

University of Toronto
Department Of Psychiatry

PGY1 Clinician Scientist Stream
Rotation Specific Objectives
2006-2007



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OVERVIEW

Welcome to psychiatry residency training!

This booklet outlines the training objectives for your PGY-1 rotations. The objectives are framed in terms of the CanMEDS Roles for physicians – medical expert, communicator, collaborator, scholar, health advocate, manager and professional. CanMEDS Roles developed out of a project of the Royal College of Physicians and Surgeons of Canada in 1996 to provide an educational framework for physician competencies. It was subsequently revised in 2005. The CanMEDS roles were created by physicians in response to contemporary health care and were based on evidence and oriented to societal needs. Further information about CanMEDS Roles is located at the end of this document.

The first year of training is designed to consolidate your knowledge, skills and attitudes as a physician prior to embarking on psychiatric training and as a resident in the Clinician Scientist Stream (CSS) to allow you to complete your mandatory training in geriatric psychiatry and consultation-liaison psychiatry so that you will have more protected time for research in the later years of your training. You are expected to spend your elective month in a manner that supports your research or scholarly interests.

CSS PGY1 Psychiatry residents will complete rotations in:

General internal medicine	2 months
Emergency medicine	1 month
Emergency psychiatry	1 month
Addiction psychiatry	1 month
Geriatric psychiatry	3 months
Consultation-liaison psychiatry	3 months
Elective rotation	1 month

Please review the rotation specific objectives at the **start of each rotation** in order to orient you to the goals of training for that rotation. Please review these with your supervisors.

Dr. Ari Zaretsky, Director of Post-graduate Education for the Department of Psychiatry and Dr. Susan Abbey, PGY-1 coordinator will both meet with you during the year to help you to tailor your training experiences to your individual needs. Dr. Abbey will help you to develop your elective rotation.

If you have any comments or questions about these training objectives, please contact the PGY-1 coordinator, Dr. Susan Abbey at susan.abbey@uhn.on.ca or 416-340-4447.

CORE MEDICAL ROTATIONS

GENERAL INTERNAL MEDICINE

Rotation offered at: MSH, SHSC, SMH, UHN

Description:

General internal medicine is a two-month core rotation for all PGY1 residents in psychiatry that occurs on clinical teaching units (CTUs). PGY1s are assigned to their base hospital whenever possible. The general internal medicine team provides care for patients with a wide spectrum of medical conditions. Each team consists of one senior resident (PGY2-3), two junior residents (PGY1-2), and a maximum of four clinical clerks under the supervision of an attending physician.

The general internal medicine rotation provides an opportunity for the CSS PGY1 psychiatry resident to develop knowledge and skills in the assessment and management of patients with a variety of medical illnesses.

CSS PGY1s will receive their general internal medicine training through care of inpatients on the clinical teaching units, consultation to the emergency room and through participation in educational opportunities including morning report, noon hour lecture series and medical grand rounds.

Rotation Specific Objectives:

Medical Expert

- To develop an approach to the diagnosis and management of a wide variety of clinical problems including patients presenting with the following clinical problems:
 - Cardiovascular – heart failure, coronary artery diseases, atrial fibrillation, hypertensive emergencies, syncope, shock, valvular heart disease
 - Respiratory – obstructive airway disease, pleural effusion, thromboembolic disease, malignant disease, lower respiratory tract infections, interstitial lung disease
 - Gastrointestinal – GI bleeding, peptic disease, acute and chronic liver diseases and their complications, diarrhoea, pancreatitis, undifferentiated abdominal pain
 - Rheumatologic – acute monoarthritis, acute and chronic polyarthritis, vasculitis
 - Hematology – anaemia, thrombocytopenia, bleeding disorders, lymphadenopathy, splenomegaly, monoclonal gammopathy
 - Infectious – fever of unknown origin, complications of HIV infection, appropriate use of antibiotics, acute infectious illness (meningitis,

- encephalitis, pneumonia, endocarditis, gastroenteritis, sepsis, septic arthritis, cellulitis, pyelonephritis)
- Endocrinologic – diabetes and its complications, adrenal disorders, thyroid disorders, complications of steroid use, calcium disorders, osteoporosis
- Oncologic – hypercalcemia, superior vena cava obstruction, febrile neutropenia, hematology malignancies, approaches to common solid tumours
- General – weight loss, overdose, drug reactions, fatigue
- Ethics – end of life care, informed consent, capacity assessment
- Geriatric – frequent falls, incontinence, polypharmacy, failure to cope, the “social admission”
- Pregnancy – hypertension, diabetes, preeclampsia, thromboembolic diseases
- To develop technical skills related to in-patient care in general internal medicine including arterial puncture for blood analysis, nasogastric tube insertion, endotracheal intubation, insertion of peripheral venous lines, lumbar puncture
- To be aware of community resources available to general internal medicine patients and their families

Communicator

- To obtain a history from patients and family members
- To effectively convey a management plan to patients and family members
- To communicate effectively with members of the multidisciplinary team in the general internal medicine setting and to liaise effectively with community practitioners and agencies involved with general internal medicine patients and their families
- To be able to communicate efficiently with consulting services

Scholar

- To be able to access relevant literature and other resources to guide assessment and management of general internal medicine patients
- To develop skills in the critical appraisal of literature regarding the diagnosis and treatment of issues in general internal medicine

Manager

- To efficiently assess patients, and initiate management of patients in the emergency room setting
- To be able to supervise more junior members of the medical team
- To develop time management skills to reflect and balance priorities for patient care, sustainable practice, and personal life

Collaborator

- To understand the role of the physician in the general internal medicine setting
- To understand the roles of allied healthcare professionals, both within the hospital setting and in the community, with respect to the assessment and management of general internal medicine patients and their family and friends

Health Advocate

- To demonstrate the capacity to advocate effectively on behalf of general internal medicine patients for the services that they require
- To identify opportunities for patient counseling and education regarding their medical conditions
- To educate patients regarding lifestyle modifications that may prevent disease including modification of cardiovascular risk factors

Professional

- To demonstrate professional attitudes in interactions with patients, families and other healthcare professionals
- To recognize and appropriately respond to ethical challenges in the general internal medicine setting

EMERGENCY MEDICINE

Rotation offered at: MSH, SHSC, SMH, UHN

Description:

Emergency medicine is a one-month core rotation for all CSS PGY1 residents in psychiatry that occurs in the emergency departments of their base hospitals whenever possible. This is a busy rotation during which residents participate in all aspects of patient care in the emergency department including initial stabilization, decision making regarding investigations, treatment and admission/discharge disposition.

Rotation Specific Objectives:

Medical Expert

- To be able to perform an accurate and concise history and physical examination in the undifferentiated patient presenting to the emergency department
- To demonstrate the ability to formulate an appropriate plan for the investigation, treatment, and disposition of the undifferentiated patient presenting to the emergency department
- To have an approach to issues of resuscitation in the patient:
 - with a compromised airway including indications for intubation of a patient and an understanding of the possible complications of this procedure, understand the various airway adjuncts, ventilation devices and oxygen administration devices
 - with common cardiac dysrhythmias including ventricular fibrillation, ventricular tachycardia, asystole, bradycardia, supraventricular tachycardias,
 - in shock including classification of the causes of shock
 - with multiple trauma
- To have an approach to the emergency diagnosis and management of:
 - substance abuse and toxic exposures – the poisoned patient including recognition of toxidrome decontamination procedures, laboratory investigations, use of antidotes, utilization of the Regional Poison-Control Centre as a resource; recognition and management of alcohol-related disease including alcohol withdrawal, alcohol withdrawal seizures and delirium tremens
 - environmental exposures – heat-related illnesses; hypothermia; bite wound (human or animal) including a knowledge of tetanus immunization
 - central nervous system disorders – coma including classification of the causes of coma, demonstration of a knowledge of the Glasgow

- Coma Scale; seizure including the use of various anticonvulsant agents; suspected TIA or stroke
- cardiovascular diseases – chest pain including acute ischemic syndromes, pericarditis, aortic dissection; indications and contraindications for thrombolytic therapy; hypertensive emergencies and urgencies; acute pulmonary oedema
- respiratory diseases – acute respiratory distress; acute exacerbation of asthma or COPD and differentiate between mild, moderate and severe exacerbations of asthma; suspected pulmonary embolism; community acquired pneumonia and the indications for admission
- genitourinary disease – urinary tract infections; renal colic; urethritis, epididymitis, testicular torsion; vaginal bleeding in the pregnant and non-pregnant patient, management of pelvic inflammatory disease; risk factors for ectopic pregnancy
- gastrointestinal diseases – upper and lower gastrointestinal bleeding
- musculoskeletal – describe a fracture or dislocation using basic orthopedic terminology
- domestic violence
- behavioural and psychiatric disorders – suicidal behaviour; legal criteria for holding patients in the emergency department against their will, differentiate between functional and organic causes of psychosis, indications and contraindications for using physical and chemical restraints
- To develop technical skills related to the practice of emergency medicine including: manoeuvres used to help maintain a patient airway in the compromised patient; proper technique for infiltration of local anesthetic, technique for performing a digital nerve block, ability to suture a simple skin laceration including wound preparation, anaesthesia, suture material selection, wound closure, dressing, and appropriate follow-up care
- To be aware of community resources available to emergency medicine patients and their families

Communicator

- To demonstrate the ability to gather history from patients and their families in the emergency room context
- To demonstrate the ability to gather collateral information from patients' families and from community agencies and practitioners
- To be able to effectively communicate information regarding medications to patients
- To be able to effectively communicate treatment and follow-up plans to the patient
- To communicate effectively with members of the multidisciplinary team in the emergency medicine setting and to liaise effectively with community

- practitioners and agencies involved with emergency medicine patients and their families
- To be able to communicate efficiently with consulting services

Scholar

- To be able to access relevant literature and other resources to guide assessment and management of emergency medicine patients
- To develop skills in the critical appraisal of literature regarding the diagnosis and treatment of issues in emergency medicine

Manager

- To develop the ability to perform focused histories and physical examination in the time-limited environment of the emergency room
- To understand the central role of the physician in overall emergency department management
- To develop time management skills to reflect and balance priorities for patient care, sustainable practice, and personal life

Collaborator

- To understand the roles of allied healthcare professionals, both within the hospital setting and in the community, with respect to the assessment and management of emergency medicine patients
- To know when and how to initiate specialty consultation

Health Advocate

- To demonstrate the capacity to advocate effectively on behalf of emergency medicine patients for the services that they require
- To identify opportunities for patient counseling and education regarding their medical conditions
- To educate patients regarding lifestyle modifications that may prevent emergency room visits for certain medical conditions

Professional

- To demonstrate professional attitudes in interactions with patients, families and other healthcare professionals
- To recognize and appropriately respond to ethical challenges in the emergency medicine setting

CORE PSYCHIATRY ROTATIONS

EMERGENCY PSYCHIATRY

Rotation offered at: CAMH, SHSC, SMH, UHN

Description:

The emergency psychiatry rotation provides an opportunity for the CSS PGY1 psychiatry resident to develop an approach to the assessment of patients with common psychiatric emergencies. There is a strong focus on interviewing skills. Knowledge and skills related to the psychopharmacological and psychotherapeutic management of emergency psychiatric patients are developed and enhanced. Special attention is focused on the legal and ethical aspects of emergency psychiatry.

Rotation Specific Objectives:

Medical Expert

- To complete a rapid emergency psychiatric assessment interview and appropriate mental status examination
- To develop skills in eliciting and interpreting abnormal mental status findings
- To be able to assess and initiate diagnostic and management plans for the patient with the following presentations: acute psychosis, potentially explosive situations or violence, self-harm or suicidality, homicidality, substance intoxication or withdrawal, dual diagnoses, acute situational crises
- To enhance foundational skills in risk assessment for self-harm and risk to others
- To make a comprehensive diagnosis using DSM-IV
- To construct a psychiatric formulation for crisis intervention with knowledge of models of crisis intervention and brief therapies.
- To develop a knowledge of the pharmacological agents used in the treatment of psychiatric emergencies including antipsychotics and benzodiazepines with particular focus on the indications and contraindications for their use, potential side-effects and relevant drug interactions.
- To understand the Mental Health Act and the appropriate use of relevant mental health forms for certification of patients and to be able to complete Mental Health Act forms and associated documentation accurately
- To be able to assess for competency to consent to treatment under the Consent to Treatment Act and to complete the required forms and documentation accurately

- To be aware of community resources available to emergency psychiatric patients
- To manage patients with institutional transference and address these issues in the disposition plan
- To recognize urgent medical problems in psychiatric patients and make appropriate referrals

Communicator

- To be able to deliver understandable information to patients and families regarding common psychiatric disorders and common psychiatric emergencies
- To be able to discuss medicolegal and ethical issues related to psychiatric emergencies with patients and their families
- To communicate effectively with members of the multidisciplinary team in the emergency setting and to liaise effectively with community agencies involved with patients
- To develop skills in the succinct presentation of relevant information to supervising staff psychiatrists

Scholar

- To be able to access relevant literature and other resources to guide assessment and management of emergency psychiatric patients
- To develop skills in the critical appraisal of literature regarding common psychiatric emergencies

Manager

- To develop the ability to perform focused histories in patients presenting with psychiatric emergencies
- To develop the ability to prioritize and develop time management skills in order to deal effectively with competing clinical priorities and to balance priorities for patient care, sustainable practice, and personal life

Collaborator

- To understand the role of the psychiatrist in the emergency setting and the systemic issues involved in emergency psychiatry including the gatekeeper function of the emergency department, the consulting role of emergency physicians and psychiatrists, and the pressures from community and institutional systems
- To understand the roles of allied healthcare professionals, both within the hospital setting and in the community, with respect to the assessment and management of psychiatric patients and psychiatric emergencies
- To collaborate effectively with other members of the health care team and community agencies
- To know when and how to initiate specialty consultation

Health Advocate

- To demonstrate the capacity to advocate effectively on behalf of psychiatric patients
- To identify opportunities for patient education regarding their psychiatric conditions

Professional

- To demonstrate professional attitudes in interactions with patients, families and other healthcare professionals
- To recognize and appropriately respond to ethical challenges in the emergency psychiatry setting
- To display an ability to appraise oneself and to utilize supervision appropriately
- To monitor emotional reactions to patients in crisis and to be aware of countertransference and counter-reactions in the emergency room

ADDICTION PSYCHIATRY

Rotation offered at: CAMH with clinical experiences at a variety of sites

Description:

The addiction psychiatry rotation provides an opportunity for the CSS PGY1 psychiatry resident to develop an understanding of important areas in addiction medicine and addiction psychiatry that will serve as a basis for their further psychiatric training. The rotation is based at CAMH with clinical experiences at a variety of sites. The focus of the PGY1 addiction psychiatry rotation is on creating a foundation for further training by focusing on addiction assessment and treatment in a variety of modalities and settings with a large focus on addiction medicine.

Rotation Specific Objectives:

Medical Expert

- Competency in managing acute intoxication and withdrawal conditions
- Knowledge of the different levels of care and treatment modalities for substance use conditions with and without concurrent disorders
- Basic assessment of the addiction patient with and without concurrent disorders
- Basic understanding of the techniques of Motivational Enhancement

Communicator

- Establish effective relationships with patient and their families
- Interact with community caregivers and other health resources to obtain and synthesize relevant information about the patient
- Develop a discharge plan for hospitalized patients and learn to involve the family physician, home care and other caregivers in the development of long-term community health planning
- Learn to communicate effectively and efficiently with colleagues both verbally and through written records (i.e. the medical record, discharge summaries, consultation notes)

Collaborator

- Know when to consult other caregivers appropriately (Addiction and Concurrent Disorder).

Manager

- Develop the understanding of how to effectively balance patient care and health care resources.
- Develop a knowledge base for understanding the interplay between governments and the health care sector in allocating finite health care resources as well as understand navigating patients between systems (addiction, mental health, justice etc).
- When the opportunity arises, to help develop effective and efficient patient management strategies.

Health Advocate

- Ability to adopt a preventive approach in clinical practice
- Identify important determinants of patients' (and public) health.

Scholar

- Development of reflection and self-assessment skills via reflection journal and reflection paper
- Opportunity to join the Resident Addiction Curriculum Education committee

Professional

- Development of appropriate professional attitudes toward individuals with addiction and concurrent disorders
- Understand professional obligations to patients and colleagues
- Exhibit appropriate personal and interpersonal professional behaviours

CONSULTATION-LIAISON PSYCHIATRY

Rotation offered at: UHN

Description:

The consultation-liaison psychiatry rotation provides the minimum three month training in the psychiatric care of the medically ill that is required by the Royal College and the University of Toronto Department of Psychiatry. The rotation is consolidated at UHN in order to provide an intensive training for CSS PGY1s and to progress their knowledge and skill levels from that of a PGY1 to that of a PGY4 in the area of consultation-liaison psychiatry over the course of the three months. Supplementary experiences may be arranged to meet individual CSS PGY1s learning needs. There is an emphasis on building focused interviewing skills, consultation skills, and knowledge and skills with respect to pharmacotherapy and brief psychotherapies in the medically ill. Special attention is focused on the legal and ethical aspects of consultation-liaison psychiatry.

PGY1s will receive daily supervision of their cases and will participate in daily teaching rounds, and weekly case conferences. In the second and third months of their rotation, they will be expected to assess and follow-up outpatients with medical and psychiatric co-morbidities. They will work with their colleagues to review key literature in consultation-liaison psychiatry.

Rotation Specific Objectives:

Medical Expert

- To complete a focused psychiatric assessment interview and appropriate mental status examination in medical patients with co-morbid psychiatric disturbances
- To develop skills in eliciting and interpreting abnormal mental status findings
- To be able to assess and initiate diagnostic and management plans for the medical patient with the following psychiatric presentations: agitation, delirium, dementia, depression, anxiety, self-harm or suicidality, acute situational crises, behaviour which is difficult for the medical team to manage, personality disorder, somatoform disorders
- To develop a knowledge of the pharmacological agents used in the management of psychiatric symptoms in the medically ill with particular emphasis on the management of delirium, anxiety and depression. There is a particular focus on the indications for medication use, potential side-effects and relevant drug interactions and interactions with the co-morbid medical illness(es).
- To develop or enhance basic skills in providing supportive psychotherapy

- To develop basic skills in delivering psychotherapeutic interventions based in cognitive-therapy and interpersonal therapy
- To develop an understanding of relaxation therapies and mindfulness meditation interventions
- To develop knowledge and skills related to the use of the Mental Health Act and the Consent to Treatment Act in medically ill patients

Communicator

- To be able to deliver understandable information to patients and families regarding common psychiatric disorders and common psychiatric emergencies in the context of medical illness
- To be able to discuss medicolegal and ethical issues with patients and their families related to psychiatric issues in the medically ill.
- To communicate effectively with members of the multidisciplinary team in the medical setting and to liaise effectively with community practitioners and agencies involved with patients to obtain collateral information or to develop disposition plans
- To develop skills in succinct case presentations in the consultation-liason context

Scholar

- To be able to access relevant literature and other resources to guide assessment and management of psychiatric patients with medical co-morbidities
- To be develop skills in the critical appraisal of literature regarding common psychiatric issues in the medically ill

Manager

- To develop the ability to perform focused histories in patients presenting with psychiatric symptoms in the context of medical illness
- To develop the ability to prioritize and make appropriate allocation of time in the face of competing clinical priorities

Collaborator

- To understand the role of the psychiatrist in the medical setting and the pressures from community and institutional systems
- To understand the roles of allied healthcare professionals, both within the hospital setting and in the community, with respect to the assessment and management of patients with co-morbid medical and psychiatric diagnoses
- To collaborate effectively with other members of the health care team and community agencies
- To know when and how to initiate specialty consultation

Health Advocate

- To demonstrate the capacity to advocate effectively on behalf of psychiatric patients
- To identify opportunities for patient education regarding their psychiatric conditions

Professional

- To demonstrate professional attitudes in interactions with patients, families and other healthcare professionals
- To recognize and appropriately respond to ethical challenges in the consultation-liaison psychiatry setting
- To display an ability to appraise oneself and to utilize supervision appropriately
- To monitor emotional reactions to patients in crisis and to be aware of countertransference and counter-reactions in the emergency room

GERIATRIC PSYCHIATRY

Rotation offered at: Baycrest, SHSC

Description:

The geriatric psychiatry rotation provides the minimum three month training in geriatric psychiatry that is required by the Royal College and the University of Toronto Department of Psychiatry. The rotation is consolidated at Baycrest and SHSC in order to provide an intensive training for CSS PGY1s and to progress their knowledge and skill levels from that of a PGY1 to that of a PGY4 in the area of geriatric psychiatry over the course of the three months.

Rotation Specific Objectives:

Medical Expert

- Demonstrates an effective level of clinical knowledge and understanding of the following topics in the geriatric population:
 - Etiology, symptoms and course of illness
 - Mood disorders
 - Psychotic Disorders
 - Anxiety disorders
 - Adjustment disorders
 - Substances Related Disorders
 - Dementia
 - Delirium
 - Personality disorders
 - Disorders secondary to a general medical condition
 - Psychological and social aspects of aging
 - Biological aspects of aging including age-related changes in organ systems, sensory systems and drug handling
 - Psychopharmacology and somatic therapies
 - Cultural/ethnic theoretical, clinical and therapeutic issues
 - Community resources
 - Legislation – Mental Health Act, Personal Health Information Protection Act, Substitute Decisions Act, Health Care Consent Act
 - Capacity to manage finances, make personal care decisions, consent to admission to long-term care, give power of attorney,
 - End of life care (end of life decisions, grief, bereavement)
- 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:
 - Establish and maintain rapport and effective working relationship.

- Conduct and organize an appropriate interview.
- Perform an appropriate mental status examination including cognitive testing
- Perform an appropriate environmental/social assessment.
- Perform an appropriate neurological examination.
- Perform an appropriate family assessment.
- Perform an appropriate medical assessment.
- Synthesize a diagnosis.
- Integrate and present a bio-psycho-social understanding/formulation in geriatric psychiatric cases
- Develop and implement an integrated bio-psycho-social treatment plan.
- Use psychiatric, psychological, medical and imaging investigations for assessment and treatment planning.
- Make appropriate referrals to other professionals and community resources.
- Assess suitability for, prescribe and use appropriate psychological treatment.
- Assess suitability for, prescribe and use appropriate social and environmental interventions.
- Assess suitability for, prescribe and use appropriate psychopharmacological treatment.
- Assess suitability for, prescribe and use appropriate somatic therapies (ECT).

Communicator

- Discuss appropriate information with the health care team.
- Convey to patient and family an accurate, clear, coherent and timely account of the diagnosis, treatment plans and prognosis in all clinical cases.
- Convey pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats.

Scholar

- Synthesize an effective level of basic science knowledge
 - i. Physiology, neuroanatomy, neurochemistry, genetics
 - ii. Medical statistics, pharmacology, research methodology
- 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.
- Critical appraisal of medical information. Successful integration of information from a variety of sources.
- Facilitation of the learning of patients, students, residents, and other health professionals through guidance, teaching and constructive feedback.

Manager

- Utilize personal and system resources effectively to balance patient care, learning needs and outside activities.
- Understand and makes effective use of information technology to optimize patient care, life long learning and other activities.
- Make cost effective use of resources based on sound judgement.
- Evaluate the effective use of resources.
- Set realistic priorities and uses time effectively in order to optimize professional performance consistent with personal / professional goals and obligations.
- Coordinate the efforts of the treatment team.
- Ability and willingness to direct patients to relevant community resources.

Collaborator

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

Health Advocate

- Awareness of structures of governance in mental health care.
- Awareness of regional, national and international advocacy groups in mental health care.
- 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.
- Demonstrate the capacity to advocate effectively on behalf of psychiatric patients
- Identify opportunities for patient education regarding their psychiatric conditions

Professional

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

ELECTIVE ROTATION

ELECTIVE ROTATION

PGY-1 psychiatric residents will choose or develop an elective rotation that meets their self-identified learning needs with respect to their CSS program

A form will be completed for the elective that outlines the residents self-identified learning needs in the CanMEDS format. Dr. Abbey will be available for assistance. The form will be available from the Postgraduate Education Office (marie.mara@utoronto.ca or irene.ly@utoronto.ca) or from Dr. Abbey at susan.abbey@uhn.on.ca.

PSYCHIATRIC RESEARCH

Rotation offered at: site of supervisor identified by resident

Description:

Psychiatric research is a one elective rotation for PGY1 residents in the CSS program. It is arranged with their CSS supervisor.

Rotation Specific Objectives:

Medical Expert

- To gain specialized knowledge in a subspecialty area of psychiatry.

Communicator

- To develop academic writing skills related to the design and implementation of a research project
- To effectively communicate with research supervisors
- To effectively communicate with members of the research team if applicable

Scholar

- To be able to access relevant literature and other resources to guide the development of a research project
- To develop skills in the critical appraisal of literature relevant to the research project
- To develop an understanding of and foundational skills for preparing applications to research ethics boards

Manager

- To develop time management skills to reflect and balance priorities for scholarly work and personal life
- To utilize research resources appropriately

Collaborator

- To collaborate with other members of the research team or group

Health Advocate

- To be specified based on project

Professional

- To demonstrate professional attitudes in interactions with supervisors and members of the research team
- To recognize and appropriately respond to ethical challenges in the psychiatric research setting

CanMeds 2005

Medical Expert

Definition: As *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework.

Description: Physicians possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centered care. They apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of their discipline, personal expertise, the healthcare setting and the patient's preferences and context. Their care is characterized by up-to-date, ethical, and resource efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community. The Role of Medical Expert is central to the function of physicians and draws on the competencies included in the Roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

Elements:

- Integration and application of all CanMEDS Roles for patient care
- Core medical knowledge
- Patient problem identification
- Diagnostic reasoning
- Clinical judgment
- Clinical decision-making
- Application of appropriate therapies
- Procedural skill proficiency
- Humane care
- Application of ethical principles for patient care
- Functioning as a consultant
- Knowing limits of expertise
- Maintenance of competence
- Principles of patient safety and avoiding adverse events

Communicator

Definition: As *Communicators*, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Description: Physicians enable patient-centered therapeutic communication through shared decision-making and effective dynamic interactions with patients, families, caregivers, other professionals, and other important individuals. The competencies of this Role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care. Poor communication can lead to undesired outcomes, and effective communication is critical for optimal patient outcomes. The application of these communication competencies and the nature of the doctor-patient relationship vary for different specialties and forms of medical practice.

Elements:

- Patient-centered approach to communication
- Rapport, trust and ethics in the doctor-patient relationship
- Therapeutic relationships with patients, families²³ and caregivers
- Diverse doctor-patient relationships for different medical practices
- Shared decision-making
- Concordance
- Mutual understanding
- Empathy
- Capacity for compassion, trustworthiness, integrity
- Flexibility in application of skills
- Interactive process
- Relational competence in interactions
- Eliciting and synthesizing information for patient care
- Efficiency
- Accuracy
- Conveying effective oral and written information for patient care
- Effective listening
- Use of expert verbal and non-verbal communication
- Respect for diversity
- Attention to the psychosocial aspects of illness
- Breaking bad news
- Addressing end-of-life issues
- Disclosure of error or adverse event
- Informed consent
- Capacity assessment
- Appropriate documentation
- Public and media communication, where appropriate

Key Competencies: *Physicians are able to...*

1. Develop rapport, trust and ethical therapeutic relationships with patients and families;
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;

3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
5. Convey effective oral and written information about a medical encounter.

Collaborator

Definition: As *Collaborators*, physicians effectively work within a healthcare team to achieve optimal patient care.

Description: Physicians work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. This is increasingly important in a modern multi-professional environment, where the goal of patient-centred care is widely shared.

Modern healthcare teams not only include a group of professionals working closely together at one site, such as a ward team, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for physicians to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals for the provision of optimal care, education and scholarship.

Elements:

- Collaborative care, culture and environment
- Shared decision making
- Sharing of knowledge and information
- Delegation
- Effective teams
- Respect for other physicians and members of the healthcare team
- Respect for diversity
- Team dynamics
- Leadership based on patient needs
- Constructive negotiation
- Conflict resolution, management, and prevention
- Organizational structures that facilitate collaboration
- Understanding roles and responsibilities
- Recognizing one's own roles and limits
- Effective consultation with respect to collaborative dynamics
- Effective primary care – specialist collaboration
- Collaboration with community agencies
- Communities of practice
- Interprofessional health care
- Multiprofessional health care
- Learning together

- Gender issues

Key Competencies: *Physicians are able to...*

1. Participate effectively and appropriately in an interprofessional healthcare team;
2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict.

Manager

Definition: As *Managers*, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

Description: Physicians interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally or nationally. The balance in the emphasis among these three levels varies depending on the nature of the specialty, but all specialties have explicitly identified management responsibilities as a core requirement for the practice of medicine in their discipline. Physicians function as Managers in their everyday practice activities involving co-workers, resources and organizational tasks, such as care processes, and policies as well as balancing their personal lives. Thus, physicians require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic choices when allocating scarce healthcare resources. The CanMEDS Manager Role describes the active engagement of all physicians as integral participants in decision-making in the operation of the healthcare system.

Elements:

- Physicians as active participants in the healthcare system
- Physician roles and responsibilities in the healthcare system
- Collaborative decision-making
- Quality assurance and improvement
- Organization, structure and financing of the healthcare system
- Managing change
- Leadership
- Supervising others
- Administration
- Consideration of justice, efficiency and effectiveness in the allocation of finite healthcare resources for optimal patient care
- Budgeting and finance
- Priority-setting
- Practice management to maintain a sustainable practice and physician health
- Health human resources

- Time management
- Physician remuneration options
- Negotiation
- Career development
- Information technology for healthcare
- Effective meetings and committees

Key Competencies: *Physicians are able to...*

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;
2. Manage their practice and career effectively;
3. Allocate finite healthcare resources appropriately;
4. Serve in administration and leadership roles, as appropriate.

Health Advocate

Definition: As *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Description: Physicians recognize their duty and ability to improve the overall health of their patients and the society they serve. Doctors identify advocacy activities as important for the individual patient, for populations of patients and for communities. Individual patients need physicians to assist them in navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need physicians' special expertise to identify and collaboratively address broad health issues and the determinants of health. At this level, health advocacy involves efforts to change specific practices or policies on behalf of those served. Framed in this multi-level way, health advocacy is an essential and fundamental component of health promotion. Health advocacy is appropriately expressed both by individual and collective actions of physicians in influencing public health and policy.

Elements:

- Advocacy for individual patients, populations and communities
- Health promotion and disease prevention
- Determinants of health, including psychological, biological, social, cultural and economic
- Fiduciary duty to care
- The medical profession's role in society
- Responsible use of authority and influence
- Mobilizing resources as needed
- Adapting practice, management and education to the needs of the individual patient

- Patient safety
- Principles of health policy and its implications
- Interactions of advocacy with other CanMEDS Roles and competencies

Key Competencies: *Physicians are able to...*

1. Respond to individual patient health needs and issues as part of patient care;
2. Respond to the health needs of the communities that they serve;
3. Identify the determinants of health of the populations that they serve;
4. Promote the health of individual patients, communities and populations.

Scholar

Definition: As *Scholars*, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Description: Physicians engage in a lifelong pursuit of mastering their domain of expertise. As learners, they recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate the education of their students, patients, colleagues, and others.

Elements:

- Lifelong learning
- Moral and professional obligation to maintain competence and be accountable
- Reflection on all aspects of practice
- Self-assessment
- Identifying gaps in knowledge
- Asking effective learning questions
- Accessing information for practice
- Critical appraisal of evidence
- Evidence-based medicine
- Translating knowledge (evidence) into practice
- Translating knowledge into professional competence
- Enhancing professional competence
- Using a variety of learning methodologies
- Principles of learning
- Role modeling
- Assessing learners
- Giving feedback
- Mentoring
- Teacher-student ethics, power issues, confidentiality, boundaries
- Learning together
- Communities of practice
- Research / scientific inquiry

- Research ethics, disclosure, conflicts of interests, human subjects and industry relations

Key Competencies: *Physicians are able to...*

1. Maintain and enhance professional activities through ongoing learning;
2. Critically evaluate information and its sources, and apply this appropriately to practice decisions;
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;
4. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.

Professional

Definition: As *Professionals*, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Description: Physicians have a unique societal role as professionals who are dedicated to the health and caring of others. Their work requires the mastery of a complex body of knowledge and skills, as well as the art of medicine. As such, the Professional Role is guided by codes of ethics and a commitment to clinical competence, the embracing of appropriate attitudes and behaviors, integrity, altruism, personal well-being, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between a physician and society. Society, in return, grants physicians the privilege of profession-led regulation with the understanding that they are accountable to those served.

Elements:

- Altruism
- Integrity and honesty
- Compassion and caring
- Morality and codes of behaviour
- Responsibility to society
- Responsibility to the profession, including obligations of peer review
- Responsibility to self, including personal care in order to serve others
- Commitment to excellence in clinical practice and mastery of the discipline
- Commitment to the promotion of the public good in health care
- Accountability to professional regulatory authorities
- Commitment to professional standards
- Bioethical principles and theories
- Medico-legal frameworks governing practice
- Self-awareness
- Sustainable practice and physician health
- Self-assessment

- Disclosure of error or adverse events

Key Competencies: *Physicians are able to...*

1. Demonstrate a commitment to their patients, profession, and society through ethical practice;
2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;
3. Demonstrate a commitment to physician health and sustainable practice.