PLEASE READ THE SPECIFIC TRAINING OBJECTIVES FOR GERIATRIC PSYCHIATRY

1) Medical Expert

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)

**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 informants/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

2) 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.

3) 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.

4) 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, life long 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
5) 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.

6) 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.

7) Professional Requirements
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.

Did you read the above SPECIFIC TRAINING OBJECTIVES FOR GERIATRIC PSYCHIATRY?

O Yes
O No

Number of Observed Interviews: __
Number of Mock Exams: __

Did the resident present Grand Rounds in the last 6 months?

O Yes
O No

Medical Expert - Knowledge

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

1 - Unsatisfactory
2 - Needs Improvement
3 - Meets Expectations
4 - Very Good
5 - Excellent
N/A - Not Applicable

Unsatisfactory
Unable to describe the symptoms and course of illness of the major axis I and axis II disorders in the elderly.

Meets Expectations
Generally able to describe the symptoms and course of illness of the major axis I and axis II disorders in the elderly.

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

Unsatisfactory
Unable to describe the symptoms and course of illness of the major axis I and axis II disorders in the elderly. 

Meets Expectations
Generally able to describe the symptoms and course of illness of the major axis I and axis II disorders in the elderly.
Excellent
Able to consistently describe symptoms and course of illness in the elderly, including complex presentations that involve the interplay between the multiple Axes in the elderly.

Diagnosis of dementia, distinguish between dementia and delirium, the subtypes of common types of dementia (vascular, lewy body, alzheimer’s).

Unsatisfactory
Unable to consistently make the clinical distinction between delirium and dementia. Unable to list and describe the subtypes and features of dementias.

Meets Expectations
Able to consistently make the distinction between delirium and dementia in most clinical presentations. Able to list and describe the major subtypes and features of dementias.

Excellent
Able to consistently distinguish between delirium and dementia in the complex patient (e.g. patient with no collateral informants, patient with pre-existing dementia). Able to list and describe the major and less common features of different subtypes of dementia.

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

Unsatisfactory
Inconsistently able to develop an integrated diagnostic formulation.

Meets Expectations
Consistently able to develop an integrated diagnostic formulation.

Excellent
Consistently able to develop an integrated diagnostic formulation, (integrating medical and psychiatric issues) regardless of the complexity of the presentation.

The resident should develop understanding of normal and abnormal development (psychological, social, and biological).

Unsatisfactory
Is unable to demonstrate knowledge of the developmental and social aspects of aging and the elderly.

Meets Expectations
Is able to demonstrate knowledge of the developmental and social aspects of aging and the elderly.

Excellent
Is able to demonstrate detailed knowledge of the developmental and social aspects of aging and the elderly.

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

Unsatisfactory
Is not able to demonstrate basic psychopharmacology knowledge as applicable to the geriatric population (e.g. cognitive enhancer class, dosing differences in the elderly, drug interaction) Is not able to describe indications and implications of ECT in the elderly.

Meets Expectations
Able to demonstrate basic psychopharmacology knowledge as applicable to the geriatric population. Is able to describe indications and implications of ECT in the elderly.

Excellent
Able to demonstrate in-depth and broad understanding of pharmacokinetic and pharmacodynamic principles in the geriatric population. Is able to describe the specific evidence regarding ECT in the elderly.

Psychosocial issues that are pertinent to the elderly with mental health problems.

Unsatisfactory
Unable to describe the psychosocial issues that are pertinent to the elderly with mental health problems.

Meets Expectations
Able to describe most of the psychosocial issues that are pertinent to the elderly with mental health problems.

Excellent
Able to describe and integrate complex psychosocial issues that are pertinent to the elderly with mental health problems.

Psychotherapeutic constructs specific to the elderly (e.g. bereavement, loss, transitions, caregiver burden).

Unsatisfactory
Unable to describe the psychotherapeutic constructs pertinent to the elderly with mental health problems.
Meets Expectations
Able to describe most of the key psychotherapeutic constructs pertinent to the elderly with mental health problems.

Excellent
Able to extensively describe all of the key psychotherapeutic constructs pertinent to the elderly with mental health problems.

**Mental health legislation issues as applied to the elderly**

Unsatisfactory
Unable to describe the mental health legislation issues as applied to the elderly

Meets Expectations
Able to describe the mental health legislation issues as applied to the elderly.

Excellent
Able to demonstrate detailed and complex understanding of mental health legislation issues as applied to the elderly

**Medical Expert - 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:

**Conduct and organize an appropriate interview and exam (rapport, MSE and cognition, ADLS, IADLS, and medical/neurological assessment as indicated)**

Unsatisfactory
Is not able to conduct a comprehensive interview of an elderly patient (e.g., unable to develop rapport, unable to assess cognition accurately, unable to review functional status, disorganized approach).

Meets Expectations
Able to conduct a comprehensive interview of most elderly patients

Excellent
Is able to conduct a comprehensive interview of all patients regardless of diagnostic, characterologic or medical complexity, including appropriate use of collateral informants.

**Assess suitability for medical and imaging investigations for assessment and treatment planning.**

Unsatisfactory
Is unable to determine what investigations are indicated for the clinical situation.

Meets Expectations
Is generally able to determine what investigations are indicated for the clinical situation

Excellent
Is always able to determine what investigations are indicated for the clinical situation with a thoughtful rationale for choices.

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

Unsatisfactory
Is not able to develop a biopsychosocial formulation.

Meets Expectations
Is generally able to develop a biopsychosocial formulation.

Excellent
Is always able to develop a biopsychosocial formulation that incorporates sophisticated understanding of the interplay between medical, sociocultural, psychological factors.

**Develop and implement an integrated bio-psycho-social treatment plan**

Unsatisfactory
Is unable to develop a biopsychosocial treatment plan.

Meets Expectations
Is able to develop a safe biopsychosocial treatment plan for most patients.

Excellent
Is able to develop a biopsychosocial treatment plan which clearly addresses all the factors in the etiologic formulation and addresses both acute and longer term issues.

**Additional Comments**
### Communicator

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communicate effectively with patients with language, sensory or cultural barriers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unsatisfactory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is poorly attuned to the patient’s communication needs (e.g., language, culture, hearing, education barriers)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meets Expectations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is generally effective at communicating verbally with patients and families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Excellent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is able to effectively communicate with patients and families, even in challenging situations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conveying of information to patients, families, medical colleagues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unsatisfactory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is unable to verbally summarize or organize psychiatric case presentations for supervisors or colleagues (e.g., omits key points, does not emphasize salient issues)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meets Expectations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is generally able to verbally summarize or organize psychiatric presentations for supervisors or colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Excellent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is able to verbally communicate with colleagues, even in challenging situations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Written notes should be concise without losing completeness, timely, and medico-legally appropriate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unsatisfactory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes are often disorganized, inaccurate or have major omissions or do not meet medicolegal standards.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meets Expectations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes are generally organized and include all basic information and meet medicolegal standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Excellent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes are always organized, timely, comprehensive and concise, and meet both medicolegal standards and the needs of colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Comments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Collaborator

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consult and collaborate effectively with other health care professionals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unsatisfactory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is unable to effectively work with colleagues (e.g., inflexible, inconsiderate, disruptive, dismissive)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meets Expectations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is generally able to effectively work with colleagues and is considered to add value to the health care team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Excellent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is always able to effectively work with colleagues even in challenging situations (e.g., debate about diagnosis, interpersonal disputes) and is seen as an essential member of the health care team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Comments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Manager

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Set realistic priorities and uses time effectively in order to optimize professional performance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unsatisfactory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is unable to balance multiple work and personal obligations and use time efficiently (often late,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

https://pgme.med.utoronto.ca/eval/eval_page_print_blank.cfm 08/09/2008
Unable to triage responsibilities, regularly missing deadlines or core educational activities).

Meet Expectations
Generally able to balance work and personal obligations and use time efficiently.

Excellent
Is always able to balance work and personal obligations, is aware of personal limitations and adapts/problem solves around challenges to work/life balance

Unsatisfactory
Is unable to consistently incorporate the importance of resource allocation into clinical practice.

Meet Expectations
Is consistently able to incorporate the importance of resource allocation into clinical practice.

Excellent
Is always incorporating the importance of resource allocation into clinical practice.

---

**Health Advocate**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Ability to recognize and respond to those issues where advocacy is appropriate for the geriatric patient or community**

Unsatisfactory
Is generally unable to identify situations in which there are opportunities for advocacy at a patient level.

Meet Expectations
Is generally able to identify situations in which there are opportunities for advocacy for patients and to respond appropriately

Excellent
Is generally able to identify and respond to opportunities for advocacy at both the patient and community level.

---

**Scholar**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Develops, implements and monitors a personal and continuing medical education strategy.**

Unsatisfactory
Does not develop a strategy to address personal learning needs. (eg does not identify gaps in knowledge or an approach to filling gaps)

Meet Expectations
Develops a strategy to address gaps in knowledge.

Excellent
Regularly addresses gaps in knowledge including scholarly appraisal of the medical literature and sharing knowledge with others.

**Facilitation of the learning of others (students, colleagues, peers, clients, families)**

Unsatisfactory
Does not regularly get involved in educating patients, students or fellow health care team members.

Meet Expectations
Is actively involved in teaching patients, students and other health professionals.

Excellent
Commits an exceptional amount of time and interest to the education of patients, students and other health professionals.

---

Additional Comments
## Professional

### Ethics

**Unsatisfactory**
Does not recognize ethical dilemmas or is not committed to their exploration or resolution. Violates boundaries with patients or colleagues. Is lacking in integrity, honesty, compassion, or respect for diversity.

**Meets Expectations**
Able to recognize, understand, and work to resolve ethical dilemmas in patient care and in institutions. Shows awareness of and respect for therapeutic and professional boundaries. Demonstrates integrity, honest, compassion and respect for diversity.

**Excellent**
Strong commitment to recognizing, understanding and working to resolve ethical dilemmas in patient care and in institutions. Heightened sensitivity to boundary issues and skill in their management. Shows exceptional virtue with respect to integrity, honesty, compassion and respect for diversity.

### Self-Regulation

**Unsatisfactory**
Is totally unaware of, or unable to apply knowledge of self-regulation as a component of the medical profession. Poor at giving and receiving peer feedback.

**Meets Expectations**
Aware of self-regulation as an integral component of being a medical professional. Able to give feedback to and receive feedback from peers. Aware of the role of the CPSO.

**Excellent**
Demonstrates thoughtfulness about self-regulation in medicine and applies this principle consistently. Gives excellent constructive peer feedback and solicits and accepts feedback well.

### Sustainable Practice

**Unsatisfactory**
Unable to maintain collaborative and respectful relationships with patients and colleagues. Lacks commitment to professional development or personal wellness.

**Meets Expectations**
Able to foster and sustain collaborative and respectful therapeutic and collegial relationships. Committed to continuing professional development. Committed to personal wellness as a physician.

**Excellent**
Exceptional ability to develop and maintain collaborative and respectful therapeutic and collegial relationships. Outstanding commitment to professional development and personal wellness.

### Additional Comments

**General Comments**

Other areas of strength:

Other areas where more work is needed (Please elaborate on all 'Unsatisfactory' or 'Needs Improvement' ratings and any significant discrepancies between overall rating and specific ratings):