1. Essential components of an elective rotation in this program/division must include

The career track rotations in Psychiatry, Health and Disease Medicine are focused on the psychiatric and psychosocial aspects of medical illness and somatizing and medically unexplained somatic syndromes and on mind-body relationships in health and disease. There is flexibility in the structure of these rotations, but all include an academic and clinical component with supervision in clinical work, teaching, and research. The elective properties of these components may vary depending upon the position. In each rotation, there will be a primary full-time supervisor who will coordinate the training experience with the resident.

2. Experiences in senior elective rotation in this program/division could include

Elective experiences of an academic or clinical nature can be arranged as appropriate to the rotations. Most often this consists of a specific clinical assignment or research project. Supervision will be provided to residents who wish to develop research expertise or to start projects which may continue into or lead to fellowship training. Supervision is also available on a wide variety of modalities as appropriate to patients with medical or somatizing conditions.

3. Hospital/training sites where elective rotation is offered

1) General Consultation-Liaison Psychiatry: The University Health Network (Toronto General Hospital and Toronto Western Hospital), Wellesley-St. Michael's Hospital, Mount Sinai Hospital, Women’s College Hospital

2) HIV Psychiatry: St. Michael's Hospital, Mount Sinai Hospital

3) Psycho-Oncology: University Health Network (Princess Margaret Hospital, Mount Sinai Hospital, Hospital for Sick Children

4) Psychiatry of Acute Medical-Surgical Illness & Treatment: The University Health Network (Toronto General Hospital), Cardiovascular Disease, Multi-organ Transplantation Critical Care Unit

5) Neuropsychiatry: The University Health Network (Toronto Western Hospital, Sunnybrook Health Science Centre/Baycrest

6) Sleep and Chronobiology: The University Health Network (Toronto Western Hospital)

7) Somatizing Disorders and Medically Unexplained Syndromes: The University Health Network (Toronto General Hospital)

8) Psychotherapy and Psychosomatic Medicine: The University Health Network (Toronto General Hospital & Princess Margaret Hospital, Mount Sinai Hospital

9) Eating Disorders Program: The University Health Network (Toronto General Hospital, Hospital for Sick Children

10) Endocrinology and Psychiatry: Women’s College Hospital

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

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

A 3-6 month selective is offered for senior residents wishing to learn about the ABI. Residents will initially observe and then increasingly participate in this process until they can work on their own. The resident will be supervised by Dr Seyone and Dr. de Souza and will be given the opportunity to work in areas of their interests.
Comprehensive Care of Acquired Brain Injury
Place: Toronto Western Hospital; Department of Neuropsychiatry; ABI Clinic
Time: one ½ day per week for 2 months

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

Residents actively participate in consultations, assessments, and ongoing treatment from both staff psychiatrists. They learn about the psychosocial, neuropsychiatric and psychotherapeutic aspects of ABI. They will also gain first-hand knowledge of community resources available to people affected by ABI.

Clinical Senior Selective – Outpatient Neuropsychiatric Electrophysiology
Place: Toronto Western Hospital; Department of Neuropsychiatry;
Time: one ½ day per week for 2 months

The Neuropsychiatric Clinic at TWH provides diagnosis as well as treatment to Neuropsychiatric patients. Patients at the clinic have conditions that include Traumatic Brain Injury, Conversion Disorders (including Psychogenic Movement Disorders and Non Epileptic Seizures) as well as psychiatric issues related to seizures and other movement disorders. Patients are referred by community family physicians, specialists and community agencies.

This selective rotation focuses on the understanding and application of objective measures for understanding of the physiology through Quantitative Electroencephalography the treatment of neuropsychiatric conditions. It also includes the benefits and limitations of these techniques.

A one-half day per week selective is offered for two months to a PGY2 wishing to learn about the electrophysiological underpinnings of these disorders. This will include basics of Electroencephalography, Quantitative EEG and EEG based biofeedback. Residents will initially observe and then increasingly participate in this process.
Place: Toronto Western Hospital; Department of Neuropsychiatry;
Time: Senior Residents: from a minimum of one day a week for 12 weeks to 3 months.

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

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

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

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

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

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

The Neuropsychiatry Rehabilitation Service (NRS) at Ontario Shores Centre for Mental Health Sciences (formerly Whitby Mental Health Centre) was established to address the need for psychiatric care of neurological patients through inpatient and outreach programs. NRS includes a 25-bed inpatient unit with a 5 bed Intensive Observation and Treatment Unit. Individuals between 18 and 65 years of age with psychiatric, cognitive, and/or behavioral symptoms and a brain disorder (e.g. due to trauma, neurosurgery, infection, stroke, non-progressive tumor, multiple sclerosis, etc) are provided with inpatient services including specialized multidisciplinary assessments; diagnostic clarification; neuropsychological testing and rehabilitation; medication review; behavioral interventions; individualized programming; family support, education and consultation; inclusion of community partners in planning and treatment process; and discharge planning and community integration.

Through a minimum four week elective, residents can gain experience in neuropsychiatric evaluation. Integration of clinical data with investigations including brain imaging and neurocognitive assessment is emphasized. Psychological, family, and cultural issues are given equal weight in the formulation and treatment planning of complex patients.

Ample opportunities exist for research in interested, qualified, and motivated residents. This research may involve writing a case report, case series, or review paper, or participating in brain imaging research (MRI, fMRI, diffusion tensor imaging). Research projects can also be tailored to accommodate specialized knowledge and skills or unique talents of the resident through endeavors ranging (for example) from computer programming projects relevant to neuropsychiatry to the design of art, music, or recreational therapy programs for neuropsychiatric patients in collaboration with a multi-disciplinary team.
**Position:** One six-month or one year Senior Selective rotation. Residents may also wish to do a more limited one-year longitudinal elective focusing on one aspect of this training (*i.e.* ambulatory clinic only, Casey house liaison only) as an adjunct experience (*i.e.* one day or one half day per week).

**Description:** Develop skills in the assessment and management of persons with HIV/AIDS, including management of the major neuropsychiatric and mood disorders associated with HIV disease, and development of psychotherapeutic skills with a diverse range of patients including gay men, persons from inner city communities and women from endemic countries. Experience may be gained in any or all of these sites:

1. Ambulatory HIV Psychiatry Clinic: Emphasis on major mood disorders, dementia management, adaptation to illness and psychotherapy.
2. Psychiatric consultation to the Positive Care Clinic: Assessment and management of patients in the HIV medicine clinic using a liaison and co-management model with the HIV medicine team as the standard of care.
3. Inpatient HIV Psychiatry: designated inpatient psychiatry beds for persons with HIV and severe and persistent mental illness.
4. Community based collaborative care: with Casey House Hospice, both residential and community outreach teams.

*Please Note:* a program reorganization is currently underway to develop an elective experience in HIV psychiatry which will allow interested residents to obtain training at several sites that offer unique experiences in HIV psychiatry including SMH, Mt Sinai, Women’s College, CAMH and Casey House.

**Clinical Senior Selective - Psychosocial Oncology**

**Supervisor:** Dr. Janet Ellis  
Inquiries: (416) 480-4073 or janet.ellis@sunnybrook.ca

**Time:** Negotiable

This selective provides the supervised opportunity to become comfortable and proficient in assessing and managing psychiatric and psychological issues in the context of the diagnosis and treatment of cancer. It also includes developing expertise in grief, existential psychotherapy and individual and family support for those living with chronic medical illness as well as those who are dying. There is opportunity to participate in a biweekly seminar as well as research.