PGY3 SAMPLE LEARNER SCHEDULE FOR PSYCHIATRY

DATES	July - October	November – February	March - June	Longitudinal (July 1 to June 30)	
STAGE	Core of Discipline (COD)				
ROTATION ¹ (Sites)	Geriatric Psychiatry (Baycrest, CAMH, NYGH, MSH, OS, SHSC, SJHC, SMH, THP, UHN)	Severe Mental Illness (SMI) (CAMH, MSH, SHSC, SJHC, SMH, UHN)	Child Psychiatry (CAMH, George Hull, Humber River, MGH, NYGH, Ontario Shores, SHSC, Sick Kids (Hospital & CCMH), THP, St. Joseph's Health Centre, WCH, Youthdale	Psychiatry On-Call (Multi site)	Psychotherapy (Multi site)
ASSESSMENTS View PGY3 EPA Rotation Cards	PRIORITY EPAs COD3 Older Adults COD4 Formulation	PRIORITY EPAs COD8 Psychopharmacology COD9 Legal	PRIORITY EPAs COD2 Children and Youth COD4 Formulation	PRIORITY EPAs COD9 Legal	AS ABLE EPAs COD6-A Psychotherapy Modality COD6-C Integrating
View PGY3 EPA Map	COD8 Psychopharmacology Other	Other ITAR	COD4 Portification COD6-A Psychotherapy Modality COD6-C Integrating Psychotherapy Skills COD8 Psychopharmacology	AS ABLE EPAs COD1 Comprehensive Plans	Psychotherapy Skills Other
View Royal College EPA Document	ITAR Practice STACERs ² Grand Rounds (once a year) ³ Self-Reflection Form ⁴	Practice STACERs ² Grand Rounds (once a year) ³ COPE Exam ⁵	Other ITAR Practice STACERs ²	COD2 Children and Youth COD3 Older Adults COD5 Emergencies COD8 Psychopharm	ITAR for each modality
Generally residents should aim to attempt at least 1 EPA a week.	AS ABLE EPAs COD5 Emergencies COD7-A Neurostimulation: Suitability COD7-B Neurostimulation: Delivery COD9 Legal COD10 Teaching	AS ABLE EPAS COD1 Comprehensive Plans COD5 Emergencies COD7-A Neurostimulation: Suitability COD7-B Neurostimulation: Delivery COD10 Teaching	Grand Rounds (once a year) ³ Self-Reflection Form ⁴ Quality Improvement Assignment ⁶ Psychodynamic Case Report		
REQUIRED TRAINING EXPERIENCES View the Royal College Training Experiences document	Clinical COD 1.1.1 Geriatric Psychiatry May include: COD 1.1.4 Electroconvulsive Therapy (ECT)	Clinical COD 1.1.7.1 Addictions COD 1.1.7.3 Severe mental illness COD 1.1.7.4 Concurrent psychiatric diagnoses COD 1.1.7.5. Developmental Disorders COD 1.1.4 Electroconvulsive Therapy (ECT) COD 3.1.6.4 Motivational Interviewing	Clinical COD 1.1.2 Child and/or adolescent psychiatry	Clinical COD 1.1.8 After hours coverage for psychiatry	Clinical COD 1.1.5 Delivery of psychotherapeutic treatments ⁷ COD 1.1.6 Longitudinal patient care
OTHER TRAINING EXPERIENCES ⁸	Structured Academic Teaching + Quality Improvement curriculum ⁸ Meet with Coach (every 2 months) ⁹				
PSYCHIATRY COMPETENCE SUBCOMMITTEE (PCS) DATES	Data cut: October 8, 2023	PCS review: November 2023	Data Cut: April 7, 2024 PCS review: May 2024		

¹ Rotation order shown is a sample and rotations may appear in a different sequence.

² PGY3 STACER Requirements: 4 Practice STACERs for the whole year. Practice STACERs should be arranged throughout the year and residents can connect with their core sites to arrange these. For more info: Guidelines for STACERs

³ **Grand Rounds**: Residents are required to present once in PGY3. Completion to be confirmed via COD10 on Elentra by supervisor. For more info: Guidelines for Scholarly Presentations.

⁴ Self-Reflection Form: Residents must submit this mandatory form prior to each Psychiatry Competence Subcommittee review. This is typically done in Oct & Apr. Residents will be notified ahead of time regarding deadlines.

⁵ COPE Exam is offered online, once a year and is typically written in the Fall, however, the timing of the exam is subject to change. Residents will be emailed before the exam becomes available with instructions on timelines and access.

⁶ Quality Improvement Curriculum includes the completion of Personal Learning Projects in between workshops.

⁷ Refer to Psychotherapy Training Requirements on Quercus > PGY1-5 Schedules and Documents > Psychotherapy

⁸ Structured Academic Teaching: Wednesdays: For more details, refer to Quercus > PGY1-5 Schedules and Documents

⁹ **Coaching:** The program recommends residents connect with their coach q2months i.e. August, October, December, February, April, and June. The frequency of meetings can be titrated up or down based on the needs of the resident. Meetings are meant to help residents navigate any issues within the program and to review assessment data such as ITARs, EPAs, STACERs, etc.