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
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<tr>
<th>Title</th>
<th>Contact Info</th>
<th>Description</th>
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<tr>
<td>General Psychiatry</td>
<td><strong>Supervisors:</strong> Psychiatric Emergency Service and Acute Inpatient Care:</td>
<td><strong>Psychiatric Emergency Service:</strong> 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, five hour shifts per week, though other options can be discussed. This career track position will offer training in the following:</td>
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|                                  | Dr. K Balderson, baldersonk@smh.ca                                         | a) Emergency and crisis management of adult psychiatric disorders, including individuals with suicidal thoughts and behaviours,  
|                                   | **Ambulatory Services:**                                                     | b) Management of selected outpatients with complex acute mental health care needs, using up-to-date treatment approaches,  
|                                  | Dr. N. Sunderji, sunderjin@smh.ca                                           | c) Working as a consultant to a joint Police/Mental Health Service mobile crisis Intervention Team,  
| **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. | 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 four multidisciplinary teams which each include a staff psychiatrist, a resident, nurses, a social worker 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 unit.  
| **General and Community Psychiatry:** Residents have an opportunity to assess patients referred to the Mental Health Clinic from general practitioners located in the community. These referrals represent patients with a diversity of |
psychopathology and varying socio-economic/cultural backgrounds. Residents act as consultants to the referring physicians, and assist in diagnosis and management of patients. A thorough knowledge of community resources and different treatment modalities will be gained. Residents may also rotate through community placements working with psychiatrists in a family practice clinic, substance abuse program, hostel, etc. Residents will be expected to develop a liaison with a community agency of their choice. Training within the Clinic’s Group Psychotherapy Program is also provided, as well as participation in our programs for individuals with long-term severe psychiatric disorders. Interested residents may also undertake training in cognitive behaviour therapy.

**Flexible Assertive Community Treatment (Adult Psychiatry and Health Systems)**

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<tr>
<th>Supervisors: Dr. A. Nakhost <a href="mailto:nakhosta@smh.ca">nakhosta@smh.ca</a> 416-864-5137 Dr. M. Levy <a href="mailto:LevyM@smh.ca">LevyM@smh.ca</a> 416-864-5137 Dr Samuel Law <a href="mailto:laws@smh.ca">laws@smh.ca</a> 416-864-6060 x2415 Dr. Michaela Beder <a href="mailto:BederM@smh.ca">BederM@smh.ca</a> 416-864-5137</th>
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<tr>
<td><strong>Description:</strong> 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.</td>
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<td><strong>Position:</strong> One six-month or one year Senior Selective rotation</td>
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### Assertive Community Treatment (Mental Health Systems and Schizophrenia Programs)

**Supervisors:** Dr. S. Law, laws@smh.ca, 416-864-5137  
Dr. A. Nakhost, nakhosta@smh.ca, 416-864-5137  
Dr. M Beder, bederm@smh.ca, 416-864-2694  
Dr. M. Levy, LevyM@smh.ca, 416-864-6303  

**Position:** One six-month or one year Senior Selective rotation

**Description:** This rotation will emphasize the development of leadership skills relevant to working in the Assertive Community Treatment (ACT) model, the "gold standard" of community psychiatric care. ACT teams provide continuity of care to individuals with serious mental illnesses, many of whom also have concurrent substance use disorders, homelessness, and complex psychosocial challenges.

The resident will work with the FOCUS Mental Health Outreach Service, an innovative flexible ACT team of St. Michael’s Mental Health Service. FOCUS specializes in providing care to people with mental illness who also experience homelessness, legal difficulties, medical comorbidities, and substance use. It will provide a unique opportunity to function at close-to a staff physician level on a mature and comprehensive ACT program, under direct supervision of experienced and dedicated staff physicians who specialize in community psychiatry.

The Ontario Ministry of Health has designated ACT as a priority model of care for this patient population. The Royal College also emphasizes the role of ACT as part of chronic care. There are currently more than 50 new teams in the province. This rotation will equip the resident with skills to become an expert in the most important clinical, medical-legal, sociological and ethical aspects of ACT. 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, and develop an individualized research project or to join one of the already established projects in the community psychiatry program.

### 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...
| **HIV Psychiatry** | **Supervisors:** Drs. Julie Maggi, Adriana Carvalhal; [CarvalhalA@smh.ca](mailto:CarvalhalA@smh.ca); 416-864-6337  
**Position:** six-month or one year Senior Selective rotation. Residents may also wish to do a more limited one-year longitudinal elective focusing on one aspect of this training (i.e. ambulatory clinic only, Casey house liaison only) as an adjunct experience (i.e. one day or one half day per week).  
**Description:** Develop skills in the assessment and management of people living with HIV/AIDS, including management of the major neuropsychiatric and mood disorders associated with HIV disease, and development of psychotherapeutic skills with a diverse range of patients including gay men, persons from inner city communities and women from endemic countries. Develop knowledge and skills in review of drug-drug interactions and addressing polypharmacy in patients on combination of ARVs and psychotropics. Experience may be gained in any or all of these sites:  
1. Medical Psychiatry - HIV Care: Residents will have an opportunity to learn about major mood disorders, HIV-associated cognitive disorders, adaptation to illness and psychotherapy for people living with HIV. In this clinic, residents will liaison with HIV providers using a consult-liaison approach and also have an experience to delivery mental health care through telemedicine.  
2. Integrated psychiatric care at the Positive Care Clinic: Assessment and management of patients in the HIV medicine clinic using an integrative model of care with the HIV medicine team as the standard of care.  
3. Inpatient HIV Psychiatry: designated inpatient psychiatry beds for persons with HIV and severe and persistent mental illness.  
4. Community based collaborative care: with Casey House Hospice, both residential and community outreach teams; primary care at 410 Sherbourne Health Centre, McEwan Housing and Fife House. These community partners provide support program for individuals with complex medical illness and supportive housing to highly vulnerable population. |
| **Health Systems/General Psychiatry Homelessness And Mental Illness** | **Supervisor:** Dr. Vicky Stergiopoulos, [stergiopoulosv@smh.ca](mailto:stergiopoulosv@smh.ca); 416-864-3080  
**Position:** 1/2 day to 2 days per week, from 6 to 12 months.  
This rotation will provide a community psychiatry experience with an emphasis on homelessness and mental illness, collaborative mental health care and health systems. Training opportunities in administrative psychiatry, program planning and evaluation are also available. A wide variety of settings are available, including case management teams, assertive community treatment teams, and shelters and other |
agencies serving homeless people in Southeast Toronto. Residents will work with the supervising psychiatrist and a variety of other community-based health providers. They will have the opportunity to work autonomously, and if desired, to develop a new consultation service, gaining valuable insights into the challenges of starting a new practice.

Training may be offered in the following:

- Interviewing, diagnostic and management skills.
- Development and refinement of innovative models of collaborative mental health care.
- Quality improvement.
- Mental health consultation to a community agency / community development.
- Educational, and if desired, policy relevant research opportunities through the Centre for Research on Inner City Health.
- Administrative skills

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<tr>
<th>Health Services Research</th>
<th><strong>Supervisor:</strong> Dr. Vicky Stergiopoulos, <a href="mailto:stergiopoulosv@smh.ca">stergiopoulosv@smh.ca</a>; 416-864-3080</th>
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<td></td>
<td>St. Michael's and the Center for Research on Inner City Health provide a fertile ground for pursuing policy relevant transdisciplinary research. There are several projects currently underway, focused on interventions to improve outcomes for people who are homeless, under-housed or marginalized.</td>
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<td>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. Both qualitative and quantitative research methods are being used and training in either (or both) is feasible.</td>
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<td>Questions currently being addressed include: access and continuity of care for vulnerable populations; the design and evaluation of interventions to address health inequities; neurocognitive impairment and housing; coping and resilience among vulnerable groups; crisis response systems for people with mental health and addictions problems and illnesses.</td>
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<td>A combination of clinical placement and research or an exclusively research oriented rotation are available.</td>
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**Inner City Mental Health**

**Supervisor:** Dr. Michaela Beder, BederM@smh.ca; 416-864-2694

**Position:** This is a six month to 1 year rotation for residents who wants 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; 416-864-3090  
**Position:** 1.5 to 2 full days per week if also working in Urgent Care  
2-3 days per week if not working in Urgent Care  
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. | **Description:**  
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 PGY-5 resident (hereafter the Resident) will attempt 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 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 arms length on the day of care delivery  
**Urgent Care**  
1 to 1.5 days per week  
Seeing patients recently discharged from PES, CSU or inpatient  
Must attend Tuesday team meetings (noon)  
Reviewing cases with supervisor on a weekly basis or more frequently if acute issues |
Responsibility for the management and care of patients will increase as the year progresses with increasing independence on case disposition.

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<th>Collaborative Care</th>
<th>Supervisor: Dr. Nadiya Sunderji, <a href="mailto:sunderjin@smh.ca">sunderjin@smh.ca</a>; 416-864-3082</th>
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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 some sites will not be available as senior selectives this year as they are designated for core Integrated/Collaborative Care rotations.

**Primary Care**
- 61 Queen - SMH Family Health Team (supervised by Dr. Dorian Deshauer)
- 80 Bond - SMH Family Health Team (supervised by Dr. Nadiya Sunderji)
- 410 Sherbourne - SMH Family Health Team (supervised by Dr. Mara Goldstein)
- St Jamestown - SMH Family Health Team (supervised by Dr. Shane McInerney)
- Sherbourne Health Centre (supervised by Dr. Arielle Salama)

**Other Community Settings**
- CATCH homeless (supervised by Dr. Michaela Beder and Dr. Dorian Deshauer)
- Ryerson Health Centre/Centre for Student Development and Counseling (supervised...
Geriatric Mental Health Outreach Team to long term care facilities (supervised by Dr. Corinne Fischer)

SMH Pediatric Collaborative Clinic (supervised by Dr. Chris Willer - priority given to Child Subspecialty residents)

Transitional Age Youth (including Covenant House youth shelter, LOFT, and Children’s Aid Society (supervised by Dr. John Langley - priority given to Child Subspecialty residents)

Casey House HIV support centre and residence (supervised by Dr. Adriana Carvalhal)

SMH Positive Care Clinic (HIV/HCV) (supervised by Dr. Adriana Carvalhal)

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)

Below are detailed descriptions for certain experiences offered through St Michael's. Please contact Dr. Nadiya Sunderji for further details about those rotations not listed below.

Transitional Age Youth

This selective will provide a community psychiatry experience with an emphasis on transitional age individuals (ages 16-23). These youth are generally not well served by mental health services, either child and adolescent agencies or general adult
services. They often fall through the cracks. However, they are a unique and rewarding population to work with and the possibilities for hope and real change are great. A wide variety of settings are available. The settings include Covenant House, the Youth Hostel Outreach Program, a youth justice program, the Children’s Aid Society, the National Ballet School, and STEPS for Youth, an early intervention in psychosis program at St. Michael’s Hospital. Residents will work with the supervising psychiatrist and a variety of mental health professionals. They will be given ample opportunity to refine their interview, diagnostic, and treatment skills. They will also gain an appreciation for the mental health issues unique to this population. Residents will also have the opportunity to work autonomously in a community setting. This may involve developing a consultation service to a community partner, such as the Shout Clinic, Evergreen Centre for Street Youth, or Street Outreach Services. Depending on scheduling and funding issues, there may also be an opportunity during the elective for a three-day outreach experience in Wawa, Ontario. Educational opportunities are available and encouraged. There are usually senior medical students participating in electives on the service. Research is developing well in this new program with two studies recently successful in obtaining external funding support. Residents will be encouraged to participate in research activities. Supervision is provided by Dr. John Langley.

Women’s Mental Health Collaborative Clinics

We offer a senior selective in women’s mental health. In this elective, the senior resident can participate in integrated clinics in obstetrics and/or gynecology. The elective offers the opportunity to provide consultation to the OB/Gyne services, liaise with the teams, and provide ongoing follow-up to women who are pregnant, postpartum, and who have primary gynecological issues. In addition, the resident will have the opportunity to follow women transitioning between outpatient and inpatient settings, allowing for continuity of care. The population is quite diverse, reflecting the area that St. Michael’s Hospital services; for instance in the obstetrical clinic we treat women with severe mental illness, women who use drugs, women of varied socioeconomic status, women who develop a psychiatric illness for the first
| General Psychiatry | **Supervisors:** Dr. Daniela Hlousek  
**Tel:** 905-668-5881 ext. 6290  
Dr. Chekkara Shammi, Dr. Christopher Tam  
**Place:** Ontario Shores |
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<td>St. Michael’s Hospital Department of Obstetrics and Gynecology also has a program that provides obstetrical services to women with HIV, and as such, residents will have the opportunity to assess and treat women with HIV. The St. Michael’s Hospital Department of Obstetrics and Gynecology includes several midwives, and residents will have the opportunity to work closely with them. An interested resident could develop a research project, QI project, or formal liaison component under supervision as well. Clinics currently occur 1.5 days per week, but depending on the resident’s preferences, this can be expanded to include research/QI project/liaison. Conversely, it can be shorter if a resident prefers. Supervision is provided by Dr. Julie Maggi.</td>
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<td>Ontario Shores is a 300+ bed tertiary psychiatric facility, serving both in and outpatients with severe and persistent mental illness. The Assessment &amp; 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:</td>
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<td>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.</td>
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<td>2. Assessment and Stabilization Unit: this is a 27-bed inpatient ward for clients...</td>
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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.

| 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
| **General Psychiatry** | **Contact:** Dr Mark Katz, Director of Education, Mental Health Program, [mkatz@southlakeregional.org](mailto: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 |
|---|---|
| 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.  
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.  
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.  
In addition this opportunity will expose Residents to the exciting realities of practicing in a General Psychiatry setting outside the downtown academic hospital |
core and provide practical information about setting up and running a successful multifaceted psychiatric practice in the community.

### Dual Diagnosis

**Contact:** Dr. Tim Gofine  
Email: gofinet@ontarioshores.ca  
Tel: 905-668 5851 x6641

Carol Jean (CJ) Pudsey, Education Assistant  
Email: pudseyc@ontarioshores.ca  
Tel: 905-668 5851 x6071

Place: Ontario Shores Centre for Mental Health Sciences; Po Box 613, 700 Gordon Street; Whitby ON L1N 5S9

The **Dual Diagnosis Service (DDS)** at Ontario Shores Centre for Mental Health Sciences is one of the largest dual diagnosis services in Canada. The interested resident through an elective experience can gain expertise in this fascinating subspecialty, expertise that is in demand locally, nationally and internationally.

This elective will enhance the training of a resident following a variety of care interests, from child and adolescent psychiatry (what is the natural course of autism in the adult) to general psychiatry (how does bipolar disorder present in the deaf intellectually disabled individual) to geriatrics (what are the needs of the ageing person with mild intellectual disability and chronic health issues). Few psychiatrists realize that the incidence of schizophrenia in the intellectually disabled, for instance, is estimated to be three times that of the general population, or that anxiety disorders are estimated to be found in 75% of the mildly intellectually disabled. The challenge of discerning psychiatric symptoms within the severely disabled, or distinguishing autistic spectrum disorder from schizophrenia can be one of the most exciting clinical situations in contemporary psychiatry. The treatment philosophy of the service is based on the primary importance of crafting a diagnostic formulation that considers biologic, psychodynamic and social factors with detailed accuracy so that treatment plans can be rational and effective.

Developmental disabilities that present as such as 22q13.3 Deletion syndrome fall within the dual diagnosis population and are seen in both the outpatient and inpatient components of the service. The psychiatric assessment of the dually diagnosed includes clarifying at times complex medical issues; investigating the root cause of the disability from a genetic and metabolic point of view; and exploring developmental factors first seen in childhood and adolescence. As part of the selective, the resident will have the opportunity to participate in the clinical genetics clinics conducted by Dr. Joyce So, MD, PhD at either Lakeridge Health Sciences in Toronto or the MSH/UHN Genetics and Psychiatry clinic at Mount Sinai Hospital in Toronto. Dr. Gofine is a local collaborator on an ongoing research project led by Dr.
So and Dr. H. Faghfoury that explores relationships between genetics and the developmental disabilities. Preliminary results based on patients referred via the DDS have been remarkable and have generated presentations locally and abroad, as well as reports currently in progress.

The resident will have the opportunity to be directly involved in the assessment of patients via outpatient consultation and in the treatment of inpatients on the dedicated inpatient unit. The treatment team is multidisciplinary and a model of inter professional practice is followed; as a result, opportunities to learn the how the allied professions integrate into psychiatric care will be first hand. As well, the resident can participate in programs in the community so to further understand the process of recovery.

The elective can be tailored for any duration. Academic interest through readings and participation in rounds and interest in a research project would be supported. As well, blending an elective with a related clinical area within Ontario Shores such as adolescence or forensic would certainly be open for discussion.

### Addiction Medicine for the Psychiatrist – Senior Selective

**Supervisor:** Wiplove Lamba MD, FRCPC, 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 Addition 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
- 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

**STACER Selective**  
**Contact:** Dr George Voineskos  
**Tel:** 416-979-6804  
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
| Email contact: | 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. |
| **Site:** General Psychiatry, CAMH 250 College Street, 11th Floor | |
| **Time:** One afternoon a week, July-December or January to June | |

| **Transition to Practice – General Psychiatry** | **Supervisor:** Dr. Saulo Castel, saulo.castel@sunnybrook.ca |
| **Target audience:** PGY5s | The goals and content are framed according to the CANMEDS roles as indicated besides the item, as per the legend below: |
| **Length** – to be discussed, 3-6 months (six is preferable), one FTE or 0.8 FTE | - Medical Expert (ME)  
- Collaborator (Col)  
- Communicator (Com)  
- Manager (Ma)  
- Health Advocate (HA)  
- Scholar (Sc)  
- Professional (Pr) |
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:

1. Direct patient care.
   a. 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).
   b. Transition to the community after inpatient stay – developing and implementing strategies to improve transition of care to outpatient services.
   c. General outpatient psychiatry.
   d. Emergency Psychiatry – one half a day covering Emergency Room and Psychiatric Emergency Services.

2. 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.
   c. 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**  

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. |
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.
1. **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.

2. **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.

3. **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.

4. **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.

5. **Health Advocate**
   Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment.

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. Participates in our monthly ED Interdisciplinary Educational Rounds.

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

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| **MORNING** | Morning Report
 08:30 – 9:00 | Morning Report
 08:30 – 9:00 | **PGYS CORE CURRICULUM**
  (Sept-May, Mount Sinai, 9-11:30am) | Morning Report
 08:30 – 9:00 | Morning Report
 08:30 – 9:00 |
| **AFTERNOON** | ED Assessments/ Dispositions                                           | ED Assessments/ Dispositions                                           | **ADVANCED PSYCHOTHERAPY SEMINAR SERIES**
  (July-Aug, Mount Sinai, 9-12pm) | ED Assessments/ Dispositions                                           | ED Assessments/ Dispositions                                           |
|       | Handover 17:00                                                         | Handover 17:00                                                         | **SUGGESTED PGYS STUDY HALF-DAY**                                       | Handover 17:00                                                         | Handover 17:00                                                         |
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

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**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).

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<tr>
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<tbody>
<tr>
<td></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>MORNING</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>
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<tr>
<td></td>
<td>Supervision</td>
<td></td>
<td>SEMINAR SERIES</td>
<td>Feedback to Patient</td>
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<tr>
<td></td>
<td>Documentation</td>
<td></td>
<td>(July-Aug, Mount</td>
<td>Supervision</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Sinai)</td>
<td>Documentation</td>
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### AFTERNOON

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
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<tbody>
<tr>
<td>1-2 pm</td>
<td>Advanced General Psychiatry Seminar (1-2 pm)</td>
<td>Mount Sinai</td>
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<tr>
<td></td>
<td>Outpatient Follow-up Appointments</td>
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<tr>
<td>3-4 pm</td>
<td>Educational Rounds</td>
<td></td>
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<tr>
<td>1-2:30 pm</td>
<td>Advanced Psychotherapy Seminar Series (Sept-Oct, Mount Sinai, 1-2:30pm)</td>
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<td></td>
<td>Suggested PGY5 Study Half-Day</td>
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<tr>
<td></td>
<td>Other clinical work and training such as psychotherapy follow-up and supervision.</td>
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<tr>
<td>12-1 pm</td>
<td>Grand Rounds</td>
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**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.
### Senior Selective Type/Title: □ Clinical Research □ General Psychiatry / Collaborative Care

□ Part-Time (Please indicate Part-Time Version of the Selective) □ 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. Sian Rawkins</td>
<td>416-586-4800</td>
<td>4554</td>
<td><a href="mailto:srawkins@mtsinai.on.ca">srawkins@mtsinai.on.ca</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Mark Halman</td>
<td>416-586-4800</td>
<td></td>
<td><a href="mailto:mhalman@mstinai.on.ca">mhalman@mstinai.on.ca</a></td>
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<th>Hospital(s)</th>
<th>Mount Sinai Hospital</th>
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<table>
<thead>
<tr>
<th>Supervisors(s)</th>
<th>Dr. Sian Rawkins, Dr. Jared Peck, Dr. Mark Halman</th>
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<tr>
<th>Time Commitment</th>
<th>Part-Time (=1 day/week); Full-Time (=2-3 days/week)</th>
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**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)**
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

**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).

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<tbody>
<tr>
<td><strong>MORNING</strong></td>
<td>Medication Clinic / Supervision</td>
<td>Psychotherapy Patients / Supervision</td>
<td><strong>PGY5 CORE CURRICULUM</strong> (Sept-May, Mount Sinai, 9-11:30am)</td>
<td><strong>Collaborative Care Assessment</strong></td>
<td>Supervision</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td><strong>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</strong> (July-Aug, Mount Sinai, 9-12pm)</td>
<td></td>
<td>Grand Rounds 10:30am-12noon</td>
</tr>
<tr>
<td>AFTERNOON</td>
<td>Supervision of Junior Resident doing General Psychiatry Assessment</td>
<td>General Psychiatry Assessment / Supervision</td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30pm) SUGGESTED PGY5 STUDY HALF-DAY</td>
<td>Collaborative Care Follow-up / Indirect Care / Continuous Quality Improvement</td>
<td>General Psychiatry Out-Patient Follow-Up</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

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).

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<tbody>
<tr>
<td>MORNING</td>
<td>Co-located clinic in family medicine:</td>
<td>Co-located clinic in family medicine:</td>
<td>[PGY5 CORE CURRICULUM](Sept-May, Mount Sinai, 9-11:30am)</td>
<td>Senior Interview Seminar (830 – 11)</td>
<td>Grand Rounds 10:30am-12noon</td>
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<td>New assessments and follow up</td>
<td>New assessments and follow up</td>
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<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>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30pm)</td>
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| AFTERNOON | needed support for family physicians and residents in clinic  
| Joint rounds for patient review with family medicine residents | needed support for family physicians and residents in clinic  
| Joint rounds for patient review with family medicine residents | 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) | -OR- | Outpatient work with family medicine/ general ambulatory / other related outpatient psychiatry service (eg geriatrics, perinatal) | -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

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

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

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Addiction Medicine for the Psychiatrist (groups, pharmacotherapy, and research)

Inquiries

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<tr>
<th>Inquiries</th>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
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<tbody>
<tr>
<td></td>
<td>Wiplove Lamba</td>
<td>6479335511</td>
<td></td>
<td><a href="mailto:lambaw@smh.ca">lambaw@smh.ca</a></td>
</tr>
<tr>
<td></td>
<td>Tim Guimond</td>
<td>4168643082</td>
<td></td>
<td><a href="mailto:guimondt@smh.ca">guimondt@smh.ca</a></td>
</tr>
</tbody>
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Hospital(s) | St. Michael’s Hospital

Supervisors(s) | Dr. Wiplove Lamba and Tim Guimond

Time Commitment | 6 months or 1 year

**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 Addition 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.

**SAMPLE OF A TENTATIVE SCHEDULE**

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<th>MONDAY</th>
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<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>
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<td>Addiction Consultation Telemedicine (10-12am)</td>
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<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (July-Aug, Mount Sinai, 9-12pm)</td>
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<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</td>
<td>Outpatient Group Therapy (Motivational Groups and Community reinforcement Approach) 2-5 pm</td>
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**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).

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<tr>
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<tr>
<td><strong>MORNING</strong></td>
<td></td>
<td>PGY5 CORE CURRICULUM</td>
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<td>ER rounds</td>
<td>ER rounds</td>
<td>(Sept-May, Mount Sinai, 9-11:30am)</td>
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**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).

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<td>PGY5 CORE CURRICULUM (Sept-May, Mount Sinai, 9-11:30am)</td>
<td>ER rounds 8:15-10am</td>
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<td>ER assessments 10am-5pm</td>
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<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (July-Aug, Mount Sinai, 9-12pm)</td>
<td>ER assessments 10am-5pm</td>
<td>Grand Rounds 12:00noon-1pm</td>
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<td>ER assessments 10am-5pm</td>
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**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*
3. **Collaborator**
   *Work effectively with other physicians and other health care professionals*
   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).

   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.

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

   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.

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*
   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.

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

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<td><strong>MORNING</strong></td>
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<td>Urgent Care Program team meeting (12-1)</td>
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<td>Grand Rounds 12-1</td>
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<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30pm)</td>
<td>General Psychiatry Assessment Clinic (1-4:30)</td>
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<td>SUGGESTED PGY5 STUDY HALF-DAY</td>
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Collaborative Care opportunities exist most days of the week, varying depending upon the specific setting.
**Senior Selective**

**Type/Title:**  
- X Clinical  
- [ ] Research  

- [ ] Part-Time (Please indicate Part-Time Version of the Selective)  
- X Full-Time (Please indicate Full-Time Version of the Selective)

**Inquiries**

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<tr>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
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<tbody>
<tr>
<td>Dr. A. Nakhost</td>
<td>416-864-5137</td>
<td></td>
<td><a href="mailto:nakhosta@smh.ca">nakhosta@smh.ca</a></td>
</tr>
<tr>
<td>Dr. M. Levy</td>
<td>416-864-5137</td>
<td></td>
<td><a href="mailto:LevyM@smh.ca">LevyM@smh.ca</a></td>
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<tr>
<td>Dr Samuel Law</td>
<td>416-864-6060</td>
<td>x2415</td>
<td><a href="mailto:laws@smh.ca">laws@smh.ca</a></td>
</tr>
<tr>
<td>Dr Michaela Beder</td>
<td>416-864-5137</td>
<td></td>
<td><a href="mailto:BederM@smh.ca">BederM@smh.ca</a></td>
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**Hospital(s)**  
- St Michael's Hospital

**Supervisors(s)**  
- Dr. A. Nakhost, Dr. M. Beder, Dr. S. Law, and Dr. M. Levy

**Time Commitment**  
- Full Time (6 months or 1 year)

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**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 elective 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*
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).

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<td><strong>PATIENT FOLLOW UP IN THE COMMUNITY</strong> (1:00-4:30 pm)</td>
<td><strong>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</strong></td>
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<td><strong>PATIENT FOLLOW UP IN THE COMMUNITY</strong> (1:00-4:30 pm)</td>
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<td>(Sept-Oct, Mount Sinai, 1-2:30pm)</td>
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<td><strong>SUGGESTED PGY5 STUDY HALF-DAY</strong></td>
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Senior Selective Type/Title: □ Clinical Research
Health Services Research / Disadvantaged Populations

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

Inquiries
Name: Vicky Stergiopoulos  
Tel: 416-864-6060  
Ext: 6415  
e-mail: stergiopoulosv@smh.ca

Hospital(s)  
St. Michael's

Supervisors(s)  
Vicky Stergiopoulos / CRICH Faculty

Time Commitment  
Half day /week to five days/week

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.