CORE
ROTATION- SPECIFIC
EDUCATIONAL
OBJECTIVES
2017-2018
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ADDICTION PSYCHIATRY

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PLEASE READ THE SPECIFIC TRAINING OBJECTIVES FOR CHRONIC CARE PSYCHIATRY

MEDICAL EXPERT

1. KNOWLEDGE: Demonstrate an overall effective level of knowledge and understanding of the basic science and clinical knowledge relevant to the addictive behaviours and concurrent mental health and addictions:

a) History, conceptual issues and classification of addictions
b) Etiology and symptoms of addictive behaviours
c) Concurrent disorders (medical, psychiatric co-morbidities)
d) Diagnosis and differential diagnosis
e) Phenomenology, pathology and investigations
f) Course and outcome, functional impairments and illness trajectories
g) Evidence-based addictions treatments – Pharmacological
h) Evidence-based addictions treatments – Psychosocial
i) Treatment adherence issues and psychoeducation
j) Continuum of care, long-term treatment issues and relapse prevention strategies
k) Treatment Modalities – individual, family, group, MI, Relapse-Prevention
l) Basic science knowledge and application to addictions (genetics, neurophysiology, neuroanatomy, neurochemistry, neuropsychology)

2. Skills: Demonstrate the general ability to assess, diagnose, consult on, and treat the full range of addictive disorders in the chronic care (with an emphasis on schizophrenia, bipolar disorder and other serious and persistent mental illness) population using an evidence-based approach. Need to be proficient in technical and procedural skills and minimize risks and discomforts to the patient and be able to:

Assessment:
a) Establish and maintain rapport and an effective therapeutic alliance, using motivational interviewing methods
b) Conduct and organize an appropriate addiction assessment, including drug use history taking,
assessment of functional impairment associated with alcohol/drug misuse, ordering and interpretation of toxicology testing

c) Perform an appropriate psychosocial assessment, including assessment of substance use and the family
d) Demonstrate expertise in obtaining collateral information from additional sources from family and significant others as appropriate

**Formulation:**
a) Synthesize a diagnosis according to DSM IV criteria
b) Integrate and present a bio-psycho-social understanding/formulation

**Treatment Plan:**
a) Develop and implement an integrated biopsychosocial treatment plan
b) Use appropriate psychiatric, psychological, medical and imaging diagnostics and/or investigations
c) Make appropriate referrals to other professionals and community resources
d) Assess suitability for, prescribe and use appropriate psychological treatment
d) Assess suitability for, prescribe and use appropriate psychopharmacological treatment for addictions

**Treatment Implementation:**
a) Show expertise in abstinence initiation, and relapse prevention strategies
b) Show expertise in identifying and addressing unique issues in working with those from diverse cultural backgrounds
c) Attend to safety issues, including the management of the suicidal or violent patient, as well as the recognition and appropriate referral of medically urgent issues

**COMMUNICATOR:** Demonstrate the following abilities:
a) Listening effectively
b) Communicating and negotiating with patient, family, and health care team, an accurate, clear, coherent and timely account of the diagnoses, treatment plans and prognosis in all clinical cases
c) Conveying pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats
d) Preparing documentation that is accurate, timely and succinct

**COLLABORATOR:** Demonstrates the following abilities:
a) Consulting effectively with other physicians, health care professionals, and agencies as appropriate
b) Working collaboratively with other members of the health care team:
   - recognizing their roles and responsibilities
   - contributing to inter-disciplinary team activities
c) Facilitating the learning of patients, students and other health professionals

**LEADER:** Demonstrates:
a) Setting and implementing realistic priorities and using time effectively in order to optimize professional performance and balance patient care and learning needs
b) Competence and willingness to direct patients to relevant community resources

**HEALTH ADVOCATE:** Demonstrates:
a) Effective understanding of advocacy issues which embraces the biopsychosocial and cultural needs of addicted patients and their families within the health care system and community
b) Ability to identify and understand the determinants of health affecting addicted patients and
communities, recognizing and responding to those issues where advocacy is appropriate for the patient or community

**SCHOLAR: Demonstrate the following abilities:**

a) Critical appraisal of medical information, successful integration of information from a variety of sources, and conforming to evidence-based principles of practice in relation to addicted patients

**PROFESSIONAL: Demonstrate:**

a) Integrity, compassion and respect for diversity
b) Realistic but hopeful, positive and anti-stigmatizing attitudes towards patients with addictive and concurrent disorders
c) Fulfillment of the medical, legal and professional obligations of the psychiatrist, practising within the Code of Ethics Annotated for Psychiatry and CPA and CPSO guidelines
d) Collaborative and respectful patient relationships that demonstrate gender and cultural awareness
e) Responsibility, dependability, self-direction, and punctuality
f) Acceptance and constructive use of supervision and feedback
g) Awareness and appropriate response to personal limitations including reactions to addicted / concurrent disorder patients (e.g. countertransference issues)
h) Responsibility in attendance and participation in educational opportunities, including addiction psychiatry seminars.
PGY–3 Core Child and Adolescent Psychiatry Goals and Objectives

MEDICAL EXPERT

1. KNOWLEDGE: Demonstrates has acquired the knowledge necessary to practice as an effective clinician with children, adolescents and their families presenting with mental health problems. This knowledge is broadly encompassed within the following areas:

A) Developmental processes and milestones including normal and deviant fine motor, gross motor, speech/language, cognitive, emotional and social development from birth to age 18 years, including the major theories of development such as Erikson, Piaget, and attachment

B) Epidemiology, causes, signs, symptoms, clinical course and treatments of child psychiatric disorders:
   1. Disruptive behavioural and attentional disorders (Conduct Disorder, Oppositional-Defiant Disorder, and ADHD)
   2. Substance-related and addictive disorders
   3. Mood and anxiety disorders,
   4. Eating Disorders
   5. Psychotic spectrum disorders
   6. Adjustment Disorders
   7. Somatic symptom and related disorders
   8. Elimination disorders
   9. Communication Disorders
   10. Specific Learning Disorder
   11. Motor Disorders
   12. Intellectual Disabilities
   13. Autism Spectrum Disorder
   14. Tourette’s Disorder and other tic disorders
   15. Relevant V-Codes: physical/sexual abuse, neglect, parent-child, and sibling relational problems
C) The impact of parental and child mental disorder on the family, on parenting, and on parent-child relationships

D) The impact of psychosocial trauma on children (e.g., poverty, divorce, death, immigration, domestic or community violence, bullying, medical illness)

E) Medico-legal issues (especially informed consent, capacity to consent, consent for sexual activity, confidentiality, duty to report abuse)

F) The structure of the children's mental health system (e.g. Children’s Mental Health Centres, MOH facilities), and available community resources (e.g., CAS, specialized schools, youth court, probation)

G) When and how to refer to a child psychiatrist

2. SKILLS: Demonstrates the ability to assess, diagnose and treat the full range of child psychiatric disorders in different clinical contexts. By the end of the rotation, the resident will be able to:

A) Assess a child of any age from birth to age 18 years, both alone and with his/her family (i.e., take the history, conduct a mental status examination, assess family interaction). This may include the use of non-verbal techniques with drawings, puppets, and toys with very young or developmentally disabled children

B) Generate a differential diagnosis and formulation along developmental, biological, psychological, familial, gender, and socio-cultural dimensions

C) Derive an evidence-based, efficient, feasible, contextually appropriate management plan from the formulation. This should include specific treatment goals and/or proposed measures of outcome

D) Assess and manage previously unknown children/families in acute emergency situations (e.g., suicidal, homicidal, psychotic, "uncontrollable" children and adolescents)

E) Administer various forms of treatment within a 6-month time frame:
   - Crisis intervention
   - Parent counseling/psycho-education
   - Pharmacotherapy with a range of medications (e.g., ADHD medications, antidepressants, antipsychotics, lithium, anticonvulsants)
   - Individual psychotherapy (1 CBT case is mandatory and another case in the modality of the resident's choice is strongly recommended)
   - Family therapy (1 case is mandatory)

COMMUNICATOR: Demonstrates clear, accurate and timely verbal and written communication. During the course of the rotation the resident will demonstrate good communication:
A) With referral sources and other members of the health care team

B) In clinical interactions with young children, adolescents, parents and other family members as appropriate. The resident will demonstrate the specific language skills required in communicating with young children at a level that they understand

C) In the maintenance of complete and accurate written records of all assessments and/or therapeutic interventions

**COLLABORATOR: Demonstrates ability to work effectively with other members of the health care team and with child-serving community agencies. During the course of the rotation, the resident will demonstrate the ability:**

A) To use multi-disciplinary direct and indirect consultation in diagnosis and treatment planning

B) To obtain psychological testing, teacher reports, speech and language, or OT assessments as appropriate

C) To work within a multidisciplinary team structure

**LEADER: Demonstrates competence and efficiency as follows:**

A) In utilizing personal and system resources effectively to balance clinical care, learning needs and outside activities

B) In utilizing information technology efficiently in clinical practice and to support learning

C) In effectively planning use of professional time

D) In setting realistic priorities and using time effectively in order to optimize professional performance

E) In coordinating the efforts of the treatment team by effectively using the varied skills of other health professionals

F) In demonstrating knowledge of key community resources pertaining to children, adolescents and families/caregivers and showing willingness to direct patients and families to those resources

**HEALTH ADVOCATE: Demonstrates readiness to advocate on behalf of children with mental health problems and their families as evidenced by:**

A) Awareness of determinants of child mental health and wellbeing

B) Participation in advocating for rights or access to services of child and adolescent patients

C) Demonstrating an understanding of system-based care services available to children (child and adolescent mental health community agencies, schools, child welfare, child protection...
services, adoption, foster care and rehabilitation services)

**SCHOLAR: Demonstrates the following skills and attitudes as they apply to child psychiatry:**

A) Synthesizes basic science and clinical research knowledge relevant to child psychiatry including but not restricted to knowledge in the following areas – developmental psychology and psychopathology, neurophysiology, neuroanatomy, neurochemistry, genetics, epidemiology, medical statistics, pharmacology, psychotherapy, and research methods

B) Demonstrates critical appraisal skills regarding current knowledge about causes and clinical features of child psychiatric disorders including treatments

C) Is able to integrate information from various sources using critical thinking and is able to apply this to specific clinical problems

D) Facilitates the learning of others (patients, families, students, other health professionals) and/or contributes to development and sharing of new knowledge in the area of child psychiatry

E) Conveys an attitude that recognizes the limits of one’s knowledge and the need for further education and/or research

F) Demonstrates a commitment to continuous learning along with the necessary skills to acquire new knowledge, for example by using self-reflective practices such as the clinical log.

**PROFESSIONAL: Demonstrates commitment to delivering the highest quality care with integrity, honesty, compassion and respect for diversity. The resident practices medicine ethically, fulfilling all medical, legal, and professional obligations of a specialist while exhibiting appropriate personal and interpersonal professional behaviours.**

A) Demonstrates collaborative and respectful relationships with children, adolescents, families/caregivers, and interdisciplinary team and support staff that include gender, cultural, and spiritual awareness about their distinctiveness.

B) Demonstrates attitudes consistent with respect, interest, understanding, empathy, compassion and caring for the child and adolescent patients and their families/caregivers in all assessments and patient contacts

C) Demonstrates responsibility, dependability, self-direction and punctuality in regard to clinical and educational activities

D) Demonstrates acceptance and constructive use of supervision and feedback

E) Demonstrates awareness and application of ethical principles in medicine generally and child psychiatry in particular

F) Demonstrates an understanding of the issues related to patients’ access to their medical records in the context of working with children, adolescents, and families/caregivers
G) Demonstrate awareness of personal limitations, seeking advice when necessary

Meeting CanMEDS Objectives in the Core Child and Adolescent Psychiatry Rotation: Enabling Objectives

Medical Expert: knowledge and clinical skills

Core child residents should assess the full range of psychopathology in children (infant, pre-school, school-age) and adolescents. It is important to have exposure to the common disorders as well as the most severe disorders. Residents should understand normal as well as abnormal development, including developmental milestones. A case load of about 24 new patients in 6 months and the management of 4-6 cases at any one time will provide a good opportunity to meet the medical expert objectives.

Residents should obtain experience using pharmacotherapy and psychotherapy alone or in combination. Treatment strategies must include initiating and monitoring a range of psychiatric medications in children and adolescents. All residents will have exposure to children/adolescents with autism spectrum disorder and developmental disabilities.

Residents must complete a minimum of two psychotherapy cases (assessment, treatment, and termination/transfer of care), one using CBT and the other using family therapy. They are also strongly encouraged to complete a third psychotherapy case in the modality of their choice.

Emergency management of cases will be provided by the on-call experience (at least 3 months at SickKids). If possible, residents are encouraged to have some community-based child psychiatry exposure. A telepsychiatry experience (2 consultations) is mandatory. Other suitable community-based experiences include contact with the Children’s Aid Society for children at risk, and school visits on behalf of children and families. Experience in the shared-care model of health service delivery with pediatricians and general practioners is another example of community-based care which will enable the resident to extend child mental health practice and teaching within the health care system. Through these experiences residents will have the opportunity to function in the roles of advocate, collaborator, communicator, and medical expert.

Each resident and supervisor will meet at the beginning of the rotation to review together the core child rotation-specific educational objectives. Residents may use the clinical log provided in the orientation booklet to track cases (the clinical log is required at some sites).

The Divisional seminars are on Thursdays at 9 am at SickKids. The seminars cover a wide range of topics in child psychiatry. The psychopharmacology seminars are also on Thursdays, generally at noon after SickKids grand rounds. In addition, the Division presents the Annual Conference on Child & Youth Mental Health each spring. All residents are expected to attend the Thursday seminars and the conference (no fee).

Residents will receive supervision on all cases. Some but not all clinical work must be observed. Early emphasis should be on interviewing skills with children and adolescents. Residents should work up complete cases including assessment, diagnosis, and management. Residents are expected to receive at least 60 minutes of one-on-one supervision per week, in addition to dedicated psychotherapy supervision.

Communicator
Residents should gain experience communicating with a variety of referral sources (e.g., pediatricians, Children’s Aid Societies, schools), the treatment team, and patients and families. Residents will have opportunities to observe staff and other trainees and disciplines conducting assessments and providing treatment. Timely, complete, and accurate clinical records are mandatory.

**Collaborator**

Residents will develop the skills to work as an effective member of a multi-disciplinary team. Residents will participate in team-based consultations and rounds.

**Leader**

Residents should gain an understanding of the resources available in the community. They will also learn about the organization of the children’s mental health system. Residents should have an understanding of the role of a child psychiatrist and when to refer for consultation. Residents must have experience with medico-legal issues such as confidentiality, consent to treatment, and the child welfare system. Residents must use their time effectively. A telepsychiatry experience is mandatory.

Residents will be evaluated on the PGY-3 QI project.

**Health Advocate**

Residents should have knowledge of the determinants of child mental health. They will interact appropriately with system-based care services for children and adolescents. Residents should have experience advocating within the school system (teachers, guidance counsellors, administrators). They will advocate for adolescent patients as they transition into the adult psychiatric system.

**Scholar**

Residents must attend the central core seminars, including the psychopharmacology seminars. There are specialized seminars at various sites as well. Rounds, journal clubs, evidence-based medicine seminars, and research opportunities will encourage a scholarly focus.

**Professional**

Residents should have experience developing therapeutic relationships with children and their parents. They should understand the ethical issues applicable to child psychiatry, and conduct themselves accordingly.
CHRONIC CARE

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MEDICAL EXPERT

I. Knowledge: Demonstrate an overall effective level of knowledge and understanding of the basic science and clinical knowledge relevant to the chronic care population (with main emphasis on schizophrenia) of:

   a) History, conceptual issues and classification of psychoses
   b) Etiology and symptoms of psychotic disorders
   c) Variations in presentation and gender and age specific issues
   d) Psychotic experiences in general populations
   e) Prodromal symptoms
   f) Concurrent problems and disorders (medical, psychiatric)
   g) Diagnosis and differential diagnosis
   h) Phenomenology, pathology and investigations
   i) Course and outcome, functional impairments and illness trajectories
   j) First episode issues
   k) Early intervention strategies
   l) Evidence-based treatments
   m) Emergency, crisis, outpatient and inpatient treatment
   n) Assessment and management of refractory patients
   o) Psychopharmacology and somatic treatments
   p) Suicide and violence - assessment and management
   q) Treatment adherence issues and psychoeducation
   r) Continuum of care, long-term treatment issues and relapse prevention strategies
   s) Cultural/ethnic issues - theoretical, clinical and therapeutic
   t) Community resources
   u) Psychotherapeutic constructs – individual, family, group
   v) Rehabilitation issues
   w) Legislation: Mental Health Act, Personal Health Information Protection Act, Substitute Decisions Act, Health Care Consent Act, and its application
   x) Critical appraisal, scientific method, quality assurance, epidemiology and population health issues
   y) Parenting, family, homelessness and housing issues
   z) Basic science knowledge and application to psychoses (genetics, neurophysiology, neuroanatomy, neurochemistry, neuropsychology)
2. Skills: Demonstrate the general ability to assess, diagnose, consult on, and treat the full range of psychiatric disorders in the chronic care (with emphasis on schizophrenia) population in all ages, males and females, and in all clinical contexts, using an evidence based approach. Need to be proficient in technical and procedural skills and minimize risks and discomforts to the patient and be able to:

**Assessment:**
- a) Establish and maintain rapport and an effective therapeutic alliance
- b) Conduct and organize an appropriate interview
- c) Perform an appropriate mental status examination with correct techniques and thoroughness, and evaluate, organize, interpret and present observations
- d) Perform an appropriate psychosocial assessment, including assessment of substance use and the family
- e) Perform an appropriate medical and neurological assessment
- f) Show expertise in obtaining collateral information from additional sources

**Formulation:**
- g) Synthesize a diagnosis according to DSM IV criteria
- h) Integrate and present a bio-psycho-social understanding/formulation

**Treatment Plan:**
- i) Develop and implement an integrated biopsychosocial treatment plan
- j) Use appropriate psychiatric, psychological, medical and imaging diagnostics and/or investigations
- k) Make appropriate referrals to other professionals and community resources
- l) Assess suitability for, prescribe and use appropriate psychological treatment
- m) Assess suitability for, prescribe and use appropriate social and environmental interventions
- n) Assess suitability for, prescribe and use appropriate psychopharmacological treatment
- o) Assess suitability for, prescribe and use appropriate somatic therapies (ECT, rTMS, etc)

**Treatment Implementation:**
- p) Show expertise in early intervention, crisis management and relapse prevention strategies
- q) Show expertise in identifying and addressing unique issues in working with those from diverse cultural backgrounds
- r) Show skills in medico-legal issues and the appropriate application of relevant legislation, including use of mental health forms and presentation at consent and capacity review boards
- s) Show expertise in continuity of care issues
- t) Attend to safety issues, including the management of the suicidal or violent patient, as well as the recognition and appropriate referral of medically urgent issues

**COMMUNICATOR**

Demonstrate the following abilities:
- a) Listening effectively
- b) Communicating and negotiating with patient, family, and health care team, an accurate, clear, coherent and timely account of the diagnoses, treatment plans and prognosis in all clinical cases
- c) Conveying pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats
- d) Preparing documentation that is accurate, timely and succinct
COLLABORATOR

Demonstrate the following abilities:

a) Consulting effectively with other physicians, health care professionals, and agencies as appropriate
b) Working collaboratively with other members of the health care team:
   - recognizing their roles and responsibilities
   - contributing to inter-disciplinary team activities
c) Facilitating the learning of patients, students and other health professionals

SCHOLAR

Demonstrate the following abilities:

a) Critical appraisal of medical information, successful integration of information from a variety of sources, and conforming to evidence-based principles of practice in relation to chronic care patients
b) Participation in the educational program and facilitation of the learning of other students, residents, and colleagues through guidance, teaching and constructive feedback

PROFESSIONAL

Demonstrate:

a) Integrity, compassion and respect for diversity
b) Realistic but hopeful, positive and anti-stigmatizing attitudes towards patients with serious mental illness
c) Fulfillment of the medical, legal and professional obligations of the psychiatrist, practising within the Code of Ethics Annotated for Psychiatry and CPA and CPSO guidelines
d) Collaborative and respectful patient relationships that demonstrate gender and cultural awareness
e) Responsibility, dependability, self-direction, and punctuality
f) Acceptance and constructive use of supervision and feedback
g) Awareness and appropriate response to personal limitations including reactions to patients
h) Responsibility in attendance and participation in educational opportunities, including schizophrenia seminars, grand rounds and family therapy seminars

LEADER

Demonstrate the following abilities:

a) Setting and implementing realistic priorities and using time effectively in order to optimize professional performance and balance patient care and learning needs
b) Competence and willingness to direct patients to relevant community resources

HEALTH ADVOCATE
Demonstrate:

a) Effective advocacy for the biopsychosocial and cultural needs of patients and their families within the health care system and community
b) Awareness of regional, national and international advocacy groups in mental health care
c) Ability to identify and understand the determinants of health affecting chronic care patients and communities, recognizing and responding to those issues where advocacy is appropriate for the patient or community
CONSULTATION-LIAISON

DIVISION: Consultation-Liaison Division

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MEDICAL EXPERT

1. Knowledge:

   A. Proficient knowledge of delirium, psychiatric illness secondary to medical/surgical illness and end of life care. Working knowledge of somatoform disorders.

   B. Appreciates normal and abnormal psychological adaptation to physical illness including the influence of personality.

   C. Appreciates and manages the impact of substance use/abuse on medical/surgical circumstances.

   D. Demonstrates capacity to tailor psychopharmacology to medical/surgical patients.


   F. Has an introductory knowledge of relaxation techniques and mindfulness practices.

   G. Understands and can apply the Mental Health Act, Health Care Consent Act, Substitution Decision Act, and rules of confidentiality to the care of the medical/surgical patient.

2. Clinical Skills:

   A. Establishes and maintains rapport and an effective working relationship with medical/surgical patients and their treatment teams.

   B. Conducts and organizes an appropriate psychiatric assessment of medical/surgical patients including attention to barriers to communication.

   C. Integrates medical/surgical characteristics into the bio-psycho-social understanding and management of medical/surgical patients.

   D. Utilizes psychotherapeutic principles to help patients with their adaptation to illness and treatment.
E. Assesses suitability for, and prescribes appropriate psychopharmacological treatment in the context of medical/surgical illness.

F. Manages own reaction to medical/surgical patients, and helps other staff manage their reactions.

COMMUNICATOR

A. Listens effectively to the medical/surgical patient and their family members. Uses language appropriate to the patient’s educational level, culture, etc.

B. Conveys pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats.

COLLABORATOR

A. Consults effectively with other health care team members, including non-psychiatric MD’s, RN’s, MSW’s, Psychologists, and Spiritual Care staff, recognizing their roles and responsibilities.

B. Can participate effectively and respectfully in a “collaborative care” model with other health care providers in the management of a patient’s psychiatric or behavioral issues.

C. Contributes effectively to the interdisciplinary management of the medical/surgical patient.

D. Is able and willing to teach and learn from colleagues/students and/or other health care professionals, within the context of a clinical care team.

E. Is able to address interpersonal conflict in patient care, utilizing negotiation skills, to arrive at a workable endpoint.

LEADER

A. Time: is able to effectively prioritize clinical, educational and personal demands in order to provide safe and effective care, and maintain a sustainable practice.

B. Resources: Addresses human and hospital resources issues, such as social work, sitters, need for transfer, and scope of practice of other staff, with consideration of cost appropriateness.

C. Coordinates the efforts of the consultation-liaison treatment team including, when appropriate, the triaging and allocation of incoming referrals.

HEALTH ADVOCATE

A. Identifies and addresses stigma affecting the medical/surgical patient with psychiatric illness.
B. Advocates for the patient within the context of the treatment setting, and with respect to access to services.

C. Identifies and understands the determinants of physical and mental health affecting medical/surgical patients individually or as a group, and recognizes and responds to those issues where advocacy is appropriate for the patient or their community.

**SCHOLAR**

A. Critically appraises medical information. Seeks out and successfully integrates information from a variety of sources in the management of medical/surgical patients.

B. Facilitates the learning of patients, students, residents, and other health professionals on the CL and medical/surgical team through guidance, teaching, and constructive feedback.

**PROFESSIONAL**

A. Demonstrates accountability, integrity, honesty, compassion, and respect for diversity within the context of CL practice. Interacts with colleagues and other health care professionals in an honest and respectful manner with the context of CL practice.

B. Fulfills the medical, legal and professional obligations of a psychiatrist. Notably, completes consults and reports in a timely manner.

C. Demonstrates responsibility, dependability, self-direction, and punctuality.

D. Accepts and constructively utilizes feedback.
General Inpatient Psychiatry I

Fundamentals of Caring for the Hospitalized Patient

Goals

Upon completion of this rotation, the resident is expected to be competent in the care of low-to-moderate complexity inpatients on a psychiatric unit. 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:

- Name the major legislation related to inpatient care (Mental Health Act; Health Care Consent Act) and identify the commonly used portions of the Acts.
- Describe the standards of documentation required by the College and specific hospital setting.
- Name the DSM-5 diagnostic criteria for depressive and bipolar disorders, all psychotic disorders, personality disorders and common comorbid substance use disorders (i.e., nicotine, alcohol, cannabis, opioid).
- Name the most common medical comorbidities in admitted patients in their setting.
- Describe the policy, procedure and practice dealing with patient and provider safety, including violent and potentially violent situations in the inpatient setting.
- Define the key components of legal and forensic programs which may be encountered in inpatients including Community Treatment Orders, Court Diversion programs and the Ontario Review Board.
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 inpatient setting:

- Awareness of one’s own reactions when dealing with patients, including the suicidal, demanding, violent, hostile or withdrawn inpatient
- Burden of medical, surgical and psychiatric illness to individuals, families and systems
- Common Co-morbidity – medical, psychiatric, developmental or substance abuse
- Capacity / Competence
- Confidentiality
- Consent
- Long term illness and rehabilitation
- Suicide, self-harm, or harm directed towards others
- Etiology, symptoms, course of illness and treatment of:
  - Alcohol and other substance abuse disorders
  - Delusional disorders and other psychoses
  - Personality disorders
  - Psychiatric disorders secondary to acquired brain injury
  - Mood disorders
  - Schizophrenia

Medical Expert - Clinical Skills

At the conclusion of the rotation, the trainee will demonstrate the ability to perform the following skills consistently in low to moderate complexity patients:

Assessment & Evaluation
- Obtain necessary historical data elements, including essential positives and negatives.
- Access collateral sources to clarify course of illness episodes and any risk concerns.
- Perform and report an accurate mental status examination using correct descriptive terms.
- Construct a realistic provisional and differential diagnosis for common inpatient clinical presentations.
- Know common DSM–5 categories and screen for other psychiatric and medical conditions.

Mental Health Legislation
- Consistently comply with requirements of legislation in assessment, documentation and communication.
- Use all common Mental Health Act forms appropriately with only minor errors in form completion.

Comprehensive Psychiatric Management
- Identify feasible and safe treatment options informed by assessment of patient and treatment setting.
- Interpret available data and integrate information to generate a short-term management plan.
- Work with the inpatient team to develop an integrated biopsychosocial treatment plan.
- Assess suitability for appropriate psychopharmacological and somatic treatments (e.g., ECT).
Risk Assessment

- Conduct risk assessments informed by diagnosis, patient history and patient characteristics.
- Identify common modifiable and non-modifiable risk factors.
- Document relevant risk factors and rationale for treatment plan.
- Fulfill relevant duties for reporting risk as per College and legislative guidance.
- Seek supervision in the assessment and management of aggressive and suicidal behavior.

Pharmacotherapy

- Determine appropriate initiation and target doses of common treatments for major depressive disorder, bipolar disorder and schizophrenia.
- Describe common side effects including frequency and onset for commonly used medications.
- Complete baseline screening investigations for all major classes of medications started in hospital.
- Assess and manage emergent side effects including: akathisia, dystonia, parkinsonism, dry mouth, hyperphagia, weight gain.

Communicator

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

- Establish and maintain an effective working relationship with patients presenting with acute psychiatric symptoms
- Facilitate a structured clinical encounter effectively
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- Provide education on diagnosis in clear language to patient and family.
- Seek out and synthesize information from other sources, such as a patient’s family, caregivers and other professionals.
- Maintain clear, concise, accurate, appropriate and timely records, written or electronic, of clinical encounters and plans.

Collaborator

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

Participate effectively and appropriately in an interprofessional health care team by consistently demonstrating the following:

- Maintain a respectful attitude towards members of the interprofessional team in verbal and non-verbal communication.
- Identify overlapping and shared responsibilities between team members.
- Work with others in the inpatient unit to assess, plan and provide care for individual patients.
- Use non-stigmatizing language in discussions with colleagues and team members.

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

- Provide succinct and relevant verbal reports to other team members during rounds.
- Communicate absences to the team.
- Ensure relevant information is communicated to team members prior to all planned absences.
- Notes are legible and structured, identifying key safety issues and plans for ongoing care.
• Communicate discharge plans to outside care providers with timely written summaries.
• Participates in medication reconciliation.

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:

• Awareness of ward routines and scheduled rounds.
• Planning daily work to minimize disruption to the schedules of patients and team members.
• Discussing inpatient workload requirements and other clinical or personal obligations in a timely and collegial manner.
• Delegating tasks appropriately to other team members.

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 services available to inpatients upon discharge including (but not limited to): Assertive Community Treatment, Case Management, Ambulatory Care and Shared Care
• 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:

• Identify the determinants of mental health of the populations served by the inpatient unit, including barriers to access to care and resources.
• Identify the common sources of support available to patient and their role in identifying need and facilitating access if indicated.
• Identify admitted patients with complex health needs
• Consult and collaborate with the interprofessional team to support access to appropriate services in the post-discharge period including medical and non-medical interventions.

Scholar

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

Maintain and enhance professional activities through ongoing learning as demonstrated by the trainee’s ability to:

• Identify current best practice guidelines related to a patient’s presenting problem
• Access reliable medical information via electronic databases
• Consult with other colleagues and team members to address clinical questions
• Collaboratively identify learning goals with supervisor and follow-up on progress in supervision.

Facilitate the learning of medical students, as demonstrated by the trainee’s ability to

• Display a professional and respectful attitude towards all students.
• Describe the components of a clerkship rotation in psychiatry.
• Provide a safe learning environment.
• Use available assessment and feedback tools (i.e. Mini-ACE/CBD).
• Provide one-to-one teaching around clinical cases.

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.
• Maintain appropriate relations with patients, colleagues and students.
• Adheres to the principles respecting boundaries in all areas of interaction.
• 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.
General Outpatient Psychiatry I
Fundamentals of Caring for the Ambulatory Patient

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 Inpatient Psychiatry II

Fundamentals of Inpatient Psychiatric Care

Goals

Upon completion of this rotation, the resident is expected to be competent in the care of low-to-moderate complexity inpatients on a psychiatric unit. 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 the care for a team of 5-8 admitted patients. 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 key principles of the major provincial legislation related to inpatient care (Mental Health Act; Health Care Consent Act, Substitute Decisions Act).
- Access relevant legislation documents, identify and explain the commonly used portions of the Acts.
- Name the DSM-5 diagnostic criteria for depressive and bipolar disorders, all psychotic disorders, personality disorders and common comorbid substance use disorders (i.e., nicotine, alcohol, cannabis, opioid) including episode, course and severity specifiers.
- Apply the research literature, practice guidelines and practice standards to the assessment and treatment of first episode, recurrent and unstable or deteriorating presentations of:
  - Alcohol and other substance abuse disorders
  - Delusional disorders and other psychoses
  - Personality disorders
  - Psychiatric disorders secondary to acquired brain injury
  - Mood disorders
  - Schizophrenia
  - Suicide, self-harm, or harm directed towards others
- Describe the administration and scoring of the following scales: Hamilton Depression Rating Scale (HAM-D), the Brief Psychiatric Rating Scale (BPRS) and the Abnormal Involuntary Movements Scale (AIMS).

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 inpatient setting:

- Patient Confidentiality as it applies Circle of Care; Family Members and the Courts
- Consent and the role of the Substitute Decision Maker
- Long term illness and rehabilitation
- Violence and aggression
- Principles of Interprofessional Care Planning

Medical Expert - Clinical Skills
At the conclusion of the rotation, the trainee will demonstrate the ability to perform the following skills consistently with moderate complexity patients:

Assessment & Evaluation
- Use a flexible interview approach that reflects application of diagnostic reasoning including thorough screening of common comorbidities related to presenting complaint.
- Access and incorporate feedback from the interprofessional team as part of patient assessment.
- Construct a provisional diagnosis and differential diagnosis (using DSM-5 terminology) informed by a formulation of current presentation, relevant developmental history and interpersonal patterns.

Mental Health Legislation
- Use all relevant Mental Health Act forms appropriately with only minor errors in form completion.
- Prepare the written submissions and evidence for a Consent and Capacity Board Hearing.
- Present evidence at the Consent and Capacity Board Hearing.

Comprehensive Psychiatric Management
- Develop a treatment plan that includes psychopharmacological and psychotherapeutic interventions informed by evidence, patient preference, risk assessment and resource availability.
- 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 and use team rounds and supervision to develop an approach and modifications to the plan.
- Develop and implement feasible, timely discharge plans in consultation with the patient, the inpatient team and outside care providers.
- Prioritize clinical duties for each day considering the needs of current patients (including: diagnosis, acuity and treatment plan) and balancing other professional and educational duties.

Risk Assessment
- Provide succinct and articulate written assessments of risk for patients presenting with self-harm, suicidality, aggression or poor self-care.
- Communicate the findings of a risk assessment to a patient and family with supervision.
- Develop and implement a treatment plan for a patient with chronic suicidal ideation with supervision.
- Provide patient and family education when discharging a patient with chronic or recurrent safety concerns (e.g., self-harm, suicidality, aggression) with supervision.

Pharmacotherapy
- Determine the adequacy of current medication trials (e.g., dose, duration, adherence).
- Identify partial response and non-response and determine the appropriate next step.
- Use a suitable scale to monitor treatment response and side effects.
- 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.
• Select and initiate treatment with a long-acting injectable medication including obtaining informed consent and providing relevant patient education.

Communicator

At the conclusion of the rotation, the trainee will demonstrate the ability to:
• Communicate (in verbal and written form) the findings of an assessment of an admitted patient integrating information from: the patient interview, written records, collateral information from patient supports and input from the interprofessional team.
• 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.
• Provide patient and family education regarding diagnosis, prognosis and management plan using strategies to verify patient understanding.
• Participate in team rounds including communicating relevant information to team members and proposing treatment strategies
• Display openness to differing opinions within the team and actively participate in solution-focused discussions.

Collaborator

At the conclusion of the rotation the trainee will demonstrate the ability to:
• Coordinate care plans with the inpatient treatment team including identifying tasks and delegating in an appropriate and respectful manner.
• Engage outside health care professionals and both formal and informal supports (e.g., case manager, social worker, consulting services, primary care provider, family and friends) in treatment planning as appropriate.
• Anticipate upcoming discharges from the inpatient setting and engage outside care providers and in discharge planning.
• Communicate discharge plans to outside care providers with timely written summaries including specific instructions regarding need for reassessment or emergency care.
• Identify and implement strategies for safe handover and transfer of accountability for ongoing patient care issues during periods of absence including: post-call, academic days and holidays.

Leader

At the conclusion of the rotation the trainee will demonstrate the ability to:
• Develop treatment plans that consider evidence, patient preference and cost effectiveness at the individual patient level.
• Prioritize access to resources available on the inpatient unit according to evidence, individual treatment plans and the needs of all patients on the team.
• Identify common resource and accessibility challenges in inpatient care including topics such as: bed flow, readmission rates, alternate level of care (ALC), transitional care programs (day hospital, partial hospital, case management) and ambulatory care wait times.
• Participate in an incident review arising from the care of an admitted patient.
• Identify patient safety practices in place on the unit including: positive patient identification, falls prevention, medication reconciliation and restraints minimization.
Scholar

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

- Reflect upon patient encounters and inpatient practice issues to identify and formulate a practice-related questions.
- Access relevant literature including practice guidelines, research studies and textbooks to address practice-related questions and provide verbal or written summaries team members in rounds or other team meetings.
- Consult with relevant team members, with varying scopes of practice and expertise, to address practice-related questions.
- Participate in case discussion and supervision to tailor available evidence and guidelines to the care of highly complex patients (e.g., multiple psychiatric diagnoses, active comorbid medical issues).
- Facilitate the learning of medical students, as demonstrated by the trainee’s ability to:
  - Provide a safe learning environment.
  - Use available assessment and feedback tools (i.e. Mini-ACE/CBD).
  - Work collaborative with the medical student to identify learning goals.
  - Provide one-to-one teaching around clinical cases.
  - Provide feedback on a clinical interaction including describing areas for improvement.
  - Contribute to the assessment of a medical student in collaboration with their supervisor.

Health Advocate

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

- Identify common areas for health-related interventions in admitted psychiatric patients (e.g., nicotine dependence; diabetes; cardiovascular risk; poor nutrition, absence of primary care provider) and supports patients in achieving improved health status.
- Describe the existing community agencies and supports available for patients who are homeless, marginally housed or at high-risk of homelessness.
- 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:
  - Displaying honesty, integrity, respect for diversity, and maintenance of confidentiality.
  - Using non-stigmatizing language in clinical discussions.
  - Displaying respect in interactions with patients and colleagues.
  - Recognizing ethical issues encountered in practice and uses supervision to reflect upon them.
  - Displaying openness to feedback on lapses in professional behaviour.
  - 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 inpatient care including admission, unplanned discharge and readmission.
• Manage competing personal and professional priorities consistently
Goals

Upon completion of this rotation, the resident is expected to be competent in providing ongoing ambulatory care to a mix of low-to-moderate complexity outpatients with a minimum of 20 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 and Anxiety 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
- 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, presenting well-documented assessments and proposing recommendations.
• Recognize urgent problems that may need the involvement of more senior colleagues and engage them immediately.

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 for the next week considering the needs of current patients (including: diagnosis, acuity and treatment plan) and balancing other professional and educational duties.
• Develop and implement an 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 questions.
- 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:
  - Displaying honesty, integrity, respect for diversity, and maintenance of confidentiality.
  - Using non-stigmatizing language in clinical discussions.
  - Displaying respect in interactions with patients and colleagues.
  - Recognizing ethical issues encountered in practice and uses supervision to reflect upon them.
  - Displaying openness to feedback on lapses in professional behaviour.
  - 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
PGY-2 LONGITUDINAL CARE OF A PATIENT WITH SEVERE MENTAL ILLNESS (SMI)

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SPECIFIC TRAINING OBJECTIVES for the longitudinal care of a patient with severe mental illness during the PGY2 year.

General practice objectives are similar to those for the general psychiatry rotation, but the SMI experience also offers a first intensive exposure to a chronic care case. Minimum objectives are outlined below; see the chronic care guidelines for more elaborated detail on advanced knowledge, skills and attitudes in this area.

One year case, minimum 2 direct care hours per month, documented and evaluated separately from other rotations.

1) Medical Expert/Clinical Decision-Maker
   a. Develop skills in the real-world application of clinical care guidelines in a unique patient case, with adaptations for patient preference, age, gender, income, culture, comorbidity, etc.
   b. Assessment and management of potential risk issues and crisis planning as needed
   c. Assessment and management of comorbid substance use if relevant
   d. Anticipate and regularly screen for medication side effects and physical illness comorbidity
   e. Develop skills in selecting and titrating antipsychotic and mood stabilizing medication and promoting adherence
   f. Become familiar with more structured emerging psychotherapies such as CBT for psychosis, IPTSRT for bipolar disorder.
   g. Become familiar with relapse prevention and recovery principles

2) Communicator
   a. Provide psychoeducation regarding symptoms, course of illness, treatment options and side effect monitoring and management.
   b. Supportive work to explore the direct impact of symptoms on the life of the patient, and the indirect consequences of stigma, change in functional capacity and relationships.
   c. Timely and pertinent verbal and written communication within the circle of care
3) **Collaborator**
   a. Assertively develop relationships and with patient families (if possible), case Managers, primary care providers, community pharmacists and other specialists to deliver the highest possible level of care

4) **Leader**
   a. Consider issues of accessibility and cost of treatment options (biological or psychosocial) for patients on limited income.
   b. Support the stability of the broader determinants of mental health
   c. Become familiar with local community resources to support recovery goals

5) **Health Advocate**
   a. Support the patient at family meetings or meetings with significant support people as appropriate
   b. Advocate for social assistance, disability income or employment accommodations as necessary
   c. Advocate for appropriate housing as necessary

6) **Scholar**
   a. Familiarity with clinical guidelines and subsequent landmark studies informing evidence-based clinical practice

7) **Professional**
   a. Realistic but hopeful, positive and anti-stigmatizing attitudes towards patients with serious mental illness
GERIATRIC PSYCHIATRY

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MEDICAL EXPERT

I. Knowledge: Demonstrates an effective level of clinical knowledge and understanding of the following topics in the geriatric population:

a) The resident should be able to identify the differences in the etiology, symptoms and course of illness of the presentation of major Axis I and II disorders in the geriatric population
b) The resident should become knowledgeable about how to make a diagnosis of dementia, to distinguish between dementia and delirium, the pathophysiology of dementia, the subtypes of common types of dementia (vascular, lewy body, alzheimer’s).
c) The resident should be able to develop a diagnostic formulation that integrates psychiatric and medical features in the elderly.
d) The resident should develop understanding of normal and abnormal development
   - Psychological aspects of aging
     i. Developmental theories
     ii. Cognitive function
   - Social aspects of aging
     i. Attitudes and ageism
     ii. Economic issues
     iii. Support systems/networks
     iv. Long term care
     v. Caregiver issues
     vi. Elder abuse
     vii. Sexuality
   - Biological aspects of aging; age related changes in sensory systems and drug handling.
e) Psychopharmacology and somatic therapies (ie ECT) including cognitive enhancers, treatment of delirium and the different prescribing approaches for the elderly
f) Cultural/ethnic/gender theoretical, clinical and therapeutic issues
g) Community resources with respect to dementia (eg Alzheimer’s Society), elder abuse
   (Advocacy Centre for the Elderly), ‘CCAC, public guardian and trustee’
h) Psychotherapeutic constructs specific to the elderly particularly bereavement, loss, transitions, caregiver burden
i) Capacity to manage finances, make personal care decisions, consent to admission to long-term care, give power of attorney, make a will, consent to treatment.
j) End of life care (end of life decisions, palliative care principles in the elderly)
1. **Clinical Skills:** Demonstrate the general ability to assess, diagnose and treat the full range of psychiatric disorders in the geriatric population and in all clinical contexts. By the end of the rotation, residents will be able to:

   a) Conduct and organize an appropriate interview and exam, including developing rapport, assessing mental status and cognition, assessing functional status (ADLS, IADLS), and medical/neurological assessment as indicated
   b) Assess suitability for medical and imaging investigations for assessment and treatment planning
   c) Conduct and organize an interview with a collateral informant/family member
   d) Perform an appropriate family assessment to develop an understanding family dynamics and systems
   e) Synthesize a multi axial provisional and differential diagnosis.
   f) Integrate and present a bio-psycho-social understanding/formulation in geriatric psychiatric cases
   g) Develop and implement an integrated bio-psycho-social treatment plan including:
      a. Use psychiatric, psychological, medical and imaging investigations for assessment and treatment planning.
      b. Make appropriate referrals to other professionals and community resources.
      c. Assess suitability for appropriate psychological treatment, social and environmental interventions, psychopharmacological treatment and somatic therapies

**COMMUNICATOR**

Residents will have demonstrated the following abilities:

a) Communicate effectively with patients with language, sensory or cultural barriers
b) Written notes should be concise without losing completeness, timely, and medico-legally appropriate (eg document informed consent)
c) Discuss appropriate information with the health care team.
d) Convey to patient and family an accurate, clear, coherent and timely account of the diagnosis, treatment plans and prognosis in all clinical cases.
e) Convey pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats.

**COLLABORATOR IN GERIATRIC PSYCHIATRY**

Residents will have demonstrated the following:

a) Consult effectively with other physicians and health care professionals.
b) Contribute to interprofessional team activities.
c) Ability to work collaboratively with other members of the health care team - recognizing their roles and responsibilities.

**LEADER**

Residents will be able to demonstrate the following skills as they pertain to geriatric psychiatry:
a) Understand and makes effective use of information technology to optimize patient care, lifelong learning and other activities.
b) Ability to direct patients to further assessments or relevant community resources with an appreciation of cost effectiveness and the growing geriatric population
c) Set realistic priorities and uses time effectively in order to optimize professional performance consistent with personal / professional goals and obligations.

**HEALTH ADVOCATE**

Residents will be able to demonstrate:

a) Ability to identify and understand the determinants of health affecting geriatric patients and communities, recognizing and responding to those issues where advocacy is appropriate for the patient or community.

**SCHOLAR**

Residents will be able to demonstrate the following as they pertain to geriatric psychiatry:

a) Demonstration of an understanding of and a commitment to the need for continuous learning. Development, implementation and monitoring of a personal and continuing medical education strategy.
b) Critical appraisal of medical information. Successful integration of information from a variety of sources.
c) Facilitation of the learning of patients, students, residents, and other health professionals through guidance, teaching and constructive feedback.

**PROFESSIONAL**

Residents will be able to:

a) Demonstrate integrity, honesty, compassion and respect for diversity when working with elderly patients and their families.
b) Demonstrate a realistic, hopeful, and anti-ageist attitude toward the care of the elderly.
c) Fulfill medical, legal and professional obligations of the psychiatrist, practising within the Code of Ethics Annotated for Psychiatry.
d) Engage in collaborative and respectful patient relationships that demonstrate gender, cultural and spiritual awareness.
e) Demonstrate responsibility, dependability, self-direction, and punctuality.
f) Accept and use supervision and feedback in a constructive manner.
g) Demonstrate awareness of personal limitations.
Goals and Objectives

At the end of this training experience residents will be able to:

**Medical Expert**
Provide safe and helpful clinical consultation to patients, and to other healthcare and/or social service providers
Describe patient safety and medicolegal liability issues for consultants and clinical teams in IMHC, and use strategies to ensure safe patient care.

**Communicator**
Provide effective patient and family education regarding diagnosis, management, and pharmacotherapy.
Write an effective consultation note to a referring provider in the IMHC setting.

**Collaborator**
Describe the role of the psychiatrist in the context of an interdisciplinary team in a IMHC setting.
Provide a safe and helpful informal (e.g. oral or electronic) case consultation to a colleague in IMHC.
Assess team engagement and functioning in their setting, including potential enablers and threats to team functioning, and the role of leadership.
Effectively navigate difficult conversations about clinical care in the IMHC setting.
Negotiate role overlap and shared responsibilities with inter- and intraprofessional health care providers for episodic or ongoing care of patients.
Leader
Describe the evolution of the various Integrated Mental Health Care (IMHC) and collaborative care models, and the rationale and evidence to support them.

Identify the key components necessary for the development of an effective IMHC or collaborative care model and assess which key components are present in their setting. Explain the rationale for the particular model of IMHC that has been implemented in their own clinical setting.

Compare and contrast traditional leadership approaches with collaborative leadership, situational leadership; discuss the concepts of influence vs authority.

Define organizational culture and discuss how it influences patient care.

Recognize primary care as the foundation of our health care system, and the setting where the majority of medical mental health care is provided.

Evaluate how funding and practice models influence the available resources in their clinical setting. Recommend or allocate health care resources to maximize care while minimizing cost.

Health Advocate
Demonstrate an understanding of the organization s/he is consulting to, the population it serves, and the social determinants of health (SDoH) most relevant to this population.

Identify the met and unmet patient, provider, and population needs in the current model of IMHC within their clinical setting. Identify a change idea and assess potential opportunities, enablers, and challenges of change.

Identify opportunities to engage in policy and advocacy work to address SDoH and health systems issues.

Professional
Identify the attractors, enablers, and challenges of practicing in IMHC, and describe how IMHC practice can be incorporated in overall clinical practice.