ROTATION- SPECIFIC EDUCATIONAL OBJECTIVES – COMPETENCY BASED MEDICAL EDUCATION (CBME) 2018-2019
Table of Contents

LONGITUDINAL AMBULATORY EXPERIENCE I .........................3
LONGITUDINAL AMBULATORY EXPERIENCE II .......................7
Goals

Upon completion of this rotation, the resident is expected to be competent in the care of low-to-moderate complexity outpatients. Residents must display the requisite knowledge, skills and attitudes to provide safe, patient-centred care. In all aspects of specialist practice, the resident must be able to address issues of gender, sexual orientation, age, culture, ethnicity, spirituality and ethics in a professional manner.

Objectives

Medical Expert – Knowledge

At the conclusion of the rotation, the trainee will acquire “introductory knowledge” (the ability to recognize, identify or describe principles) as demonstrated by the ability to:

- Define the components of a comprehensive psychiatric interview.
- Describe the standards of documentation required by the College and specific hospital setting.
- Identify major psychotropic medication classes and their indications.
- Name the DSM-5 diagnostic criteria for common mood disorders, psychotic disorders, anxiety disorders and common comorbid substance use disorders (i.e., nicotine, alcohol, cannabis, opioid).

At the conclusion of the rotation, the trainee will demonstrate “working knowledge” (the ability to understand the major textbooks and literature and apply it in clinical care) in the following areas as they relate to the ambulatory setting:

- Capacity / Competence
- Confidentiality
- Consent
- Culture and spirituality
- Stigma
- Suicide, self-harm, or harm directed towards others
- Etiology, symptoms, course of illness and treatment of:
  - Anxiety disorders
  - Adjustment disorders and V codes (noncompliance, malingering, antisocial behavior, borderline IQ, bereavement, academic and occupational problems, cognitive decline, phase of life)
  - Alcohol and other substance abuse disorders
  - Delusional disorders and other psychoses
  - Personality disorders
  - Mood disorders
  - Schizophrenia
**Medical Expert - Clinical Skills**

At the conclusion of the rotation, the trainee will demonstrate the following skills:

**Assessment and Evaluation**
- Obtain necessary historical data elements including essential positives and negatives and information to clarify the course of illness and previous episodes.
- Perform an appropriate and accurate mental status examination for the purposes of diagnosis and management.
- Consistently screen for and identify high risk findings on mental status examination.
- Demonstrate consideration of safety/risk for patient and provider in ambulatory settings (e.g., see patients during working hours, uses interview room with sufficient space, follows site-specific safety practices)
- Routinely conduct risk assessment and identify common modifiable and non-modifiable risk factors.
- Consistently establish and maintain an effective working relationship

**Diagnostic Skills**
- Construct a reasonable provisional diagnosis and differential diagnosis informed by the history and current presentation.

**Comprehensive Psychiatric Management**
- Develop a treatment plan in collaboration with the patient that is informed by evidence, patient preference, risk assessment and resource availability

**Pharmacotherapy**
- Assess suitability for, and initiate appropriate psychopharmacological treatments for mood disorders, schizophrenia and anxiety disorders.
- Select treatments based on clinical indication and relevant evidence including practice guidelines.
- Identify common and dangerous side effects of frequently used treatments.
- Provide patient education on common and dangerous side effects of prescribed treatments.

**Documentation**
- Demonstrate safe documentation practices including: timely completion of notes, medication reconciliation, patient allergies and legibility.
- Produce documentation that includes relevant risk factors and rationale for treatment plan.
Communicator

At the conclusion of the rotation the trainee will demonstrate the ability to:

- Respect patient confidentiality, privacy and autonomy
- Listen effectively
- Be aware of and responsive to nonverbal cues
- Facilitate a structured clinical encounter effectively
- Gather information about a disease and about a patient’s beliefs, concerns, expectations and illness experience
- Consistently display an empathic, curious and non-judgmental stance when working with patients.
- Display a positive and welcoming stance towards the involvement of the family in the assessment and/or follow-up care.

Collaborator

At the conclusion of the rotation the trainee will demonstrate the ability to:

Ensure safe transitions in ambulatory care by consistently demonstrating the following practices:

- Produce progress notes that are legible, structured and timely
- Identify key safety issues and plans for ongoing care in consultation reports and progress notes.
- Communicate treatment plans to outside care providers with timely written summaries.
- Participate in medication reconciliation.

Effectively work with a patient’s support network by consistently demonstrating the following practices:

- Seek out and synthesize information from other sources, such as a patients’ family, caregivers and other professionals with consideration of issues of privacy and consent
- Regularly liaise with outside health care professionals and both formal and informal supports (e.g., case manager, social worker, consulting services, primary care provider, family and friends) as appropriate.
- Work with others to assess, plan, provide and integrate care for individual patients
- Participate in interprofessional team meetings
- Provide timely written updates on a patient’s care to the referral source

Leader

At the conclusion of the rotation the trainee will demonstrate the ability to:

Effectively prioritize clinical, educational and personal demands in order to provide safe patient care as demonstrated by:

- Completion of all clinical tasks including assessments, appointments, phone calls and documentation in a timely manner.
- Communication of absences in a timely manner to supervisors, patients and co-workers.
- Obtain coverage from another physician for all absences or leaves.
- Communicating the coverage plan to ensure patients and other health care providers can access help when needed (e.g. update voicemail and email, inform patients and key staff)
Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care as demonstrated by the trainee’s ability to:

- Describe the different levels of care available to ambulatory patients
- Describe how to access different level of care in their clinical setting.
- Identify the average wait time for different services in their clinical setting.
- Discuss the role of patient safety when considering resource allocation.

Health Advocate

At the conclusion of the rotation the trainee will demonstrate the ability to:

- Describe the practice community that they serve in their ambulatory setting.
- Identify relevant determinants of health when assessing patients and developing treatment plans.
- Identify the common sources of support available to patient and their role in identifying need and facilitating access if indicated.
- Work with patients and their families to increase their opportunities to adopt healthy behaviours.

Scholar

At the conclusion of the rotation the trainee will demonstrate the ability to:

- Identify current best practice guidelines related to a patient’s presenting problem
- Access reliable medical information via electronic databases
- Share relevant literature with supervisor
- Collaboratively identify learning goals with supervisor and follow-up on progress in supervision.
- Access relevant supplementary literature and texts to inform case discussions in supervision.

Professional

At the conclusion of the rotation the trainee will demonstrate the ability to:

- Exhibit appropriate professional behaviours and relationships in all aspects of practice including honesty, integrity, respect for diversity, and maintenance of confidentiality.
- Use non-stigmatizing language in clinical discussions.
- Display respect in interactions with patients and colleagues.
- Identify and access relevant College, University and local hospital policy documents.
- Recognize ethical issues encountered in practice and uses supervision to reflect upon them.
- Display openness to feedback on lapses in professional behaviour.
- Identifies areas of uncertainty and seeks supervision.
- Discuss the impact of stress and burnout on clinical decision making.
- Exhibit professional behaviours in the use of technology-enabled communication including (but not limited to): email, telephone, voicemail and fax.
General Longitudinal Ambulatory Experience (LAE) II

Fundamentals of Ambulatory Clinical Practice

Goals
Upon completion of this rotation, the resident is expected to be competent in providing ambulatory care to a mix of low-to-moderate complexity outpatients with a minimum of 5 hours per week of direct clinical care. Residents must display the requisite knowledge, skills and attitudes to provide safe and patient-centred care to individual patients as well as performing the day-to-day tasks required in coordinating an ambulatory clinic. In all aspects of specialist practice, the resident must be able to address issues of gender, sexual orientation, age, culture, ethnicity, spirituality and ethics in a professional manner.

Objectives

Medical Expert - Knowledge
At the conclusion of the rotation, the trainee will demonstrate the ability to:

- Describe the following characteristics of commonly used medications: generic name, starting dose, therapeutic dose range, onset of action, common side effects and severe adverse events.
- Name the DSM-5 diagnostic criteria for common mood disorders, psychotic disorders, anxiety disorders and common comorbid substance use disorders (i.e., nicotine, alcohol, cannabis, opioid) including relevant course and episode specifiers.
- Describe the administration and scoring of the following scales: PHQ-9, Beck Depression Inventory (BDI) and AIMS (Abnormal Involuntary Movements Scale).
- Describe the major psychopharmacological and psychological interventions in evidence-based treatment plans for common psychiatric disorders including Major Depressive Disorder, Bipolar Disorder Anxiety Disorders, and Psychotic Disorders.
- Apply the research literature, practice guidelines and practice standards to the assessment and treatment of:
  - Suicide, self-harm, or harm directed towards others
  - Anxiety disorders
  - Alcohol and other substance abuse disorders
  - Personality disorders (Primary or Comorbid)
  - Mood disorders
  - Schizophrenia

At the conclusion of the rotation, the trainee will demonstrate “working knowledge” (the ability to understand the major textbooks and literature and apply it in clinical care) in the following areas as they relate to the ambulatory setting:

- Confidentiality
- Common medical comorbidities – diabetes, chronic pain, obesity, Hepatitis C
- Gender identity
- Culture and spirituality
- Stigma

Medical Expert - Clinical Skills
At the conclusion of the rotation, the trainee will demonstrate the following skills:
Assessment and Evaluation
• Use a flexible interview approach that reflects application of diagnostic reasoning including thorough screening of common comorbidities related to presenting complaint.
• Identify and explore issues to be addressed in a patient encounter effectively, including the patient’s context, preferences, and relevant safety issues.
• Perform consultations, present well-documented assessments and propose recommendations.
• Recognize urgent problems that may need the involvement of more senior colleagues and engage them in a timely manner.

Diagnostic Skills
• Construct a provisional diagnosis and differential diagnosis (using DSM-5 terminology) informed by a formulation of current presentation, relevant developmental history and interpersonal patterns.
• Identify comorbidities (both psychiatric illness and other medical conditions) may affect the patient’s presentation.

Comprehensive Psychiatric Management
• Develop a treatment plan that includes psychopharmacological and psychotherapeutic interventions informed by evidence, patient preference, risk assessment and resource availability.
• Identify comorbidities and determine, with supervision, how management plans may need to be modified.
• Review the treatment plan and rationale with a patient and their supports (e.g., family, friends or care providers), providing clarification and addressing areas of concern or disagreement.
• Anticipate common issues arising in implementing the treatment plan in ongoing care and uses case review and supervision to develop an approach and modifications to the plan.
• Identify patients who are suitable for discharge from ambulatory psychiatric care and develop discharge plans in consultation with the patient and their health care provider.

Medication Prescribing & Monitoring:
• Determine the adequacy of current medication trials (e.g., dose, duration, adherence).
• Identify partial response and non-response and determine appropriate next step.
• Describe monitoring requirements for all commonly used medications including bloodwork and focused physical exam and integrate these requirements into clinical care.
• Select treatments based on indication and relevant evidence including practice guidelines and informed by patient preference and practical issues.
• Coordinate a switch from one agent to the next including assessing need for wash-out, cross-titration and baseline monitoring or investigations.
• Ensure that patients and their families are informed about the risks and consequences of each choice of treatment in the context of best evidence and guidelines.

Practice Management
• Prioritize clinical duties considering the needs of current patients (including: diagnosis, acuity and treatment plan) and balancing other professional and educational duties.
• Develop and implement an effective approach to common practice issues including: no-shows, late attendance, medication refills, treatment non-adherence.
• Describe and apply an approach to records management including (but not limited to): creation of new charts, structure of records, updating patient information, timely documentation, secure storage and dealing with closed files.
• Demonstrate safe documentation practices including: medication reconciliation, allergies, legibility and clarity in communication of key clinical issues.
• Develop and implement an approach to managing scheduled absences including obtaining coverage, providing handover, updating telecommunications (voicemail, fax, email) and communicating the plan to patients, colleagues and other care providers.

**Communicator**

**At the conclusion of the rotation the trainee will demonstrate the ability to:**

• Conduct a patient-centred interview gathering relevant biomedical and psychosocial information for common presentations in ambulatory care, including but not limited to: first episode of illness, recurrent illness, chronic illness and unstable or deteriorating illness.
• Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to patient cues.
• Integrate and synthesize information about the patient’s beliefs and values with biomedical and psychosocial information.
• Provide patient and family education regarding diagnosis, prognosis and management plan using strategies to verify patient understanding.
• Remain attentive to ongoing relationship with patient and support system.
• Identify treatment impasses including: non-adherence, non-attendance and alliance ruptures and apply their understanding of patient to identify management strategies.
• Maintain patient records that are up to date and include documentation of relevant risk with a level of detail in keeping with clinical presentation.
• Compose consultation notes that address the presenting complaint and provide a succinct synthetic description of key problems and outline feasible treatment recommendations.

**Collaborator**

**At the conclusion of the rotation the trainee will demonstrate the ability to:**

• Coordinate care plans with outside health care professionals and both formal and informal supports (e.g., case manager, social worker, consulting services, primary care provider, family and friends) as appropriate.
• Anticipate upcoming discharges from ambulatory practice and engages other care providers and patient in discharge planning.
• Consistently communicate discharge plans to outside care providers with timely written summaries including specific instructions regarding need for reassessment or emergency care.

**Leader**

**At the conclusion of the rotation the trainee will demonstrate the ability to:**

• Develop individual treatment plans that consider evidence, patient preference and cost effectiveness at the individual patient level.
• Identify common resource and accessibility challenges in ambulatory practice including topics such as: wait times, barriers to access, and balancing individual and societal needs in treatment planning and discharge.
• Describe the process for reporting patient-safety related issues including institution-specific requirements and Health Canada Adverse Drug Reporting.

**Scholar**

**At the conclusion of the rotation the trainee will demonstrate the ability to:**
• Reflect upon patient encounters and ambulatory care practice issues to identify and formulate a practice-related question.
• Access relevant literature including practice guidelines, research studies, and textbooks to address practice-related questions and provide verbal or written summaries to colleagues and supervisors of key findings.
• Demonstrate the ability to tailor available evidence and guidelines to the individual patient, their preferences and specific circumstances with supervision.

Health Advocate
At the conclusion of the rotation the trainee will demonstrate the ability to:
• Describe barriers to health that may affect the ambulatory population including: education, gender, employment, access to care and stigma.
• Identify common areas of risk in ambulatory psychiatric patients (e.g., nicotine dependence; diabetes; poor nutrition, absence of primary care provider) and supports patients in achieving improved health status.
• Complete documentation required for patient access to supports and services including: Ontario Disability Support Program, Short-term Disability forms, Employment Insurance, Community Care Access Centre and supportive housing applications.

Professional
At the conclusion of the rotation the trainee will:
• Exhibit appropriate professional behaviours and relationships in all aspects of practice including:
  o Displaying honesty, integrity, respect for diversity, and maintenance of confidentiality.
  o Using non-stigmatizing language in clinical discussions.
  o Displaying respect in interactions with patients and colleagues.
  o Recognizing ethical issues encountered in practice and uses supervision to reflect upon them.
  o Displaying openness to feedback on lapses in professional behaviour.
  o Demonstrating appropriate use of technology-enabled communication including (but not limited to): email, telephone, voicemail and fax.
• Use clinical supervision to reflect on personal experiences with challenging situations and integrate skills that support adaptation and recovery.
• Identify and access relevant College, University and local hospital policy documents related to the standards and guidance for managing an ambulatory clinic.
• Manage competing personal and professional priorities consistently.