DEPARTMENT OF
PSYCHIATRY

CORE
ROTATION- SPECIFIC
EDUCATIONAL
OBJECTIVES

2008-2009

POSTGRADUATE EDUCATION
DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF TORONTO
# Table of Contents

- **CHILD & ADOLESCENT PSYCHIATRY** .......................................................... 3
- **CHRONIC CARE** ............................................................................................... 8
- **GENERAL PSYCHIATRY** ............................................................................... 12
- **GERIATRIC PSYCHIATRY** ............................................................................ 15
- **PSYCHIATRY, HEALTH & DISEASE** ............................................................. 18
CHILD & ADOLESCENT PSYCHIATRY

PROGRAM / DIVISION: Child & Adolescent Psychiatry

PROGRAM / DIVISION HEAD: Dr. Joseph Beitchman

TELEPHONE: 416-979-6813

EMAIL: joe_beitchman@camh.net

POSTGRADUATE PRESENTATIVE: Dr. John Langley

TELEPHONE: 416-864-6060 x6410

EMAIL: john.langley@utoronto.ca

MEDICAL EXPERT

1. KNOWLEDGE: Demonstrates has acquired the knowledge necessary to practice as an effective clinician with children, adolescents and their families presenting with mental health problems. This knowledge is broadly encompassed within the following areas:

A) The major theories and empirical findings underpinning current conceptions in developmental psychopathology in reference to the common childhood psychiatric disorders

B) Developmental processes and milestones including normal and deviant fine motor, gross motor, speech/language, emotional and social development from birth to age 18 years

C) Epidemiology, causes, signs, symptoms, clinical course and treatments of child psychiatric disorders:
   1. Externalizing disorders (Conduct Disorder, Oppositional-Defiant Disorder, and ADHD)
   2. Substance Abuse and Dependence
   3. Internalizing disorders (Depressive, Bipolar and Anxiety Disorders including Separation Anxiety Disorder and Selective Mutism)
   4. Eating Disorders
   5. Schizophrenia, Schizoaffective Disorder and Schizotypal Personality Disorder
   6. Adjustment Disorders
   7. Disorders with somatic manifestations (Enuresis, Encopresis, Pica, Somatoform Disorder and Somatization Disorder)
   8. Communication Disorders (Stuttering, Articulation Disorder, Expressive and Mixed Receptive-Expressive Language Disorder)
   9. Specific Learning Disorders and Motor Skills Disorder
   10. Mental Retardation
   11. Pervasive Developmental Disorders (Autism, Asperger's Disorder, PDD-NOS)
   12. Tourette’s Disorder and other Tic Disorders
   13. Relevant V-Codes: physical/sexual abuse, neglect, parent-child, and sibling relational problems
D) The impact of parental and child mental disorder on the family, on parenting, and on parent-child relationships

E) The impact of psychosocial trauma on children (e.g., poverty, divorce, death, immigration, domestic or community violence, bullying, medical illness)

F) Medico-legal issues (especially informed consent, capacity to consent, confidentiality, duty to report abuse)

G) The structure of the children's mental health system (e.g., Children’s Mental Health Centres, MOH. facilities), and available community resources (e.g., CAS, specialized schools, youth court, probation)

H) When and how to refer to a child psychiatrist

2. CLINICAL SKILLS: Demonstrates the ability to assess, diagnose and treat the full range of child psychiatric disorders in different clinical contexts. By the end of the rotation, the resident will be able to:

A) Interview a child of any age from birth to age 18 years, both alone and with his/her family (i.e., take the history, conduct a mental status examination, assess family interaction). This may include the use of non-verbal techniques with drawings, puppets, and toys with very young or developmentally handicapped children

B) Generate a differential diagnosis and formulation along developmental, biological, psychological, familial, and socio-cultural dimensions

C) Derive an evidence-based, efficient, feasible, contextually appropriate management plan from the formulation. This should include specific treatment goals and/or proposed measures of outcome

D) Assess and manage previously unknown children/families in acute emergency situations (e.g., suicidal, homicidal, psychotic, "uncontrollable" children and adolescents)

E) Administer various forms of treatment within a 6-month time frame:
   - Crisis intervention
   - Parent counseling/psycho-education
   - Pharmacotherapy
   - Individual psychotherapy (brief psychodynamic, CBT, IPT)
   - Family and/or group therapy

COMMUNICATOR: Demonstrates clear, accurate and timely verbal and written communication. During the course of the rotation the resident will demonstrate good communication:

A) With referral sources and other members of the health care team
B) In clinical interactions with young children, adolescents, parents and other family members as appropriate. The resident will demonstrate the specific language skills required in communicating with young children at a level that they understand.

C) In the maintenance of complete and accurate written records of all assessments and/or therapeutic interventions.

**COLLABORATOR:** Demonstrates ability to work effectively with other members of the health care team and with child-serving community agencies. During the course of the rotation, the resident will demonstrate the ability:

A) To use multi-disciplinary direct and indirect consultation in diagnosis and treatment planning

B) To obtain psychological testing, teacher reports, speech and language, or OT assessments as appropriate

C) To work within a team structure

**MANAGER:** Demonstrates competence and efficiency as follows:

A) In utilizing personal and system resources effectively to balance clinical care, learning needs and outside activities

B) In utilizing information technology efficiently in clinical practice and to support learning

C) In using resources in a cost-effective manner within an overall work plan

D) In effectively planning use of professional time

E) In setting realistic priorities and using time effectively in order to optimize professional performance

F) In coordinating the efforts of the treatment team by effectively using the varied skills of other health professionals

G) In demonstrating knowledge of key community resources pertaining to children, adolescents and families/caregivers and showing willingness to direct patients and families to those resources

**HEALTH ADVOCATE:** Demonstrates readiness to advocate on behalf of children with mental health problems and their families as evidenced by:

A) Awareness of determinants of child mental health and wellbeing

B) Awareness of structures of governance in mental health care as it pertains to child and adolescent psychiatry (programs, regional/local services)
C) Awareness of major regional, national and international advocacy groups active in addressing child mental health concerns  

D) Participation in advocating for rights or access to services of child and adolescent patients  

E) Demonstrating an understanding of system-based care services available to children (child welfare, child protection services, adoption, foster care and rehabilitation services)

**SCHOLAR: Demonstrates the following skills and attitudes as they apply to child psychiatry:**  

A) Synthesizes basic science and clinical research knowledge relevant to child psychiatry including but not restricted to knowledge in the following areas – developmental psychology and psychopathology, neurophysiology, neuroanatomy, neurochemistry, genetics, epidemiology, medical statistics, pharmacology and research methods  

B) Demonstrates critical appraisal skills regarding current knowledge about causes and clinical features of child psychiatric disorders including treatments  

C) Is able to integrate information from various sources using critical thinking and is able to apply this to specific clinical problems  

D) Facilitates the learning of others (patients, families, students, other health professionals) and/or contributes to development and sharing of new knowledge in the area of child psychiatry  

E) Conveys an attitude that recognizes the limits of one’s knowledge and the need for further education and/or research  

F) Demonstrates a commitment to continuous learning along with the necessary skills to acquire new knowledge  

**PROFESSIONAL: Demonstrates commitment to delivering the highest quality care with integrity, honesty, compassion and respect for diversity.** The resident practices medicine ethically, fulfilling all medical, legal, and professional obligations of a specialist while exhibiting appropriate personal and interpersonal professional behaviours.  

A) Demonstrates collaborative and respectful relationships with children, adolescents, and families/caregivers that include gender, cultural, and spiritual awareness about their distinctiveness as well as sensitivity to the difficulties associated with being a parent  

B) Demonstrates attitudes consistent with respect, interest, understanding, empathy, compassion and caring for the child and adolescent patients and their families/caregivers in all assessments and patient contacts  

C) Demonstrates responsibility, dependability, self-direction and punctuality  

D) Demonstrates acceptance and constructive use of supervision and feedback  

E) Demonstrates awareness and application of ethical principles in medicine generally and child psychiatry in particular
F) Demonstrates an understanding of the particular issues related to patient access to their record in the content of their illness with children, adolescents, and families/caregivers

G) Demonstrate awareness of personal limitations, seeking advice when necessary
MEDICAL EXPERT

I. Knowledge: Demonstrate an overall effective level of knowledge and understanding of the basic science and clinical knowledge relevant to the chronic care population (with main emphasis on schizophrenia) of:

a) History, conceptual issues and classification of psychoses
b) Etiology and symptoms of psychotic disorders
c) Variations in presentation and gender and age specific issues
d) Psychotic experiences in general populations
e) Prodromal symptoms
f) Concurrent problems and disorders (medical, psychiatric)
g) Diagnosis and differential diagnosis
h) Phenomenology, pathology and investigations
i) Course and outcome, functional impairments and illness trajectories
j) First episode issues
k) Early intervention strategies
l) Evidence-based treatments
m) Emergency, crisis, outpatient and inpatient treatment
n) Assessment and management of refractory patients
o) Psychopharmacology and somatic treatments
p) Suicide and violence - assessment and management
q) Treatment adherence issues and psychoeducation
r) Continuum of care, long-term treatment issues and relapse prevention strategies
s) Cultural/ethnic issues - theoretical, clinical and therapeutic
t) Community resources
u) Psychotherapeutic constructs – individual, family, group
v) Rehabilitation issues
w) Legislation: Mental Health Act, Personal Health Information Protection Act, Substitute Decisions Act, Health Care Consent Act, and its application
x) Critical appraisal, scientific method, quality assurance, epidemiology and population health issues
y) Parenting, family, homelessness and housing issues
2. Skills: Demonstrate the general ability to assess, diagnose, consult on, and treat the full range of psychiatric disorders in the chronic care (with emphasis on schizophrenia) population in all ages, males and females, and in all clinical contexts, using an evidence based approach. Need to be proficient in technical and procedural skills and minimize risks and discomforts to the patient and be able to:

Assessment:
- Establish and maintain rapport and an effective therapeutic alliance
- Conduct and organize an appropriate interview
- Perform an appropriate mental status examination with correct techniques and thoroughness, and evaluate, organize, interpret and present observations
- Perform an appropriate psychosocial assessment, including assessment of substance use and the family
- Perform an appropriate medical and neurological assessment
- Show expertise in obtaining collateral information from additional sources

Formulation:
- Synthesize a diagnosis according to DSM IV criteria
- Integrate and present a bio-psycho-social understanding/formulation

Treatment Plan:
- Develop and implement an integrated biopsychosocial treatment plan
- Use appropriate psychiatric, psychological, medical and imaging diagnostics and/or investigations
- Make appropriate referrals to other professionals and community resources
- Assess suitability for, prescribe and use appropriate psychological treatment
- Assess suitability for, prescribe and use appropriate social and environmental interventions
- Assess suitability for, prescribe and use appropriate psychopharmacological treatment
- Assess suitability for, prescribe and use appropriate somatic therapies (ECT, rTMS, etc)

Treatment Implementation:
- Show expertise in early intervention, crisis management and relapse prevention strategies
- Show expertise in identifying and addressing unique issues in working with those from diverse cultural backgrounds
- Show skills in medico-legal issues and the appropriate application of relevant legislation, including use of mental health forms and presentation at consent and capacity review boards
- Show expertise in continuity of care issues
- Attend to safety issues, including the management of the suicidal or violent patient, as well as the recognition and appropriate referral of medically urgent issues

COMMUNICATOR

Demonstrate the following abilities:
- Listening effectively
- Communicating and negotiating with patient, family, and health care team, an accurate, clear, coherent and timely account of the diagnoses, treatment plans and prognosis in all clinical cases
- Conveying pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats
- Preparing documentation that is accurate, timely and succinct
COLLABORATOR

Demonstrate the following abilities:

a) Consulting effectively with other physicians, health care professionals, and agencies as appropriate
b) Working collaboratively with other members of the health care team:
   - recognizing their roles and responsibilities
   - contributing to inter-disciplinary team activities
c) Facilitating the learning of patients, students and other health professionals

SCHOLAR

Demonstrate the following abilities:

a) Critical appraisal of medical information, successful integration of information from a variety of sources, and conforming to evidence-based principles of practice in relation to chronic care patients
b) Participation in the educational program and facilitation of the learning of other students, residents, and colleagues through guidance, teaching and constructive feedback

PROFESSIONAL

Demonstrate:

a) Integrity, compassion and respect for diversity
b) Realistic but hopeful, positive and anti-stigmatizing attitudes towards patients with serious mental illness
c) Fulfillment of the medical, legal and professional obligations of the psychiatrist, practising within the Code of Ethics Annotated for Psychiatry and CPA and CPSO guidelines
d) Collaborative and respectful patient relationships that demonstrate gender and cultural awareness
e) Responsibility, dependability, self-direction, and punctuality
f) Acceptance and constructive use of supervision and feedback
g) Awareness and appropriate response to personal limitations including reactions to patients
h) Responsibility in attendance and participation in educational opportunities, including schizophrenia seminars, grand rounds and family therapy seminars

MANAGER

Demonstrate the following abilities:

a) Setting and implementing realistic priorities and using time effectively in order to optimize professional performance and balance patient care and learning needs
b) Competence and willingness to direct patients to relevant community resources

HEALTH ADVOCATE

Demonstrate:
a) Effective advocacy for the biopsychosocial and cultural needs of patients and their families within the health care system and community
b) Awareness of regional, national and international advocacy groups in mental health care
c) Ability to identify and understand the determinants of health affecting chronic care patients and communities, recognizing and responding to those issues where advocacy is appropriate for the patient or community
GENERAL PSYCHIATRY

PROGRAM / DIVISION: General Psychiatry

PROGRAM / DIVISION HEAD: Dr. Ian Dawe
TELEPHONE: 416-864-6060 x2694
EMAIL: dawei@smh.toronto.on.ca

POSTGRADUATE PRESENTATIVE: Dr. Cliff Posel
TELEPHONE: 480-6100
EMAIL: Cliff.posel@sunnybrook.ca

SPECIFIC TRAINING OBJECTIVES GENERAL PSYCHIATRY

At the completion of Core Adult General Psychiatry training (most often the PGY 2 Year) the resident will have acquired the following competencies and will function effectively as a:

1) Medical Expert/Clinical Decision-Maker

REQUIREMENTS

- Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
- Access, integrate, and apply relevant information to clinical practice.
- Demonstrate effective and timely consultative services with respect to patient care and education.

Knowledge

Residents will have synthesized an effective level of clinical knowledge (assessment, diagnosis and treatment) and understanding relevant to psychiatry including but not restricted to:

- etiology, symptoms and course of illness (including substance abuse, personality disorders, mood disorders, anxiety disorders, psychotic disorders, developmental disabilities, and disorders more common in women)
- cultural, gender, social and age specific theoretical, clinical and therapeutic issues
- community resources
- general principles of psychopharmacology, other somatic therapies, and psychotherapy (including individual, family, group)
- local health care regulations

Clinical Skills

Residents will demonstrate the general ability to assess, diagnose, and treat the full range of mental disorders in adults across the age range and in all clinical contexts (emergency, inpatient, outpatient, community) by being able to:

- Conduct and organize and appropriate interview.
- Perform an appropriate mental status examination.
- Synthesize a diagnosis.
- Develop and implement a bio-psycho-social formulation and treatment plan, including attention to cultural and gender-specific issues.
- Use psychiatric, psychological, medical, and imaging investigations for assessment and treatment.
- Assess and manage the role of substances in patient presentation.
- Assess and manage patient emergencies and crises including suicidal and violent patients.
- Assess for, prescribe, and use treatments including:
  - appropriate psychopharmacological treatments (including starting antidepressants, augmentation including for example lithium, atypical antipsychotics and T3, managing mood stabilization including lithium, valproic acid, lamotrigine and atypical antipsychotics),
  - other somatic therapies (e.g. electroconvulsive therapy), and
  - psychological treatments (including but not limited to psychodynamic, interpersonal, cognitive, and behavioral therapies for individuals, families, and groups).
- Demonstrate formulation and treatment of severe trauma.
- Recognize and manage medical problems in psychiatric patients and refer appropriately.
- Record and maintain accurate and timely medical records for each patient seen.

2) Communicator

**REQUIREMENTS**

Effective communication is a central skill relevant to the practice of psychiatry, as reflected in Medical Expert — Clinical Skills. Additional general and specific communication skills include the ability to:

- Listen effectively and establish an effective working relationship.
- Discuss appropriate information with the health care team.
- Convey to patients and family a timely, accurate, clear, and coherent account of the diagnosis, treatment plans, and prognosis in all clinical cases, including the:
  - The results of the assessment.
  - The risks and benefits of the proposed treatment plan, including possible side effects of treatments.
  - Alternatives (if any) to proposed treatment plan.
  - Education concerning the disorder, its prognosis, and prevention strategies.
- Effectively communicate with medical colleagues, allied healthcare professionals, and community partners.

3) Collaborator

**REQUIREMENTS**

- Consult effectively with other physicians and health care professionals.
- Provide treatment cooperatively with primary care physicians in a "shared care" relationship.
- Work collaboratively with members of the interdisciplinary team.

4) Manager

**REQUIREMENTS**

- Effectively plan the use of professional time, applying practice management principles including:
  - The ability to plan a work schedule consistent with personal/ professional goals and obligations including consideration of service needs, teaching, administrative tasks, and research.
- Setting realistic priorities and using time effectively in order to optimize professional performance.
  - Demonstrate knowledge of important hospital and community based resources and utilize these resources judiciously or effectively to optimize patient care.
  - Participate effectively in treatment teams taking leadership roles where appropriate.

5) Health Advocate

**REQUIREMENTS**
- Advocate on behalf of patients with respect to community partners and third parties.

6) Scholar

**REQUIREMENTS**
- Attend 75% of core curriculum lectures and seminars and pass the exam.
- Present grand rounds at least once during the academic year.
- Critically appraise sources of medical information.
- Begin to develop experience in the role of a teacher of students and colleagues.

7) Professional

**REQUIREMENTS**
- Deliver highest quality care with integrity, honesty, compassion, and respect for diversity.
- Demonstrate collaborative and respectful patient and collegial relationships that demonstrate gender, cultural, and spiritual awareness.
- Demonstrate dependability, self direction and timeliness.
- Demonstrate acceptance and constructive use of supervision and feedback.
- Demonstrate awareness and maintenance of appropriate boundaries in both therapeutic and collegial relationships.
- Demonstrate knowledge of the role of the CPSO and how it can be a resource in assisting physicians to practice professionally.
- Demonstrate stage-appropriate capacity to give constructive criticism to peers, not just juniors, as a component of self-regulation.
- Demonstrate awareness of potential conflicts between ethical priorities of various institutions and stakeholders, and stage-appropriate capacity to respond to these conflicts.
- Demonstrate a commitment to continuing professional development and personal wellness.
GERIATRIC PSYCHIATRY

PROGRAM / DIVISION: Geriatric Psychiatry

PROGRAM / DIVISION HEAD: Dr. Bruce Pollock
TELEPHONE: 416-785-2500 x6020
EMAIL: bpollock@rotman-baycrest.on.ca

POSTGRADUATE PRESENTATIVE: Dr. Rob Madan
TELEPHONE: 416-785-2500 x2457
EMAIL: rmadan@baycrest.org

______________________________________________________________

MEDICAL EXPERT

I. Knowledge: Demonstrates an effective level of clinical knowledge and understanding of the following topics in the geriatric population:

a) The resident should be able to identify the differences in the etiology, symptoms and course of illness of the presentation of major Axis I and II disorders in the geriatric population

b) The resident should become knowledgeable about how to make a diagnosis of dementia, to distinguish between dementia and delirium, the pathophysiology of dementia, the subtypes of common types of dementia (vascular, lewy body, alzheimer’s).

c) The resident should be able to develop a diagnostic formulation that integrates psychiatric and medical features in the elderly.

d) The resident should develop understanding of normal and abnormal development
   • Psychological aspects of aging
     i. Developmental theories
     ii. Cognitive function
   • Social aspects of aging
     i. Attitudes and ageism
     ii. Economic issues
     iii. Support systems/networks
     iv. Long term care
     v. Caregiver issues
     vi. Elder abuse
     vii. Sexuality
   • Biological aspects of aging; age related changes in sensory systems and drug handling.

e) Psychopharmacology and somatic therapies (ie ECT) including cognitive enhancers, treatment of delirium and the different prescribing approaches for the elderly

f) Cultural/ethnic/gender theoretical, clinical and therapeutic issues

g) Community resources with respect to dementia (eg Alzheimer’s Society), elder abuse (Advocacy Centre for the Elderly), CCAC, public guardian and trustee

h) Psychotherapeutic constructs specific to the elderly particularly bereavement, loss, transitions, caregiver burden
i) Capacity to manage finances, make personal care decisions, consent to admission to long-term care, give power of attorney, make a will, consent to treatment.

j) End of life care (end of life decisions, palliative care principles in the elderly)

4. Clinical Skills: Demonstrate the general ability to assess, diagnose and treat the full range of psychiatric disorders in the geriatric population and in all clinical contexts. By the end of the rotation, residents will be able to:

a) Conduct and organize an appropriate interview and exam, including developing rapport, assessing mental status and cognition, assessing functional status (ADLS, IADLS), and medical/neurological assessment as indicated

b) Assess suitability for medical and imaging investigations for assessment and treatment planning

c) Conduct and organize an interview with a collateral informant/family member

d) Perform an appropriate family assessment to develop an understanding family dynamics and systems

e) Synthesize a multi axial provisional and differential diagnosis.

f) Integrate and present a bio-psycho-social understanding/formulation in geriatric psychiatric cases

g) Develop and implement an integrated bio-psycho-social treatment plan including:
   a. Use psychiatric, psychological, medical and imaging investigations for assessment and treatment planning.
   b. Make appropriate referrals to other professionals and community resources.
   c. Assess suitability for appropriate psychological treatment, social and environmental interventions, psychopharmacological treatment and somatic therapies

COMMUNICATOR

Residents will have demonstrated the following abilities:

a) Communicate effectively with patients with language, sensory or cultural barriers

b) Written notes should be concise without losing completeness, timely, and medico-legally appropriate (eg document informed consent)

c) Discuss appropriate information with the health care team.

d) Convey to patient and family an accurate, clear, coherent and timely account of the diagnosis, treatment plans and prognosis in all clinical cases.

e) Convey pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats.

COLLABORATOR IN GERIATRIC PSYCHIATRY

Residents will have demonstrated the following:

a) Consult effectively with other physicians and health care professionals.

b) Contribute to interprofessional team activities.

c) Ability to work collaboratively with other members of the health care team - recognizing their roles and responsibilities.

MANAGER
Residents will be able to demonstrate the following skills as they pertain to geriatric psychiatry:

a) Understand and makes effective use of information technology to optimize patient care, lifelong learning and other activities.
b) Ability to direct patients to further assessments or relevant community resources with an appreciation of cost effectiveness and the growing geriatric population.
c) Set realistic priorities and uses time effectively in order to optimize professional performance consistent with personal / professional goals and obligations.

HEALTH ADVOCATE

Residents will be able to demonstrate:

a) Ability to identify and understand the determinants of health affecting geriatric patients and communities, recognizing and responding to those issues where advocacy is appropriate for the patient or community.

SCHOLAR

Residents will be able to demonstrate the following as they pertain to geriatric psychiatry:

a) Demonstration of an understanding of and a commitment to the need for continuous learning. Development, implementation and monitoring of a personal and continuing medical education strategy.
b) Critical appraisal of medical information. Successful integration of information from a variety of sources.
c) Facilitation of the learning of patients, students, residents, and other health professionals through guidance, teaching and constructive feedback.

PROFESSIONAL

Residents will be able to:

a) Demonstrate integrity, honesty, compassion and respect for diversity when working with elderly patients and their families.
b) Demonstrate a realistic, hopeful, and anti-ageist attitude toward the care of the elderly.
c) Fulfill medical, legal and professional obligations of the psychiatrist, practising within the Code of Ethics Annotated for Psychiatry.
d) Engage in collaborative and respectful patient relationships that demonstrate gender, cultural and spiritual awareness.
e) Demonstrate responsibility, dependability, self-direction, and punctuality.
f) Accept and use supervision and feedback in a constructive manner.
g) Demonstrate awareness of personal limitations.
PSYCHIATRY, HEALTH & DISEASE

PROGRAM / DIVISION: Psychiatry, Health & Disease

PROGRAM / DIVISION HEAD: Dr. Jonathan Hunter

TELEPHONE: (416) 586-480 X 4557

EMAIL: jhunter@mtsain.on.ca

MEDICAL EXPERT

1. Knowledge:
   A. Proficient knowledge of delirium, psychiatric illness secondary to medical/surgical illness, and end of life care. Working knowledge of somatoform disorders.
   B. Appreciates normal and abnormal psychological adaptation to physical illness including the influence of personality.
   C. Appreciates and manages the impact of substance use/abuse on medical/surgical circumstance.
   D. Demonstrates capacity to tailor psychopharmacology to medical/surgical patients.
   E. Appreciates the impact of cultural, gender, social economic status, life stage and age on patient assessment and treatment.
   F. Has an introductory knowledge of relaxation techniques and mindfulness practices.
   G. Understands and can apply the Mental Health Act, Health Care Consent Act, Substitution Decision Act, and rules of confidentiality to the care of the medical/surgical patient.

2. Clinical Skills:
   A. Establishes and maintains rapport and an effective working relationship with medical/surgical patients.
   B. Conducts and organizes an appropriate psychiatric assessment of medical/surgical patients including attention to barriers to communication.
   C. Integrates medical/surgical characteristics into the bio-psycho-social understanding and management of medical/surgical patients.
   D. Utilizes psychotherapeutic principles to help patients with their adaptation to illness and treatment.
E. Assesses suitability for, and prescribes appropriate psychopharmacological treatment in the context of medical/surgical illness.

F. Manages own reaction to medical/surgical patients.

COMMUNICATOR

A. Listens effectively to the medical/surgical patient and their family members.

B. Conveys pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats.

COLLABORATOR

A. Consults effectively with other health care team members, including non-psychiatric MD’s, RN’s, MSW’s, Psychologists, and Spiritual Care staff, recognizing their roles and responsibilities.

B. Can participate effectively in a “shared care” model with Primary Care physicians in the management of a patient’s psychiatric or behavioral issues.

C. Contributes effectively to the interdisciplinary management of the medical/surgical patient.

D. Is able and willing to teach and learn from colleagues/students, within the context of a clinical care team.

E. Is able to address interpersonal conflict in patient care, utilizing negotiation skills, to arrive at a workable endpoint.

MANAGER

A. Time: is able to effectively prioritize clinical, educational and personal demands in order to provide safe and effective care, and maintain a sustainable practice.

B. Resources: Addresses human and hospital resources issues, such as MSW’s, sitters, need for transfer, with consideration to cost appropriateness.

C. Coordinates the efforts of the consultation-liaison treatment team, if appropriate.

HEALTH ADVOCATE

A. Identifies and addresses the stigma affecting the medical/surgical patient with psychiatric illness.

B. Advocates for the patient within the context of the treatment setting.
C. Identifies and understands the determinants of physical and mental health affecting medical/surgical patients individually, or as a group and recognizes and responds to those issues where advocacy is appropriate for the patient or their community.

SCHOLAR

A. Critically appraises medical information. Successfully integrates information from a variety of sources in the management of medical/surgical patients.

B. Facilitates the learning of patients, students, residents, and other health professionals on the CL and medical/surgical team through guidance, teaching, and constructive feedback.

PROFESSIONAL

A. Demonstrates accountability, integrity, honesty, compassion, and respect for diversity within the context of CL practice.

B. Fulfills the medical, legal and professional obligations of a psychiatrist.

C. Demonstrates responsibility, dependability, self-direction, and punctuality.

D. Accepts and constructively utilizes feedback.