**CORE OF DISCIPLINE #3: DEVELOP AND DELIVER (AS APPROPRIATE) A MANAGEMENT PLAN.**

Short Description:
Develop and, where appropriate, implement or communicate management plans for patients with acute and chronic presentations, with a focus on patient populations with higher acuity and complexity. Management plans should be informed by a biopsychosocial framework.

Assessment Options:
- Direct observation
- Indirect observation - review of documentation

Scope:
- Any patient across the lifespan, in any clinical setting
- “Over time”

Possible Settings:
- Any psychiatry rotation

Milestones:

**COD3M1:** Recommend appropriate pharmacologic, neurostimulation or psychotherapeutic treatments
- *Example:* Initiate or recommend an appropriate trial of psychiatric medication, including titration schedule, length of treatment, as well as target/maximum dosages
- *Example:* Initiate or recommend an appropriate trial of neurostimulation, including modality, frequency, and other relevant treatment variables
- *Example:* Refer the patient to an appropriate therapist or clinic providing an evidence-based psychotherapy
- Apply treatment guidelines and relevant research literature
- Consider barriers to access, patient preference, and cost of treatment
- Plan appropriately for treatment intolerance or lack of effect

**COD3M2:** Recommend appropriate lifestyle and social interventions
- Apply treatment guidelines and relevant research literature
- *Consider:* Use appropriate aids such as pamphlets, apps, or online resources to bolster communication and improve adherence

**COD3M3:** Anticipate, monitor and manage adverse effects
- Integrate appropriate laboratory investigations for baseline and longitudinal monitoring
- Integrate appropriate physical examinations for baseline and longitudinal monitoring
- *Example:* Initiate a pharmacologic agent for management of emergent adverse effects
• *Example:* Adjust medication dose to manage emergent adverse effects

**COD3M4: Recommend appropriate follow-up planning**
- Identify responsible follow-up clinician(s), frequency, and care setting
- Follow-up plan should allow for adequate monitoring of treatment response and tolerability
- Indicate potential conditions for follow-up or re-consultation if returning care to primary care provider
- Indicate, if present, further referrals or self-referral suggestions
- Integrate existing formal and informal supports
- Consider systemic barriers, wait times, and resource allocation

**COD3M5: Clearly communicate plan in oral and/or written forms**
- Communicate treatment plan and rationale to patient/family and team
- Collaborate with patient and with the care team where applicable on determining goals, tasks, and process of treatment plan, including psychotherapeutic components
- Obtain informed consent to implement plan
- List plan components using a simple, yet comprehensive structure
- Written plans should be easily legible, and components should be in a logical order
  - *Consider:* Use a numbered list, with plan components organized in rough chronological order
  - *Consider:* Separate the plan into headings, grouped by problem or issue