HOSPITAL OVERVIEW

The Department of Psychiatry at St Michael's Hospital has a strong clinical and academic focus on meeting the needs of the inner city population. Areas of special interest include General Psychiatry, Suicide Studies, HIV Psychiatry, Health and Homelessness & Geriatric Psychiatry. Clinical experiences are gained on a 33 bed inpatient unit, a busy Psychiatric Emergency Service, including a 3 bed Crisis Stabilization Unit, a large community mental health service, including a thriving shared care program and an ACT team, a CL service that enjoys excellent working relationships with its medical and surgical colleagues and specialized geriatric psychiatry and HIV psychiatry services. Excellence in educational experience is a high priority for both the department and the hospital. Our staff display a great commitment to teaching and accessibility and our department is known for being a collegial and fun place to work.

Grand Rounds:

Major weekly academic gathering of the mental health service on Fridays at 12 noon. Residents receive training to assist them in presenting grand rounds through a teaching seminar and review of their presentation by their supervisor and/or mentor.

Psychotherapy:

i) Psychodynamic Supervisors:

Harold Spivak
David Robertson
Kas Khorasani
Paul Links
Sam Izenberg
Tom Crocker
Leo Murphy
Doug Ramsay
Adam Quastel
Jon Novik

ii) CBT Supervisors:

Karen Shin
Paul Links
Jon Novik
Vicky Stergiopolous
Matthew Levy

iii) IPT supervision

Jon Novik
iv) Group Supervision

Kas Khorasani- Inpatient group psychotherapy
David Robertson- interpersonal group psychotherapy
Leo Murphy- Interpersonal group psychotherapy
Yvonne Bergmans- group psychotherapy for patients with chronic self harm

Research:

Health services research as it applies to the delivery of mental health care to vulnerable population including; shared care, case management and assertive community treatment and the effectiveness and cost effectiveness of Housing First approaches for people who are homeless and have either serious or moderate mental health needs

Suicide studies: Etiology of suicide and suicidal behaviour; Interventions for individuals at risk for suicide; Service Delivery and Access to Care

HIV Psychiatry: Neurocognitive disorders in HIV; HIV and women; International outreach in HIV Psychiatry

Geriatric psychiatry: determinants of cognitive reserve such as socioeconomic status & education; delusions in dementia; neuroimaging; driving in Minor cognitive impairment.

Seminars:

PGY2 inpatient rotation journal club
Psychotherapy seminar for junior residents focusing on clinical issues, countertransference and formulation
Psychotherapy seminar for senior residents focusing on advanced issues in psychotherapy
STACER preparation course
Suicide studies rounds
Multidisciplinary rounds in HIV care

Supervision:

Balderson, Ken General Psychiatry (Inpatients)
Berntson, Andrea Community Psychiatry (Community Connections)
Bhalerao, Shree C-L Psychiatry
Brook, Shelley General Psychiatry (Inpatients)
Dang, Kien C-L Psychiatry
Dawe, Ian Crisis
Fischer, Corinne Geriatric Psychiatry, research (Geriatric Psychiatry)
Goldstein, Mara Crisis, General Psychiatry (Outpatients)
Halman, Mark HIV Psychiatry, General Psychiatry (Outpatients)
Langley, John Adolescent Psychiatry
Law, Samuel Community Psychiatry, Chronic Care, Cross-Cultural Psychiatry
Levy, Matt Community Psychiatry (Community Connections)
Links, Paul Crisis, research (suicide studies, personality disorders)
Maggi, Julie HIV Psychiatry, research (women's mental health, HIV Psychiatry)
Quastel, Adam Addictions
Robertson, David General Psychiatry (Inpatients)
Spivak, Harold General Psychiatry (Inpatients)
Stergiopoulos, Vicky Clinical & Research (homelessness & mental health, women's mental health, Geriatric Psychiatry)
Tugg, Lorne Chronic Care, Community Psychiatry (shared care), General Psychiatry (Outpatients)

Teaching:
SMH residents have the opportunity to teach medical students in a six week introductory course on Personality Disorders

SMH residents also have the opportunity to teach medical students in the Arts and Science of Clinical Medicine (ASCM I and II) courses

MANDATORY CORE ROTATIONS

General Hospital Psychiatry Rotations: PGY-II

Supervisors:

**Inpatient**: Drs. K. Balderson, S. Brook, D. Robertson and H. Spivak

**Outpatient**: Drs. L. Tugg, M. Goldstein, M. Halman and P. Links

**Positions**: Eight one-year positions, **sequential** (ie. six months inpatient and six months outpatient)

**Description**: The rotation provides an experience in the diagnosis and treatment of a wide range of psychiatric disorders, with specific focus on the mental health care needs of the Inner-City population. The term “Inner City” is meant to encompass areas of Toronto that are densely populated, located in the urban core, and contain populations that may be considered to be more vulnerable than other city populations to adverse changes in the delivery of health and social services. For example, people who:

1. are new immigrants,
2. are homeless or under-housed,
3. have substance abuse problems, or
4. who have high rates of reportable disease.

The **Inpatient** unit contains a six bed Acute Care Unit, a four bed Intermediate Care Unit, and a twenty-three bed general ward. Residents will develop skills in the rapid evaluation and initiation of treatment for patients with acute disorders, exacerbations of chronic illnesses, and co-morbid psychiatric and substance-related and/or complex medical conditions. The rotation offers an excellent opportunity to develop familiarity and expertise in aspects of the Mental Health Act and in psychopharmacology, with our ward pharmacist who has been recognized for teaching excellence. The rotation is divided into 3 two-month blocks, providing opportunity to work with different supervisors. Residents work with a multidisciplinary team and will also learn about community resources. There is also an Inpatient Journal Club for residents and staff that meets once a month.
Outpatient residents act as consultants to family physicians who refer patients from the community and are representative of a general psychiatric practice. Residents are responsible for the assessment and management of these patients, which necessitates gaining a thorough knowledge of community programs and treatment facilities, as well as learning various therapeutic modalities, such as brief psychotherapy and cognitive-behavioural therapy, and pharmacotherapeutic approaches to non-hospitalised patients. Direct participation in collaborative mental health care with family medicine residents is a unique feature of this rotation. Residents also have the opportunity to choose a selective experience during the rotation from a list of possibilities including university mental health, concurrent disorders, HIV Psychiatry, group psychotherapy, and homelessness. The rotation is divided into 2 three-month blocks, providing opportunity to work with different supervisors.

Academic content: Residents participate weekly in a general psychiatry assessment clinic where they have the opportunity to assess and manage a wide variety of patients presenting for consultation and care. The resident will have a minimum of two directly observed interviews each week. Assessment skills, diagnosis and case formulation are extensively reviewed in this clinic. Ongoing supervision focuses on the ongoing management of patients as residents develop their integrative outpatient psychiatry skills.

Consultation-Liaison Psychiatry: PGY-III & IV

Supervisors: Drs. S. Bhalerao, K. Dang, and C. Fischer

Positions: Two six-month Core rotations in Consultation-Liaison Psychiatry

Description: The service sees about 60 consultations a month. The number of consultations assigned to a resident is determined by his level of training and assessed needs. The resident will work closely with a full-time clinical nurse specialist and increased emphasis has been placed on specialized consultation to individual medical and surgical services at St. Michael’s. Areas of specialty include HIV/AIDS, respirology, traumatic brain injury, cardiology, nephrology and ICU. Liaison experiences include Bridgepoint Health Centre. Focus will be on management of ambulatory, medically complicated patients in addition to traditional inpatient consultation work.

Academic Content: Residents are exposed to a broad range of patients for both consultation and follow-up in both inpatient and outpatient settings. Supervision is provided on all cases and titrated to the resident-supervisor contract to best meet the residents’ educational needs. One-on-one teaching on liaison services will include close supervision on medically complex cases and afford learning opportunities relevant to work within a specialized multidisciplinary team. There are research opportunities, and residents are also encouraged to develop their own personalized reading projects to further enhance their academic experience.
Geriatric Psychiatry: PGY-III & IV

Supervisor: Drs. C. Fischer

Positions: Two six-month Core rotations in Geriatric Psychiatry

Description: The rotation will focus on assessment and management of complex psycho-geriatric cases. Residents will have an opportunity to assess patients at a weekly psycho-geriatric outpatient ambulatory clinic. These patients will have a broad range of psychiatric diagnoses and this experience will give the resident an opportunity to become comfortable with diagnostic and assessment issues in Geriatric Psychiatry. Residents will also have an opportunity to assess, follow and manage elderly patients with complex medical problems through the Medical Psychiatry service. This will provide the resident with experience in dealing with complex psychiatrically and medically ill elderly patients. There will be an opportunity for residents to assess elderly patients at the St. Michael’s Hospital Memory Disorders Clinic. This will help the resident develop skills in cognitive assessment. Finally, residents will be able to participate in the Geriatric Mental Health Outreach program. This will help the resident develop skills in dealing with patients who have complex behavioural issues in Long Term Care.

Academic Content: In addition to ongoing supervision of clinical responsibilities, residents will have an opportunity to attend the divisional seminar series hosted by Mount Sinai Hospital. The focus of the seminar series will be to familiarize the resident with critical information relevant to Geriatric psychiatry. In addition, the resident will be invited to attend weekly Memory Clinic Rounds. Psychiatry Grand Rounds will be held on a weekly basis. Finally, there will be an opportunity for the resident to become involved in existing research projects.

Chronic Care Psychiatry--Assertive Community Treatment: PGY-III & IV

Supervisors: Drs. L. Tugg, and S. Law

Positions: Two six-month mandatory core rotations in chronic care

Description: This rotation will provide an experience in community-based treatment of individuals with severe and persistent mental illnesses. The resident will work with the assertive community treatment team, which is part of the overall community psychiatry program in the St. Michael’s Mental Health Service. The team provides continuity of care through a comprehensive program that includes specialized components both for patients with co-morbid substance use disorders as well as homelessness. The resident will be able to work intensively with patients in non-traditional settings in the community.

Assertive community treatment has been identified by the Ministry of Health as a priority in mental health reform in Ontario. There are currently more than 75 A.C.T. teams across the province. This rotation will provide residents with the necessary skills and experience to be able to work effectively in these teams.

Academic Content: In addition to regular supervision from the primary supervisors the resident will have the option of supervision from other faculty members of the community psychiatry program, in particular areas of sub-specialty expertise including suicide and crisis management, co-morbid substance abuse, service delivery issues and homelessness. Each resident will have the opportunity to develop their consultation skills by doing regular new assessments (directly observed by their supervisor) of patients with severe and persistent mental illnesses referred from the community. In addition there will be a community mental health journal club, looking at key articles from the community psychiatry literature.