**Office of Postgraduate Education 🞍 Centre for Addiction & Mental Health, College St. Site**

250 College Street • Toronto ON M5T 1R9 • Canada 🞍 Tel: 416-979-6911🞍 Fax: 416-979-6928 🞍 http://www.psychiatry.utoronto.ca/



PGY-5 Residents Match 2024-2025

Incomplete applications, including those without the appropriate signatures or email confirmations will not be processed, and placement in the chosen selective cannot be guaranteed. Residents who fail to submit this application form or submit incomplete forms will be assigned to their selective rotations after the remainder of the internal resident match is complete.

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| **Research Applications must also include:** | | Applicant’s Updated Curriculum Vitae (including presentations and publications)  Two letters of support *(one of which must be from the Program/Division Head)*  Research Project Description Form *(see page 3)* | | | | |
| **Clinical Applications must also include:** | | Clinical Rotation Description and Tentative Schedule (*see page 5*) | | | | |
| **⮚ JULY 2024 – DECEMBER 2024⮘** | | | | | | |
| **Full Name** |  | | **PGY (July 2024)** |  | **Base Hospital**  **(July-Dec 2024)** |  |

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| **TYPE OF SELECTIVE:**  **Restricted Registration**  **(RR) License:** | CLINICAL  Presently have RR |  | RESEARCH  Will obtain RR during 2023-24 | **Check all that apply and at least one:**  In Clinician Scientist or Scholar Program *(CSP)* |
| Non – CSP resident  Presently enrolled in graduate studies\*  Will enroll in graduate studies\* in 2024-25  \*i.e., Masters, PhD |

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| **Names of**  **Primary Sponsoring Program/Division** |  | **Primary** | | |  |  | | **Secondary *(if any)*** | | |
|  | Adult Psychiatry & Health Systems | | |  |  | | Adult Psychiatry & Health Systems | | |
|  | Neurosciences and Clinical Translation | | |  |  | | Neurosciences and Clinical Translation | | |
|  | Child & Adolescent Psychiatry | | |  |  | | Child & Adolescent Psychiatry | | |
|  | Consultation-Liaison Psychiatry | | |  |  | | Consultation-Liaison Psychiatry | | |
|  | Geriatric Psychiatry | | |  |  | | Geriatric Psychiatry | | |
|  | Forensic Psychiatry | | |  |  | | Forensic Psychiatry | | |
|  | Psychotherapy, Humanities, and Psychosocial Interventions | | |  |  | | Psychotherapy, Humanities, and Psychosocial Interventions | | |
| STEP ONE: ***Residents:***  ***Submit approvals PG SHAREFILE by Dec. 6, 2023. Once submitted, you are done.*** | | **Primary Supervisor**  **Print - Name** | |  | | | | **Secondary Supervisor**  **Print – Name** | |  | | |
| ***Signature OR***  ***Email confirmation\**** | |  | Email  appended | | | ***Signature OR***  ***Email confirmation\**** | |  | Email  appended | |
| ***Site Director:***  ***Submit your approvals to PG Office by Jan. 17, 2024.*** | | **Site Director** | |  | | | | | |  | Email  appended | |
| **Name** | | | | | | **Signature OR Email confirmation appended** | | |

**\*All specified email confirmation(s) or signature(s) must be included with Senior Selective Form upon submission to PG SHAREFILE:**[**https://utmed.sharefile.com/r-r147e1ee1a7d743e49ece01b54ecada4f**](https://utmed.sharefile.com/r-r147e1ee1a7d743e49ece01b54ecada4f) **Please upload files in a .zip; or a .pdf package; or if individual documents as LASTNAME\_application, LASTNAME\_approval etc.**

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| ***Departmental Approval will be confirmed by Jan.. 26, 2024 to all PGY4s*** |  |  |  |  | |
| Dr. Adrienne Tan,  Program Director | Date | CSP Director  *(for CSP applications only)* | | Date |
|  |  |  |  |  | |
| Dr. Michael Mak, Coordinator, PGY5/TTP Curriculum Lead Date | | | |  |

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| PGY-5 Residents Match, 2024-2025  Senior Selective: Clinical or Research Rotation Proposal Application Form  (Upon completion of rotation the Primary Supervisor will be notified to complete a Resident Evaluation on Power) | | | | | | | Page 2 | | |
| **Research Applications Must also Include:** | | Applicant’s Updated Curriculum Vitae (including presentations & publications)  Two current letters of support *(one of which must be from the Program/Division Head)*  Research Project Description Form*(see page 3)* | | | | | |
| **Clinical Applications Must also include:** | | Clinical Rotation Description and Tentative Schedule (*see page 5*)  **⮚ January 2025 – June 2025** | | | | | |
| **Full Name** |  | | **PGY**  **(January 2025)** |  | **Base Hospital**  **(Jan-June 2025)** |  | | |

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| **TYPE OF SELECTIVE:**  **Restricted Registration**  **(RR) Licence:** | CLINICAL  Presently have RR |  | RESEARCH  Will obtain RR during 2023-24 | **Check all that apply and at least one:**  InClinician Scientist or Scholar Program*(CSP)* |
| Non – CSP resident  Presently enrolled in graduate studies\*  Will enroll in graduate studies\* in 2024-25  \*ie. Masters, PhD. |

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| **Names of**  **Primary Sponsoring Program/Division** |  | **Primary** | | |  |  | | **Secondary *(if any)*** | | |
|  | Adult Psychiatry & Health Systems | | |  |  | | Adult Psychiatry & Health Systems | | |
|  | Neurosciences and Clinical Translation | | |  |  | | Neurosciences and Clinical Translation | | |
|  | Child & Adolescent Psychiatry | | |  |  | | Child & Adolescent Psychiatry | | |
|  | Consultation/Liaison Psychiatry | | |  |  | | Consultation/Liaison Psychiatry | | |
|  | Geriatric Psychiatry | | |  |  | | Geriatric Psychiatry | | |
|  | Forensic Psychiatry | | |  |  | | Forensic Psychiatry | | |
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| STEP ONE: ***Residents:***  ***Submit approvals PG SHAREFILE by Dec. 6, 2023. Once submitted, you are done.*** | | **Primary Supervisor**  **Print - Name** | |  | | | | **Secondary Supervisor**  **Print - Name** | |  | | |
| ***Signature OR***  ***Email confirmation\**** | |  | Email  appended | | | ***Signature OR***  ***Email confirmation\**** | |  | Email  appended | |
| ***Site Director:***  ***Submit your approvals to PG Office by Jan. 17, 2024.*** | | **Site Director** | |  | | | | | |  | Email  appended | |
| **Name** | | | | | | **Signature OR Email confirmation appended** | | |

**\*All specified email confirmation(s) or signature(s) must be included with Senior Selective Form upon submission to PG SHAREFILE:**

[**https://utmed.sharefile.com/r-r147e1ee1a7d743e49ece01b54ecada4f**](https://utmed.sharefile.com/r-r147e1ee1a7d743e49ece01b54ecada4f)

**Please upload files in a .zip; or a .pdf package; or if individual documents as LASTNAME\_application, LASTNAME\_approval etc.**

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| --- | --- | --- | --- | --- | --- |
| ***Departmental Approval will be sent by Jan. 26, 2024 to all PGY4s.*** |  |  |  |  | |
| Dr. Adrienne Tan,  Program Director | Date | CSP Director  *(for CSP applications only)* | | Date |
|  |  |  |  |  | |
| Dr. Michael Mak, Coordinator, PGY5 Core Curriculum Date | | | |  |

**PGY-5 Resident Match - 2024-2025**

Senior Selective: Research Rotation Proposal Application Form

RESEARCH PROJECT DESCRIPTION

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Research Project Description Form | | | | | | | | | | | | Page 3 | |
| **Resident Name** |  | | | | | **Project Title** | |  | | | | |
| **Have you applied for external research funding?** | | | **yes**  **no** | **If yes, please list agency** | | | | |  | | | |
| **If successful, what are the terms of your award** | |  | | | | | | | | | | |
| **Supervisor Name** |  | | | | Signature | |  | | | Date |  | |
| **Research Project Description** – Please complete the PLEX Research/Scholarship Guidelines Form. You also need to list 3 educational/learning objectives (see below). | | | | | | | | | | | | |

[PLEX Research/Scholarship Guidelines Form](https://psychiatry.utoronto.ca/sites/default/files/inline-files/plex_researchscholarship_guidelines.docx)

Please list 3 educational/learning objectives as per CanMEDS competencies (highlight the corresponding CanMEDS competencies that best align with the learning objective). At least one learning objective must include the Scholar role.

[**CanMEDS Framework**](https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e)

[**Psychiatry Competencies**](https://www.royalcollege.ca/rcsite/documents/ibd/psychiatry-competencies-e.pdf)

**CanMEDS areas:**

**Medical Expert □ Advocate □ Communicator □ Professional □**

**Collaborator □ Leader □ Scholar □**

1. .

**CanMEDS areas:**

**Medical Expert □ Advocate □ Communicator □ Professional □**

**Collaborator □ Leader □ Scholar □**

**CanMEDS areas:**

**Medical Expert □ Advocate □ Communicator □ Professional □**

**Collaborator □ Leader □ Scholar □**

PGY-5 Residents Match, 2024-2025

Senior Selective: Clinical Rotation Application Form

SELECTIVE DESCRIPTION AND TENTATIVE SCHEDULE

|  |  |  |
| --- | --- | --- |
| SELECTIVE DESCRIPTION | | Page 4 |
| **Resident Name** |  | |
| Please provide a **BRIEF DESCRIPTION** of your proposed selective rotation(s), including estimated number of new assessments, clinics, and/or shifts per week and amount of scheduled time for supervision (by primary +/- secondary supervisor(s) - this does not include psychotherapy supervision unless psychotherapy is your primary or secondary program/division). | | |

**Description:**

Please list 3 educational/learning objectives as per CanMEDS competencies (highlight the corresponding CanMEDS competencies that best align with the learning objective).

[**CanMEDS Framework**](https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e)

[**Psychiatry Competencies**](https://www.royalcollege.ca/rcsite/documents/ibd/psychiatry-competencies-e.pdf)

1.

**CanMEDS areas:**

**Medical Expert □ Advocate □ Communicator □ Professional □**

**Collaborator □ Leader □ Scholar □**

2.

**CanMEDS areas:**

**Medical Expert □ Advocate □ Communicator □ Professional □**

**Collaborator □ Leader □ Scholar □**

3.

**CanMEDS areas:**

**Medical Expert □ Advocate □ Communicator □ Professional □**

**Collaborator □ Leader □ Scholar □**

**TENTATIVE SCHEDULE** Page 5

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| Please provide a **TENTATIVE SCHEDULE** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors). |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **MORNING** |  |  | **PGY5 CORE CURRICULUM** |  |  |
| **AFTERNOON** |  |  |  |  |  |

PGY-5 Residents Match, 2024-2025 Page 6

Senior Selective: Clinical or Research Rotation Proposal Application Form

APPENDIX

HOSPITAL SITE DIRECTORS

|  |  |  |
| --- | --- | --- |
| Hospital | Name of Site Director | Email |
| Baycrest | Dr.Catalina Lopez de Lara | [cLopezdelara@baycrest.org](mailto:cLopezdelara@baycrest.org) |
| Centre for Addiction & Mental Health | Dr. Yanying Zhou | yanying.zhou@camh.ca |
| Centre for Addiction & Mental Health (Child) | Dr. Oshrit Wanono | Oshrit.Wanono@camh.ca |
| George Hull | Dr. Upasana Krishadev | ukrishnadev@georgehull.on.ca |
| Hospital for Sick Children | Dr. Lele Wang | lele.wang@sickkids.ca |
| Humber River Hospital | Dr. Raj Rasasingham | [rrasasingham@hrh.ca](mailto:rrasasingham@hrh.ca) |
| Michael Garron Hospital (formerly TEGH) | Dr. Susan MacKenzie | Susan.MacKenzieMD@tehn.ca |
| Mount Sinai Hospital | Dr. Mark Halman | [Mark.Halman@sinaihealth.ca](mailto:Mark.Halman@sinaihealth.ca) |
| North York General Hospital | Dr. Michael Tseng | [Michael.Tseng@nygh.on.ca](mailto:Michael.Tseng@nygh.on.ca) |
| North York General Hospital – (Child) | Dr. Kevin Gabel | Kevin.Gabel@nygh.on.ca |
| Ontario Shores | Dr. Misha Hartfeil | hartfeilm@ontarioshores.ca |
| St. Joseph’s Health Science Centre | Dr. Erin Carter | erin.carter@unityhealth.to |
| St. Michael’s Hospital | Dr. Joanne Leung-Yee | joanne.leung-yee@unityhealth.to |
| Sunnybrook Health Sciences Centre | Dr. Matt Boyle | [Matthew.Boyle@sunnybrook.ca](mailto:Matthew.Boyle@sunnybrook.ca) |
| The SickKids Centre for Community Mental Health (formerly Hincks-Dellcrest) | Dr. Diane Philipp | dphilipp@hincksdellcrest.org |
| Trillium Health Partners | Dr. Diana Nicolici | diana.nicolici@thp.ca |
| University Health Network | Dr. Lindsey MacGillivray | Lindsey.MacGillivray@uhn.ca |
| Women’s College Hospital | Dr. Inbal Gafni | [inbal.gafni@wchospital.ca](mailto:inbal.gafni@wchospital.ca) |
| Youthdale Treatment Centre | Dr. Mitesh Patel | [mpatel@youthdale.ca](mailto:mpatel@youthdale.ca) |

**\* If the hospital is not listed, please contact Tammy Mok for the name of the Site Director:** [**Tammy.mok@utoronto.ca**](mailto:Tammy.mok@utoronto.ca)