HOSPITAL OVERVIEW

Department of Psychiatry, St Joseph's Health Centre offers training in the following areas:

Mandatory core training is provided to residents in:

- General Psychiatry; three full year positions, 6 month Outpatient and 6 month Inpatient
- Child & Adolescent Psychiatry; two six month positions (one Child Psychiatry position per year)

Senior Selective rotations are available in:

- Career Track Child & Adolescent Psychiatry; two six month positions (one Child Psychiatry position per year)

St. Joseph's Health Centre, a busy full-service community teaching hospital serving the west-end of Toronto. In collaboration with the Emergency Department, which manages over 85,000 visits per year, the Department of Psychiatry has a 24-hour Crisis Program serving children, adolescents and adults. Almost all the children, adolescents and adult inpatients are admitted through the Emergency. Level of pathology is high, particularly within the realm of psychotic disorders, often with multiple co-morbidities, involving substance use related disorders. The Psychiatric Program is comprised of two components; Mental Health and Addictions and is well linked to Family Medicine, Women’s Health Centre and a full range of hospital specialty departments. With General Psychiatry as a dominant clinical theme, the Department is comprised of a spectrum of services including Emergency Psychiatry, Urgent Care, Mobile Crisis, 29-bed General Inpatient Unit, 6-bed Psychiatry Intensive Care Unit, 6-bed Short Stay Unit, Day Hospital, Outpatient Mental Health, Shared Care, ACT Team, Recovery Support, Case Management Service, Consultation Liaison, Geriatric Psychiatry, 26-bed Withdrawal Management Residential Care, Day Withdrawal Management, and Addiction’s Medicine inpatient and outpatient consultation.

- It is important to emphasize that at St. Joseph’s Health Center, staff psychiatrists and their clinical teams deliver clinical care, which is not dependant on residents’ availability making rotations a pure learning experience. In all settings, residents are integrated into interdisciplinary teams. Working with their supervisors, residents function as leaders of the multidisciplinary and learn the complexity of incorporating multiple systems and services into treatment plans.
All residency training positions offered fulfill mandatory training requirements in General as well as Child & Adolescent Psychiatry.

- **On Call:**
  General Psychiatry Residents will be On-Call in the ER at St Joseph's in the same frequency as their colleagues in University Teaching Hospitals. However when On-Call, residents will work in the ER alongside staff psychiatrist and a 24 hours crisis team. Call at St Jospeh's end at 11 PM.
**Grand Rounds:**

Residents are expected to present in Psychiatry Grand Rounds during their rotation at St Joseph's. Additionally residents may present or attend, if they wish, other disciplines Grand Rounds e.g. Paediatrics, Family Medicine, Ethics etc.

Residents can readily attend the weekly Hospital for Sick Children Televised Live Grand Rounds series.

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**Psychotherapy:**

Residents readily meet Departmental Psychotherapy requirements during their rotation.

**For General Psychiatry Residents:**

- Dr Avery Krisman provides supervision for Long-term Psychodynamic Psychotherapy cases. Dr Virginia Duff and Dr Richard Stall are also available for Long-term Psychodynamic Psychotherapy supervision.
- Primary supervisors will supervise residents for Individual / Family / Group Psychotherapy for patients seen on the Inpatient Unit and thorough Outpatient Service. Primary supervisors will also provide supervision in regards to the recent Royal College requirements for exposure to longitudinal provision of care to patients with severe and persistent mental illness.
- Two clinicians Ms Joanna Smoley and Jyothi Rathur are skilled in CBT and will supervise residents for their CBT cases.
- A full time family physician, Dr Ira Cohen, who is dedicated to providing medical care for psychiatric inpatients on all psychiatric inpatients units, and with whom the residents will be quite familiar, is available for IPT and Marital Therapy supervision should residents be interested in pursuing training in these treatment modalities.
- Many groups addressing different aspects of functioning / needs of patients with psychiatric illness including a CBT group are available for residents during their outpatient block.

**For Child and Adolescent Psychiatry Residents:**

- Dr. N Ghabbour, primary supervisor, is available for Psychotherapy Supervision including Crisis Intervention.
- Dr. Mishelle Marshall and Dr David Gotlib both are secondary supervisors and are available for supervision as well.
- Mr. Jamie McMillan, a clinician, is skilled in CBT and will provide CBT supervision for Child Psychiatry Residents.
- Ms Heather McGeer and Ms January Wilson both are clinicians with years of experience in family therapy supervise residents in Family Therapy and Parenting Skills Management. Residents are always appreciative of their clinical skills and the time they make available.

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**Research:**

Residents who are interested in undertaking a research project will be supported by the department of psychiatry and their training supervisor in addition to getting assistance from the hospital's research office. There is however no formal research project where a resident could participate.

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**Seminars:**

- Once a month interdisciplined case presentation and formulation is well attended by many staff of all professional backgrounds.
Opportunity to participate in the monthly Mental Health and Addictions Program Education Committee as well as the monthly Hospital Medical Education Committee (the later can only accommodate one resident for the full year).

Residents are released from their duties to attend core teaching at the CAMH on Wednesday AM and Child Psychiatry Divisional teaching at Hospital for Sick Children on Thursday AM. Primary supervisors encourage residents to attend all-day educational events e.g. Group Therapy Day as it helps the residents consolidate the skills they learn while interacting with patients.

**Supervision:**

Each resident will receive a minimum of 2 hours of supervision.

**Teaching:**

- Working with Dr Ira Cohen, a full time family physician dedicated to providing medical care for psychiatric inpatients on all psychiatric inpatients units, residents are encouraged to present to staff psychiatrists on management of common medical issues on Psychiatric Inpatient Units, e.g. management of INR, Hyperglycemia etc.
- Residents are expected to attend a full day Training in Motivational Interviewing as well as a full day in Non Violent Crisis Intervention.
- Child and Adolescent Psychiatry Residents are involved in teaching Medical Students, as well as Nursing and Child & Youth Work Students during their clinical placement on the Inpatient unit. They are also encouraged to present to program staff on a variety of topics, e.g. illicit substance use and its medical complications, boundary violation etc.

**MANDATORY CORE ROTATIONS**

### Rotations Offered:

**I - General Hospital Core Psychiatry Sequential Inpatient-Outpatient PGY-2 Rotations**

**Inpatient Primary Supervisors:**  Dr Mark Filipczuk & Dr Andrew Gotowiec

**Inpatient Secondary Supervisors:**  Dr Vivien Parker, Dr Richard Stall & Dr Devanchu Desai

**Outpatient Primary Supervisors:**  Dr Tyrone Turner & Dr Kelly Driver

**Outpatient Secondary Supervisors:**  Dr David Gotlib & Dr Jose Silveira

Inpatient care will be the main focus of the inpatient block where the resident will spend 6 months learning skills important for the assessment and management of acutely ill psychiatric inpatients from a wide range of Psychiatric Disorders. The Biopsychosocial and Recovery Models are intertwined as core treatment philosophy. Treatment interventions will include pharmacotherapy, ECT, and individual, group, and family therapy etc. Training will take place on a 35-bed inpatient unit, including a 6-bed acute care unit, with about 613 admissions per year, most of which are acute presentations to the Emergency Room. Residents will have their own caseload working closely with their highly available supervisors. Residents will be working with multidisciplinary teams, involving nursing, social work, etc. There will be an opportunity to co-lead inpatient groups and develop ECT skills. There are opportunities for residents to participate in assessing their patients if they present to the Emergency Room with the Emergency Psychiatry Team (Supervisor: Dr. David Gotlib)
The 6-month outpatient experience involves the assessment and management of a broad range of patients who are referred from a variety of sources. The training will take place in two settings. The first is within a Shared Care Team where a resident will be working with a multidisciplinary team and a referring family physician to develop practical and effective treatment plans for a wide variety of patients. The other setting is an Urgent Care Clinic where the resident will be providing consultation, brief therapy, and post discharge follow-up for more acutely ill outpatients. In both settings the focus is on developing assessment skills and treatment approach that incorporates pharmacotherapy and/or psychotherapy as it applies in an outpatient setting.

In summary, General Psychiatry training rotation at St Joseph's Health Centre allows PGY2 residents exposure in their foundation year to a broad range of patients with multiple co-morbidities enabling them to establish solid clinical foundation regardless of ultimate career objectives.

II - Child and Adolescent Psychiatry Core or Career Rotation

Primary Supervisor: Dr Nagi Ghabbour

Secondary Supervisors: Dr Michelle Marshall & Dr David Gotlib

The Child and Adolescent Mental Health Program (CAMHP) services children and adolescents, up to their 19th birthday, who present with severe disabling psychiatric disorders, high suicide risk, and unusual or bizarre behaviours. The program is closely linked to Paediatrics, as well as Adult Mental Health Services, such as Detox, Day Hospital, Mobile Crisis, Emergency Psychiatry Team, Shared Care Program, and Adult Inpatient Psychiatry Unit etc. This linkage allows for a smoother transition to adult services and the availability of a wide array of services to the older adolescent population, as well as patients’ family members. The program is comprised of the following five components:

1) Emergency/Crisis component: Child & Adolescent and Adult Crisis Teams provide 24-hour coverage in the Emergency Department. They will respond to any referral of patients presenting with a psychiatric emergency or psychosocial crisis, following a request for consultation. The psychiatrist-on-call and the crisis team will provide a joint assessment with back up, if necessary, from a child psychiatrist.

2) Inpatient Child and Adolescent Unit: The unit has six Schedule I beds. Patients are usually admitted through the Emergency Department, although some may be admitted directly from Outpatient and as direct transfers from other hospitals. Located on the unit is a section 23 Toronto Catholic School Board classroom. To enhance continuity of care, each patient and their family is assigned a case manager who coordinates the patient’s care, remains involved following discharge until follow-up is arranged in the community, and will follow the patient during future admissions. The unit is located adjacent to the Paediatric Inpatient Unit, thus allowing for better care for patients who require specialized medical care.

3) Transitional Outpatient Support: The Transitional Outpatient Support provides follow up for up to six weeks for patients discharged from the Inpatient Unit. Patients are followed by the same case manager and attending psychiatrist for better continuity of care.

4) Outpatient Consultation Service: The Outpatient Consultation Service runs one afternoon a week and provides consultations to paediatricians and family practitioners associated with St Joseph's. Consultations are available only for patients with major psychiatric disorders.
5) **Urgent Care Clinic:** This clinic runs four days a week, Monday to Thursday, and provides one 75 minutes slot for an urgent referral and/or follow-up from the Emergency Room.

**Teaching/Research Opportunities:**
There are daily one and one half hours morning clinical rounds, as well as monthly departmental grand rounds, and departmental M & M rounds, difficult case reviews, journal club and other educational opportunities. The resident will be involved in teaching of students from other disciplines who are part of the interdisciplinary inpatient team e.g. nursing, child and youth and social work students and at times pediatric residents and medical students.

**Opportunities for taking on Administrative Responsibilities:**
Interested residents are welcome to participate in child and adolescent administrative program meetings.

**Additional Supervision:**
Dr David Gotlib and Dr Michelle Marshall

**Full-time or Part-time:**
The depth and extent of training experience and supervision can accommodate to the resident's educational level and need for a core vs career experience:
Career child psychiatry residents are welcome to spend anywhere from one day a week to full time in any or more than one component of the program. Although the resident could be working with more than one of the three child psychiatrists in the program, based on their own interest and the design of the rotation, weekly supervision and coordination of the educational program will be the responsibility of Dr. Nagi Ghabbour. Arrangements that are more flexible could be made to accommodate residents in consultation with their primary supervisor at their academic setting. To enhance the educational experience, only one resident can be accommodated at one time.

**Learning Objectives:**
The acquired knowledge and refining of skills will of course depend on the component of the program the resident chooses for placement; however the following are some of the primary objectives.

- Provide individual, family and group psychotherapy on the Inpatient Unit.
- Gain expertise in managing a variety of disorders, both acute and chronic, in a variety of age groups in a Locked Inpatient Schedule I Facility under Ontario MHA.
- Develop a level of comfort in the applications and procedures of the Mental Health Act, Substitute Decisions Act, Health Care Consent Act, and the Child & Family Services Act, in both the Emergency Room and the Inpatient Unit.
- Work closely with a special education teacher and other support staff in a section 23 classroom participating in educational assessments, and assisting community school staff and parents in devising a suitable remedial program and placement.
- Understand the role of the psychiatrist as a physician leader and part of an interdisciplinary team of nurses, social workers, child and youth counsellors, crisis workers, and child psychiatrists.
- Understand the challenges and rewards of a child psychiatrist working in a community teaching hospital, general psychiatry department, interacting with colleagues of many medical backgrounds in a variety of settings handling administrative, teaching and clinical responsibilities.