Advocate, Professional)**
 - a) **Manage tasks and resources:** Multi-task and make decisions efficiently, document clearly and correctly, care for assigned and expected patient volume and complexity, arrange for admission or discharge patients from hospital safely.
 - b) **Set clear boundaries:** Design and set clear boundaries for patients (especially those with a personality disorder).
6. **Professionalism, Self-Direction, Motivation, Responsibility, Self-Care (CanMEDS-FM: Professional, Health Advocate)**
 - a) **General professional attitude and behaviour:** Demonstrate awareness of his/her strengths and limitations. Ask for help appropriately. Recognize when his/her own personal issues or attitudes may interfere with effective patient care. Maintain confidentiality within the doctor-patient relationship.
 - b) **Ethics:** Demonstrate tolerance of patients making choices at odds with the care team (eg. in discharge planning, making informed autonomous decisions to live at risk). Use common ethical frameworks to approach competing ethical principles often underlying tensions in clinical environments (for example, uses the Department of Family Medicine's "ABCDEF" framework - Autonomy, Beneficence, Confidentiality, Disclosure, Equity [Justice], First do no harm [non-maleficence]).

Textbox 1: Patient-centered interviewing principles include (but are not limited to) the following:

1. Establish and maintain rapport.
2. Use active listening skills to obtain the patient's story (i.e. do not interrupt, use reflective statements, maintain eye contact, follow verbal and non-verbal cues.)
3. Set an agenda for the visit
4. Identify and explore the patient's illness experience i.e. "FIFE" (Feelings/concerns, Ideas, effect on Function, Expectations)
5. Identify the clinical problem(s) and weave this into the narrative of the patient's illness experience.
6. Identify and explore the relevant psychosocial context (e.g. family, supports, finances, job, culture).
7. Integrate the relevant context with the illness experience and reflect this back to the patient in a clear and empathic way (context integration)
8. Discuss a diagnosis or differential diagnosis with the patient using appropriate language.
9. Explain the management plan to the patient using appropriate language.
10. Collaborate and negotiate with the patient regarding the management plan (shared decision making, finding common ground)
11. Specify the interval and conditions for follow up (safety-netting).

Textbox 2: Common mental health conditions family medicine residents are to be able to diagnose and manage:

- Adjustment Disorders
- Attention deficit hyperactivity disorder
- Alcohol and drug abuse/dependence
- Anxiety disorders (Panic Disorder, Generalized Anxiety, Acute and Post Traumatic Stress, Obsessive Compulsive Disorder)
- Autism Spectrum Disorder
- Bi-polar Spectrum Disorders
- Cognitive Disorder
- Delirium
- Dementia
- Depression and Dysthymia
- Personality disorders (especially Cluster B, Borderline)
- Schizophrenia and psychotic illness
- Somatic Symptom Disorder

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