HOSPITAL OVERVIEW

UHN offers training in the following areas:

**Core Rotations:** General Hospital, Chronic Care/Addictions, Consultation-Liaison/Collaborative Care, Geriatric Psychiatry

**Teaching Program for Core & Career Track Residents**

**Core Series for Residents** *(most seminars are now held centrally):*
1. Psychotherapy – CBT, IPT and General Psychotherapy supervision
2. Interview Seminars
3. Inpatient Journal Club
4. Grand Rounds
5. Case of the Week
6. C-L Psychiatry Journal Club
7. PGY-2 Integrative Space (Mentoring & Reflective Practice)

**Elective Seminar Series**
- Research Family Therapy, Sleep Medicine, Neurosciences, Grand Rounds Seminar
- Psychosocial Oncology Clinical Rounds, Family Therapy, Palliative Psychiatry Seminar
- Behavioural Science and Health and Psychosocial Oncology and Palliative Care Research Rounds
- Group Psychotherapy Seminar (PMH)
- Manuscript Writing Seminar (PMH)
- Research Development Rounds

Abundant opportunities for residents to receive supervision on and participate in research studies. Staff psychiatrists are very involved in research protocols, e.g.,

- Geriatrics, Eating Disorders, Women’s Mental Health, Psychosomatics, Sleep and Alertness,
- Neuropsychiatry, Psychosocial Oncology and Palliative Psychiatry, Mood Disorders, Psychopharmacology,
- Medical-surgical Psychiatry

Opportunities are available to participate in various teaching capacities, which will be supervised.
MANDATORY CORE ROTATIONS

General Hospital Sequential Inpatient-Outpatient PGY-2 Rotations

Dr. Andrea Waddell, Director, Inpatient Service
Dr. Dennis Kussin, Director, Outpatient Service
Dr. Jodi Lofchy, Director, Emergency Service

This rotation involves a 6-month inpatient experience and a 6-month outpatient experience sequentially. The placements are at the Toronto General Hospital and the Toronto Western Hospital.

Inpatient Supervisors: Drs. Robert Buckingham, Anna Skorzewska and Andrea Waddell
Outpatient Supervisors: Drs. Dennis Kussin, Martin Sviha, Dr. Sagar Parikh

Inpatient placements are part of a General Hospital Psychiatry experience, with the Resident spending 6 months learning skills important for the management of acutely ill psychiatric inpatients. Most admissions are from the emergency service and represent the full range of adult psychiatric disorders. The management of patients is done within a multi-disciplinary team. Treatment modalities include somatic therapies (pharmacotherapy and ECT), psychotherapies (individual, group, and family) and social interventions. Weekly, there is one hour of off-ward individual supervision and several hours of rounds. Residents rotate among the supervisors and gain experience in an ACU setting, as well as on a general psychiatry in-patient ward.

A monthly Journal Club is conducted for psychiatry residents and supervisors.

The 6-month outpatient experience involves the assessment and management of a broad range of patients who are referred from a variety of sources to the general outpatient clinic. The focus is on developing assessment skills and a general psychiatry integrative approach using pharmacotherapy and/or a psychotherapeutic modality. Weekly, there is an outpatient seminar plus approximately 3 hours of individual supervision. Residents can choose amongst a broad variety of part-time selective experiences. This allows for participation in community consultation/treatment, addiction psychiatry, women’s mental health, eating disorder, neuropsychiatry and urgent care clinic electives, under the supervision of senior outpatient supervisors.

CHRONIC CARE PSYCHIATRY
Supervisor: Dr. Michelle Carlier

This rotation offers residents an opportunity to work in a multidisciplinary team following the Assertive Community Treatment model, offering psychiatric care to people with serious mental illness and high-level service needs. The team's offices are in the community, where most care is delivered but close to the hospital to facilitate additional education needs. Residents will have the opportunity to assess and treat patients in vivo. They will work with a multidisciplinary team and will be exposed to issues related to program development, team management and supervision of clinicians. They will be responsible for collaboration and liaison with other community agencies, caregivers and families, as well as working with inpatient treatment teams as needed. There will be opportunities to work in a busy weekly clinic for those with less serious psychotic illnesses as well as doing other community work, e.g. at a local hostel. There will be regular daily contact with the supervisor as well as weekly supervision appointments.

UHN Collaborative Care PGY4 Experiences
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<th>Name</th>
<th>Type of Setting</th>
<th>Time eg hours/week or frequency</th>
<th>Description of Activity</th>
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<tr>
<td>Dr. Martin Svihra &amp; Dr. Monica Scalco</td>
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<td>No</td>
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<td>Dr. Marta Nova/Dr. Jennifer Braverman</td>
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<tr>
<td>Dr. Raed Hawa / Dr. Sanjeev Sockalingam</td>
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### CONSULTATION-LIAISON PSYCHIATRY

Supervisors: Drs. Susan Abbey, Diana Blank, Raed Hawa, Madeline Li, Kim Miller, Gary Rodin, Sanjeev Sockalingam, Rima Styra, Adrienne Tan, Mateusz Zurowski

Training sites include medical/surgical wards (including both general wards and subspecialty areas with an academic liaison to psychiatry - e.g. cardiovascular, oncology, transplantation, and neuroscience) and outpatient assessment and treatment of patients with medical and psychiatric comorbidities (including both individual and group modalities). Individual supervision 1 hr/wk. There are 8-10 hours of team supervision in clinics and ward rounds weekly. Academic program includes weekly case conference and the core CL Training seminar, as well as the Behavioral Science and Health seminar, Core C-L Journal Club. Elective, selective and part- or full-time placements are available at Princess Margaret Hospital.

Elective, selective and part- or full-time placements are available at Princess Margaret Hospital. Work done with cancer patients involves learning about the psychiatric aspects of cancer along the disease trajectory (diagnosis, treatment, rehab, survivorship and palliation). It also involves working with a variety of cancer site groups. Knowledge of assessment, formulation, development, coping, attachment, trauma, and biologic medicine as well as liaison with interprofessional teams are all a part of work with cancer patients and thus a part of the experience of working with cancer patients and their families. There is an increased focus on work in the ambulatory setting for those who are interested.

The CL core rotation is offered in combination with the collaborative care core rotation and is supervised by Drs. Martin Svihra, Esther Elliott and Nadiya Sunderji. Shared care clinics include 1 day per week at Access Alliance, the Toronto Western Hospital Family Practice Clinic, Taddle Creek Family Health Team and Women’s College Family Practice.

### GERIATRIC PSYCHIATRY

Supervisors: Drs. Peter Cooper, Alastair Flint, Peter Giacobbe, Ron Keren and Monica Scalco

This position offers a comprehensive experience in geriatric psychiatry in consultation-liaison, outpatient and inpatient settings. Residents will gain expertise in the assessment and management of a range of psychiatric disorders affecting the elderly. They will also learn about medico-legal and ethical issues in geriatric psychiatry. Seven hours per week of clinical and theoretical supervision is offered. In addition, a weekly seminar series in geriatric psychiatry is available to residents. The position fulfills Royal College requirements for geriatric psychiatry training.

### Grand Rounds:

Residents in the Department of Psychiatry are required to present Grand Rounds once every academic year. Grand Rounds serves as an important group learning activity that is an integral component of residency training.
for and presenting Grand Rounds provides residents with excellent training in the CanMEDS Scholar and Collaborator roles.

Grand Rounds take place Fridays from 12:00 noon to 1:00 p.m., September to June and rotate between our Toronto General and Toronto Western locations. Residents should contact Dr. Rima Styra if they plan to present Grand Rounds at UHN. Grand Rounds presentations by staff, residents or visiting consultants are expected to be based on clinical material. A “Best Grand Rounds” prize is awarded annually to a resident by our Education Committee based on notes and ratings recorded at the time of the Grand Rounds.

At UHN we also offer a Grand Rounds Seminar with Dr. Jodi Lofchy which is comprised of one 2-hour session available to those interested in becoming more proficient in the preparation of Grand Rounds presentations. This seminar outlines the steps involved in Grand Rounds preparation. Tips will be given on how to approach the literature, create good slides, avoid bad slides and use multimedia tools. Handling difficult questions from the audience will also be addressed. This seminar has been well attended by both UHN residents as well as residents from others sites.

**Psychotherapy:**

Learning the basic principles and application of various psychotherapeutic modalities forms one of the cornerstones of training in psychiatry. The diversity and depth of experiences in psychotherapy available through the University of Toronto residency program is reflected in the various opportunities for psychotherapy training at the University Health Network, which is composed of three primary sites: Toronto General Hospital, Toronto Western Hospital, and Princess Margaret Hospital. Doing and learning about psychotherapy provides an opportunity for residents to develop the capacity to listen carefully and to understand nuanced individual and/or group experiences. Psychiatrists are in a unique position amongst physicians and other mental health professionals in that psychiatric practice allows for an understanding of the human experience that is informed by the integration of various perspectives – biological, psychological, social, and in some circumstances spiritual (for example, with cancer patients at Princess Margaret Hospital). As such, psychiatrists view patients through various lenses - the objective (e.g., what is measured) and subjective (e.g., what is felt or experienced). Psychotherapy training is an opportunity to develop your skills in the understanding of subjective experience and how it can profoundly affect an individual’s perception of themselves, their relationships (including the doctor-patient relationship), and the problems that they experience that lead to distress and suffering.

The various psychotherapeutic modalities you will learn and practice over the course of your residency (and beyond) may conceptualize human experience in different ways, but all, I believe, hope to relieve suffering and to facilitate a developmental process within patients - whether it be, for example, through a greater sense of agency, more balanced ways of thinking, or a more flexible and expanded interpersonal repertoire.

**Psychotherapy Experiences**

**Individual Psychotherapy**

1. Psychodynamic Psychotherapy
2. Cognitive Behavioural Therapy (CBT)
3. Interpersonal Psychotherapy (IPT)

**Multi-person/Group Psychotherapy**

4. Group Therapy
5. Marital/Couples Therapy

**Elective/Other Experiences**

a. Mindfulness Based Stress Reduction (MBSR)
b. Acceptance and Commitment Therapy (ACT)
c. Managing Cancer and Living Meaningfully (CALM)
**Research:**

Clinical programs in the Department of Psychiatry, University Health Network (UHN) are grouped within two divisions: i) the division of Medical Illness and Mental Health, which includes medical and surgical psychiatry (including hospital-based consultation liaison psychiatry), neuropsychiatry, and psychosocial oncology, and ii) the division of General and Special Population Psychiatry, which includes eating disorders, general psychiatry and community mental health and addictions, geriatric psychiatry, and women’s mental health. Research electives, senior year research selectives, and supervision for residents enrolled in the Clinician Scientist Program are available in each of these programs. In addition, research into mood disorders, including psychopharmacology and neuromodulatory treatments (ECT, TMS, and DBS), is one of the foci within the department and cuts across many of these clinical programs. Residents may be involved in ongoing research within the department or pursue their own research project, depending on their experience, goals, and time.

Many researchers in the UHN Department of Psychiatry have appointments in the University of Toronto’s School of Graduate Studies (SGS), and are therefore available to supervise residents who wish to pursue a MSc or PhD in research through the SGS. Residents who are working in the UHN Department of Psychiatry have the opportunity to apply for funding for pilot projects through the department’s annual research competition.

Residents who wish to know more about research opportunities at UHN are welcome to contact the department’s research director, Dr. Alastair Flint, by email (alastair.flint@uhn.on.ca). Alternatively, a resident who has a specific research supervisor in mind may contact that supervisor directly to discuss research opportunities.

**Seminars:**

**Core Seminars**
- Psychotherapy – CBT, IPT and General Psychotherapy supervision
- Interview course
- Inpatient Journal Club
- Grand Rounds
- Case of the Week
- C-L Psychiatry Journal Club
- PGY-2 Clinical Seminar

**Elective Seminars**
- Research Family Therapy, Sleep Medicine, Neurosciences Psychosocial Oncology Clinical Rounds, Family Therapy, Palliative Psychiatry Seminar Behavioural Science and Health and Psychosocial Oncology and Palliative Care Research Rounds, Group Psychotherapy Seminar (PMH), Manuscript Writing Seminar (PMH), Research Development Rounds; ER Survival Seminar series (2)

**Supervision:**

In addition to the Core Rotation supervisors, residents have the opportunity to work with staff in the following selectives:

**Medical-Surgical (C/L) Psychiatry Senior Selective Rotation**

UHN offers a wealth of opportunities for the career-track resident in medical-surgical (C/L) psychiatry. A career-track year can be customized to meet the training needs of the resident. The year (or six months) could be organized by medical disease (cardiac disease, end-organ failure & transplantation, cancer, neurological diseases), treatment modality (psychotherapy including brief psychodynamic therapies, cognitive therapy, interpersonal psychotherapy; pharmacotherapy; group therapy), or could be focused on medical education (the C/L service is a major educator of clinical clerks and PGY1’s) or to prepare for a career in general C/L psychiatry. Princess Margaret Hospital has a vibrant
Psychosocial Oncology and Palliative Care Department with placements available on the clinical service, research or education (or blended positions). Elective, selective and part-or full-time placements are available. Work done with cancer patients involves learning about the psychiatric aspects of cancer along the disease trajectory (diagnosis, treatment, rehab, survivorship, and palliation). It also involves working with a variety of cancer site groups. Knowledge of assessment, formulation, development, coping, attachment, trauma, and biologic medicine as well as liaison with interprofessional teams are all a part of work with cancer patients and thus a part of the supervision experience of working with cancer patients and their families. Placements are tailored to the resident’s individual objectives and goals.

UHN has a rich multi-disciplinary team, an active academic program and opportunities for supervision by individuals with a range of interests, expertise, and disciplines. There are multiple opportunities for scholarly activities of interest to the resident. Potential supervisors include: Drs. Susan Abbey, Esther Elliott, Raed Hawa, Diana Blank, Sanjeev Sockalingam, Rima Styra, Adrienne Tan, Mateusz Zurowski, Gary Rodin, Mary Elliott, and Kim Miller.

Contact Dr. Susan Abbey (416-340-4447) to discuss opportunities as a senior selective resident at TGH/TWH or Dr. Gary Rodin (416-946-4501, ext. 5846) at PMH.

**The Mood Disorder Psychopharmacology Unit (MDPU)-Senior Selective**

The Mood Disorder Psychopharmacology Unit (MDPU) at the UHN provides trainees an opportunity to be an integral member of an academic clinical research centre specializing in the diagnosis and treatment of mood disorders. The MDPU receives a high volume of clinical referrals providing for trainees ample opportunity to observe a consultative multidisciplinary approach. For trainees that are interested, research opportunities are varied and include both descriptive and interventional studies. The MDPU is the lead site of the International Mood Disorders Collaborative Project (IMDCP), a collaborative endeavour between the MDPU and the Cleveland Clinic, Cleveland, Ohio, USA. The IMDCP is a research platform that captures demographic, phenomenological, as well as anamnestic information regarding most individuals entering the program. The IMDCP is the repository of information providing the basis for descriptive studies. The MDPU is particularly interested in hypothesis generating and hypothesis testing studies that involve neuroendocrinology, neuropsychology, and neuroimaging. The MDPU regularly has trainees across multiple disciplines at various levels from local, national, and international universities.

Contact: Dr. Roger S. McIntyre, Head, Mood Disorders Psychopharmacology Unit (www.mdpu.ca) Telephone: 416-603-5279 or via email: roger.mcintyre@uhn.on.ca

**Psychosocial Oncology and Palliative Psychiatry Senior Selective**

Set in Canada’s largest cancer hospital, Princess Margaret Hospital, the Psychosocial Oncology and Palliative Psychiatry Selective allow the senior resident to construct the rotation according to their interests and needs. There are a breadth of opportunities in the domains of clinical, education, and research. All residents get to hone and extend their diagnostic and formulation skills as work with cancer patients involves an understanding of development, coping, attachment, trauma, and biologic medicine. It also involves learning about the psychiatric and psychosocial aspects of cancer along the disease trajectory (prevention, detection, diagnosis, treatment, rehab, survivorship, palliation and end-of-life care. Exposure to a variety of cancer site groups is ensured. Liaison and interprofessional practice are also skills that are acquired in this placement. Depending on interest, there is the opportunity to set up individual or group psychotherapy supervision. Mindfulness-based stress reduction is another skill that is taught in the POPC. Research, writing, and education options are available according to the resident’s objectives and goals.

**Eating Disorders Senior Selective Rotation**

Career training in eating disorders is provided through clinical involvement in the Eating Disorders Program at Toronto General Hospital. A typical experience would involve working with a mixture of inpatients, day hospital patients, and outpatients.

Residents negotiate with staff (Dr. B Woodside, P. Colton) their primary placement within the program, usually attached to one of the two intensive treatment streams (inpatients or day hospital). Residents work both with patients in these intensive treatment streams and with selected outpatients. Residents will have significant exposure to group therapy and cognitive-behavioural therapy, and family/marital therapy, and may select one or more of these therapeutic modalities in which to receive intensive training.
There are also rich opportunities for involvement in research within the program.

There is a small ACT-like program in which residents may also work. Residents interested in this part of the program should contact Dr. A. Kaplan at 416-535-8501.

There is daily contact with staff as well as specific supervision. Research rounds are held monthly at TGH. Interested residents should contact Dr. B. Woodside (416-340-4445) or Dr. P. Colton (416-340-4923) to discuss their interest in this opportunity.

Neuropsychiatry Senior Selective Rotation

This is an opportunity to gain experience in one, or several of the following areas:

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**Dr. Paul Sandor**  Neuropsychiatric Issues and Management of Developmental Disorders of Childhood Onset Obsessive Compulsive Disorder, Attention Deficit Disorder, Tourette’s Syndrome, Learning Disabilities, Autistic Spectrum Disorders.

**Dr. Sherese Ali**  Neuropsychiatric Issues in Patients with Epilepsy, Rheumatological diseases and traumatic brain injury

**Dr. Chanth Seyone**  Assessment and Management of Patients with Acquired Brain Injury.

**Dr. Colin Shapiro**  Neuropsychiatric Manifestations of Sleep Disorders & Sleep Disturbances in Psychiatric Disorders.

**Dr. Mateusz Zurowski**  Chronic Pain Disorders.

**Dr. Mateusz Zurowski**  Neuropsychiatry of Parkinson Disease, Dystonia and Psychogenic Movement Disorders.

**Dr. Raed Hawa**  Sleep Medicine/Sleep Psychiatry

The residents will gain experience assessing and managing a wide variety of patients in outpatient and C/L settings, with the support of supervisory staff. All the supervisors subscribe to bio-psycho-social model for understanding and formulation of patients. Past residents have typically enhanced not only their knowledge of the psychological impact of the above conditions on the individual and the family, but also acquired a new appreciation of psychopharmacologic management.

Intellectual stimulation is provided by a continuing series of seminars conducted by various leaders in their field (for a list of seminar topics and speakers from previous year contact Sharon Chung at 416-603-5275).

Interested residents will have an opportunity to learn about research design and methodology by observing or participating in projects which are currently in progress. Residents can work with a neurologist in the Outpatient clinic to enhance their knowledge of neurological issues and to hone their neurological assessment skills. Additional experience in neuroimaging can be arranged in the Department of Radiology. There is also an opportunity to learn about neuropsychological assessment techniques and the interpretation of such test results.

Contact Information:

Dr. Paul Sandor: e-mail paul.sandor@uhn.on.ca, tel. 416-603-5794

Dr. Colin Shapiro at 416-603-5273 Clinical Neuropsychiatry Senior Selective

This Selective provides clinical experience in subspecialty neuropsychiatry clinics including acquired brain injury (stroke, trauma, tumour, hemorrhage on diffuse CNS disorders), neuropsychiatric aspects of epilepsy and epilepsy surgery, sleep disorders, movement disorders, central nervous system effects of rheumatic diseases, with a focus on lupus and clinical experience in transcranial magnetic stimulation. Some time is allotted for learning activities including bimonthly journal club and weekly epilepsy rounds. Trainees work with a number of staff per week, with one principal supervisor. The objectives of the rotation are to increase awareness of the psychiatric complications of neurological disorders, to increase knowledge, skills and clinical competence in managing patients with neuropsychiatric disorders, and to gain a better biological understanding of psychiatric symptoms in the context of
the above neurological disorders. Small-scale research and publication with any of the staff is encouraged but not obligatory.

Contact information: Dr. Sherese Ali, Department of Neuropsychiatry 7th Floor Main Pavilion, Room 430 Toronto Western Hospital, Tel: 416 603 5800 X3996, Fax: 416 603 5292, Email: sherese.ali@uhn.on.ca

**Comprehensive Care of Acquired Brain Injury - Senior Selective**

**Supervisor(s):** Drs. Chanth Seyone/Minella de Souza

**Place:** Toronto Western Hospital; Department of Neuropsychiatry; ABI Clinic

**Time:** 3-6 months

**Residents:** 1

**Inquiries:** Dr. M. de Souza, tel.: 416-603-5009

The Acquired Brain Injury Clinic in the Department of Neuropsychiatry provides comprehensive management of behavioural and psychiatric problems in the brain injured person, both adult and children. The emphasis is on the management of the subacute and chronic stages. Consultations and various therapies are provided. Patients are referred by community family physicians, specialists, community agencies, and rehabilitation teams and for medicolegal purposes. Unique opportunities include an opportunity to observe medico-legal assessments, community based treatments, psychotherapy in the brain injured population as well as Quantitative EEG diagnostic and EEG based biofeedback treatment methods.

Residents actively participate in consultations, assessments, and ongoing treatment. They receive individual, weekly or biweekly supervision of their cases, including psychotherapy supervision, from one of the staff psychiatrists. They learn about the psychosocial, neuropsychiatric and psychotherapeutic aspects of ABI. They will also gain first-hand knowledge of community resources available to people affected by ABI.

A 3-6 month selective is offered for senior residents wishing to learn about the ABI. Residents will initially observe and then increasingly participate in this process until they can work on their own. The resident will be supervised by Dr Seyone and Dr. de Souza and will be given the opportunity to work in areas of their interests.

**Psychiatric Neuroelectrophysiology – Senior Selective**

**Supervisor(s):** Dr Minella de Souza

**Place:** Toronto Western Hospital; Department of Neuropsychiatry;

**Time:** Senior Residents: from a minimum of one day a week for 12 weeks to 3 months.

**Inquiries:** Dr. M. de Souza, tel.: 416-603-5009

The elective is a clinically focused one and designed primarily for senior residents. The resident is expected to participate in assessments as well as treatments, which include pharmacotherapy, psychotherapy as well as EEG based biofeedback.

Objective: To provide the resident an objective framework of conceptualizing neuropsychiatric conditions and to understand the underlying physiology of various operations and functions, such as attention and memory in the brain through Quantitative methods of analyzing EEG.

On completion of this elective the resident will have

- **Knowledge:** Enhanced knowledge of the physiology of the brain and the value and potential of EEG in neuropsychiatry through the various metrics that constitute the EEG such as frequency, spectral power, coherence, phase measures, etc,
- **Skills:** to be able to link clinical history and symptom and create hypothesis regarding localization of function in the brain.
Attitudes and/or awareness of the Neurophysiological underpinnings of psychiatric disorders

This elective is being offered at the department of Neuropsychiatry at TWH; diagnosis (both clinically and through QEEG analysis) as well as treatment (which includes EEG guided biofeedback) is provided to both children and adults. Patients have conditions that include Traumatic Brain Injury, Conversion Disorders (including Psychogenic Movement Disorders and Non Epileptic Seizures), movement disorders, and developmental challenges including autism and learning challenges.

Depending on the interest of the resident the following topics can be covered:

1. Review of literature regarding the use of EEG in neuropsychiatry. (TBI, Conversion Disorders (motor subtype), Seizures, Learning disability, Autism spectrum disorders, OCD, anxiety, psychosis)
2. Going beyond conventional visual analysis. Reliability measures of visual versus quantitative EEG.
3. EEG compared to fMRI; spatial, temporal resolution; cost
4. Briefly review Conventional EEG visual analysis; review procedures including identification of background features and gross pathology.
5. A history of the controversies that led to the delay in utilization of Quantitative EEG as a diagnostic tool for neuropsychiatric conditions.
6. Quantitative EEG: EEG metrics such as frequency, power, amplitude, and connectivity measures including phase relations and how these inform us about the working of the brain. Visual analysis tools including LORETA time domain, event marking, etc.
7. LORETA – Hypothesis testing, Source correlation, linking 3D sources to the surface EEG & Localization of Function
9. Hagemann’s modules, Default state network and concepts of the self
10. EEG based biofeedback
11. Review other methods of non-invasive brain stimulation for diagnosis (Evoked potentials) and treatment (TMS, tDC’s, caloric stimulation).

Women’s Mental Health Senior Selective Rotation
These positions offer experience in the outpatient assessment and treatment of disorders of special significance to women. This program focuses on mood disorders related to:

1. obstetrical/gynecologic conditions (e.g. pregnancy, pregnancy loss, postpartum disorders, menopausal disorders, etc...)
2. the psychological impact of violence (e.g. domestic violence, sexual harassment, stalking, abuse of patients/clients, etc...).

Staff have expertise in the use of psychotropic medication in pregnancy and postpartum. Consultation, assessment and short-term therapies are provided. Three hours per week of 1:1 supervision is available.

Contact: Dr. Gail Robinson, tel.:416-340-3048.

Psychotherapy Senior Selective Rotation
Contact: Dr. Gary Rodin

This elective rotation based at the Princess Margaret Hospital will provide an in-depth experience in the psychological and psychiatric aspects of cancer. This rotation will emphasize approaches to understanding and to psychotherapeutic intervention in individuals with cancer as well as in the diagnosis and treatment of psychiatric disorders in this population. Clinical experience and supervision will also be available in a variety of modalities including individual dynamic therapy, group therapy, mindfulness meditation and in palliative care. Opportunities will be available to participate in research on self-concept, quality of life, family and marital impact of cancer, mindfulness meditation, pain, depression and the will to live in this population and end of life care.

General Psychiatry Senior Selective Rotations
Toronto Western Hospital:
Supervisor: Dr. Dennis Kussin

This rotation offers residents an opportunity to do outpatient psychiatry assessing and treating adult patients with a wide spectrum of ages, diagnoses and severity of dysfunction. The theoretical approach is integrative/eclectic with an emphasis on tailoring therapies to the needs of the patient and developing expertise in using multi-modal approaches. The experience can include or be primarily a rotation in Community Mental Health with culturally sensitive and language specific services. Supervision includes weekly direct observation of interview techniques as well as weekly case discussions with a multidisciplinary team.

Toronto General Hospital: Acute Inpatient Care

Supervisors: Dr. R. Buckingham, Dr. A. Skorzewska, Dr. A. Waddell

Positions: two six-month or one-year Senior Elective rotations

The inpatient service has been a desirable rotation for PGY2 residents during their mandatory six month rotation. The unit is involved in an initiative to improve and study ‘best practices” with respect to a psychiatric inpatient multidisciplinary team. Weekly rounds are now held including patients and all members of the multidisciplinary team in setting and working towards their own goals for admission. Ongoing attempts are being made to study and enhance multi-disciplinary team functioning.

This career track position will offer training in the following:

a) acute and crisis management of adult psychiatric disorders including a balance of patients with severe depression, bipolar affective disorder and schizophrenia

b) participation and leadership on a multidisciplinary team

c) supervision of medical students and junior residents

d) an opportunity to participate and expand quality improvements and research into inpatient best practices

e) an opportunity to plan and implement select transitional services for discharged general psychiatry inpatients such as aftercare groups.

Emergency Psychiatry Senior Selective Rotation

Supervisors: Drs. Lofchy, Brar and Svihra

This rotation offers residents a breadth of experience clinically, and in opportunities for involvement in teaching clerks, PGY1s and crisis workers, as well as taking part in program planning. The experience can be tailored to focus on urgent care clinics and thus, short-term crisis therapies and/or emergency room liaison and/or the Psychiatric Emergency Services Unit. Supervision will occur weekly with a primary supervisor for direct observation of interview techniques and additional supervision will be tailored to the resident’s interest, e.g., brief psychotherapy; education.

Teaching:

Being involved in the Undergraduate Education program is an important component of the UHN resident experience and one that is highly valued by the Department. Teaching medical students keeps work fun and fresh, and clarifies clearly what we know and what we don’t. There are many opportunities for teaching at UHN. Pre-clerkship teaching
includes resident involvement in ASCM 1, a first year interviewing course that runs on 6 Friday mornings in the fall, and ASCM 2 Psychiatry interviewing which would involve a 4-week consecutive commitment teaching alongside staff on Thursday mornings over the academic year. Clerkship teaching includes direct one-on-one supervision of clerks, on-call teaching, and opportunities to participate in delivering seminars, including the resident-run Personality Disorders Course. Individual supervision around teaching is available and residents are encouraged to take part in a summer series on Teaching to Teach which UHN staff is involved in that occurs at the Clarke site of CAMH. Recognition for teaching at UHN is significant with opportunities to win Wightman-Berris, University Departmental and UHN Psychiatry Teaching Awards.