

Electroconvulsive Therapy (ECT) Longitudinal Rotation:

The objective of this rotation is to integrate the principles and skills of neurostimulation into patient care. Residents are expected to plan and perform electroconvulsive therapy on appropriate patients.

This rotation takes place during the addictions rotation in PGY4 as part of the Core Stage training requirements. Residents are expected to reach out to the rotation supervisor at the beginning of the rotation to plan fulfilling rotation requirements.

Residents are expected to organize with their addictions supervisors in advance around scheduling their ECT encounters which will usually take place daily in the mornings for one month. Addictions supervisors are expected to allow residents time off their duties to complete the training requirements.

Program Requirements:

- Residents are expected to **assess suitability for ECT for at least 3 patients** during this rotation (total requirements to complete EPA COD11 are 3).
- Residents are expected to **deliver ECT under direct supervision for at least 6 sessions** during this rotation (total requirements to complete EPA COD11 are 3).
- Residents are expected to **follow a one patient** through an entire course of Electroconvulsive Therapy (ECT), including initial suitability assessment, acute treatment, post-procedure evaluation, and long-term maintenance planning.

Residents are expected to complete the ECT log on Elentra signed off by the rotation supervisor.

Expected CANMEDS Milestones:

Suitability for neurostimulation:

1. ME 2.4 Develop and implement management plans that consider all the patient's health problems and context
2. ME 2.2 Assess a patient's suitability to proceed with neurostimulation
3. ME 3.2 Describe the indications, contraindications, risks, and alternatives for neurostimulation
4. COM 3.1 Provide information clearly and compassionately, checking for patient/family understanding
5. COM 4.3 Answer questions from the patient and/or family
6. COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions
7. ME 3.2 Use shared decision-making in the consent process
8. ME 3.2 Obtain and document informed consent
9. ME 2.4 Anticipate peri-procedural issues and complications, and incorporate these considerations in the management plan
10. HA 1.2 Work with patients and their families to decrease stigma regarding neurostimulation treatments

Delivery of neurostimulation:

1. ME 2.2 Assess a patient's suitability to proceed with neurostimulation
2. ME 3.2 Describe the indications, contraindications, risks, and alternatives for neurostimulation
3. ME 3.2 Obtain and document informed consent
4. ME 3.4 Prepare and position the patient for the neurostimulation procedure
5. ME 3.4 Ensure correct application of monitoring equipment
6. ME 3.4 Apply neurostimulation using appropriate techniques
7. COL 1.2 Communicate effectively with multi-disciplinary team during the procedure
8. ME 3.4 Document the encounter to adequately convey the procedure and outcome(s)
9. ME 3.4 Establish and implement a plan for post-procedure care

Relevant EPA - Core EPA #11

Integrating the principles and skills of neurostimulation into patient care

- This EPA focuses on the application of neurostimulation modalities in the management of adult and older adult patients.
- This includes identifying suitable candidates and completing pre-procedure work-up which includes informed consent discussion; delivering neurostimulation; managing and interpreting electroencephalography (EEG); providing follow-up care; and managing complications.
- This EPA also includes communicating with the patient or substitute decision maker and family about the procedure to guide consent and dealing with stigma or cultural resistance related to acceptance of the proposed procedure.
- The observation of this EPA is divided into two parts: suitability for neurostimulation; delivery of neurostimulation.
- It is recommended that EPA observations should be planned collaboratively before or at the time of the activity.

Assessment plan:

Part A: Suitability for neurostimulation

Direct and indirect observation by psychiatrist

Use **form 1**. Form collects information on:

- Case type (write-in):
- Modality: ECT; rTMS; other evidence-based form of neurostimulation
- Setting: inpatient unit; outpatient; simulation
- Demographic: adult; older adults

Collect 3 observations of achievement

- At least 1 of each demographic
- At least 2 ECT cases

MINISTRY OF HEALTH

Kuwait Institute for
Medical Specialization

Faculty of Psychiatry



وزارة الصحة
معهد الكويت للأخصائيات الطبية
كلية الطب النفسي

Part B: Delivery of neurostimulation

Direct observation by psychiatrist or neurostimulation provider

Use **form 1**. Form collects information on:

- Case type (write-in):
- Modality: ECT; rTMS; other evidence-based form of neurostimulation
- Demographic: adult; older adults

Collect 3 observations of achievement

- At least 2 ECT cases

Rotation Supervisor: Dr. Mohammad Bin Ali