1. Essential components of a Senior Selective rotation in this division must include:

This program offers training opportunities in general psychiatry, community psychiatry, administrative psychiatry, system design and implementation, and program consultation. Residents will be assigned to a mentor with extensive experience in mental health administration and/or health systems research. A range of innovative clinical placements is available for fieldwork, including case management, assertive community treatment, a variety of crisis intervention strategies and specialized tertiary programs. Residents may also participate in program reviews, consultations with the Ministry and policy issues, and other knowledge transfer initiatives. In addition, residents will participate in educational activities, including the biannual colloquia organized by the program. Participation in service delivery research, epidemiological studies and research including many aspects of severe and persistent mental illness is encouraged. Access to highly skilled staff, including members of the Health Systems Research and Consulting Unit at the Centre for Addiction and Mental Health, is available.

A brief description of the rotations, a minimum of THREE educational objectives for the rotation in CanMEDS format and the expected length of time required to complete the rotation, must be included.

1. **Medical Expert / Clinical Decision Maker**
   Practise medicine within their defined clinical scope of practice and expertise

2. **Communicator**
   Establish professional therapeutic relationships with patients and their families

3. **Collaborator**
   Work effectively with other physicians and other health care professionals

4. **Manager (Leader)**
   Contribute to the improvement of health care delivery in health care teams, organizations, and systems
5. **Health Advocate**  
   Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment  
   Respond to the needs of a community or population they serve by advocating with them for system-level change

6. **Scholar**  
   Engage in the continuous enhancement of their professional activities through ongoing learning

7. **Professional**  
   Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

2. **Experience in senior selective rotation in this division could include:**

   Senior selective experiences could involve various activities in relation to the delivery of mental health services. These could include regular attendance at meetings of key administrative committees, either hospital or departmental; activities in relation to innovative, community-based treatment settings throughout Metropolitan Toronto and beyond; clinical activities in relation to the needs of specific target sub-populations such as dual disorder patients, transitional youth, the frail elderly, ethno-cultural groups and others; the development of innovative educational approaches; and research projects dealing with various issues related to the organization and delivery of mental health services.

3. **Hospital/training sites where selective rotations are offered:**

   Community psychiatry placements include innovative inner city services at St. Michael’s Hospital, the assertive community treatment team (CONTACT) at St. Michael’s Hospital, the Community Psychogeriatric Program at Sunnybrook Hospital, or specialized tertiary programs at Ontario Shores Centre for Mental Health Sciences.

   **Alternate Person for Interviews with Senior Residents Seeking Senior Selective rotations:**

   Name: Dr. William Gnam               Tel. No. 416-535-8501 ext 6179; Fax. No. 416-979-4703
<table>
<thead>
<tr>
<th>Title</th>
<th>Contact Info</th>
<th>Description</th>
</tr>
</thead>
</table>
| General Psychiatry           | Supervisors: Psychiatric Emergency Service and Acute Inpatient Care:         | **Psychiatric Emergency Service:** Emergency Psychiatry is a particular strength at St. Michael’s Hospital. We suggest a minimum of two, five hour shifts per week, and a maximum of four 5 hour shifts per week, though other options can be discussed. This career track position will offer training in the following:  
  a) Emergency and crisis management of adult psychiatric disorders, including individuals with suicidal thoughts and behaviours,  
  b) Management of selected outpatients with complex acute mental health care needs, using up-to-date treatment approaches,  
  c) Working as a consultant to a joint Police/Mental Health Service mobile crisis Intervention Team,  
  d) Participation and leadership on a multidisciplinary team, (with an increasing level of responsibility, the senior resident will begin to run rounds and the service, with close supervision by the staff physician),  
  e) Working as a consultant to community agencies,  
  f) Supervision of medical students and junior residents assessing patients presenting to the Crisis Team, and  

  **Inpatient Psychiatry:** St. Michael’s Mental Health Service has a 33 bed psychiatric inpatient unit which includes a 10 bed Acute Care Unit. The unit is divided into five multidisciplinary teams which each include a staff psychiatrist, a resident, nurses, a discharge planner, an OT and medical students. Residents participate in the assessment and treatment of patients with acute psychiatric disorders and psychiatric emergencies as well as substance-related and neuropsychiatric conditions. The position offers residents the opportunity to learn and refine team management skills as they will be expected to take a leadership role in inpatient management and coordinating the multidisciplinary team. The rotation will be available on a part-time basis, and should be considered in combination with other activities. It is suited for residents considering working on an inpatient mental health unit.  

  **Ambulatory Care:** The Ambulatory Care program encompasses:  
  a) the Urgent Care Program that provides timely follow up of patients being discharged from inpatient or emergency department settings | Dr. K Balderson, baldersonk@smh.ca  
Ambulatory Services:  
Dr. N. Sunderji, sunderjin@smh.ca  
Place: St Michael’s Hospital  
Position: This selective is flexible in duration (minimum 6 months) and may include experiences in Psychiatric Emergency Services, Acute Care (Inpatient), and/or Ambulatory Care (Outpatient). We encourage residents to consider a blended rotation of these areas. |
b) the General Assessment Clinic that assesses and manages patients referred from the community (typically from their family physicians)

c) the Collaborative Care program that provides liaison/outreach into a variety of primary care and community settings

d) group psychotherapies.

Residents are encouraged to consider working in more than one Ambulatory program in order to gain exposure to patients with a diversity of psychopathology and varying socio-economic/cultural backgrounds, as well as to gain proficiency in managing patient care transitions across levels of care/intensity.

Residents gain the skills and experience to act as consultants in the diagnosis and management of patients, including gaining a thorough knowledge of bio-psychosocial formulation, community resources, psychotherapies and pharmacotherapies. The Urgent Care Program patient assessment and management operates in a team-based interprofessional model. In the General Assessment Clinic senior residents can learn to teach and supervise junior residents. In the Collaborative Care program, residents develop a liaison with a primary care team or community agency; note that many Collaborative Care experiences will be reserved for core PGY-5 rotations in the 2016-17 academic year. For residents interested in building their group therapy co-facilitation skills, unique group psychotherapy offerings at SMH include suicide prevention/postvention/intervention groups, safety planning groups, and a brief mindfulness group designed to stabilize and support individuals who are in crisis. If they wish, residents may also gain experience in providing inter-professional education or conducting health services research or quality improvement initiatives. Residents may work with one or more of the following supervisors in Ambulatory Care:

Dr. Mara Goldstein, Dr. Shane McInerney, Dr. Arielle Salama, and Dr. Nadiya Sunderji.

| Chronic Care Psychiatry – STEPS to Youth Program | Supervisor: Dr. John Langley, langleyj@smh.ca, 416-864-3090 | Description: The STEPS for Youth Program provides intensive community case management for individuals with first episode psychosis. The team consists of 5 FTE case managers (nursing, occupational therapy, social work) and a staff psychiatrist. Most clients are between the ages of 16 and 25 and they are in the early stages of a severe mental illness such as schizophrenia or bipolar disorder, often with concurrent substance misuse. We work with many at-risk and vulnerable clients experiencing homelessness, poverty, recent immigration and refugee status issues. The resident will carry a caseload with supervision and will be involved in all aspects of care for clients of the program. | Position: One six month Senior Selective rotation |
**Position:** This is a six month to 1 year rotation for residents who want to focus on developing a career working with patients from vulnerable and marginalized populations who often have trouble accessing traditional health care systems. Selectives are available for ½ day per week, or more.

By pursuing this selective, senior residents will have an opportunity to learn from experts in the field of psychiatry, and gain exposure to the resources available for patients with mental illness who also experience homelessness. This selective will also serve to enhance advocacy skills and expose residents to ways in which to serve as patient advocates, from performing individualized interventions to lobbying for higher policy-level changes. The homeless population faces unique and challenging medical and social issues which health care providers must be prepared to address, and this selective will provide opportunities working with complex patients, while addressing the social determinants of health.

**Description:** The resident will work with the supervisor to develop an educational program that will provide clinical exposure to several key areas of focus in inner city psychiatry. This may include work with homeless populations, direct shelter or street outreach, work in HIV psychiatry, work with the addictions service, or work with the psychiatric emergency services. The goal of this rotation is to develop clinical skills as developing knowledge of systems based approaches to ensuring quality care, access and equity.

Alongside hospital-based options, further opportunities include clinics with a variety of supervisors from Inner City Health Associates, in collaboration with St Michael’s Hospital. Inner City Health Associates (ICHA) is a group of more than 60 family physicians, internists and psychiatrists working in 40+ shelters and drop-ins across the Greater Toronto Area. ICHA provides primary, mental health and palliative care to those who do not otherwise have access.

**ICHA opportunities include:**

- MDOT: direct street outreach with a mobile team that serves people living rough on the streets
- MATCH: Intensive Case Management level care for currently and formerly homeless clients
- NaMeRes: Innovative clinic at “Native Men’s Residence,” a shelter that serves aboriginal men experiencing homelessness
| **Psychiatric Emergency Services** | **Supervisor:** Dr. Chris Willer, willerc@smh.ca; Dr. Arielle Salama salamaa@smh.ca; Dr. Ilana Shawn shawni@smh.ca 416-864-3090 | **Position:** ½ to 1 day per week. 
This rotation will emphasize the development of a resident skilled in the provision of emergency psychiatric care. This is a one year rotation with developmental trajectory as follows: 
Beginning as senior resident on the team; seeing cases, reviewing with staff, working with medical students and other trainees in a supportive educational role, shadowing team leader in morning and evening rounds. 
By month 2-3 the resident will be encouraged to run rounds in the am and pm with support from the team leader: 
- Resident will provide direct supervision of cases by junior trainees and make disposition decisions 
- Resident will review cases seen by junior trainees with team leader prior to executing dispositions 
By January the Resident will be able | **Description:** 
St. Michael’s is an inner-city hospital in downtown Toronto. We serve a diverse patient population and many of our patients are homeless or under-housed. A large portion of our patient population suffers from severe mental illness and comorbidities including substance use. 
The Psychiatric Emergency Service (PES) at St. Michael’s provides emergency psychiatric consultation and short-stay crisis intervention in our associated Crisis Stabilization Unit (CSU). Our interdisciplinary team is staffed by medical students, residents, and nurses with a staff psychiatrist present each day (Dr. Arielle Salama, Dr. Ilana Shawn, and Dr. Chris Willer). We work closely with other medical and consulting services and particularly the growing Addictions Medicine Service at St. Michael’s. 
This ½ or full-day (s)elective is an excellent opportunity to practise and gain skills in emergency psychiatry including efficient assessment, emergency pharmacotherapy, management of aggression and agitation, and psychotherapeutic skills for crisis de-escalation. Residents work in a supervised setting allowing for support and education. The resident will also have ample opportunity to teach junior residents and medical students. 
This elective would be useful for residents planning a career in emergency psychiatry or looking to gain skills for on-call work prior to graduation. Additionally, residents have the opportunity to act in a “Junior Consultant” role and gain skills in team-management, triage and supervision as they move through their (s)elective in a graduated fashion of increased responsibility and autonomy. |
to run rounds in the absence of the team leader and review all cases with junior trainees:
-
    The Resident will sign off on dispositions
-
    The Resident will review rounds and dispositions with team leader in a separate space
-
    The Resident will work with team leader to understand the dynamics of the team as they change each month with trainee turnover

By March the Resident will take over as Team Leader with support and oversight by the covering staff. All cases will require review by staff however this may be done at arm’s length on the day of care delivery.

**Collaborative Care**

**Supervisor:** Dr. John Langley
langleyj@smh.ca 416-864-3090

St Michael's has an extensive and well-developed Collaborative Care program that provides liaison/outreach into a variety of primary care and community settings. Residents are encouraged to develop a working relationship with a primary care team or community agency of their choice, in order to deepen their understanding of how the local context shapes patient population and provider needs of psychiatry, and to experience a graded level of responsibility suitable for residents on the cusp of practice. St Mike's offers Collaborative Care in the venues listed below. Note that only those sites listed below are available as senior selectives this year (others that aren’t listed below are designated for core Integrated/Collaborative Care rotations).

**Primary Care**

61 Queen - SMH Family Health Team (supervised by Dr. Dorian Deshauer)
<table>
<thead>
<tr>
<th>General Psychiatry</th>
<th>Other Community Settings</th>
</tr>
</thead>
</table>
| Supervisors: Dr. Daniela Hlousek  
Tel: 905-668-5881 ext. 6290  
Dr. Chekkara Shammi, Dr. Christopher Tam  
Place: Ontario Shores | SMH Pediatric Collaborative Clinic (supervised by Dr. Chris Willer - priority given to Child Subspecialty residents) |
| | Transitional Age Youth, including Children's Aid Society (supervised by Dr. John Langley - priority given to Child Subspecialty residents) |
| | SMH Head Injury Collaborative Clinic (supervised by Dr. Shree Bhalerao) |
| | SMH Hemodialysis Collaborative Clinic (supervised by Dr. Kien Dang) |
| | SMH Cystic Fibrosis Collaborative Clinic (supervised by Dr. Kien Dang) |
| | Women's Mental Health (Ob/Gyne) Collaborative Clinics (supervised by Dr. Julie Maggi) |

Ontario Shores is a 300+ bed tertiary psychiatric facility, serving both in and outpatients with severe and persistent mental illness. The Assessment & Reintegration Program includes 5 inpatient wards dealing with a range of acuity in general adult psychiatry chronic care. Electives can be tailored to students’ learning needs. Students will be working in a patient-focused multidisciplinary setting, which follows the recovery model. Students will be exposed to a variety of diagnoses for clients refractory to treatment.

Selectives can be of varying lengths and foci. Some examples, ranging from 1 to 6 months include:

1. Rapid Assessment Service: on the 5-bed Rapid Assessment Unit, students will have the opportunity to assess patients with chronic mental illness presenting in crisis. The focus on this ward is formulation and assessment, addressing bio-psycho-social factors as they contribute to the decompensation of illness and readmission to hospital. Students will participate in developing targeted treatment and management plans to assist clients in returning successfully to the community in a timely way. Students will have regular opportunities to involve outpatient treatment teams and family members to assist with a transition back to the community.
2. **Assessment and Stabilization Unit**: this is a 27-bed inpatient ward for clients with a wide range of psychiatric presentations requiring diagnostic clarification and medication reviews. Students will have the opportunity to review various modalities of treatment for individuals with complex presentations, predominantly with schizophrenia, bipolar disorder, and schizoaffective disorder, who are refractory to treatment.

3. **The Skills, Training, and Education Program**, is an inpatient setting for young adults suffering from psychotic disorders, requiring both stabilization and development of various life skills to assist with recovery. Students will assist clients in learning to recognize and manage symptoms, address confounding factors such as substance use, and provide assistance with education and employment. There will be a focus on assessment and diagnosis of psychotic disorders, and developing multifactorial treatment plans.

<table>
<thead>
<tr>
<th>Inquiries</th>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. T. Gofine</td>
<td>905.668.5881</td>
<td>6641</td>
<td><a href="mailto:gofinet@ontarioshores.ca">gofinet@ontarioshores.ca</a></td>
</tr>
</tbody>
</table>
SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)

Please describe the selective opportunity and objectives using the CanMEDS format. Please describe any specific transition to practice elements of the selective where appropriate (e.g. training in supervision, team leadership, resource management, program development, integrated care, managing multiple clinical roles, practicing continuous quality improvement or change management, participation in hospital/institutional administrative roles).

Dual Diagnosis: The General Psychiatry of Developmental Disability

1. Medical Expert / Clinical Decision Maker
   The resident will be an active participant in the assessment and treatment of dually diagnosed adults ages 17 and upward, all of whom are dually diagnosed, i.e. that they have an intellectual disability and mental health problem, on a specialized inpatient service. Expertise will be gained in the diagnosis and management of the major psychiatric disorders as they present in those with an intellectual disability, and who may have a co-existing disorder including autistic spectrum disorder or a genetic etiology. They will also participate in outpatient consultations on patients referred by primary and secondary care sources for opinions regarding diagnosis of a psychiatric disorder, or the assessment of challenging behaviour. Limited outpatient follow up with supervision can be provided. The inter-professional team is led in clinical decisions by the psychiatrist in the formulation and execution of the treatment plan and the resident will assume a role in that decision making. The resident will experience in the pharmacologic treatment of the severe and persistent mental disorders; expertise in assessing disorders of mood and thinking in patients with communication disorders; and expertise in the assessment and treatment of challenging behaviour using appropriate pharmacologic and non-pharmacologic modalities according to best practice, evidence based standards. The resident will also have an opportunity to apply specialized knowledge to the assessment of capacity to give consent for treatment, to manage property, and to give sexual consent; and for fitness to stand trial (on patients with forensic involvement). The resident will also be exposed to the consideration of relevant ethical questions pertaining to this population.

2. Communicator
   The resident will work closely with patients under his or her care with opportunities to model and refine formal and informal interview techniques with this special population. Residents will also have the opportunity to work with patient families, or those that otherwise support patients who reside in therapeutic, high support residents.

3. Collaborator
   The resident will collaborate closely with the program’s hospitalist in the management of commonly associated primary and secondary health problems affecting this population, including chronic GI disease, hypertension, endocrine and metabolic disorders, mobility issues, seizure disorders, dental problems, visual and hearing impairments and complications related to the particular genetic syndromes. This is often a major component of the
psychiatric genetics of the developmental disorders; related publications from this collaboration have been generated and
the resident will be encouraged to be involved in this work. The program is at the forefront of inter-professional collaboration
on a daily basis: 24/7 staffing is provided by nursing and behaviour therapists, with full time involvement of social work,
occupational therapy, and recreation therapy, and consultation from psychology. Outpatient consultation assessment and
support is provided by the community nurse, who works in concert with the psychiatrist and resident.

4. Manager (Leader)
The resident will be exposed in both the inpatient and outpatient situation to front line care providers and their supervisors
during the assessment and treatment phases; this will acquaint him or her with the structure of the support network
and the challenges facing care providers at the different levels of the system. The resident will participate in discharge
planning that is heavily focused on assessing the complex needs of support. The resident will learn the navigation
routes of the developmental and mental health systems and how the psychiatrist can facilitate the delivery of care.

5. Health Advocate
The needs of the dually diagnosed patient are by definition complex. Advocating for the provision of medical care at the
primary, secondary and tertiary level is of constant concern. The resident will have an opportunity to identify unmet
needs and strategize means of advocating for their resolution as well as to explore innovative solutions.

6. Scholar
The resident will have ongoing informal supervision and training; regular formal psychiatric supervision; and the
opportunity to pursue a program of specialized reading and study. The resident will have the opportunity to participate
in teaching other learners, including clinicians of other disciplines. The resident may also attend the hospital based
rounds at Ontario Shores. The resident will be at the cutting edge of defining new genetic abnormalities as they
identified in a high percentage of our patients and therefore will be exposed to the most recent world literature in both
the psychiatric and genetic literature.

7. Professional
In addition to learning how to refine the application of DSM-5 to this special population, the resident will have the
opportunity to review the existing best practice standards for treatment, such as the use of non-pharmacologic measures
to treat challenging behaviour; the rational use of pharmacology in treating challenging behaviour based on best
evidence; the appropriate modification of pharmacology to treat the major disorders in this specialized population. As
well, the resident may have the opportunity to evaluate treatment approaches based on best principles in pioneering
treatment of newly described genetic abnormalities in patients seen.
Please provide a **TENTATIVE SCHEDULE** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
</table>
| **MORNING** | Safety rounds 0830  
Unit post weekend  
Bullet Rounds 1030 | Safety Rounds  
Patient Care | **PGY5 CORE CURRICULUM**  
(Sept-May, Mount Sinai, 9-11:30am) | Safety Rounds  
Patient care  
Hospital Grand Rounds  
11-1200 | Safety Rounds  
Genetics Clinic  
Bi-weekly |
|        | **ADVANCED PSYCHOTHERAPY SEMINAR SERIES**  
(July-Aug, Mount Sinai, 9-12pm) | | | | |
| **AFTERNOON** | Monday Review  
(formulation, focused review,)  
1300-1430 | Tuesday Review  
1315_1445  
(all patients reviewed)  
Supervision | **DDS outreach consultations**  
1315-1600 | Case conferences, Admissions  
Genetics Clinic  
Tri-monthly | Unit pre weekend  
Bullet Rounds 1330 |
| General Psychiatry | Supervisor: Dr. Cliff Posel  
Tel: 480-6100 x7173  
Email: cliff.posel@sunnybrook.ca  
Place: Sunnybrook Health Sciences Centre | The purpose of this rotation is to prepare the resident for a career in a general hospital setting that integrates the multitude of clinical and theoretical models to provide exemplary patient care, clinical teaching, and scholarly pursuits. The focus will be on learning to manage a diverse practice and on consolidating the relevant CANMED roles applicable to such a practice, such as Communicator, Collaborator, Health Advocate, and Manager.  
Experiences will be in a variety of areas relevant to general hospital practice. This may include a small inpatient load, transitional care for discharged inpatients, participation in general outpatient consultations to primary care physicians, emergency psychiatry, mobile crisis, medical psychiatry liaison, psychooncology, Assertive Community Treatment or shared mental health care. In addition to having experiences in a variety of settings, there is the opportunity to treat people with various psychotherapeutic modalities.  
Diversity in clinical settings is offered through community-based hospitals, community organizations, and university academic programs. The specific experiences will be tailored to the resident’s interests and needs. Clinical supervision will be provided from within the services or programs in which the resident chooses to participate. The primary supervisor will oversee the rotation and provide one hour of individual supervision per week.  
At the end of the rotation, the resident should feel competent to practice as a general hospital psychiatrist. |
| General Psychiatry Senior Selective Rotations - UHN | Contact: Dr. Dennis Kussin  
Email: dennis.kussin@uhn.ca;  
Telephone: 416-603-2833)  
Place: Toronto Western Hospital | rotation offers residents an opportunity to do outpatient psychiatry assessing and treating adult patients with a wide spectrum of ages, diagnoses and severity of dysfunction. The theoretical approach is integrative/eclectic with an emphasis on tailoring therapies to the needs of the patient and developing expertise in using multi-modal approaches. The experience can include or can be primarily a rotation in Community Mental Health with culturally sensitive and language specific services. Supervision includes weekly direct observation of interview techniques as well as weekly case discussions with a multidisciplinary team. |
| --- | --- | --- |
| Contact: Dr. Yasir Khan  
Email: Yasir.m.khan@uhn.ca;  
Telephone: 416-340-3043  
Place: Toronto General Hospital: Acute Inpatient Care  
Positions: Two six-month or one-year Senior Elective rotations | The inpatient service has been a desirable rotation for PGY2 residents during their mandatory six month rotation. The unit is involved in an initiative to improve and study ‘best practices” with respect to a psychiatric inpatient multidisciplinary team. Weekly rounds are now held including patients and all members of the multidisciplinary team in setting and working towards their own goals for admission. Ongoing attempts are being made to study and enhance multi-disciplinary team functioning.  
This career track position will offer training in the following:  
- acute and crisis management of adult psychiatric disorders including a balance of patients with severe depression, bipolar affective disorder and schizophrenia  
- participation and leadership on a multidisciplinary team  
- supervision of medical students and junior residents  
- an opportunity to participate and expand quality improvements and research into inpatient best practices  
- an opportunity to plan and implement select transitional services for discharged general psychiatry inpatients such as aftercare groups. | |
| Contact: Dr. Lofchy  
Email: Jodi.lofchy@uhn.ca;  
Telephone: 416-603-5296  
Supervisors: Drs. Lofchy, Brar & Svhra | This rotation offers residents a breadth of experience clinically, and in opportunities for involvement in teaching clerks, PGY1s and crisis workers, as well as taking part in program planning. The experience can be tailored to focus on urgent care clinics and thus, short-term crisis therapies and/or emergency room liaison and/or the Psychiatric Emergency Services Unit. Supervision will occur weekly with a primary supervisor for direct observation of interview techniques and additional supervision will be tailored to the resident's interest, e.g., brief psychotherapy; education. |
| General Psychiatry | Contact: Dr Mark Katz, Director of Education, Mental Health Program, mkatz@southlakeregional.org  
Supervisors: Dr. Mark Katz, Dr. Stephen Stokl and other members of the Adult Mental Health Program Staff  
Place: Southlake Regional Health Centre Mental Health Program |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Adult Mental Health Program at SRHC consists of a 24-bed Schedule One general psychiatric inpatient unit and a full range of outpatient services, including general outpatient consultation to primary care, and specialized clinics which include a rapid psychopharmacologic assessment clinic, a schizophrenia clinic, ACT team, a Brief Therapy Program which specializes in CBT and DBT, and a psychogeriatric ACT (PACT) service. In addition we have a consult liaison service to medical/surgical units, psychooncology consultations, an urgent care clinic, ER consultations with 24 hour crisis team coverage and full and partial Day Program experiences. The mental health program services a population base of 1.1 million people in York Region, which is the fastest growing region in Canada.</td>
<td></td>
</tr>
<tr>
<td>We are offering a six-month selective experience for Residents in General Psychiatry which will provide a true General Hospital experience that would prepare Residents for life as a General Hospital and Community–based psychiatrist. Residents would have the opportunity to craft a unique selective experience that incorporates aspects of clinical exposure described above and based on the Resident’s own interests. Clinical expertise will be gained in the acute management and follow up of patients with a wide range of psychiatric disorders including Mood Disorders, Psychotic Disorders, Anxiety Disorders, ADHD and the management of psychiatric emergencies. Exposure to inpatient and ambulatory ECT can be provided. Participation in structured psychotherapeutic and psychoeducational groups incorporating DBT and CBT will be offered. Opportunities to teach Family Practice Residents and medical students, and to obtain supervision in teaching, will be provided.</td>
<td></td>
</tr>
<tr>
<td>In addition this opportunity will expose Residents to the exciting realities of practicing in a General Psychiatry setting outside the downtown academic hospital</td>
<td></td>
</tr>
</tbody>
</table>
core and provide practical information about setting up and running a successful multifaceted psychiatric practice in the community.

**Addiction Medicine for the Psychiatrist – Senior Selective**

**Supervisor:** Wiplove Lamba MD, FRCP, Dip ABAM  
**Tel:** 647 933 5511  
**Email:** lambaw@smh.ca  
**Time:** 1 year PGY-5 selective – 1 position

Addiction medicine is a field where very few hospitals in the country have a system wide approach of managing patients with complex addiction issues. At the same time, there are many pharmacological and behavioural evidence based treatments that are highly effective in treating these disorders that are not readily available. The goal for this senior selective is to give the psychiatrist the clinical skills and knowledge of the system to become a leader in addiction at the end of the rotation. If the resident is able to complete additional addiction CMEs, the resident will have completed enough clinical time in addiction to be eligible for the American Board of Addiction Medicine Exams in the December following their completion of the Royal College Exam.

Residents interested should complete a 1-2 page letter of interest describing their career plans in relation to addiction as well as their level of commitment for the upcoming year.

The resident will experience rotations in the following:

- **Addiction Medicine**
  - The resident will work in the rapid access clinic for Addictions at St. Michael’s Hospital with multidisciplinary docs who also work in emergency medicine, family medicine, and maternal health. This would include outpatient medical detox strategies.
  - The resident will also spend time in an outpatient addiction medicine clinic where they will function as the primary physician in an opioid maintenance treatment clinic (methadone/buprenorphine)
  - Addiction consultations via Telemedicine in the non-medical detoxes across the city.

- **Inpatient consultation service**
  - One in three weeks will be with the inpatient addiction consultation team.
  - Currently there are only 2 teams that function like this in the city, but the need is strong. The resident will work with the staff physician, a nurse practitioner, and an inpatient
<table>
<thead>
<tr>
<th>Motivational Interviewing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The resident will be trained in Motivational Interviewing through observed interviews and coaching.</td>
</tr>
<tr>
<td>Assist in training allied health in Motivational interviewing and be comfortable running training sessions on their own for colleagues</td>
</tr>
<tr>
<td>Addiction Psychiatry</td>
</tr>
<tr>
<td>The resident will complete addiction psychiatry assessments within an outpatient methadone clinic and referrals from the community</td>
</tr>
<tr>
<td>The patient will also be able to complete complex assessments for patients with chronic pain, addiction and mental health issues.</td>
</tr>
<tr>
<td>Behavioural Groups</td>
</tr>
<tr>
<td>The resident will learn and lead groups in the Community Reinforcement approach, Motivational engagement groups, and Dialectical Behaviour Therapy Skills Training</td>
</tr>
</tbody>
</table>

**STACER Selective**

**Contact:** Dr George Voineskos  
Tel: 416-979-6804

**Email contact:** [george.voineskos@camh.ca](mailto:george.voineskos@camh.ca)

**Site:** General Psychiatry, CAMH  
250 College Street, 11th Floor

**Time:** One afternoon a week, July- December or January to June

---

I have been a primary supervisor of Senior Residents in the CAMH general psychiatry outpatient program, CATS, for more than 15 years. My clinical work and teaching are characterized by a thorough assessment through a skilled interview and the use of rapport and empathy. A principal interest and skill I have as a supervisor of Residents in general psychiatric assessment is to help Residents with time management and with finding several alternative ways of interviewing so that they can make a complete psychiatric assessment of the person maximizing the time available, the 50 minute interview, and excel in the STACER exam. In the past five years, I have been teaching, with Dr. Voore, a STACER course for senior residents, and a PDM course, which have given me the opportunity to learn how to assist Residents beyond the STACER at this stage of their career. At the Department of Psychiatry, I am a regular STACER examiner and a coach. I have been elected Distinguished Life Fellow of the American Psychiatric Association, and Distinguished Fellow of the Canadian Psychiatric Association which are honours conferred for services offered to the profession including teaching. At CAMH, I was voted “The Best Postgraduate Teacher” by the Residents in 2008. I was trained in Psychotherapy in the Royal Edinburgh Psychotherapy Training Scheme, which has provided me the knowledge and skills to teach Residents the importance of the therapeutic alliance and ways to utilize it in the psychiatric interview and assessment. I have also a keen interest in psychopharmacotherapy, and published in this area with Dr. B. Pollock and Dr. G. Remington.
<table>
<thead>
<tr>
<th>Transition to Practice – General Psychiatry</th>
<th><strong>Supervisor:</strong> Dr. Saulo Castel, <a href="mailto:saulo.castel@sunnybrook.ca">saulo.castel@sunnybrook.ca</a></th>
<th>The goals and content are framed according to the CANMEDS roles as indicated besides the item, as per the legend below:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target audience:</strong> PGY5s</td>
<td></td>
<td>• Medical Expert (ME)</td>
</tr>
<tr>
<td><strong>Length</strong> – to be discussed, 3-6 months (six is preferable), one FTE or 0.8 FTE</td>
<td></td>
<td>• Collaborator (Col)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Communicator (Com)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Manager (Ma)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Health Advocate (HA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Scholar (Sc)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Professional (Pr)</td>
</tr>
</tbody>
</table>

**Goals**

Foster autonomy (Pr, ME, Ma)

Brush up skills in general psychiatry including:

- Clinical skills of how to apply knowledge on daily patient care in an interdisciplinary environment. ME, Col, Ma, Pr
- Personal managerial skills including time management, billing and learning needs. Ma, Sc, Pr
- Team managerial skills as the leader of a treatment interdisciplinary team. Col, HA, Pr
- Communication skills by providing a rich environment to communicate with patients, families and other team members, sometimes in stressful situations given the acuity of the patients. Com, Col, Pr
- Collaborative skills as a member of teams involved in providing inpatient care but also in outpatient care to facilitate the transition from inpatient to outpatient. Col, ME, HA, Pr
- Advocate by being exposed and included in the management of an inpatient unit. HA, Ma, Col
- Scholar as the resident will be involved in clinical teaching of junior residents and clinical clerks, and the resident will also be expected to create and implement a learning plan during the rotation. ME, Sc, Col

Professional as the evaluation will include self-evaluation but also feedback from colleagues and patients. Pr, Col, Sc
### Clinical care:

- The resident will be responsible for three inpatient beds in general psychiatry under the supervision of the Primary Supervisor (Saulo Castel) including the opportunity of working as a supervisor of a Junior Resident and Clinical Clerks, when possible. This will be the core of clinical care and the areas below are optional. ME, Com, Col, Pr, Sc
- Outpatient clinic in general psychiatry (Saulo Castel) and Discharge and Transitional (DAT). ME, Com, Col, Pr, HA
- Psychotherapy clinics in CBT and IPT as time will limit other techniques (Justin Weissglas, Nik Grujich, Steven Selchen). ME, Col,
- Shared care with family practice at Sunnybrook (Nik Grujich). ME, Col, HA, Pr
- C/L with Robert Jaunkalns. ME, Col, HA, Pr
- Emergency and PES (Saulo Castel). ME, Col, HA, Com, Pr

### Content areas:

- Direct patient care.
  - Main clinical areas of inpatient psychiatry – diagnosis and management of psychosis, severe depression, mania, complex and comorbid personality dx, behavioral complications of neurocognitive disorders, overlap with substance use disorders (concurrent disorders).
  - Transition to the community after inpatient stay – developing and implementing strategies to improve transition of care to outpatient services.
  - General outpatient psychiatry.
  - Emergency Psychiatry – one half a day covering Emergency Room and Psychiatric Emergency Services.
1. Content areas not involving direct patient care.
   a. Legal areas relevant to general psychiatry, Mental Health Act and Health Care Consent Act including Capacity and Consent Board hearings.
   b. Inclusion in the management of the unit including Involvement in management meetings and roles, when feasible, under the supervision of Saulo Castel, Medical Director of the Inpatient Unit. Development of at least one Quality Improvement initiative to be designed and at least initially implemented in F2 or outpatient areas. The design of the project should include from data collection to publication strategies.
   d. Art and science of billing – we may ask Ralph Lewis and Stephen Selchen to provide input on that.
   e. Clinical teaching opportunities will be available – we may ask John Teshima to provide some input there.
   f. Participation in the Patient and Family Advisory Council of the Department of Psychiatry, Sunnybrook.
   g. Interview three graduates of recent years that practice in areas of interest of the resident. The supervisor (Saulo Castel) will assist on developing content for the interviews as well as facilitating the connection.

**Evaluation and assessment**

   c. The evaluation model will be the usual feedback and evaluation from the supervisors but also one peer assessment (CPSO model, including chart reviews), patient satisfaction questionnaires and feedback from allied health professionals and physicians.
<table>
<thead>
<tr>
<th>Senior Selective Type/Title:</th>
<th>Clinical Emergency Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x Part-Time (Please indicate Part-Time Version of the Selective)</td>
</tr>
<tr>
<td></td>
<td>x Full-Time (Please indicate Full-Time Version of the Selective)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inquiries</th>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. Juveria Zaheer</td>
<td>416-535-8501</td>
<td>34241</td>
<td><a href="mailto:juveria.zaheer@camh.ca">juveria.zaheer@camh.ca</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital(s)</th>
<th>Centre for Addiction and Mental Health</th>
</tr>
</thead>
</table>

| Supervisors(s) | Dr. B. Poynter/Dr. J. Zaheer/Dr. A. Lustig/Dr. D. Bhide/Dr. D. Rodie/Dr. P. Kurdyak/Dr. S. Sokolov/Dr. R. Ptashny/Dr. I. Vukin |

| Time Commitment | ½ day - 4 days per week |

**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

This exciting elective/selective provides an opportunity for a supervised experience in emergency psychiatry, working in the Emergency Crisis Service at CAMH. This is a busy, acute psychiatric emergency service seeing a wide variety of patients, where the resident works with an enthusiastic interdisciplinary team under direct psychiatry staff supervision. The Emergency Crisis Service consists of the Emergency Department and the 8 bed Emergency Assessment Unit – a short-stay unit adjacent to the Emergency Department. Residents will have the opportunity to work in both areas and participate in morning report and handover rounds at the end of the day. There are two to three staff psychiatrists on site at all times to work with the resident and supervise their assessments.

Possible educational outcomes include improved rapid assessment and crisis intervention skills, competency managing acute agitation and aggression, more complete understanding of community resources and the medico-legal complexities of emergency psychiatric care, and increased confidence in making decisions in a complex, rapidly changing psychosocial milieu.

In addition to providing an opportunity to refine interviewing and management skills in preparation for the Royal College Examinations, this elective/selective also offers ample teaching opportunities for the senior resident, as we are the Department of Psychiatry’s busiest teaching location. Finally, if interested, leadership roles in the management and/or administration of the department are available.

By the end of the rotation, senior residents will be functioning as “junior consultants” and will be leading morning report, supervising junior trainees, and managing patient flow in the department.
|   | **Medical Expert / Clinical Decision Maker**  
|   | Demonstrates medical knowledge and skills required to care for adolescents and adults in an Emergency Department setting including those complex cases that relate to concurrent disorders, personality disorders, and dual diagnosis. Demonstrates competence when managing acute agitation and aggression in the ED setting.  
|   | **Communicator**  
|   | Develops rapport and trust as well as ethically, therapeutically, and culturally informed relationships with clients who present with high acuity psychiatric and substance-related needs. Involves families and care givers in assessments and management plans, in a patient-centred approach, when appropriate.  
|   | **Collaborator**  
|   | Work effectively with other physicians, nurses, and other allied health professionals in our interdisciplinary team. Collaborate with community care providers and primary care physicians. Through this rotation, the junior consultant will develop skills in leading an interdisciplinary team. Skills in supervising interview techniques, plan development and pharmacotherapy in the emergency setting will be developed. The junior consultant will learn to teach others at various stages in their training.  
|   | **Manager (Leader)**  
|   | Contribute to the improvement of health care delivery on an interdisciplinary team. Develop skills in leading an interdisciplinary team in an acute and dynamic setting.  
|   | **Health Advocate**  
|   | Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment.  
|   | **Scholar**  
|   | Engage in the continuous enhancement of their professional activities through ongoing learning. Critically appraises medical information and integrates information from a variety of sources as it applies to the practice decisions in an ER setting. Facilitates the learning for medical students and junior residents. Participates in our monthly ED Interdisciplinary Educational Rounds.  
|   | **Professional**  
|   | Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards |
## SAMPLE OF A TENTATIVE SCHEDULE

Please provide a **TENTATIVE SCHEDULE** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MORNING</strong></td>
<td><strong>Morning Report</strong></td>
<td><strong>Morning Report</strong></td>
<td><strong>PGYS CORE CURRICULUM</strong></td>
<td><strong>Morning Report</strong></td>
<td><strong>Morning Report</strong></td>
</tr>
<tr>
<td></td>
<td>08:30 – 9:00</td>
<td>08:30 – 9:00</td>
<td>(Sept-May, Mount Sinai, 9-11:30am)</td>
<td>08:30 – 9:00</td>
<td>08:30 – 9:00</td>
</tr>
<tr>
<td></td>
<td>EAU Assessments/</td>
<td>EAU Assessments/</td>
<td><strong>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</strong></td>
<td>EAU Assessments/</td>
<td>EAU Assessments/</td>
</tr>
<tr>
<td></td>
<td>Dispositions</td>
<td>Dispositions</td>
<td>(July-Aug, Mount Sinai, 9-12pm)</td>
<td>Dispositions</td>
<td>Dispositions</td>
</tr>
</tbody>
</table>

| **AFTERNOON**    | **ED Assessments/     | **ED Assessments/     | **ADVANCED PSYCHOTHERAPY SEMINAR SERIES**      | **ED Assessments/      | **ED Assessments/    |
|                  | Dispositions          | Dispositions          | (Sept-Oct, Mount Sinai, 1-2:30pm)              | Dispositions           | Dispositions         |
|                  | Handover              | Handover              | **SUGGESTED PGYS STUDY HALF-DAY**              | Handover               | Handover             |
|                  | 17:00                 | 17:00                 |                                                | 17:00                  | 17:00                |
Inquiries

<table>
<thead>
<tr>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Daniel Greben</td>
<td>416-979-6896</td>
<td></td>
<td><a href="mailto:daniel.greben@camh.ca">daniel.greben@camh.ca</a></td>
</tr>
</tbody>
</table>

Hospital(s)

<table>
<thead>
<tr>
<th>Hospital(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and Transitions Program, Centre for Addiction and Mental Health, College site</td>
</tr>
</tbody>
</table>

Supervisors(s)

<table>
<thead>
<tr>
<th>Supervisors(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>See below</td>
</tr>
</tbody>
</table>

Time Commitment

<table>
<thead>
<tr>
<th>Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time = 3 days per week; Part-time = 1.5 days per week</td>
</tr>
</tbody>
</table>

SENIOR SELECTIVE DESCRIPTION

The ambulatory general psychiatry service provides senior selective opportunities to PGY-5 residents interested in obtaining a comprehensive training experience in an active outpatient setting. Senior selectives are offered on a 12- and 6-month basis, but 12-month rotations are recommended as the better educational experience. Senior selectives in the Access and Transitions Program can be built around supervised clinical work in any or all of 3 settings:

1. The Assessment Clinic
2. The Crisis Clinic
3. The Emergency Department

*The Assessment Clinic* provides general psychiatric consultative assessments of patients seen on a referral basis. It has a very broad referral base, thus providing the resident with a rich training opportunity to develop expertise as consultants across the full range of psychiatric disorders and problems. Residents advance their interviewing skills conducting observed interviews with experienced supervisors on a weekly basis. They also have the opportunity to observe their supervisors conduct full assessments. Detailed feedback on interviewing technique is provided. In addition, residents can conduct assessments more independently as part of their transition to practice. Detailed feedback on consultation reports is provided to ensure residents’ report writing skills are ready for independent practice as psychiatric specialists. Along with their supervisor, residents select patients from amongst the stream of assessments, on clinical and educational grounds, to provide episodes of care. In doing so, residents build a small outpatient clinical practice using a piece-of-work model. This is an excellent opportunity to provide treatment integrating psychopharmacology and psychotherapy as
indicated, for a wide variety of clinical presentations, in a longitudinal model reflective of real-life, independent practice. Residents can identify and obtain supervision on various clinical practice management issues arising in this context. Across all of these roles, detailed supervision is provided, and increasing independence is encouraged over time. This is a selective in which to consolidate the many skills residents develop through the course of their residency, and to establish a coherent, systematic approach to outpatient practice. Supervisors: Dr. John Farewell, Dr. David Goldbloom, Dr. Daniel Greben, Dr. Imraan Jeeva, Dr. Pracha Vatsya, Dr. George Voineskos, and Dr. Yanying Zhou.

The Crisis Clinic is an acute care outpatient service that receives referrals from the CAMH Emergency Department. It utilizes a short-term interprofessional team model, staffed by psychiatrists, residents, social workers and occupational therapists. Patients receive an initial psychiatric assessment, and are typically provided up to 6 sessions of clinical follow-up as determined by the team upon assessment. It is an excellent opportunity to work as a member of an acute care team, as well as to develop the leadership skills necessary to work as a psychiatrist in such professional roles. This team possesses much experience and skill at working with this population. The diagnostic spectrum encountered is notably broad for a service of this nature. This clinic provides an excellent opportunity for residents to function more independently, whilst still supervised as called for, to establish the confidence to work in acute care as part of their future careers. Supervisors: Dr. Daniel Greben, Dr. Imraan Jeeva, Dr. Brittany Poynter, Dr. Stephen Sokolov, Dr. Pracha Vatsya, and Dr. Yanying Zhou.

The CAMH Emergency Department is a very busy clinical setting providing emergent care to patients with a wide range of clinical problems, including severe psychiatric illness. It provides an outstanding opportunity to assess and manage psychiatric emergencies in a team environment with a staff very experienced in emergency psychiatry, in a recently redesigned Emergency Department. Residents choosing to work in the ED spend one day of their week there. Supervisors: Dr. Andrew Lustig, Dr. Brittany Poynter, Dr. Rachel Ptashny, Dr. David Rodie, Dr. Iva Vukin, and Dr. Juveria Zaheer.

Educational activities: A weekly one hour Advanced General Psychiatry Seminar, designed specifically for PGY-5 residents matched to this service, is led by Dr. Daniel Greben from September to June, with contributions by subspecialty faculty. This sequential small group training opportunity serves as a complement to supervised clinical work, and is intended to better prepare trainees to tackle several clinical challenges which commonly present in ambulatory practice, more knowledgeably, skillfully, and confidently. The service also holds weekly Educational Rounds attended by the team, which combine presentation of challenging cases seen in the clinics for discussion by the group, with monthly guest presentations on specific topics of relevance to outpatient practice in general psychiatry.

The Access and Transition Program has long emphasized post-graduate education as one of its major areas of strength. As such, it can provide some senior residents opportunities to further develop their skills as educators. PGY-2 residents are also matched here, to all 3 of our clinical services, which provides potential opportunities for senior residents to have an educational role with junior residents, on a selective basis. For example, a PGY-5 resident may be able to co-lead a
seminar for junior residents with faculty, or provide supervised supervision. (Such teaching opportunities must be worked out in advance, on an individual basis, as available.) Finally, as educators we strive to be flexible in responding to the identified learning needs and priorities of individual residents.

1. **Medical Expert / Clinical Decision Maker**  
   Practise medicine within their defined clinical scope of practice and expertise  
   - Consultative assessment  
   - Outpatient episodes of care  
   - Referral based and acute care  
   - Very broad clinical exposure  
   - Broad-based, flexible, integrative approach to assessment and treatment

2. **Communicator**  
   Establish professional therapeutic relationships with patients and their families  
   - Fine-tune report writing skills  
   - Communicate with individual patients and families  
   - Communicate with allied health disciplines and internal / community physician colleagues

3. **Collaborator**  
   Work effectively with other physicians and other health care professionals  
   - Team-based services in the Crisis Clinic and Emergency Department

4. **Manager (Leader)**  
   Contribute to the improvement of health care delivery in health care teams, organizations, and systems  
   - Supervision regarding the role of physician as clinical and management lead in interprofessional teams

5. **Health Advocate**  
   Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment  
   Respond to the needs of a community or population they serve by advocating with them for system-level change  
   - Multiple opportunities to advocate and model advocacy in the clinical work

6. **Scholar**
Engage in the continuous enhancement of their professional activities through ongoing learning

- Pertinent literature provided by supervisors throughout the rotation
- Weekly Educational Rounds
- Weekly Advanced General Psychiatry Seminar
- Potential opportunities to develop as a clinical educator

7. Professional
Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- Professionalism in mental health practice is routinely modelled by supervisors and expected of residents in all of these clinical settings

**SAMPLE OF A TENTATIVE SCHEDULE**

Please provide a **TENTATIVE SCHEDULE** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORNING</td>
<td>Assessment Clinic:</td>
<td>Outpatient</td>
<td>PGYS CORE CURRICULUM</td>
<td>Crisis Clinic:</td>
<td>(Collaborative Care rotation: 1 day or 2 half-days per week.)</td>
</tr>
<tr>
<td></td>
<td>New Assessment(s)</td>
<td>Follow-up</td>
<td>(Sept-May, Mount Sinai, 9-11:30am)</td>
<td>New Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feedback to Patient</td>
<td>Appointments</td>
<td>ADVANCED PSYCHOTHERAPY</td>
<td>Team Meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervision</td>
<td></td>
<td>SEMINAR SERIES</td>
<td>Feedback to Patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
<td></td>
<td>(July-Aug, Mount Sinai)</td>
<td>Supervision</td>
<td></td>
</tr>
</tbody>
</table>

7. Professional
Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- Professionalism in mental health practice is routinely modelled by supervisors and expected of residents in all of these clinical settings
Follow-up Supervision

Grand Rounds (12-1 pm)

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFTERNOON</td>
<td>Advanced General Psychiatry Seminar (1-2 pm)</td>
</tr>
<tr>
<td></td>
<td>Outpatient Follow-up Appointments</td>
</tr>
<tr>
<td></td>
<td>Educational Rounds (3-4 pm)</td>
</tr>
<tr>
<td></td>
<td>Follow-up Supervision</td>
</tr>
<tr>
<td></td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30 pm)</td>
</tr>
<tr>
<td></td>
<td>SUGGESTED PGY5 STUDY HALF-DAY</td>
</tr>
<tr>
<td></td>
<td>Other clinical work and training such as psychotherapy follow-up and supervision.</td>
</tr>
<tr>
<td></td>
<td>(Collaborative Care rotation: 1 day or 2 half-days per week.)</td>
</tr>
</tbody>
</table>

**Note:** This is an example mock schedule for illustrative purposes only. It assumes a resident is doing a full-time senior selective in Ambulatory General Psychiatry, based on working in the Assessment Clinic with one supervisor, and Crisis Clinic with another. Many individualized plans are possible, so it is not feasible to show all the different possibilities here. The Collaborative Care rotation was placed on Friday only to block out the amount of time set aside for that training experience.
<table>
<thead>
<tr>
<th>Senior Selective Type/Title:</th>
<th>Clinical Research</th>
<th>General Psychiatry / Collaborative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-Time (Please indicate Part-Time Version of the Selective)</td>
<td></td>
<td>Full-Time (Please indicate Full-Time Version of the Selective)</td>
</tr>
</tbody>
</table>

**Inquiries**

<table>
<thead>
<tr>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sian Rawkins</td>
<td>416-586-4800</td>
<td>4554</td>
<td><a href="mailto:srawkins@mtsinaio.on.ca">srawkins@mtsinaio.on.ca</a></td>
</tr>
<tr>
<td>Dr. Mark Halman</td>
<td>416-586-4800</td>
<td></td>
<td><a href="mailto:mhalman@mtsinai.on.ca">mhalman@mtsinai.on.ca</a></td>
</tr>
</tbody>
</table>

**Hospital(s)**

Mount Sinai Hospital

**Supervisors(s)**

Dr. Sian Rawkins, Dr. Jared Peck, Dr. Mark Halman

**Time Commitment**

Part-Time (=1 day/week); Full-Time (=2-3 days/week)

---

**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

Intensive learning experience with diverse patient population and level of acuity, working in a cohesive interprofessional team setting. Dedicated and attentive supervisors, with high prioritization of learners’ educational needs and experience. Opportunity to take-on ‘junior staff’ role, provide supervision to junior residents and lead inter-professional team rounds. Supervision time dedicated to professional development and lifelong learning patterns, with support to achieve increasing independence. Opportunities for implementation of quality improvement and change management projects.

General Psychiatry / Collaborative Care selective(s) can be combined with psychotherapy, perinatal psychiatry, C/L psychiatry, or other areas of interest.

1. **Medical Expert / Clinical Decision Maker**
   - Diverse patient population and level of acuity; opportunity to take-on junior staff role; develop increased expertise in the integration of psychopharmacologic and psychotherapeutic modalities, and the management of clinical complexity.

2. **Communicator**
   - Opportunity to receive supervision on own supervision and teaching; explore management of clinical impasses.

3. **Collaborator**
   - Work within cohesive and supportive interprofessional team (and department) setting; opportunity to facilitate team rounds and participate in psychiatry/family medicine buddy system, patient review rounds, and clinical case conferences; emphasis on patient and family engagement.

4. **Manager (Leader)**
<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORNING</td>
<td>Medication Clinic / Supervision</td>
<td>Psychotherapy Patients / Supervision</td>
<td>PGYS CORE CURRICULUM</td>
<td>Collaborative Care Assessment</td>
<td>Supervision</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Sept-May, Mount Sinai, 9-11:30am)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(July-Aug, Mount Sinai, 9-12pm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grand Rounds 10:30am-12noon</td>
</tr>
</tbody>
</table>

**Sample of a Tentative Schedule**

Please provide a **Tentative Schedule** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

Opportunity for varying levels of engagement in implementation of quality improvement and change management projects.

5. **Health Advocate**  
   Strong emphasis on comprehensive care plans and health promotion.

6. **Scholar**  
   Develop personal learning plan and receive continual performance feedback

7. **Professional**  
   Manage own clinic and schedule; strategies to achieve greater efficiency and effectiveness; supervision time dedicated to professional development; support to achieve increasing independence
<table>
<thead>
<tr>
<th>AFTERNOON</th>
<th>Supervision of Junior Resident doing General Psychiatry Assessment</th>
<th>General Psychiatry Assessment / Supervision</th>
<th>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30pm)</th>
<th>Collaborative Care Follow-up / Indirect Care / Continuous Quality Improvement</th>
<th>General Psychiatry Out-Patient Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>SUGGESTED PGYS STUDY HALF-DAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Senior Selective</strong></td>
<td><strong>Type/Title:</strong></td>
<td>Mt Sinai Hospital – PGY5 collaborative care selective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------</td>
<td>----------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Both options available** | art-Time (Please indicate Part-Time Version of the elective) | Full-Time (Please indicate Full-Time Version of the Selective) |

<table>
<thead>
<tr>
<th><strong>Inquiries</strong></th>
<th><strong>Name</strong></th>
<th><strong>Tel</strong></th>
<th><strong>Ext</strong></th>
<th><strong>e-mail</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mark Halman</td>
<td>4165864800</td>
<td>3898</td>
<td><a href="mailto:mhalman@mtsinai.on.ca">mhalman@mtsinai.on.ca</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Hospital(s)</strong></th>
<th>Mount Sinai Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisors(s)</strong></td>
<td>Mark Halman, Lisa Andermann</td>
</tr>
<tr>
<td><strong>Time Commitment</strong></td>
<td>Minimum two days per week</td>
</tr>
</tbody>
</table>

**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

*Please describe the selective opportunity and objectives using the CanMEDS format. Please describe any specific transition to practice elements of the selective where appropriate (e.g. training in supervision, team leadership, resource management, program development, integrated care, managing multiple clinical roles, practicing continuous quality improvement or change management, participation in hospital/institutional administrative roles).*

Collaborative care at MSH builds on a strong relationship between the departments of psychiatry and family medicine. The collaborative care program provides psychiatric care and support for the patients of the MSH family health team. PGY5 senior selective residents in collaborative care work closely with the family health team, including family physicians, residents in family medicine, mental health clinicians...
and nurse practitioners. Direct care is provided through psychiatric consultation and focused care plans that can be implemented together with our colleagues in family medicine. Indirect care is provided through participation in the psychiatry-family medicine buddy system, through participation in joint patient review rounds and through participation in clinical case conferences. Co-located clinics are held in the family practice unit full days on Mondays and Tuesdays as well as Thursday afternoons, allowing time for both direct clinical care and interaction with family medicine colleagues. Family practice patients requiring more extensive follow up can be seen through general psychiatry follow up in the main hospital as needed.

Emphasis is placed on diagnostic clarification and constructing and communicating effective care plans that can be implemented by the family practice team, with the close support of the collaborative care team. This is an excellent opportunity to review common presentations in primary care including depression, bipolar spectrum disorders, ADHD, alcohol use disorders, anxiety, relationship/family stress, work stress and poorly differentiated/medically unexplained symptoms. Co-location of services, participation in team rounds and use of a common electronic health record allows the collaborative care resident to become aware of the opportunities and constraints for implementing mental health care in the primary care setting. There is a strong emphasis on developing knowledge of practice guidelines relevant for the primary care setting and bidirectional knowledge sharing with the family health team.

Opportunities for teaching include participation in facilitating family medicine seminars in both the interviewing and communication skills course as well as in a course focused on core topics in psychiatry.

Collaborative care selectives can be done as a stand-alone experience or combined with other areas of psychiatry, such as general ambulatory psychiatry, to ensure a well-rounded exposure emphasizing key transition to practice skills.

1. **Medical Expert / Clinical Decision Maker**
   Further develop and refine skills in assessment and management of psychiatric presentations common to the primary care setting.

2. **Communicator**
   Establish professional therapeutic relationships with patients and their families. Build skills in communication of treatment plans with an emphasis on communicating an effective treatment strategy that can be readily implemented by other team members. Both written documentation and communication through joint team rounds, email and phone are highlighted.

3. **Collaborator**
   Work effectively with family physicians, family medicine residents, nursing and mental health clinicians to provide both direct and indirect care in a team based setting.

4. **Manager (Leader)**
Contribute to the improvement of health care delivery in health care teams, organizations, and systems. Take on a leadership role in supporting the family medicine teams in the provision of mental health care through joint rounds, buddy system and clinical case conferences.

5. **Health Advocate**
   Advocate for systems level optimization that fosters the well supported integration of mental health care needs within the primary care setting to best respond to the needs of patients with mental health concerns.

6. **Scholar**
   Participate in the delivery of the psychiatry curriculum for family medicine residents through seminar development in management of common psychiatric disorders with an emphasis on relevant guidelines for management in primary care.

7. **Professional**
   Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards. Demonstrate a commitment to colleagues in family medicine through maintenance of ethical practice and flexible collaboration.

---

**SAMPLE OF A TENTATIVE SCHEDULE**

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MORNING</strong></td>
<td>Co-located clinic in family medicine: New assessments and follow up</td>
<td>Co-located clinic in family medicine: New assessments and follow up</td>
<td><strong>PGY5 CORE CURRICULUM</strong> (Sept-May, Mount Sinai, 9-11:30am)</td>
<td>Senior Interview Seminar (830 – 11)</td>
</tr>
<tr>
<td></td>
<td>Availability for as needed support for family physicians</td>
<td>Availability for as needed support for family physicians</td>
<td><strong>ADVANCED PSYCHOTHERAPY</strong></td>
<td>Collaborative care supervision (11 – 12)</td>
</tr>
</tbody>
</table>

Please provide a TENTATIVE SCHEDULE for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).
<table>
<thead>
<tr>
<th><strong>SEMINAR SERIES</strong> (July-Aug, Mount Sinai, 9-12pm)</th>
<th><strong>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</strong> (Sept-Oct, Mount Sinai, 1-2:30pm)</th>
<th><strong>SUGGESTED PGYS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-located clinic in family medicine:</td>
<td>Co-located clinic in family medicine:</td>
<td>Co-located clinic in family medicine:</td>
</tr>
<tr>
<td>New assessments and follow up</td>
<td>New assessments and follow up</td>
<td>New assessments and follow up</td>
</tr>
<tr>
<td>Availability for as</td>
<td>Availability for as</td>
<td>Availability for as</td>
</tr>
</tbody>
</table>

-OR-*

Outpatient work with family medicine/ general ambulatory / other related outpatient psychiatry service (eg geriatrics, perinatal)

**expectation of minimum two half day co-located clinics and one half day follow up clinical time**
| AFTERNOON | needed support for family physicians and residents in clinic  
| Joint rounds for patient review with family medicine residents  
| -OR-  
| Outpatient work with family medicine/general ambulatory / other related outpatient psychiatry service (eg geriatrics, perinatal) | needed support for family physicians and residents in clinic  
| Joint rounds for patient review with family medicine residents  
| -OR-  
| Outpatient work with family medicine/general ambulatory / other related outpatient psychiatry service (eg geriatrics, perinatal) | STUDY HALF-DAY | needed support for family physicians and residents in clinic  
| Joint rounds for patient review with family medicine residents  
| -OR-  
| Outpatient work with family medicine/general ambulatory / other related outpatient psychiatry service (eg geriatrics, perinatal) |
Senior Selective Type/Title: Clinical Research
Inpatient and/or Outpatient selective

x Part-Time (Please indicate Part-Time Version of the Selective)

\[\square\] Full-Time (Please indicate Full-Time Version of the Selective)

<table>
<thead>
<tr>
<th>Inquiries</th>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. Stephen Barsky</td>
<td>416-495-2400</td>
<td>2563</td>
<td><a href="mailto:sbarsky@tsh.to">sbarsky@tsh.to</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Karen Shin</td>
<td>416-495-2400</td>
<td>6874</td>
<td><a href="mailto:kashin@tsh.to">kashin@tsh.to</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital(s)</th>
<th>The Scarborough Hospital – Inpatient and/or Outpatient selective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisors(s)</td>
<td>Dr. Karen Shin</td>
</tr>
<tr>
<td>Time Commitment</td>
<td>Part-Time and Full-Time selective times are negotiable based on same clinical opportunities</td>
</tr>
</tbody>
</table>

**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

The Scarborough Hospital has a 50-bed psychiatric inpatient facility located at its Birchmount Campus. Inpatient services are divided between two separate units – one for geriatric inpatients and the other for acute adult inpatients – and include a 6-bed Psychiatric Intensive Observation Unit. Psychiatrists work collaboratively in an interdisciplinary team with members from nursing, social worker, occupational therapy, pharmacy, concurrent disorders, and UofT family medicine residents. The patient population is diverse, and residents will have the opportunity to assess and treat patients suffering from a full range of Axis I disorders, including unipolar and bipolar mood disorders, psychosis, dementia and addictions. Residents can follow patient care from admission through discharge, and advance skills in assessment, diagnosis, treatment planning, and interdisciplinary team leadership. Experience in the Emergency Department is also available. Daily supervision and patient-focused teaching are emphasized during the elective.

The Scarborough Hospital also provides an exciting range of services at its Outpatient Mental Health Clinic. Psychiatrists work collaboratively with interdisciplinary team members, including nurses, social workers, mental health therapists and psychologists. Opportunities for residents include patient consultation and follow-up management, participating in psychotherapy groups, mobile crisis and community visits. Various clinics are available for residents to experience during the elective.

1. Medical Expert / Clinical Decision Maker
Practise medicine within their defined clinical scope of practice and expertise

**Knowledge:**

1) Understand etiology and multi-factorial contributors of psychiatric illness
2) Continue to develop knowledge of psychiatric symptoms and diagnoses
3) Focus is on general adult psychiatry, in particular unipolar and bipolar mood disorders, psychosis, dementia and substance use disorders
4) Utilize up-to-date medication treatment according to current guidelines and literature
5) Learn evidence-based psychological interventions for psychiatric illness
6) Practice appropriate medical care of psychiatric patients with appropriate investigations and bloodwork
7) Develop greater familiarity with Mental Health Act, Substitute Decisions Act and Health Care Consent Act through patient care and opportunities for Consent and Capacity Board participation
8) Develop an understanding of practicing psychiatry in a community setting
9) Become familiar with community resources and supports

**Clinical Skills:**

1) Continue to develop skills in consultative assessment, diagnosis and treatment
2) Develop time management skills in a hospital-based setting
3) Opportunities to develop and lead patient groups and education sessions
4) Manage family meetings as part of patient care in either an inpatient or outpatient setting
5) Ongoing development of skills of empathic communication with patients and their families
6) Perform risk assessment of patients in an acute hospital setting
7) Assess patient emergencies in various clinical settings (inpatients, outpatients, emergency room)
8) Maintain professional and appropriate charting and management of patient records
9) Gain experience in preparing and presenting at Consent and Capacity Board hearings

2. Communicator

*Establish professional therapeutic relationships with patients and their families*

1) Develop skills in psychoeducation for patients and families
2) Continue to improve management of therapeutic alliance with patients, including therapeutic ruptures and managing patient and family anger and disappointment in the doctor-patient relationship
3) Learn skills in de-escalation in an acute hospital setting – inpatient and emergency departments
4) Opportunities to participate in group-based programs for patients and families
3. **Collaborator**  
   **Work effectively with other physicians and other health care professionals**  
   1) Work amongst psychiatric colleagues and medical colleagues in a hospital setting, utilizing collaboration for second opinion consultation and medical consultations  
   2) Opportunities to perform consult liaison consultation for medical ward patients and medical clinic patients in oncology and chronic, complex disease (nephrology, cardiac and diabetes)  
   3) Develop collaborative and leadership skills in a hospital team-based environment for discussions regarding patient care – interdisciplinary colleagues include nursing staff, social workers, occupational therapist and mental health therapists  
   4) Collaborate with the mental health crisis team in managing patients in an emergency hospital setting

4. **Manager (Leader)**  
   **Contribute to the improvement of health care delivery in health care teams, organizations, and systems**  
   1) Opportunities to develop programs such as psychoeducational or psychotherapy groups in an inpatient or outpatient setting  
   2) Opportunities to provide interdisciplinary education to staff  
   3) Become better able to navigate resource delivery in a community hospital setting with connections to community mental health clinics and shared cared resources  
   4) Perform tasks in team leadership for organizing patient care in inpatient and outpatient settings

5. **Professional**  
   **Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**  
   1) Continue to develop into professional role of psychiatrist with responsibilities in patient care, interdisciplinary team participation and leadership roles  
   2) As a senior selective, aim to transition more to independent practice while recognizing limitations to abilities and utilizing supervision
**SAMPLE OF A TENTATIVE SCHEDULE**

Please provide a **TENTATIVE SCHEDULE** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORNING</td>
<td>Inpatient Patient Care</td>
<td>Inpatient Patient Care</td>
<td><strong>PGY5 CORE CURRICULUM</strong> (Sept-May, Mount Sinai, 9-11:30am)</td>
<td>Inpatient Patient Care</td>
<td>Inpatient Patient Care</td>
</tr>
<tr>
<td></td>
<td>AND/OR</td>
<td>AND/OR</td>
<td><strong>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</strong> (July-Aug, Mount Sinai, 9-12pm)</td>
<td>AND/OR</td>
<td>AND/OR</td>
</tr>
<tr>
<td></td>
<td>Emergency Room Consultation</td>
<td>Emergency Room Consultation</td>
<td>9-1pm</td>
<td>Emergency Room Consultation</td>
<td>Emergency Room Consultation</td>
</tr>
<tr>
<td></td>
<td>9-1pm</td>
<td>9-1pm</td>
<td>9-1pm</td>
<td>9-1pm</td>
<td>Monthly Grand Rounds (11am)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9-1pm</td>
</tr>
<tr>
<td>EVENING</td>
<td>Outpatient Consultation and Ongoing Patient Care</td>
<td>Outpatient Consultation and Ongoing Patient Care</td>
<td><strong>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</strong> (Sept-Oct, Mount Sinai, 1-2:30pm)</td>
<td>Outpatient Consultation and Ongoing Patient Care</td>
<td>Outpatient Consultation and Ongoing Patient Care</td>
</tr>
<tr>
<td>AFTERNOON</td>
<td>AND/OR</td>
<td>AND/OR</td>
<td>SUGGESTED PGYS STUDY HALF-DAY</td>
<td>AND/OR</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>--------</td>
<td>-------------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consult Liaison</td>
<td>Consult Liaison</td>
<td>Consult Liaison</td>
<td>Consult Liaison</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Programming</td>
<td>Group Programming</td>
<td>Group Programming</td>
<td>Group Programming</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Room Consultation</td>
<td>Emergency Room Consultation</td>
<td>Emergency Room Consultation</td>
<td>Emergency Room Consultation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-5pm</td>
<td>2-5pm</td>
<td>2-5pm</td>
<td>2-5pm</td>
<td></td>
</tr>
</tbody>
</table>
**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

Addiction medicine is a field where very few hospitals in the country have a system wide approach of managing patients with complex addiction issues. At the same time, there are many pharmacological and behavioural evidence based treatments that are highly effective in treating these disorders that are not readily available. The goal for this senior selective is to give the psychiatrist the clinical skills and knowledge of the system to become a leader in addiction at the end of the rotation. If the resident is able to complete additional addiction CMEs, the resident will have completed enough clinical time in addiction to be eligible for the American Board of Addiction Medicine Exams in the December following their completion of the Royal College Exam.

The residents interested in a more rigorous research experience will have that opportunity under the guidance of clinician scientist Dr. Tim Guimond. All of those accepted into the rotation will have 1 day a week protected for research time.

Residents interested should complete a 1-2 page letter of interest describing their career plans in relation to addiction as well as their level of commitment for the upcoming year.
1. **Medical Expert / Clinical Decision Maker**

   *Practice medicine within their defined clinical scope of practice and expertise*

   **Addiction Medicine**
   - The resident will work in the rapid access clinic for Addictions at St. Michael’s Hospital with multidisciplinary docs who also work in emergency medicine, family medicine, and maternal health. This would include outpatient medical detox strategies.
   - The resident will also spend time in an outpatient addiction medicine clinic where they will function as the primary physician in an opioid maintenance treatment clinic (methadone/buprenorphine)
   - Addiction consultations via Telemedicine in the non-medical detoxes across the city.

   **Inpatient consultation service**
   - One in three weeks will be with the inpatient addiction consultation team. Currently there are only 2 teams that function like this in the city, but the need is strong. The resident will work with the staff physician, a nurse practitioner, and an inpatient

   **Motivational Interviewing**
   - The resident will be trained in Motivational Interviewing through observed interviews and coaching.
   - Assist in training allied health in Motivational interviewing and be comfortable running training sessions on their own for colleagues

   **Addiction Psychiatry**
   - The resident will complete addiction psychiatry assessments within an outpatient methadone clinic and referrals from the community
   - The patient will also be able to complete complex assessments for patients with chronic pain, addiction and mental health issues.

   **Behavioural Groups**
   - The resident will learn and lead groups in the Community Reinforcement approach, Motivational engagement groups, and Dialectical Behaviour Therapy Skills Training

2. **Communicator**

   *Establish professional therapeutic relationships with patients and their families*

   Demonstrate flexibility in applying the key components of a patient-centred approach in the context of complex clinical encounters. This is especially important in addiction treatment as other medical colleagues and patient’s need to trust you as an individual before they would be able to follow through with your recommendations.
3. **Collaborator**  
Work effectively with other physicians and other health care professionals  
The addiction team consists of an internist, 3 psychiatrists, an emergency physician, a family physician who does obstetrics, a nurse practitioner, and a community support worker. The resident will have to work effectively within this multidisciplinary team as well as with the services we consult to on the inpatient unit. There is a lot of overlap with addiction treatment, psychiatry treatment, medical treatment and pain. There are different care providers with different treatment goals and the residents will have to work with all of them in determining the best treatment plan for the patient.

4. **Manager (Leader)**  
Contribute to the improvement of health care delivery in health care teams, organizations, and systems  
By the end of the rotation, the resident will be able to manage the entire Addiction Consult Service team.

5. **Health Advocate**  
Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment  
Respond to the needs of a community or population they serve by advocating with them for system-level change  
There are many system level gaps in the care provided to addiction patients. The resident will be aware of the needs and have an opportunity to advocate for these changes at the patient level and the system level.

6. **Scholar**  
Engage in the continuous enhancement of their professional activities through ongoing learning  
The resident will be expected to create a learning plan that involves all CANMEDs roles, as well as addiction medicine objectives to ensure that they cover all of the important clinical presentations to prepare themselves for the ABAM exam in the December after they graduate residency. They will spend some time working on the database and designing quality improvement research questions based on the current data.

7. **Professional**  
Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
Role Model a commitment in excellence to practice, including proper reporting to ministry of transportation for driving, to children's aid services for safety. This would be done in the context on continuing to engage the patient in treatment. The resident will be expected to manage ethical dilemmas in care. Many addiction patients or other care providers do not follow treatment recommendations (e.g. Pain medications and methadone). Determine the best plan for the patient using a harm-reduction approach and determine how to best engage colleagues in the treatment plan.

Please provide a **TENTATIVE SCHEDULE** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORNING</td>
<td>Rapid Access Clinic (Addiction Medicine 9-11 am)</td>
<td>Withdrawal Management Services 8-10 am</td>
<td>PGY5 CORE CURRICULUM (Sept-May, Mount Sinai, 9-11:30am)</td>
<td>Pain and Addiction Assessment (9-11)</td>
<td>Research Day</td>
</tr>
<tr>
<td></td>
<td>Addiction Consultation Telemedicine (10-12am)</td>
<td></td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (July-Aug, Mount Sinai, 9-12pm)</td>
<td>In patient Consultation Service follow-ups 11-2 pm</td>
<td>9-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grand Rounds 12-1 pm</td>
</tr>
<tr>
<td>AFTERNOON</td>
<td>Motivational Interviewing clinic (1-2 pm)</td>
<td>In Patient Addiction consultations (opioid maintenance treatment and alcohol dependence) 1-5 pm</td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30pm) SUGGESTED PGY5 STUDY HALF-DAY 2-4 pm</td>
<td>Outpatient Group Therapy (Motivational Groups and Community reinforcement Approach) 2-5 pm</td>
<td>Research day 1-4pm</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Inquiries**

<table>
<thead>
<tr>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ilana Shawn</td>
<td>416-864-6060</td>
<td></td>
<td><a href="mailto:ShawnI@smh.ca">ShawnI@smh.ca</a></td>
</tr>
<tr>
<td>Chris Willer</td>
<td>416-864-6060</td>
<td>3809</td>
<td><a href="mailto:WillerC@smh.ca">WillerC@smh.ca</a></td>
</tr>
</tbody>
</table>

**Hospital(s)**  
St. Michael's Hospital

**Supervisors(s)**  
Dr. Ilana Shawn, Dr. Chris Willer

**Time Commitment**  
Part time is 1-2 days per week, Full time is 3-4 days per week

---

**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

**Description:**

This rotation will emphasize the development of a resident skilled in the provision of emergency psychiatric care. This is a rotation with a graduated developmental trajectory for the junior consultant.

In the beginning of the rotation, the junior consultant will see cases, review with staff, work with medical students and other trainees in a supportive educational role and shadow the staff in morning and evening rounds. Through graduated exposure and based on comfort and competency of the junior consultant, they will attempt to run rounds with support from the staff, provide direct supervision of cases by junior trainees and make disposition decisions, and review cases seen by junior trainees with the staff prior to executing dispositions. The junior consultant will be able to run rounds in the absence of the staff and review all cases with junior trainees and also sign off on dispositions. The junior consultant will work with staff to understand the dynamics of the team as they change each month with trainee turnover. Near the end of the elective, the junior consultant will take over as leader with support and oversight by the staff. All cases will require review by staff. However
this may be done at arms-length.

1. **Medical Expert / Clinical Decision Maker**  
   Demonstrates medical knowledge and skills required to care for adolescents and adults in an Emergency Room setting including those complex cases that relate to concurrent disorders and inner city health issues in our client population.

2. **Communicator**  
   Develops rapport and trust as well as ethically, therapeutically, and culturally informed relationships with clients who present with high acuity medical and psychiatric needs.

3. **Collaborator**  
   Work effectively with other physicians and other health care professionals in our multi-disciplinary psychiatry ER service team. Through this rotation, the junior consultant will develop skills in teaching and managing an interdisciplinary team. Skills in supervising interview techniques, plan development and pharmacotherapy in the emergency setting will be developed. The junior consultant will learn to teach others at various stages in their training.

4. **Manager (Leader)**  
   Contribute to the improvement of health care delivery in health care teams, organizations, and systems and manage their team effectively.

5. **Health Advocate**  
   Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment for an inner city population where poverty, homelessness, addictions issues, and major mental health ailments intersect.

6. **Scholar**  
   Engage in the continuous enhancement of their professional activities through ongoing learning. Critically appraises medical information and integrates information from a variety of sources as it applies to the practice decisions in an ER setting. Facilitates the learning for medical students and junior residents.

7. **Professional**  
   Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.
**SAMPLE OF A TENTATIVE SCHEDULE**

The PES schedule can be any day of the week. It can be combined with our Urgent Care Program senior selective.

Please provide a **TENTATIVE SCHEDULE** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MORNING</strong></td>
<td>ER rounds 8:15-10am</td>
<td>ER rounds 8:15-10am</td>
<td>ER rounds 8:15-10am</td>
<td>ER rounds 8:15-10am</td>
<td>ER rounds 8:15-10am</td>
</tr>
<tr>
<td></td>
<td>ER assessments 10am-5pm</td>
<td>ER assessments 10am-5pm</td>
<td>ER assessments 10am-5pm</td>
<td>Grand Rounds 12:00noon-1pm</td>
<td>ER assessments 10am-5pm</td>
</tr>
<tr>
<td><strong>AFTERNOON</strong></td>
<td>ER assessments 10am-5pm</td>
<td>ER assessments 10am-5pm</td>
<td>ER assessments 10am-5pm</td>
<td>ER assessments 10am-5pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ER rounds 5-6pm</td>
<td>ER rounds 5-6pm</td>
<td>SUGGESTED PGY5 STUDY HALF-DAY</td>
<td>ER rounds 5-6pm</td>
<td>ER rounds 5-6pm</td>
</tr>
</tbody>
</table>
SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)

Description:

This rotation will emphasize the development of a resident skilled in the provision of emergency psychiatric care. This is a rotation with a graduated developmental trajectory for the junior consultant.

In the beginning of the rotation, the junior consultant will see cases, review with staff, work with medical students and other trainees in a supportive educational role and shadow the staff in morning and evening rounds. Through graduated exposure and based on comfort and competency of the junior consultant, they will attempt to run rounds with support from the staff, provide direct supervision of cases by junior trainees and make disposition decisions, and review cases seen by junior trainees with the staff prior to executing dispositions. The junior consultant will be able to run rounds in the absence of the staff and review all cases with junior trainees and also sign off on dispositions. The junior consultant will work with staff to understand the dynamics of the team as they change each month with trainee turnover. Near the end of the elective, the junior consultant will take over as leader with support and oversight by the staff. All cases will require review by staff. However this may be done at arms-length.
1. Medical Expert / Clinical Decision Maker
   Demonstrates medical knowledge and skills required to care for adolescents and adults in an Emergency Room setting including those complex cases that relate to concurrent disorders and inner city health issues in our client population.

2. Communicator
   Develops rapport and trust as well as ethically, therapeutically, and culturally informed relationships with clients who present with high acuity medical and psychiatric needs.

3. Collaborator
   Work effectively with other physicians and other health care professionals in our multi-disciplinary psychiatry ER service team. Through this rotation, the junior consultant will develop skills in teaching and managing an interdisciplinary team. Skills in supervising interview techniques, plan development and pharmacotherapy in the emergency setting will be developed. The junior consultant will learn to teach others at various stages in their training.

4. Manager (Leader)
   Contribute to the improvement of health care delivery in health care teams, organizations, and systems and manage their team effectively.

5. Health Advocate
   Respond to the individual patient's complex health needs by advocating with the patient within and beyond the clinical environment for an inner city population where poverty, homelessness, addictions issues, and major mental health ailments intersect.

6. Scholar
   Engage in the continuous enhancement of their professional activities through ongoing learning. Critically appraises medical information and integrates information from a variety of sources as it applies to the practice decisions in an ER setting. Facilitates the learning for medical students and junior residents.

7. Professional
   Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.
### SAMPLE OF A TENTATIVE SCHEDULE

The PES schedule can be any day of the week. It can be combined with our Urgent Care Program senior selective.

Please provide a **TENTATIVE SCHEDULE** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MORNING</strong></td>
<td><strong>ER rounds</strong></td>
<td><strong>ER rounds</strong></td>
<td><strong>PGYS CORE CURRICULUM</strong></td>
<td><strong>ER rounds</strong></td>
<td><strong>ER rounds</strong></td>
</tr>
<tr>
<td></td>
<td>8:15-10am</td>
<td>8:15-10am</td>
<td>(Sept-May, Mount Sinai, 9-11:30am)</td>
<td>8:15-10am</td>
<td>8:15-10am</td>
</tr>
<tr>
<td></td>
<td><strong>ER assessments</strong></td>
<td><strong>ER assessments</strong></td>
<td><strong>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</strong></td>
<td><strong>ER assessments</strong></td>
<td><strong>Grand Rounds</strong></td>
</tr>
<tr>
<td></td>
<td>10am-5pm</td>
<td>10am-5pm</td>
<td>(July-Aug, Mount Sinai, 9-12pm)</td>
<td>10am-5pm</td>
<td>12:00noon-1pm</td>
</tr>
<tr>
<td></td>
<td><strong>ER rounds</strong></td>
<td></td>
<td><strong>ER assessments</strong></td>
<td><strong>ER assessments</strong></td>
<td><strong>ER assessments</strong></td>
</tr>
<tr>
<td></td>
<td>5-6pm</td>
<td></td>
<td>10am-5pm</td>
<td>10am-5pm</td>
<td>10am-5pm</td>
</tr>
<tr>
<td><strong>AFTERNOON</strong></td>
<td><strong>ER assessments</strong></td>
<td><strong>ER assessments</strong></td>
<td><strong>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</strong></td>
<td><strong>ER assessments</strong></td>
<td><strong>ER assessments</strong></td>
</tr>
<tr>
<td></td>
<td>10am-5pm</td>
<td>10am-5pm</td>
<td>(Sept-Oct, Mount Sinai, 1-2:30pm)</td>
<td>10am-5pm</td>
<td>10am-5pm</td>
</tr>
<tr>
<td></td>
<td><strong>ER rounds</strong></td>
<td><strong>ER rounds</strong></td>
<td><strong>SUGGESTED PGYS STUDY HALF-DAY</strong></td>
<td><strong>ER rounds</strong></td>
<td><strong>ER rounds</strong></td>
</tr>
<tr>
<td></td>
<td>5-6pm</td>
<td>5-6pm</td>
<td>5-6pm</td>
<td>5-6pm</td>
<td>5-6pm</td>
</tr>
</tbody>
</table>
Senior Selective
Type/Title: Clinical Research

Part-Time (Please indicate Part-Time Version of the Selective)

Inquiries
Name: Dr. Nadiya Sunderji
Tel: 416.864.6060
Ext: x6413
E-mail: sunderjin@smh.ca

Hospital(s): St Michael's Hospital

Supervisors(s):
Drs. Dorian Deshauer (Collaborative Care at St Mike's Family Health Team), Mara Goldstein (PES/Urgent Care combination), Matt Levy (Collaborative Care at Ryerson), Arielle Salama (Collaborative Care at Sherbourne Health, General Psychiatry, Urgent Care), Ilana Shawn (General Psychiatry), Vicky Stergiopoulos (Collaborative Care at CATCH), Nadiya Sunderji (Collaborative Care at St Mike's Family Health Team, General Psychiatry, Urgent Care), Chris Willer (PES/Urgent Care)

Time Commitment: 8-28 hours/week (flexible)

SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)

Preamble
The Ambulatory Care program of the St Michael's Hospital Mental Health Service encompasses: a) the Urgent Care Program that provides timely follow up of patients being discharged from inpatient or emergency department settings, b) the General Outpatient Clinic that assesses and manages patients referred from the community (typically from their family physicians), and the Collaborative Care program that provides liaison/outreach into a variety of primary care and community settings. Residents are encouraged to consider working in more than one Ambulatory program in order to gain exposure to patients with a diversity of psychopathology and varying socio-economic/cultural backgrounds, as well as to gain proficiency in managing patient care transitions across levels of care/intensity. Alternatively, residents may wish to consider working in the Psychiatric Emergency Service and Urgent Care Programs, which are complementary clinical experiences for residents interested in acute care.

1. Medical Expert / Clinical Decision Maker
   Practice medicine within their defined clinical scope of practice and expertise
   Residents gain the skills and experience to act as consultants in the diagnosis and management of patients, including gaining a thorough knowledge of biopsychosocial formulation, community resources, psychotherapies and pharmacotherapies. In the Urgent Care Program risk assessment in an ambulatory context is particularly highlighted. Collaborative Care selectives are well situated to emphasize the resident role as junior consultant, and the skills for transition to practice.

2. Communicator
   Establish professional therapeutic relationships with patients and their families
<table>
<thead>
<tr>
<th></th>
<th>Collaborator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Work effectively with other physicians and other health care professionals</strong></td>
</tr>
<tr>
<td></td>
<td>The Urgent Care Program operates in a team-based interprofessional model including mental health nurses, community case managers, and a social worker experienced in suicide prevention. Sharing of patients is encouraged in order to ensure the program meets the needs of individuals in crisis. A weekly interprofessional team meeting allows for discussion of complex patients from a multitude of perspectives and provides a rich learning experience for residents (including exposure to staff psychiatrists’ role modelling use of peer supervision and case conferencing).</td>
</tr>
<tr>
<td></td>
<td>The Collaborative Care program also emphasizes collaboration with a team of providers in a community setting, including but not limited to primary care providers, therapists, addictions counsellors and case managers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Manager (Leader)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Contribute to the improvement of health care delivery in health care teams, organizations, and systems</strong></td>
</tr>
<tr>
<td></td>
<td>In the Collaborative Care program residents are encouraged to develop a liaison with a primary care team or community agency of their choice. A strong emphasis is placed on learning to consult to an organization (in addition to consulting in the care of individual patients), including assessing an organization’s needs and resources, adopting a population health perspective, contributing to program development and quality improvement, and understanding team dynamics and principles of leadership.</td>
</tr>
<tr>
<td></td>
<td>For residents interested in gaining experience in administrative psychiatry, which affords enriched experiences of the Manager and Advocate roles, there are opportunities to participate in departmental committees that address patient safety and/or departmental operations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Health Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Respond to the needs of a community or population they serve by advocating with them for system-level change</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Scholar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Engage in the continuous enhancement of their professional activities through ongoing learning</strong></td>
</tr>
<tr>
<td></td>
<td>The Ambulatory Programs offer rich opportunities for scholarship of various kinds. Optionally, residents may gain experience in teaching and supervision of junior residents and/or senior medical students (General Psychiatry service), interprofessional education (Collaborative Care service), scholarship in quality improvement (any Ambulatory service), or conducting health services research or education scholarship.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards</strong></td>
</tr>
</tbody>
</table>
### Sample of a Tentative Schedule

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORNING</td>
<td>Urgent Care Program team meeting (12-1)</td>
<td>PGY5 CORE CURRICULUM (Sept-May, Mount Sinai, 9-11:30am)</td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (July-Aug, Mount Sinai, 9-12pm)</td>
<td></td>
<td>Grand Rounds 12-1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFTERNOON</td>
<td></td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30pm)</td>
<td>SUGGESTED PGY5 STUDY HALF-DAY</td>
<td>General Psychiatry Assessment Clinic (1-4:30)</td>
<td></td>
</tr>
</tbody>
</table>

Collaborative Care opportunities exist most days of the week, varying depending upon the specific setting.
**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

Description: This rotation will emphasize the development of clinical and leadership skills relevant to working in the community with individuals with serious mental illnesses as part of a multidisciplinary team. Many of the individuals followed by this team are also homeless and have concurrent substance use disorders as well as experiencing other complex psychosocial challenges.

During this rotation the resident will work with the Focus Mental Health Outreach Service, an innovative FACT team (flexible assertive community treatment team) of St. Michael’s Mental Health Service. This model combines different aspects of ACT (assertive community treatment) and ICM (intensive case management). This rotation will provide a unique opportunity for the resident to function close-to a staff physician level on a comprehensive outreach community program, under direct supervision of experienced and dedicated staff physicians who specialize in community psychiatry.

This rotation will equip the resident with skills to become an expert in the most important clinical, medical-legal, sociological and ethical aspects of intensive community treatment. It will enable the resident to assume future leadership roles in this exciting model of service delivery. There will also be opportunities to teach junior residents and medical students, develop an individualized research project or to join one of the already established projects in the community psychiatry program and participate in biweekly journal clubs.
1. **Medical Expert / Clinical Decision Maker**
   Practice medicine within their defined clinical scope of practice and expertise. The Ontario Ministry of Health has designated ACT treatment as a priority model of care for this patient population. Royal College also prioritizes ACT training. There are currently more than 50 new ACT teams in the province. This elective will emphasize the development of well-rounded CanMEDs skills relevant to working in community psychiatry, serving seriously mentally patients. The selective is based at an Assertive Community Treatment (ACT) team - the FOCUS team, an innovative ACT team that combines case management and ACT intensity services in a seamless way. The resident will develop expertise in multiple areas salient to community psychiatry, including chronic care, schizophrenia, mood, addictions, and comorbid personality disorders. In addition, knowledge in evidence-based psychosocial work will be developed, including psychiatric recovery, rehabilitation, club house model and supported work models.

2. **Communicator**
   Establish professional therapeutic relationships with patients and their families. Communicator, collaborator, manager, and professional skills are also exceptionally focused in this selective as residents function as a leader, team member, and community agent in a 15+ member multi-disciplinary team that includes nurses, social workers, peer support workers, occupational therapists, and other allied professional. Community collaborators include health clinics, GPs, police, shelters, and group homes, etc.

3. **Collaborator**
   Work effectively with other physicians and other health care professionals.

4. **Manager (Leader)**
   Contribute to the improvement of health care delivery in health care teams, organizations, and systems

5. **Health Advocate**
   Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment
   Respond to the needs of a community or population they serve by advocating with them for system-level change

   Developing advocacy skills are central to this selective, in serving a vulnerable and underprivileged, socially disadvantaged, ethnically diverse population.

6. **Scholar**
   Engage in the continuous enhancement of their professional activities through ongoing learning
   As a scholar, FOCUS will be able to provide a unique opportunity to develop an individualized research project or to join one of the already established projects in the community psychiatry program.

7. **Professional**
   Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORNING</td>
<td>Morning Team meeting (8:30-9:30 am)</td>
<td>Morning Team meeting (8:30-9:30 am)</td>
<td>PGY5 CORE CURRICULUM (Sept-May, Mount Sinai, 9-11:30am)</td>
<td>Morning Team meeting (8:30-9:30 am)</td>
<td>Morning Team meeting (8:30-9:30 am)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (July-Aug, Mount Sinai, 9-12pm)</td>
<td></td>
<td>Weekly Supervision (10:00-11:00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Journal Club- Biweekly (11:15-12:00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grand Rounds 12:00 pm-1 pm</td>
</tr>
<tr>
<td>AFTERNOON</td>
<td>Patient follow up in the community (1:00-4:30 pm)</td>
<td>Patient follow up in the community (100-4:30 pm)</td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30pm)</td>
<td>Drop in clinic (1:00-4:30)</td>
<td>Patient follow up in the community (1:00-4:30 pm)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SUGGESTED PGY5 STUDY HALF-DAY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)

St. Michael's and the Center for Research on Inner City Health provide a fertile ground for pursuing policy relevant trans-disciplinary research. There are several projects currently underway, focused on interventions to improve outcomes for people experiencing mental illness, addictions and multiple and severe disadvantage (homelessness, poverty, criminalization, lack of social supports, racialization, etc.). Interested students will have access to supervision and mentorship from expert CRICH faculty and join a large research team in a state of the art facility. A research oriented rotation or a combination of clinical placement and research are available.

1. Collaborator
   CRICH offers a trans-disciplinary research environment and excellent opportunities to collaborate with other researchers and research trainees, setting the stage for effective relationships conducive to scholarship and innovation. Furthermore, skills in working in partnership with consumers and community agencies in every aspect of the research endeavor are emphasized, and engagement with an agency and / or a consumer group will be encouraged.

2. Manager (Leader)
   CRICH research is applied and policy relevant, allowing for a deeper understanding of the drivers of effectiveness and cost effectiveness of interventions and our system of care, as well as an appreciation of the role of physicians and inter-professional teams in the process of
designing, implementing, evaluating and disseminating or sustaining evidence informed programs and services.

3. **Health Advocate**
The focus on community partnered research, consumer inclusion and individuals experiencing severe disadvantage, offer an exceptional opportunity to advance advocacy skills beyond the individual patient, to the system and policy level for greater impact. Through integrated knowledge translation strategies and participation of policy makers and funders in the research team, there are opportunities to gain a greater appreciation of the role of research in informing policy and practice.

4. **Scholar**
Questions currently being addressed include: access and continuity of care for disadvantaged populations; the design and evaluation of interventions to address health inequities and promote recovery and community integration; neurocognitive impairment and housing; and crisis response systems for people with mental health and addictions problems and illnesses. Both qualitative and quantitative research methods are being used and training in either (or both) is feasible.

5. **Professional**
The ethical conduct of research, and approaches to research with disadvantaged populations will be emphasized.

---

**Inquiries**

<table>
<thead>
<tr>
<th>Inquiries</th>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inquiries</td>
<td>Dr. Ariel Shafro</td>
<td>905-848-7610</td>
<td></td>
<td><a href="mailto:ashafro@thc.on.ca">ashafro@thc.on.ca</a></td>
</tr>
</tbody>
</table>

**Hospital(s)**

- Trillium Health Partners

**Supervisors(s)**

- Dr. Ariel Shafro (+/- additional supervisor if doing part-time elective)

**Time Commitment**

- 6 or 12 months

**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

The fundamental goal of a senior selective at Trillium Health Partners is to refine the successful applicant’s clinical and non-clinical skills for a career incorporating inpatient psychiatry at a community teaching site. Through this opportunity, the Resident will develop a high degree of expertise in the management of acute inpatients, likely for a future career in inpatient psychiatry, with a focus on working in a community teaching
site, by doing the following:

- You will acquire an increasing level of autonomy and accountability through teaching and supervision activities, to develop your preferred teaching methods and style. Teaching medical students on their core clinical clerkship will be a significant component of the rotation, with opportunities not only to teach existing seminars, but also for creative development and mentorship in teaching.
- You will enhance the skills necessary for inpatient practice, such as how to effectively engage with patients to develop their insight into their illness and discussing medication.
- You will learn how to prioritize practice management, with frank discussions over issues such as billing, and setting up your future practice.

Trillium is actively seeking motivated teachers to recruit into our organization, and this elective is an opportunity to discover what it’s like to work and teach outside of the downtown core, to potentially pursue a career with our organization.

This elective will be offered both as a full-time elective, or part-time, with the potential for either full-day inpatient work for 6-12 months, or divided between inpatient and a selection of other opportunities (which could include ER psychiatry, C-L psychiatry, and a variety of outpatient settings). You will be offered a great deal of flexibility and autonomy in pursuing your learning/career goals. The following CANMEDs roles will be emphasized, with a brief listing of some of your objectives:

8. **Medical Expert / Clinical Decision Maker**
   Practise medicine within their defined clinical scope of practice and expertise
   - Develop expertise in the diagnosis and treatment of psychiatric inpatients
   - Become familiar with the use of Community Treatment Orders and their role in maintaining wellness for psychiatric outpatients
   - Develop expertise in conducting Consent and Capacity Board hearings, with assistance from our excellent lawyer Mr. Handelman (former head of the CCB)

9. **Communicator**
   Establish professional therapeutic relationships with patients and their families
   - Hone your skills in establishing rapport with patients and their families, using a recovery model
   - Develop strategies to help improve our patient’s insight into their illness
   - Increase your efficacy in communicating with patients’ families in order to optimize outcomes
   - Improve your teaching effectiveness

10. **Collaborator**
    Work effectively with other physicians and other health care professionals
• Work closely with effective interdisciplinary teams
• Opportunities for improving relationships with community resources
• Work together with medical students and learners at other levels

11. Manager (Leader)
• **Contribute to the improvement of health care delivery in health care teams, organizations, and systems**
  To reproduce the experience of working as an inpatient psychiatrist, with a very high degree of autonomy, balanced with numerous opportunities for supervision and discussion
• To influence hospital policies to improve patient outcomes
• To influence teaching practices and helping to develop a positive teaching culture

12. Health Advocate
**Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment**
**Respond to the needs of a community or population they serve by advocating with them for system-level change**
• To develop your practical advocacy skills, such as how to write letters for our patients to their employers, insurance companies, or ODSP
• Opportunities for involvement in numerous hospital and regional organizations

13. Scholar
**Engage in the continuous enhancement of their professional activities through ongoing learning**
To harness all your hard work in preparing for your Royal College exams to then contribute to CPD at Trillium
• Opportunities for journal club/EBM leadership

14. Professional
**Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**
• To provide supervision and guidance to help guide your development, while also allowing for the space and autonomy to create your own unique professional identity
• To encourage your further aspirations as an academic psychiatrist, whether in the community or in the core
**SAMPLE OF A TENTATIVE SCHEDULE** (part-time illustrated)

Please provide a **TENTATIVE SCHEDULE** for your proposed elective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORNING</td>
<td>Inpatient psychiatry + scheduled supervision</td>
<td>Inpatient psychiatry Interview seminar Team Rounds (flexible timing)</td>
<td>PGY5 CORE CURRICULUM (Sept-May, Mount Sinai, 9-11:30am)</td>
<td>ASCM 2/Foundations curriculum equivalent</td>
<td>Inpatient psychiatry Personality disorders course</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (July-Aug, Mount Sinai, 9-12pm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFTERNOON</td>
<td>ER psychiatry</td>
<td>Psychotherapy supervision (at C-site)</td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30pm)</td>
<td>ER psychiatry</td>
<td>ER psychiatry</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SUGGESTED PGY5 STUDY HALF-DAY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Contact Regarding Elective:
- Matthew Boyle
- Matthew.Boyle@sunnybrook.ca

### Supervisors:
Drs. Matthew Boyle, Eileen LaCroix, Mark Sinyor, and TBA

### Place:
Sunnybrook Health Sciences Centre

### Position:
½ day per week supervising two PGY-1 residents in a general outpatient clinic. Time slots available are flexible, and the clinics run either from 9:00 – 13:00 or 13:00 – 17:00. Opportunity exists for this elective to be combined with any other clinical or research electives for the PGY-5 academic year.

### Description:
Sunnybrook Hospital was the first ever site for a Competency Based Education (CBE) pilot for the 2016-2017 academic year. The movement in psychiatry is leaning away from time-based training to training that is adaptive to the residents learning needs. As part of this pilot, the PGY-1 psychiatry residents have increased exposure to psychiatry in their first year of training; with less time spend in didactic teaching.

As part of the CBE curriculum, the PGY-1 residents attend a ½ day per week of clinic where they see new patients and follow-ups under the supervision of a staff psychiatrist.

Starting in July 2017, we will begin to offer an elective for PGY-5 residents who have an interest in teaching and education. The potential residents would take on a supervisory role (i.e.: junior attending role) within the clinic. In the first month of the rotation, the senior residents would generally perform the consultation with the PGY-1 residents observing and the senior resident would provide teaching to the residents on the structure of the psychiatric interview. After this period of observation the PGY-1 residents would start to do consultations with direct supervision from the senior resident. Throughout the course of the year the residents can pick up follow-up cases that they would find beneficial for their learning needs.

As part of the clinic, the senior resident would receive “supervision on their supervision” to help improve their skills as a supervisor and teacher. Hence, this is an ideal elective for residents who have a strong interest in teaching and education, as it provides an opportunity to further develop teaching and supervisory skills. There is also an opportunity for residents to meet with supervisors to provide mentorship on transitioning to practice or planning a career in academics.

This elective can easily be combined with further elective experience at Sunnybrook Hospital in any of the following areas; General Outpatient Psychiatry, General Inpatient Psychiatry, Psychotherapy, Collaborative Care, Psychiatric Emergency Services, Women’s Mental Health, CL Psychiatry, or Research.
<table>
<thead>
<tr>
<th>CANMEDS Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Medical Expert</strong></td>
</tr>
<tr>
<td>• Practice medicine within their defined scope of practice and clinical expertise.</td>
</tr>
<tr>
<td><strong>2. Communicator</strong></td>
</tr>
<tr>
<td>• Establish professional therapeutic relationships with patients and their families.</td>
</tr>
<tr>
<td>• Develop mentoring skills and learn how to provide effective feedback for junior trainees.</td>
</tr>
<tr>
<td><strong>3. Collaborator</strong></td>
</tr>
<tr>
<td>• Work effectively with other members of the interdisciplinary team.</td>
</tr>
<tr>
<td><strong>4. Leader</strong></td>
</tr>
<tr>
<td>• Developing skills in leadership of an ambulatory care clinic by providing supervision for junior trainees.</td>
</tr>
<tr>
<td><strong>5. Health Advocate</strong></td>
</tr>
<tr>
<td>• Responding to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment. Respond to the needs of a community or population they serve by advocating with them for system-level change.</td>
</tr>
<tr>
<td><strong>6. Scholar</strong></td>
</tr>
<tr>
<td>• Engage in the continuous enhancement of their professional activities through ongoing learning. Critically appraises medical information and integrates information from a variety of sources as it applies to the practice decisions in an ambulatory care setting. Critically appraises teaching techniques to facilitate the learning of junior residents.</td>
</tr>
<tr>
<td><strong>7. Professional</strong></td>
</tr>
<tr>
<td>Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.</td>
</tr>
</tbody>
</table>