



Psychiatry
UNIVERSITY OF TORONTO

PGY1-5 Rotation Plans Booklet

Postgraduate Education
Department of Psychiatry
University of Toronto

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Introduction

The purpose of this booklet is to inform residents and their clinical supervisors on key objectives of each clinical rotation. Residents and Supervisors should review the educational objectives, as outlined in this booklet, at the commencement of the rotation and sign off on the review using the [Rotation Plan & Safety Review Form](#). Submit completed forms to the Postgrad Office (postgradoffice.psych@utoronto.ca) via your local site education coordinator/administrator.

Rotation objectives are framed in terms of the CanMEDS Roles for physicians:

- medical expert
- communicator
- collaborator
- scholar
- health advocate
- leader
- professional

CanMEDS roles were developed out of a project of the Royal College of Physicians and Surgeons of Canada to provide an educational framework for physician competencies. The CanMEDS roles were created to ensure physicians could address challenges in contemporary health care to meet societal needs. For further information about CanMEDS Roles please visit the Royal College website: <https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>

What is a rotation plan?

A rotation plan outlines the key objectives for each rotation. When a supervisor is completing the ITAR on POWER, there will be a link to the Rotation Plan in case they require a reference.

Each rotation plan will also outline the:

- focus of a rotation
- corresponding CBD stage
- possible locations of the rotation
- required training experiences as per the [Royal College's Required Training Experiences](#)
- other training experiences are listed such as the Academic Teaching/Core Curriculum
- EPAs that have been mapped to the rotation. These are EPAs that have been identified as most relevant on a rotation. Residents are encouraged to attempt these with some frequency while on the rotation. It is important to note that while we have listed EPAs on each rotation plan, they do not have to be done on a specific rotation, however, there may be some EPAs that may only be achieved during a particular rotation i.e. the COD3 Older adult EPA should be done during the PGY3 Geriatric Psychiatry rotation.
- Other assessments during the rotation: all residents will be assessed at the end of each rotation with an ITAR. We have also listed STACER requirements in PGY2-4 rotation plans.
- Key Objectives: there is a focus of 8-10 key objectives in 2-3 CanMEDS role categories. The same key objectives will appear in the ITAR.

PGY1 (Transition to Discipline and Foundations of Discipline)

Welcome to psychiatry residency training!

Purpose of the PGY1 Year

The PGY1 year of training is designed to consolidate your knowledge, skills and attitudes as a physician prior to embarking on specialty training in psychiatry. The medical knowledge, skills and attitudes you develop during your PGY1 year will inform your ability to provide excellent care to your psychiatric patients. It will also provide the medical foundation that you require in order to successfully complete your mandatory training in geriatric psychiatry, consultation-liaison psychiatry and integrated mental health care.

PGY1 Rotation Structure

PGY1 Psychiatry residents will complete the following 13 rotations:

Ground School	1 block (July)
Cognitive Neurology & Neuropsychiatry (SHSC)	1 block
Emergency Medicine (non-psych)	1 block
Family Medicine or Pediatrics ER	1 block
General Internal Medicine	2 consecutive blocks
General Neurology	1 block
Palliative Care	1 block
Addictions Psychiatry	1 block
Consultation-Liaison Psychiatry	1 block
Personalized Learning Experience (PLEX) Clinical or Research or Underserved/Marginalized Populations Selective (U/MPS) ¹	1 block
Psychiatry Emergency – CAMH-ER	1 block
Psychiatry Emergency – home site	1 block

How do I organize my PLEX? Your coach can help you to sort out opportunities that will meet your individual learning needs. Residents can also contact the Program Director or Associate Program Director as needed.

How much time can I spend doing research? Residents interested in research PLEX must complete the [PLEX Form](#) and the [PLEX Research Scholarship Guidelines document](#). Deadlines for submission will be communicated via email by the program's administrative team. Residents who have an interest in pursuing further research interests can apply to the [Clinician Scientist Program](#) or [Clinician Scholar Program](#).

Why are there Key Objectives for each rotation?

We have provided you with key objectives that will help you to direct your learning and to make choices amongst the many educational opportunities that will be available to you.

Please review the rotation plan at the **start of each rotation** with your supervisor in order to orient you to the goals of training for that rotation.

At the end of each rotation, your supervisor(s) will complete an ITAR (In Training Assessment Report) that assesses your performance on a rotation based on these objectives.

¹ PLEX can be tailored to meet your individual learning needs and career goals. Residents may be asked to use PLEX time for remediation as needed (for incomplete or unsuccessful rotations). Starting July 2025, all residents must complete one month of Forensic Psychiatry. This can be done during your PLEX/U/MPS block in PGY1, or in PGY3 SMI (CAMH only), PGY4, or PGY5.

PGY1 Ground School

FOCUS OF THIS ROTATION

In the new competency-based era of medical education, the Royal College has designated four stages of training. The first is called "Transition to Discipline". According to the Royal College, this stage: "emphasizes the orientation and assessment of new trainees arriving from different medical schools and programs (including those outside Canada)".

In the Psychiatry training program at the University of Toronto we have conceptualized this as a four week experience known as "Ground School". This experience is meant to identify areas of strength and opportunities for improvement in each learner by having them engage in observed/targeted clinical experiences. While there are some seminars that are intended to help residents acquire the basic skills and knowledge that will be necessary to function safely in subsequent rotations, there is also some flexibility built into the schedule as well as academic coaching to help promote individualized learning experiences.

CBD stage(s) for this rotation:

- TTD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- CAMH
- MSH
- SMH
- SHSC
- UHN –TGH and TWH

Required training experiences included in this rotation (from the RC RTE document)

- TTD 1.1. Any psychiatric clinical setting and/or simulated psychiatry experience(s)
- TTD 2.0 Other training experiences
 - 2.1 Orientation to CBD
 - 2.2 Orientation to CanMEDS Roles
 - 2.3 Orientation to the program, postgraduate and institutional policies, procedures protocols, and resources
 - 2.4 Orientation to orientations provincial associations, including resident associations and resources
 - 2.5 Formal instruction in
 - 2.5.1 Psychiatric Interviewing
 - 2.5.1.1 Mental Status Examination
 - 2.5.2 Clinical documentation
 - 2.5.3 Risk assessment, including suicide and/or violence
 - 2.5.4 De-escalation techniques, including management of agitated patients and non-violent crisis intervention
 - 2.5.5 Institutional policies (specific to each institution), including consent
 - 2.5.6 Introduction to legislation relevant to Psychiatry, including voluntary treatment and hospitalization, child welfare, and personal health information privacy and access to information
 - 2.5.7 Introduction to diagnostic classification system(s) for psychiatric disorders
 - 2.5.8 Introduction to phenomenology
 - 2.5.9 Introduction to advocacy, including concepts of stigma, marginalization, and vulnerability
 - 2.5.10 The local health care system, including community resources
 - 2.5.11 Physician wellness
 - 2.5.12 Professionalism
 - 2.5.12.1 Cultural Awareness
 - 2.5.12.2 Social media training, including professional use of smart technology

- FOD 2.1 Formal Instruction in
 - FOD 2.1.8 Etiology, diagnosis, treatment and natural course of major psychiatric disorders including substance use and withdrawal
 - FOD 2.1.9 Biopsychosocial formulation
 - FOD 2.1.10 Principles of psychopharmacology
 - FOD 2.1.11 Principles of psychotherapy
 - FOD 2.1.19 Team Dynamics

Optional training experiences included in this rotation (from the RC RTE document)

- FOD 5.8 Motivational Interviewing
- FOD 6.1. Advanced cardiovascular life support (ACLS) re-certification

EPAs Mapped to this rotation:		Please refer to the PGY1 Ground School Rotation EPA Card for additional details regarding entrustment requirements.
1.	TTD 1 Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders	
2.	TTD 2 Communicating clinical encounters in oral and written/electronic form	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Participate actively in Ground School activities	Medical Expert
2.	Describe the roles of the key players and colleagues in the department	Collaborator

PGY1 Addictions Psychiatry

FOCUS OF THIS ROTATION

- Through exposure to addiction psychiatry and addiction medicine, the resident will develop knowledge, skills and attitudes necessary for the assessment (i.e. history and physical examinations, laboratory investigations) and management (i.e. pharmacological, community treatment, psychotherapeutic) of a variety of acute and chronic addiction presentations. The resident will learn to effectively communicate with patients and their family members to implement successful management of addictions and concurrent disorders. The resident will also develop a basic understanding of available community resources.

CBD stage(s) for this rotation:

- TTD, FOD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- CAMH, MSH, SMH, SHSC

Required clinical training experiences included in this rotation (From RTE document)

- TTD 1.1 Any psychiatric clinical setting and/or simulated psychiatry experience(s)
- FOD 1.5.1 Addictions
- FOD 1.1.3 Emergency, including after-hours coverage

Recommended clinical training experiences included in this rotation (From RTE document)

- None

Other training experiences that may be included in this rotation (may or may not be from the RC RTE document).

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

	EPAs Mapped to this rotation:	Please refer to the PGY1 Addictions Psychiatry Rotation EPA Card for additional details regarding entrustment requirements.
1.	TTD 1 Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders	
2.	TTD 2 Communicating clinical encounters in oral and written/electronic form	
3.	FOD 1 Assessing, diagnosing, and participating in the management of patients with medical presentations relevant to psychiatry	
4.	FOD 2 Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders	
5.	FOD 3 Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity	
6.	FOD 4 Performing risk assessment that inform the development of an acute safety plan for patients posing risk for harm to self or others	
7.	FOD 5 Performing critical appraisal and presenting psychiatric literature	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Conduct an accurate and appropriate assessment of a patient with addiction, including drug/alcohol/gambling use history, assessment of functional impairment associated with addictions, and appropriate psychosocial assessment, including assessment of impact and consequences of addictions, family history, and psychiatric comorbidities.	Medical Expert
2.	Demonstrate a basic science knowledge and its application to addictions (i.e. genetics, neurophysiology, neuroanatomy, neurochemistry, neuropsychology).	Medical Expert
3.	Demonstrate knowledge of the relevant medical and community supports available to patients with addictions, including: appropriate involvement of other medical specialties, referral for medical withdrawal services, and various community-based treatment opportunities.	Medical Expert, Collaborator
4.	Evaluate patient suitability for various psychopharmacologic treatments. Initiate and monitor these treatments in an evidence-based manner.	Medical Expert
5.	Conduct an extended risk assessment, including: a) Risk to self: suicide, overdose, complicated withdrawal b) Risk to others: violence, risk to minors, driving and operating heavy machinery, involvement with legal system c) Risk of complications due to concurrent SUD and other general medical conditions	Medical Expert
6.	Consider relevant age-related factors (e.g. drug-drug interactions, pharmacokinetics, stigma) during the assessment and management of a patient with addictions.	Medical Expert, Communicator
7.	Consistently identifies mandatory reporting responsibilities (i.e. to Children's Aid Society or Ministry of Transportation) when applicable.	Medical Expert, Health Advocate
8.	Elicit collateral where appropriate, and integrate this input where relevant into assessment and plan for patients with addictions.	Collaborator
9.	Present a case history, in oral and written form that includes the relevant history, mental status examination, differential diagnosis, formulation of the patient, and treatment plan.	Communicator, Collaborator
10.	Deliver clear and instructive feedback to patients around diagnosis, relevant etiological factors, other investigations required, and the potential risks and benefits of various treatment options.	Communicator

PGY1 Cognitive Neurology & Neuropsychiatry

FOCUS OF THIS ROTATION

To develop skills in the assessment and management of patients presenting with cognitive and behavioural disorders due primarily to neurological disease.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- SHSC

Required training experiences included in this rotation

- FOD 1.3 Neurology
- FOD 1.5.6 Geriatric Medicine

Recommended training experiences that may be included in this rotation

- FOD 3.4 Geriatric Medicine

Optional training experiences that may be included in this rotation

- FOD 5.4 Neuroradiology

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

	EPAs Mapped to this rotation:	Please refer to the PGY1 Cognitive Neurology & Neuropsychiatry Rotation EPA Card for additional details regarding entrustment requirements.
1.	FOD 1 Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry	
2.	FOD 5 Performing critical appraisal and presenting psychiatric literature	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Perform a complete history, mental status exam, and physical neurological examination with a focus on disorders affecting cognitive and behavioural function.	Medical Expert
2.	Begin to synthesize findings of various components of the mental status examination to determine involvement of appropriate functional anatomical systems.	Medical Expert
3.	Formulate provisional, as well as differential, diagnoses of a patient's symptoms based on the history, mental status examination, and general neurological examination.	Medical Expert

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
4.	Recognize the indications, advantages, and limitations of common diagnostic tests and procedures in neurology as applied to cognitive and behavioural disorders.	Medical Expert
5.	Begin to synthesize data into an investigation and management plan for individual patients.	Medical Expert
6.	List common drugs and their adverse effects in the treatment of common cognitive and behavioural disorders.	Medical Expert
7.	Relate the understanding of pathophysiological mechanisms of common cognitive and behavioural disorders to their clinical manifestations and treatment.	Medical Expert
8.	Communicate, in written reports, the findings of a detailed neurocognitive assessment.	Communicator
9.	Communicate in an empathetic manner with patients, as well as their family member(s) and/or caregiver(s), and modify the communication appropriately for the patient's cognitive abilities.	Communicator

PGY1 Consultation-Liaison Psychiatry

FOCUS OF THIS ROTATION

- Develop an approach to managing psychiatric and substance use disorders in the medical and surgical patient.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- MSH
- SMH
- SHSC
- UHN – TWH or TGH

Required training experiences included in this rotation (from RC RTE document)

- TTD 1.1.1 Any psychiatric clinical setting within a general hospital and/or simulated psychiatry experience
- FOD 1.5.3 Consultation-Liaison Psychiatry

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

EPAs Mapped to this rotation	
1.	TTD 1 Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders
2.	TTD 2 Communicating clinical encounters in oral and written/electronic form
3.	FOD 1 Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry
4.	FOD 2 Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders
5.	FOD 3 Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity
6.	FOD 4 Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others
7.	FOD 5 Performing critical appraisal and presenting psychiatric literature

Please refer to the [PGY1 Consultation-Liaison Psychiatry Rotation EPA Card](#) for additional details regarding entrustment requirements.

Other assessments during this rotation:		Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...		CanMEDS Role(s):
1.	Demonstrate basic knowledge of delirium, psychiatric illness secondary to medical/surgical illness and/or end of life care, and somatic related disorders.	Medical Expert
2.	Demonstrate an appreciation of normal and abnormal psychological adaptation to physical illness including the influence of personality.	Medical Expert
3.	Demonstrate an appreciation of, and manage, the impact of substance use/abuse on medical/surgical circumstances.	Medical Expert

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
4.	Demonstrate knowledge of psychopharmacology and basic titration of psychiatric treatments, as applied to medical/surgical patients.	Medical Expert
5.	Demonstrate an understanding of the Mental Health Act, Health Care Consent Act, and Substitute Decision Act, and apply rules of confidentiality to the care of the medical/surgical patient.	Medical Expert
6.	Conduct and organize an appropriate psychiatric assessment of medical/surgical patients including attention to barriers to communication.	Medical Expert
7.	Utilize psychotherapeutic principles to help patients with their adaptation to illness and treatment, and where appropriate, engage in motivational interviewing, supportive psychotherapy, and mindfulness/cognitive behavioral skills.	Medical Expert
8.	Take responsibility as a consultant to learn about how they can be most helpful in their consultation to the primary medical team, including engaging with the primary team as well as other consulting services involved.	Collaborator
9.	Work effectively with other health care team members, including non-psychiatric MD's, RN's, MSW's, Psychologists, and Spiritual Care staff, recognizing their roles and responsibilities. Contributes effectively to the interdisciplinary management of the medical/surgical patient to best serve the patient's needs.	Collaborator
10.	Demonstrates a willingness to receive both positive and negative feedback from colleagues, other health care workers and patients and their families.	Collaborator

PGY1 Emergency Medicine

FOCUS OF THIS ROTATION

To develop an approach to emergency department care, including the ED team and processes at the University of Toronto. Specific focus is placed on the recognition and initiation of early care for critically ill patients, as well as management of cardinal EM presentations, and communication with patients and members of the healthcare team.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 1 block

PGY Level for this rotation:

- PGY 1

Locations for rotation:

- MSH
- SMH
- SHSC
- UHN – TGH or TWH

Required training experiences included in this rotation (From the RC RTE document)

- FOD 1.4. Emergency medicine

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

	EPAs for this rotation:	Please refer to the PGY1 Emergency Medicine Rotation EPA Card for additional details regarding entrustment requirements.
1.	FOD 1 Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	Role(s)
1.	Recognize acutely sick patients, including those in cardio-pulmonary arrest, dysrhythmias, shock, respiratory distress, and altered neurologic status; initiate appropriate early management including notification of senior residents/supervisors, monitoring, early airway management, and CPR.	Medical Expert
2.	Identify chief complaints, elicit focused history and physical exams, construct a differential diagnosis, and develop a management plan, with appropriate supervisor input.	Medical Expert
3.	Ensure timely follow-up of investigations, management plans and reassessments. Adapt strategies that promote patient safety, including but not limited to structured communication tools (checklists, order sets), infection control.	Medical Expert, Professional, Collaborator
4.	Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements	Communicator

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	Role(s)
5.	Involve and engage in collaborative patient care with appropriate physicians and allied health care providers in the management of the critically ill patient	Collaborator
6.	Communicate the severity of the patient's condition clearly to a senior clinician and seek supervision in a timely manner. Summarize patient presentations and initial treatment priorities appropriately.	Collaborator,
7.	Exhibit appropriate professional behaviours and relationships in all aspects of practice, such as honesty, integrity, humility, dedication, empathy, respect, respect for diversity, and maintenance of confidentiality	Professional

PGY1 Family Medicine / Developmental Pediatrics

FOCUS OF THIS ROTATION

To develop basic skills in medical interviewing, development of differential diagnoses, assessment and management plans as it applies to Family Medicine/Developmental Paediatrics.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- Family Medicine: CAMH
- Developmental Paeds: SickKids – community sites available upon request

Required training experiences included in this rotation (From the RC RTE document)

- FOD 1.2. Medical inpatient service, including units supervised by an internal medicine specialist or family medicine hospitalist, or a medical service within a psychiatric facility
- FOD 1.5.4 Family medicine
- FOD 1.5.8. Pediatrics

Optional training experiences included in this rotation (From the RC RTE document)

- FOD 3.2 Family medicine
- FOD 3.6 Pediatrics

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

	EPAs Mapped to this rotation:	Please refer to the PGY1 Family Medicine/Pediatrics Rotation EPA Card for additional details regarding entrustment requirements.
1.	FOD 1 Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Take a focused history regarding the presenting complaint. Elicits pertinent associated symptoms, red flags, and risk factors.	Medical Expert
2.	Perform an appropriately thorough physical examination, appropriate to differential diagnoses, in a timely manner.	Medical Expert
3.	Construct an appropriately thorough differential diagnosis that is congruent with the data generated by the history and physical.	Medical Expert

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
4.	Correctly interpret test results and follow the correct treatment targets.	Medical Expert
5.	Demonstrate an effective approach to acute self-limiting conditions.	Medical Expert
6.	Demonstrate an effective approach to the presentation of common chronic diseases. Screens asymptomatic patients based on the most relevant evidence-based recommendations.	Collaborator
7.	Develop and implement an appropriate treatment plan, according to current evidence, including lifestyle, pharmacological and non-pharmacological measures.	Medical Expert
8.	Write prescriptions that include dose, direction, duration, cost, and includes LU code (if appropriate)	Medical Expert Communicator
9.	Adopts a patient-centered approach. Determines patient agenda and illness experience. Balance patient needs with desired treatment outcome.	Communicator
10.	Display effective, professional, and non-judgemental communication skills. Establishes therapeutic relationships with patients. Employs a rich mixture of techniques (e.g. open ended, direct questions). Adjusts interview approach to suit age, education-level, and cultural contexts. Develops a mutually agreeable treatment plan.	Communicator

PGY1 General Internal Medicine

FOCUS OF THIS ROTATION

To develop a general approach to and working knowledge of common medical illnesses and their management for the general physician.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 2 x 1 month blocks

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- MSH
- SMH
- SHSC
- UHN – TWH, TGH

Required training experiences included in this rotation (from RC RTE document)

- FOD 1.2 Medical inpatient service, including units supervised by an internal medicine specialist or family medicine hospitalist, or a medical service within a psychiatry facility
- FOD 1.2.1 After-hours coverage of medical service
- FOD 1.5.5 General internal medicine or other medical subspecialty
- FOD 3.3 General Internal Medicine

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- Daily education session as part of internal medicine (i.e. noon conference)
- PGY1 Outpatient Experience (half-day)

EPAs Mapped to this rotation:		Please refer to the PGY1 General Internal Medicine Rotation EPA Card for additional details regarding entrustment requirements.
1.	TTD 2 Communicating clinical encounters in oral and written/electronic form	
2.	FOD 1 Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry	
3.	FOD 5 Performing critical appraisal and presenting psychiatric literature	

Other assessments during this rotation:		Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...		CanMEDS Role(s):
1.	Demonstrates appropriate knowledge in the diagnosis, investigation and management of general internal medicine inpatients	Medical Expert
2.	Establishes a therapeutic relationship with patients and communicates well with family. Provides clear and thorough explanations of diagnosis, investigation, and management. Demonstrates empathy and sensitivity.	Communicator

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
3.	Demonstrate effective Clinical-Decision Making skills	Medical Expert
4.	Seek the advice of other professions in the care of the patient	Collaborator
5.	Establish and maintain effective working relationships with colleagues and other health care professionals. Present relevant information to supervisors in a clear, concise manner. Consult effectively and provides appropriate transition of care with other physicians and health care professionals. Participate effectively on health care teams.	Collaborator
6.	Exhibit effective and timely verbal and written communication skills, including: oral presentations, communicating with patients and families, daily documentation and consult letters, and use of EMR systems.	Communicator
7.	Manage time effectively	Leader
8.	Exhibits proper professional behavior. Is punctual, prepared, reliable, honest, and completes responsibilities in a timely fashion.	Professional
9.	Demonstrate insight into his/her limitations. Responsive to constructive feedback.	Professional

PGY1 General Neurology

FOCUS OF THIS ROTATION

The focus of this rotation is to develop an approach to the patient with neurologic illness – specifically, an approach to assessment, development of differential diagnosis and treatment/management of common neurologic presentations.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 1 month block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- MSH
- SMH
- SHSC
- UHN – TGH and TWH

Required training experiences included in this rotation (from RC RTE document)

- FOD 1.3 Neurology

Optional training experiences included in this rotation (from RC RTE document)

- FOD 5.4 Neuroradiology

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

	EPAs Mapped to this rotation:	Please refer to the PGY1 General Neurology Rotation EPA Card for additional details regarding entrustment requirements.
1.	FOD 1 Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry	
2	FOD 5 Performing critical appraisal and presenting psychiatric literature	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Integrate knowledge of neuroanatomy, pathophysiology, natural history and typical clinical presentations of a variety of neurologic diseases and disorders into all elements of patient care.	Medical Expert
2.	Perform an accurate and detailed neurologic history and physical examination tailored to the patient's presenting complaints.	Medical Expert
3.	Demonstrate an approach to, and a rationale for, the treatment of a variety of acute and chronic neurologic disorders.	Medical Expert
4.	Recognize the role for, and general interpretation of, common neurophysiologic tests (e.g. EEG, EMG/NCs, Evoked potentials).	Medical Expert

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
5.	Provide accurate, patient centered and clear communication to patients and families.	Communicator
6.	Provide clear, well-organized, suitably detailed and timely written consultation and progress notes.	Communicator
7.	Participate in an effective manner with the interdisciplinary health care teams involved in the patient's care.	Collaborator
8.	Consult judiciously and effectively with other physicians involved in the patient's care.	Collaborator
9.	Identify and acts on opportunities for patient counseling and education.	Health Advocate

PGY1 Outpatient Experience

FOCUS OF THIS ROTATION

The focus of this rotation is to develop foundational knowledge, skills, and attitudes necessary for outpatient care in Psychiatry. This year-long half-day rotation will focus on developing an approach to outpatient psychiatric assessment and management. Specifically, residents will focus on building basic interviewing skills, diagnostic and formulation skills, and creating basic management plans. These skills will be further developed in the PGY2 6 month general psychiatry outpatient rotation.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 12 months: once a week, half-day experience

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- CAMH
- MSH
- SMH
- SHSC
- UHN – TWH and TGH
- WCH

Required training experiences included in this rotation (From the RC RTE document)

- TTD 1.1 Any psychiatric clinical setting and/or simulated psychiatry experience
- FOD 1.1.1 Adult outpatient

Optional training experiences included in this rotation (From the RC RTE document)

- FOD 5.3. Longitudinal psychiatry clinic

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)

EPAs Mapped to this rotation:		Please refer to the PGY1 Outpatient Experience Rotation EPA Card for additional details regarding entrustment requirements.
1.	TTD 1 Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders	
2.	TTD 2 Communicating clinical encounters in oral and written/electronic form	
3.	FOD 2 Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders	
4.	FOD 3 Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity	
5.	FOD 4 Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others	
6.	FOD 5 Performing critical appraisal and presenting psychiatric literature	

Other assessments during this rotation:		Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Conduct a comprehensive interview with an accurate mental status assessment.	Medical Expert
2.	Routinely assess risk, integrating information from the interview, mental status and collateral sources.	Medical Expert
3.	Listen effectively and attends to non-verbal cues displaying respectful, curious and non-judgemental stance with patient and family members/caregivers.	Communicator
4.	Complete timely, thorough and safe consultation and progress notes.	Communicator
5.	Present a rationale for the recommended level of care (e.g., primary care, specialty care, case management etc.) for each patient.	Leader Medical Expert
6.	Effectively work with each patient's professional supports with consideration of issues of confidentiality, privacy and autonomy.	Collaborator
7.	Effectively prioritize clinical, educational, and personal demands.	Leader Professional
8.	Demonstrate understanding of the biopsychosocial case formulation.	Medical Expert
9.	Appropriately recognize and reflect on common interpersonal challenges in psychiatric consultations.	Medical Expert

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Conduct a comprehensive interview with an accurate mental status assessment.	Medical Expert
2.	Routinely assess risk, integrating information from the interview, mental status and collateral sources.	Medical Expert
3.	Listen effectively and attends to non-verbal cues displaying respectful, curious and non-judgemental stance with patient and family members/caregivers.	Communicator
4.	Complete timely, thorough and safe consultation and progress notes.	Communicator
5.	Present a rationale for the recommended level of care (e.g., primary care, specialty care, case management etc.) for each patient.	Leader Medical Expert
6.	Effectively work with each patient's professional supports with consideration of issues of confidentiality, privacy and autonomy.	Collaborator
7.	Effectively prioritize clinical, educational, and personal demands.	Leader Professional
8.	Demonstrate understanding of the biopsychosocial case formulation.	Medical Expert
9.	Appropriately recognize and reflect on common interpersonal challenges in psychiatric consultations.	Medical Expert

PGY1 Palliative Care

FOCUS OF THIS ROTATION

The focus of this rotation is to learn to care for dying patients and their families – specifically to develop an approach to the patient with life-limiting illness, develop an understanding of end of life care and implement palliative medicine management, and to understand one's own reaction to dying patients and how this implements care provided.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 1 month block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- MSH
- SMH
- SHSC
- UHN – PMH, TGH, or TWH

Required training experiences included in this rotation (From the RC RTE document)

- FOD 1.5.7 Palliative Care

Optional training experiences included in this rotation (From the RC RTE document)

- FOD 3.5 Palliative Care

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

	EPAs Mapped to this rotation:	Please refer to the PGY1 Palliative Care Rotation EPA Card for additional details regarding entrustment requirements.
1.	FOD 1 Assessing, diagnosing, and participating in the management of patients with medical presentations relevant to psychiatry	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Conduct a comprehensive pain history and physical exam, and utilize this information for the generation of differentials and provisional diagnosis.	Medical Expert
2.	Assess for and participate in the development of interdisciplinary management plans of common symptoms, including: fatigue, anorexia and cachexia, constipation, dyspnea, nausea and vomiting, delirium, anxiety, and depression. Monitors the efficacy of symptom management plans.	Collaborator Medical Expert
3.	Appropriately document a holistic management plan.	Communicator

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
4.	Identify and assess psychosocial and spiritual issues in end-of-life care and develop and implement a care plan to address such issues in collaboration with other disciplines.	Collaborator
5.	Describe the elements of the ESAS tool and the Palliative Performance Scale in relation to the ongoing assessment of both the management plan and disease trajectory.	Medical Expert
6.	Self-assess one's own attitudes and beliefs in caring for the dying and how they impact the care provided.	Professional
7.	Demonstrate sensitivity in communicating complex end-of-life issues, ensuring clear, compassionate, and attuned communication to patients and their families.	Communicator
8.	Facilitate communication between the dying person, their family, and health care teams, including initiating and participating in effective patient and family meetings.	Communicator
9.	Effectively communicate with and coordinate the care of patients alongside an interprofessional team, including the multiple modalities of care available in the hospital and the community.	Collaborator Health Advocate
10.	Assist in eliciting, recording, and implementing goals of care through effective communication with patients, families and other care providers	Leader Medical Expert Communicator

PGY1 Psychiatry Emergency

FOCUS OF THIS ROTATION

- To develop an approach to providing emergency psychiatric care to the range of patients seeking care in emergency settings (Emergency Department, Rapid Access clinics, Bridging clinics), including development of clinical skills and attitudes to provide safe and patient-centred care, as well as applying knowledge of the Mental Health Act.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 2 x 1-month blocks (non-continuous): 1 at homesite, 1 at CAMH-ER

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- CAMH
- MSH
- SMH
- UHN –TWH
- SHSC

Required training experiences included in this rotation (From the RC RTE document)

- TTD 1.1. Any psychiatric clinical setting and/or simulated psychiatry experience(s)
- FOD 1.1.3 Emergency, incl. after-hrs coverage
- FOD 1.5.1 Addictions

Recommended training experiences included in this rotation (From the RC RTE document)

- N/A

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

EPAs Mapped to this rotation:		Please refer to the PGY1 Psychiatry Emergency Medicine Rotation EPA Card for additional details regarding entrustment requirements.
1.	TTD 1 Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders	
2.	TTD 2 Communicating clinical encounters in oral and written/electronic form	
3.	FOD 2 Performing psychiatric assessments referencing a biopsychosocial approach and developing basic differential diagnoses for patients with mental disorders	
4.	FOD 3 Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity	
5.	FOD 4 Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others	

Other assessments during this rotation:		Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Identify a working diagnosis that is informed by a focused and safe assessment. Diagnosis integrates patient's current presentation and comorbidities, including those seen commonly in the psychiatric emergency department (such as medical issues, substance-related phenomena, characterological and/or social factors).	Medical Expert
2.	Demonstrate knowledge about evidence-based medication management for acute psychiatric illness seen in the psychiatric emergency department, as well as psychopharmacologic management of psychiatric emergencies (agitation/code white, NMS), with appropriate supervisor input.	Medical Expert
3.	Apply appropriate use of the Mental Health Act (MHA) legislation relating to certifiability with Form 1/42 and Form 3/30, including indications to assess capacity for treatment decisions and the appropriate application of the Form 33, with appropriate supervisor input.	Medical Expert
4.	Demonstrate ability to develop treatment plans appropriate for patients in the psychiatric ED, including appropriate recommendations of crisis therapies and local resources available for timely outpatient follow-up for discharged patients.	Medical Expert
5.	Assess and manage risk in an emergency setting, including by accurately conducting a risk assessment (for self-harm or risk for suicide, risk for imminent harm to an identifiable target, risk to children) as well as management of potential risk for violence in the ED (including precautionary measures in the environment, verbal de-escalation, and management of acute agitation).	Medical Expert
6.	Communicate important details of patient care (including diagnostic impression and recommendations for patient management) effectively with interdisciplinary partners in the ED to optimize patient outcomes.	Collaborator
7.	Communicate effectively with patients, families, and guardians allied with the identified patient, including provision of diagnosis, recommendations, and treatment suggestions.	Communicator
8.	Maintain patient records that are up to date, thorough, and include documentation of relevant risk while balancing time management and efficiency.	Communicator
9.	Collaborate effectively with other physicians and health care professionals, including Addictions services, in a way that contributes to effective patient care and also recognizes/respects the roles of others (including roles integral to the ED setting: crisis workers, social workers, peer supports and nurses).	Collaborator
10.	Identify and implement strategies for safe handovers and transfer of care at end of shift, including communication with outpatient providers when necessary.	Collaborator

PGY1 Underserved/Marginalized Populations Selective (U/MPS)

FOCUS OF THIS ROTATION

The social determinants of health, including race, income, housing, sexual orientation, and immigration status, among many others, impact the mental and physical health of the people we serve. During this PGY1 rotation, you will have the opportunity to work with populations experiencing marginalization, and to gain skills in clinical care, self-reflection, and advocacy.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- Various sites

Required training experiences included in this rotation (From the RC RTE document)

- FOD 1.5.2 Community psychiatry

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

EPAs Mapped to this rotation:		Please refer to the PGY1 Underserved/Marginalized Populations Selective Rotation EPA Card for additional details regarding entrustment requirements.
1.	TTD 1 Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders	
2.	TTD 2 Communicating clinical encounters in oral and written/electronic form	
3.	FOD 2 Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders	
4.	FOD 3 Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity	
5.	FOD 4 Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others	

	Other assessments during this rotation	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Identify the impact of structural determinants (including the effects of marginalization based on race, religion, sexuality, gender identity, place of origin, ability, and Indigenous status, etc.) on mental health and well-being	Health Advocate
2.	Identify relevant community resources for diverse communities and facilitates client and family access to these resources	Leader
3.	Initiate discussion with the client and their supports/family about goals for recovery, strengths, resources, barriers and challenges	Communicator

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
4.	Contribute to client income security (i.e. completes an ODSP application, fill in a special diet or mandatory special necessities form, connects a client to a tax clinic, advocates for income supports)	Health Advocate
5.	Identify and act to address social determinants of health through micro level clinical advocacy, including by enhancing housing security, immigration status, food security, access to education, etc.	Health Advocate
6.	Reflect on the impact of one's own privilege and role when working with clients as well as teams	Leader
7.	Demonstrate an understanding of some of the municipal, provincial and federal policies impacting health equity, as well as identifies meso (clinic/community) and macro (policy) level interventions.	Leader
8.	Demonstrate an ability to modify treatment plans as appropriate for marginalized populations (i.e due to homelessness, linguistic barriers etc.)	Medical Expert
9.	Demonstrate an ability to work with teams in a way that acknowledges power relations and encourages mutual learning between health providers; appreciates the role and contribution of health professional colleagues	Collaborator

PGY1 Personalized Learning Experience (PLEX) – Clinical

FOCUS OF THIS ROTATION

The purpose of PLEX is to further hone the basics of psychiatric interviewing, assessment and management of the psychiatric patient in an elective setting.

CBD stage(s) for this rotation:

- TTD, FOD

Length of this rotation:

- PGY1: 1 block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- Various sites

Required training experiences included in this rotation (from the RC RTE document)

- TTD 1.1. Clinical Training experiences: Any psychiatric clinical setting and/or simulated psychiatry experience(s)
- FOD 1.1. Psychiatry

Optional training experiences that *may be included* in this rotation (from the RC RTE document)

- FOD 1.5.2 Community Psychiatry
- FOD 1.5.6: Geriatric Medicine
- FOD 4.3 Scholarly activity, including research, quality assurance or education
- FOD 5.1 Child and adolescent psychiatry
- FOD 5.2 Geriatric psychiatry
- FOD 5.5 Sleep medicine

Other training experiences that *may be included* in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

EPAs Mapped to this rotation:		Please refer to the PGY1 PLEX Clinical Rotation EPA Card for additional details regarding entrustment requirements.
1.	TTD 1 Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders	
2.	TTD 2 Communicating clinical encounters in oral and written/electronic form	
3.	FOD 1 Assessing, diagnosing and participating in the management of patients with medical presentations relevant to psychiatry	
4.	FOD 2 Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders	
5.	FOD 3 Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity	
6.	FOD 4 Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others	
7.	FOD 5 Performing critical appraisal and presenting psychiatric literature	

Other assessments during this rotation:		Tool Location / Platform
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE WEBSITE

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Conducts and organizes an appropriate interview for the purpose of synthesizing a diagnosis, and developing an integrated treatment plan.	Medical Expert
2.	Performs an appropriate Mental Status Examination, as shown by a correct and thorough examination of mental phenomena, and the ability to evaluate, organize, and interpret observations.	Medical Expert
3.	Appropriately uses psychiatric, psychological and medical diagnostics and/or investigations.	Medical Expert
4.	Makes appropriate recommendations for diverse psychotherapies and apply principles of psychotherapy where applicable.	Medical Expert
5.	Attends to psychiatric and medical emergencies, i.e. recognition of safety issues, including the management of the suicidal or homicidal patient, as well as risk factors for agitation/violence. Recognizes medically urgent issues and refers appropriately.	Medical Expert Communicator Collaborator
6.	Applies the Mental Health or Child Care Legislation appropriately, such as use of forms, confidentiality, competence, CTO's etc.	Medical Expert
7.	Establishes a therapeutic relationship with patients and communicates well with families. Provides clear and thorough explanations of diagnosis, investigation and management in a professional manner. Demonstrates empathy and sensitivity to racial, gender and cultural issues.	Communicator
8.	Maintains accurate, concise and legible patient records. Recognizes the many purposes of written documentation, and tailors documentation style to fulfil these roles depending on the setting.	Communicator
9.	Includes other relevant sources of information from collateral – patient's family, caregivers, other health professionals involved in patient's care, or other organizational involvement relevant to patient's presentation.	Communicator Collaborator

PGY1 Personalized Learning Experience (PLEX) – Research

FOCUS OF THIS ROTATION

To develop knowledge, skills and an approach to scholarly work in Psychiatry. Residents will learn how to identify, articulate and answer scientific questions, and will develop concrete and attainable goals related to the question identified. They will assume responsibility for a specific aspect of the research project.

CBD stage(s) for this rotation:

- TTD, FOD

Length of this rotation:

- PGY1: 1 block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- Various sites

Required training experiences included in this rotation (From the RC RTE document)

- None

Recommended training experiences included in this rotation (From the RC RTE document)

- FOD 4.3. Scholarly activity, including research, quality assurance, or education.

Other training experiences that may be included in this rotation

- Academic Half Day (Wednesday mornings)
- PGY1 Outpatient Experience (half-day)

	EPAs Mapped to this rotation:	Please refer to the PGY1 PLEX Research Rotation EPA Card for additional details regarding entrustment requirements.
1.	FOD 5: Performing critical appraisal and presenting psychiatric literature	

	Other assessments during this rotation:	Tool Location / Platform
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Demonstrate an understanding of the principles of research and scholarly inquiry.	Scholar
2.	Demonstrate an understanding of, and applies, the principles of research ethics.	Scholar
3.	Formulate a focused scholarly question and hypothesis.	Scholar
4.	Effectively access, critically appraise, and synthesize information from scientific literature.	Scholar
5.	Demonstrates an understanding of the design and rationale of analytic approach, including biostatistical/qualitative analysis	Scholar
6.	Demonstrate the ability to advance and complete projects, enabled by persistence, ability to work within a team, and capacity to integrate and apply feedback.	Scholar

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
7.	Write effectively in a style suitable for scientific manuscripts and/or grants.	Scholar
8.	Disseminate the findings of a study through presentations/manuscript preparation.	Scholar

PGY2 (Foundations of Discipline)

PGY2 Inpatient Psychiatry

FOCUS OF THIS ROTATION

The resident will develop the knowledge, skills and attitudes necessary for effective assessment and management of low to moderate complexity inpatients on a psychiatric unit, including risk assessment in this setting, and collaboration with an interdisciplinary team.

CBD stage(s) for this rotation:

- FOD

Length of this rotation:

- 6 months

PGY Level(s) for this rotation:

- PGY 2

Locations for rotation:

- CAMH
- MSH
- SMH
- SHSC
- UHN - TGH

Required clinical training experiences included in this rotation (from RC RTE document)

- FOD 1.1.2 Adult inpatient
- FOD 1.1.3 Emergency, including after-hours coverage

Recommended clinical training experiences included in this rotation (from RC RTE document)

- FOD 3.7.1 Cognitive behavioural therapy
- FOD 3.7.2 Family or group therapy

Other training experiences that may be included in this rotation (may or may not be from RC RTE document)

- FOD 2.1 Formal instruction during Academic Half Day (Wednesday afternoons)
- PGY2 Critical Appraisal Rounds
- FOD 2.1.7. Legislation related to medico-legal requirements of mental health care and delivery, including capacity and mandatory reporting
- FOD 2.1.12. Risk assessment
- FOD 2.1.22. Principles of critical appraisal and literature review
- FOD 2.2 Completion of one successful structured assessment of a clinical encounter (STACER) (Program PGY2 Requirement: 4 Practice STACERS + 1 FOD STACER)
- FOD 5.3 Longitudinal Psychiatry Clinic
- FOD 6.2 Management of adverse events, including patient suicide
- COD 1.1.4. Electroconvulsive therapy (ECT), including delivery

	EPAs Mapped to this rotation:	Please refer to the PGY2 Inpatient Psychiatry Rotation EPA Card for additional details regarding entrustment requirements
1.	FOD 1 Assessing, diagnosing, and participating in the management of patients with medical presentations relevant to psychiatry	
2.	FOD 2 Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders	
3.	FOD 3 Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity	
4.	FOD 4 Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others	
5.	FOD 5 Performing critical appraisal and presenting psychiatric literature	
6.	COD 7-A Integrating the principles and skills of neurostimulation into patient care: Suitability	
7.	COD 7-B Integrating the principles and skills of neurostimulation into patient care: Delivery	
8.	COD 8 Integrating the principles and skills of psychopharmacology into patient care	
9.	COD 9 Applying relevant legislation and legal principles to patient care and clinical practice	
10.	COD 10 Providing teaching for students, residents, the public and other health care professionals	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	FOD 2.2 Completion of one successful STACER (Program PGY2 requirement: 4 practice STACERs + 1 FOD STACER)	Postgraduate Website
3.	COPE Exam	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Assesses patients with an acute presentation of mental illness, determines provisional diagnosis and initial treatment plan, and assesses any acute medical issues as needed.	Medical Expert
2.	Performs risk assessments informed by patient presentation and collateral, seeking supervision where required.	Medical Expert
3.	Determines appropriate initiation and target doses of common and evidence-based treatments for major depressive disorder, bipolar disorder and schizophrenia.	Medical Expert
4.	Demonstrates an understanding of relevant legislation that impact mental health admission and treatment, including MHA, and HCCA; Complies with requirements of legislation in assessment and documentation, including appropriate initiation and disposition of Mental Health Act forms.	Medical Expert Health Advocate Professional
5.	Establishes a therapeutic relationship with patients and communicates well with family. Provides clear and thorough psychoeducation when appropriate.	Communicator
6.	Gathers relevant collateral information from the patient's family, caregivers and other professionals when appropriate.	Communicator
7.	Completes clear, accurate, and timely records.	Communicator
8.	Establishes and maintains effective working relationships with colleagues and other health care professionals.	Collaborator
9.	Demonstrates time management skills to reflect and balance priorities for patient care, sustainable practice, and individual wellness.	Leader

Assessment of Professional Behaviours	1	2	3	4	5	N/A
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<p>Purpose: Professional competence is described as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served. (1) This assessment tool describes competency domains and specific competencies contributing to professional competence in psychiatric practice.</p> <p>If you have any specific comments around professionalism, please include in the Feedback & Comments section available at the end of this form.</p>						
Reliability and Responsibility: punctual, fulfills obligations in a timely manner; hands over important clinical information comprehensively; appropriately communicates time away from rotations and collegially navigates call pool demands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-improvement and Adaptability: incorporates constructive feedback; recognizes own limits; strives for excellence; maintains an open-mind about different approaches to patient care consistent with the standard of care; appropriately utilizes reflection and mindful practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships within Professional Settings: maintains appropriate boundaries; cultivates positive and trusting working relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upholding Professional Codes of Conduct: uses appropriate language; behaves with integrity; takes responsibility for actions; respects confidentiality and electronic security; uses social media appropriately; commitment to ensuring psychological and cultural safety for both patients and members of the healthcare team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA. 2002;287(2):226–235.

PGY2 Outpatient Psychiatry

FOCUS OF THIS ROTATION

The focus of this rotation is to develop core knowledge, skills, and attitudes necessary for adult outpatient practice in Psychiatry with a mix of low-to-high complexity patients (<https://www.royalcollege.ca/rcsite/documents/ibd/psychiatric-complexity-table-e.pdf>). The outpatient psychiatry rotation provides an opportunity to develop an approach to psychiatric assessment, biopsychosocial formulation, and provision of comprehensive psychiatric management.

CBD stage(s) for this rotation:

- FOD

Length of this rotation:

- 6 months

PGY Level(s) for this rotation:

- PGY2

Locations for rotation:

- CAMH
- MSH
- SHSC
- Unity Health – SMH
- UHN – TWH and TGH
- WCH

Required clinical training experiences included in this rotation (from RC RTE document)

- FOD 1.1.1 Adult outpatient

Optional training experiences included in this rotation (From the RC RTE document)

- FOD 5.3 Longitudinal psychiatry clinic

Other training experiences that may be included in this rotation (may or may not be from RC RTE document)

- FOD 2.1 Formal instruction during Academic Half Day (Wednesday afternoons)
- PGY2 Critical Appraisal Rounds
- FOD 2.2 Completion of one successful structured assessment of a clinical encounter (STACER) (Program PGY2 Requirement: 4 Practice STACERS + 1 FOD STACER)

EPAs Mapped to this rotation:	
1.	FOD 2 Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders
2.	FOD 3 Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity
3.	FOD 4 Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others
4.	FOD 5 Performing critical appraisal and presenting psychiatric literature
5.	COD 1 Developing comprehensive treatment/management plans for adult patients
6.	COD 4 Developing comprehensive biopsychosocial formulations for patients across the lifespan
7.	COD 6-A Integrating the principles and skills of psychotherapy into patient care
8.	COD 6-C Applying and integrating psychosocial skills and principles in general psychiatric care
9.	COD 8 Integrating the principles and skills of psychopharmacology into patient care
10.	COD 9 Applying relevant legislation and legal principles to patient care and clinical practice
11.	COD 10 Providing teaching for students, residents, the public and other health care professionals

Please refer to the [PGY2 General Outpatient Psychiatry Rotation EPA Card](#) for additional details regarding entrustment requirements.

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	FOD 2.2 Completion of one successful STACER (PGY2 Annual requirements: 4 practice + 1 FOD)	Postgraduate website
3.	COPE Exam (typically in the Fall of each academic year)	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Conduct a focused and efficient psychiatric assessment, including a focused physical exam that integrates diagnostic clarification, manages the flow of the encounter and attends to patient cues.	Medical Expert, Communicator
2.	Identify a provisional diagnosis informed by current presentation, relevant developmental history, and interpersonal patterns.	Medical Expert
3.	Develop, implement, and adjust a comprehensive treatment plan integrating principles and skills of psychotherapy, psychopharmacology and neurostimulation informed by patient preference, evidence, and resource availability.	Medical Expert
4.	Routinely assess risk, need for mandatory reporting and treatment capacity, integrating information from the interview, mental status and collateral sources and application of relevant mental health legislation as part of the comprehensive treatment plan.	Medical Expert
5.	Develop practice management strategies that will support an effective, patient-centered and appropriately boundaried practice, including strategies for responding to patient communications, managing appointment schedules, and navigating hospital documentation and administration systems. Articulate and implement an effective approach to issues such as patient lateness, non-attendance and treatment non-adherence.	Medical Expert Professional
6.	Provide patient and family education regarding longitudinal course of illness and treatment changes using strategies to enhance and verify understanding. Demonstrate communication skills in addressing questions, tensions and ruptures in the therapeutic alliance with the patient and, when applicable, with family and supports.	Communicator, Health Advocate
7.	Communicate diagnostic impressions and treatment recommendations, including specific instructions regarding need for reassessment and emergency care, to outside care providers with timely, thorough and safe consultation, progress, and discharge notes.	Communicator Collaborator
8.	Coordinate care plans and required documentation (government, insurance etc. forms) with internal and external care professionals and both formal and informal supports (e.g., case manager, social worker, consulting services, primary care provider, family and friends) as appropriate.	Collaborator, Health Advocate Communicator
9.	Identify and implement strategies for safe handovers and transfer of accountability for ongoing patient care issues during periods of absence.	Collaborator, Professional
10.	Identify and recognize acute, urgent, and emergent issues that require immediate clinical attention and management in order to ensure patient safety (during and between episodes of care).	Medical Expert

PGY2 Longitudinal Severe Persistent Mental Illness

FOCUS OF THIS ROTATION

- Provide care to a patient severe and persistent mental illness (diagnosis of schizophrenia or bipolar disorder) over the course of 12 months.

CBD stage(s) for this rotation:

- FOD

Length of this rotation:

- 12 months, longitudinal

PGY Level(s) for this rotation:

- PGY 2

Locations for rotation:

- CAMH
- MSH
- SHSC
- Unity Health - SMH
- UHN – TGH, TWH
- WCH

Required clinical training experiences included in this rotation (From RTE document)

- FOD 1.1.1 Adult outpatient
- COD 1.1.6 Longitudinal patient care, including patients with severe mental illness

Other training experiences that may be included in this rotation

- FOD 2.1 Formal instruction during Academic Half Day (Wednesday afternoons)
- FOD 2.2 Completion of one successful structured assessment of a clinical encounter (STACER) (Program PGY2 Requirement: 4 Practice STACERS + 1 FOD STACER)
- PGY2 Critical Appraisal Rounds

	EPAs Mapped to this rotation:	
1.	FOD 2 Performing psychiatric assessments referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with mental disorders	Please refer to the PGY2 Longitudinal Severe Persistent Mental Illness Rotation EPA Card for additional details regarding entrustment requirements.
2.	FOD 3 Developing and implementing management plans for patients with psychiatric presentations of low to medium complexity	
3.	FOD 4 Performing risk assessments that inform the development of an acute safety plan for patients posing risk for harm to self or others	
4.	FOD 5 Performing critical appraisal and presenting psychiatric literature	
5.	COD1 Developing comprehensive treatment/management plans for adult patients	
6.	COD4 Developing comprehensive biopsychosocial formulations for patients across the lifespan	
7.	COD5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan	
8.	COD6-C Applying and integrating psychosocial skills and principles in general psychiatric care	
9.	COD8 Integrating the principles and skills of psychopharmacology into patient care	
10.	COD9 Applying relevant legislation and legal principles to patient care and clinical practice	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
2.	ITAR	POWER
3.	FOD 2.2 Completion of one successful STACER (PGY2 Annual requirements: 4 practice + 1 FOD STACER)	Postgraduate website
4.	COPE Exam	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Demonstrate knowledge of the major medication classes and their indications. Demonstrate basic knowledge of common side effects.	Medical Expert
2.	Select and titrate antipsychotic and mood stabilizing medications and promote adherence. Anticipate and regularly screen for medication side effects and physical illness comorbidity.	Medical Expert
3.	Demonstrate knowledge of, and complies with, legislation. Use forms appropriately.	Medical Expert
4.	Obtain necessary historical data elements, includes essential positives and negatives. Perform a reasonable mental status examination	Medical Expert Communicator
5.	Demonstrate a satisfactory grasp of basic concepts and treatment options to synthesize a realistic, interdisciplinary treatment plan	Medical Expert
6.	Assess and manage potential risk issues and crisis planning, as needed	Medical Expert
7.	Make patients comfortable enough to engage in evaluation process and treatment. Show respect for patient. Provide support to explore the direct impact of symptoms on the life of the patient, and the indirect consequences of stigma, change in functional capacity, and relationships.	Communicator
8.	Provide psychoeducation to patients and families regarding symptoms, course of illness, treatment options, and side effect monitoring and management.	Communicator
9.	Communicate well with the interprofessional team. Create written reports that are complete, include all basic information, with positives and relevant negatives, and are completed in a timely manner. Reports follow the usual format.	Collaborator Communicator
10.	Recognize, demonstrate an understanding of, and work to resolve ethical dilemmas in patient care and in institutions. Show awareness of and respect for therapeutic and professional boundaries. Demonstrate integrity, honest, compassion and respect for diversity	Professional

PGY3 (Foundations and Core of Discipline)

PGY3 Child and Adolescent Psychiatry

FOCUS OF THIS ROTATION

- To develop an approach to the assessment and management of psychiatric disorders in childhood and adolescence. To develop knowledge and skills in working with children and their caregivers, and in accessing community services for children's mental health and welfare.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 4 months

PGY Level(s) for this rotation:

- PGY 3

Locations for rotation:

- CAMH, George Hull, MGH, NYGH, Ontario Shores, SickKids (Hospital and CCMH), THP, Youthdale, Humber River Hospital, Sunnybrook Health Sciences Centre, Unity Health – St. Joseph's Health Centre, Women's College Hospital

Required clinical training experiences included in this rotation (from RC RTE document)

- COD 1.1.2 Child and/or adolescent psychiatry

Recommended clinical training experiences included in this rotation (from RC RTE document)

- None

Other training experiences that may be included in this rotation (may or may not be from RC RTE document)

- COD 2.1 Formal Instruction during Academic Time
- COD 1.1.5.1 Cognitive behavioural therapy
- COD 1.1.5.3 Family or group therapy
- COD 1.1.7.5 Developmental disorders, including intellectual disability and autism spectrum disorders
- Grand Rounds (once a year)
- 4 Practice STACERs
- COD 1.1.8 After-hours coverage for psychiatry and/or one of its subspecialties, including psychiatry emergency and inpatient unit

	EPAs Mapped to this rotation:	Please refer to the PGY3 Child and Adolescent Psychiatry Rotation EPA Card for additional details regarding entrustment requirements.
1.	COD 2 Performing psychiatric assessments and providing differential diagnoses and management plans for children and youth	
2.	COD 4 Developing comprehensive biopsychosocial formulations for patients across the lifespan	
3.	COD6-A Integrating the principles and skills of psychotherapy into patient care	
4.	COD6-C Applying and integrating psychotherapeutic skills in general psychiatric care	
5.	COD 8 Integrating the principles and skills of psychopharmacology into patient care	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
2.	COPE Exam (depending on timing of rotation)	COPE Website
3.	Practice STACERs (PGY3 Program Requirement = 4)	Postgraduate website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Demonstrate knowledge of the epidemiology, causes, signs, symptoms, clinical course, and treatments of child psychiatric disorders.	Medical Expert
2.	Demonstrate an appreciation for the impact of parental and child mental disorder on the family, on parenting, and on parent-child relationships.	Medical Expert
3.	Demonstrate an appreciation for the impact of psychosocial trauma on children (e.g., poverty, divorce, death, immigration, domestic or community violence, bullying, medical illness).	Medical Expert
4.	Demonstrate knowledge of medico-legal issues (especially informed consent, capacity to consent, confidentiality, duty to report abuse).	Medical Expert
5.	Interview a child of any age from preschool to age 18 years, both alone and with his/her family (i.e., take the history, conduct a mental status examination, assess family interaction). This may include the use of non-verbal techniques with drawings, puppets, and toys with very young or developmentally disabled children.	Medical Expert Communicator
6.	Generate a differential diagnosis and formulation along developmental, biological, psychological, familial, and socio-cultural dimensions.	Medical Expert
7.	Derive an evidence-based, efficient, feasible, contextually appropriate management plan from the formulation. This should include specific treatment goals and/or proposed measures of outcome.	Medical Expert
8.	Assess and manage previously unknown children/families in acute emergency situations (e.g., suicidal, homicidal, psychotic, "uncontrollable" children and adolescents).	Medical Expert Communicator
9.	Administer various forms of treatment within a 4-month time frame: crisis intervention; parent counseling/psycho-education; pharmacotherapy; individual, family and/or group therapy.	Medical Expert
10.	Use multi-disciplinary direct and indirect consultation in assessment and management planning (e.g., psychoeducational testing, teacher reports, speech and language assessment, OT assessment).	Collaborator

PGY3 Geriatric Psychiatry

FOCUS OF THIS ROTATION

- The resident will develop the knowledge, skills and attitudes necessary to: effectively assess and manage geriatric patients, including routine risk assessment and how to lead and collaborate with an interdisciplinary team

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 4 months

PGY Level(s) for this rotation:

- PGY3

Locations for rotation:

- Baycrest Hospital
- CAMH
- MSH
- NYGH
- Unity Health – SMH, SJHC
- SHSC
- UHN – TGH, TRI
- Trillium – M/Q site, CVH

Required clinical training experiences included in this rotation (from RC RTE document)

- COD 1.1.1 Geriatric Psychiatry

Optional clinical training experiences included in this rotation (from RC RTE document)

- FOD 1.5.6 Geriatric Psychiatry

Other training experiences that may be included in this rotation (may or may not be from RC RTE document)

- COD 2.1 Formal Instruction during Academic Time
- Grand Rounds (once a year)
- COD 1.1.8 After-hours coverage for psychiatry and/or one of its subspecialties, including psychiatry emergency and inpatient unit
- Practice STACERs (PGY3 Program Requirement = 4)

	EPAs Mapped to this rotation:	Entrustments
1.	COD 3 Performing psychiatric assessments, and providing differential diagnoses and management plans for older adults	Please refer to the PGY3 Geriatric Psychiatry Rotation EPA Card for additional details regarding entrustment requirements.
2.	COD 4 Developing comprehensive biopsychosocial formulations for patients across the lifespan	
3.	COD 5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan	
4.	COD 6A Integrating the principles and skills of psychotherapy into patient care (Psychotherapy Modality)	
5.	COD6-C Applying and integrating psychosocial skills and principles in general psychiatric care (integrating psychotherapy skills)	
6.	COD 7-A Integrating the principles and skills of neurostimulation into patient care: Suitability	
7.	COD 7-B Integrating the principles and skills of neurostimulation into patient care: Delivery	
8.	COD 8 Integrating the principles and skills of psychopharmacology into patient care	
9.	COD 9 Applying relevant legislation and legal principles to patient care and clinical practice	
10.	COD 10 Providing teaching for students, residents, the public and other health care professionals	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE Website
3.	Practice STACERs (PGY3 Program Requirement = 4)	Postgraduate website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Assess a full range of psychiatric disorders in the geriatric population and integrate a biopsychosocial understanding, including assessment of cognition, functional status, and medical/neurological assessment as indicated.	Medical Expert
2.	Distinguish between diagnoses of dementia and delirium, and demonstrate an appreciation of the differences in etiology, symptoms, and course of illness of the presentations of major disorders in the geriatric population.	Medical Expert
3.	Conduct an appropriate social history, including gathering collateral information and perspectives of essential caregivers, including but not limited to family where appropriate. Develop an understanding of family dynamics and systems.	Medical Expert
4.	Perform comprehensive risk assessments informed by patient presentation, collateral and appropriate application of mental health legislature: including MTO reporting assessment, MHA applicability (including when to utilize HCCA vs MHA), and capacity assessments.	Medical Expert
5.	Develop a biopsychosocial understanding and formulation of elderly patients, which integrates knowledge of psychiatric and medical features in the elderly, appreciation of normal and abnormal development and impact of psychotherapeutic constructs specific to the elderly: bereavement, loss, transitions, caregiver burden.	Medical Expert
6.	Implement an integrated biopsychosocial treatment plan, including use of investigations, appropriate referrals, and suitability for psychological and pharmacological therapies (including cognitive enhancers, somatic therapies) and social / environmental interventions.	Medical Expert
7.	Communicate effectively with patients, families and caregivers, including those with language, sensory, cognitive or cultural barriers.	Communicator
8.	Works collaboratively with other members of the health care team, recognizing their roles and responsibilities.	Medical Expert Communicator Collaborator Health Advocate Leader
9.	Complete clear, accurate, complete, medico-legally appropriate and timely records.	Communicator
10.	Identify the determinants of health affecting geriatric patients and communities, and appropriately integrate understanding of these into care plans and supports for patients.	Medical Expert Health Advocate

PGY3 Severe Mental Illness (SMI)

FOCUS OF THIS ROTATION

- Residents will learn the knowledge, skills and attitudes necessary to provide psychiatric services to individuals with severe and persistent mental illness with excellence, compassion and justice. Residents will work in settings where most patients have a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder, and where co-morbid substance use disorders, trauma and physical health problems are common.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 4 months

PGY Level(s) for this rotation:

- PGY3

Locations for rotation:

- CAMH
- SMH
- UHN (TWH ACT team)
- Sunnybrook (ACT team)
- St. Joseph's Hospital (ACT team)
- Mt. Sinai (ACT team)
- Ontario Shores (ACT Team, Forensic and Dual Disorders programs)
- Trillium (ACT team)

Required training experiences included in this rotation

- C 1.1.7. Care of special populations (integrated into other experiences or as discrete experiences), including patients with 1.1.7.1. Addictions 1.1.7.2. Forensic history 1.1.7.3. Severe mental illness 1.1.7.4. Concurrent psychiatric diagnoses 1.1.7.5. Developmental disorders, including intellectual disability and autism spectrum disorders
- C 2.1.3. Formal instruction in psychopharmacology

Recommended clinical training experiences included in this rotation (From RTE document)

- C 3.1.4. Forensic psychiatry and/or correctional setting
- C 3.1.6.4. Motivational interviewing
- C Participation in 4.1.1. Review board hearing (may be done by simulation)

Other training experiences that may be included in this rotation (may or may not be RC)

- Weekly case-based tutorials
- On-line clozapine course (in development)
- Grand Rounds (once a year)
- Practice STACERs (PGY3 Program Requirement = 4)

EPAs Mapped to this rotation:		Please refer to the PGY3 SMI Rotation EPA Card for additional details regarding entrustment requirements.
1.	COD1 Developing comprehensive treatment/management plans for adult patients	
2.	COD5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan	
3.	COD7-A Integrating the principles and skills of neurostimulation into patient care: Suitability	
4.	COD8 Integrating the principles and skills of psychopharmacology into patient care	
5.	COD9 Applying relevant legislation and legal principles to patient care and clinical practice	
6.	COD10 Providing teaching to students, residents, public and other health care professionals	

Other assessments during this rotation:		Tool Location / Platform
1.	ITAR	POWER
2.	Tutorial participation	Completed by tutor and forwarded to the resident's clinical supervisor
3.	Practice STACERs (PGY3 Program Requirement = 4)	Postgraduate website
4.	COPE Exam	COPE website

Key Goals for this Rotation		CanMEDS Role(s):
By the end of this rotation the resident should be able to		
1.	Accurately and sensitively conduct psychiatric assessments, with consideration of differential and co-morbid diagnoses, clinical risks, cultural formulation and the person's strengths and goals	Medical Expert
2.	Develop comprehensive biopsychosocial treatment plans that reduce and prevent symptoms and help clients achieve their recovery goals	Medical Expert
3.	Effectively use antipsychotics (long-acting injectable and oral, including clozapine), mood stabilizers and electroconvulsive therapy	Medical Expert
4.	Effectively apply the principles of motivational interviewing, cognitive-behaviour therapy, and family education	Medical Expert
5.	Demonstrate an understanding of the role and importance of psycho-social interventions such as peer support, subsidized and supported housing, supported education, supported employment and recreational programs	Medical Expert
6.	Demonstrate careful use of mental health legislation regarding involuntary hospitalization, decisional capacity and community treatment orders to minimize short-term clinical risks while supporting long-term recovery goals	Medical Expert
7.	Communicate effectively and respectfully with patients and families, responding to common challenges (including guardedness, disorganization of speech, intense negative emotions, cognitive impairments and differences in language and culture)	Communicator
8.	Participate effectively as an integral member of the interprofessional team by demonstrating an understanding the roles of self and other team members, seeking input from others, managing conflict, and leading collaboratively	Collaborator
9.	Seek to understand the impact of the social and structural determinants of health (such as poverty, homelessness and racism) on patients' lives and explores ways of acting on health inequity and social injustice at the micro (individual patient), meso (clinic or program) and/or macro (institution or government) levels	Health Advocate

PGY3-5 Personalized Learning Experience (PLEX) – Clinical

FOCUS OF THIS ROTATION

- To further hone the basic competencies of psychiatric interviewing, assessment, and management of the psychiatric patient in an elective setting.

CBD stage(s) for this rotation:

- COD, TTP

Length of this rotation:

- PGY3: 1 month
- PGY4: 3 months
- PGY5: 12 months

PGY Level(s) for this rotation:

- PGY3, 4, 5

Locations for rotation:

- Multi-site

Required clinical training experiences included in this rotation (from the RC RTE document)

- COD 1.1 Psychiatry
- TTP 1.1 Any psychiatric service or practice at a junior consultant level

Other training experiences that may be included in this rotation

- COD 2.1 Formal instruction during Academic Time
- COD 1.1.8 After-hours coverage for psychiatry and/or one of its subspecialties, including psychiatry emergency and inpatient unit
- COD 2.3 Completion of two successful STACERs
- Grand Rounds (once a year)
- Practice STACERs (PGY3 Program Requirement = 4, PGY4 Program Requirement = 4 unless 2 COD STACERs successful)
- COD STACERs (PGY4s must meet expectations on 2 COD STACERs)
- TTP 1.2 After-hours coverage for psychiatry or one of its subspecialties
- TTP 2.1 Formal Instruction during Academic time
- TTP 3.1 Clinical leadership and administrative aspects of psychiatric/medical practice

	EPAs Mapped to this rotation:
	Below is a list of all COD and TTP EPAs. Each resident's PLEX will inform which EPAs are appropriate for the clinical experience.
1.	COD-1 Developing comprehensive treatment/management plans for adult patients
2.	COD-2 Performing psychiatric assessments and providing differential diagnoses and management plans for children and youth
3.	COD-3 Performing psychiatric assessments, and providing differential diagnoses and management plans for older adults
4.	COD-4 Developing comprehensive biopsychosocial formulations for patients across the lifespan
5.	COD-5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan (Emergencies)
6.	COD6-A Integrating the principles and skills of psychotherapy into patient care (Psychotherapy Modality)
7.	COD6-C Applying and integrating psychosocial skills and principles in general psychiatric care (Integrating Psychotherapy Skills)
8.	COD7-A Integrating the principles and skills of neurostimulation into patient care: Suitability
9.	COD7-B Integrating the principles and skills of neurostimulation into patient care: Delivery
10.	COD-8 Integrating the principles and skills of psychopharmacology into patient care
11.	COD-9 Applying relevant legislation and legal principles to patient care and clinical practice
12.	COD-10 Providing teaching to students, residents, public and other health care professionals
13.	TTP1-A Managing the clinical and administrative aspects of a psychiatric practice (Practice Management – Patient)
14.	TTP1-B Managing the clinical and administrative aspects of a psychiatric practice (Practice management – Team)
15.	TTP2 Supervising junior trainees
16.	TTP3-A Developing and implementing personalized training experiences geared to career plans or future practice: Developing a Learning Plan
17.	TTP3-B Developing and implementing personalized training experiences geared to career plans or future practice: Implementing a Training Experience
18.	TTP3-C Developing and implementing personalized training experiences geared to career plans or future practice: Reflecting On Learning Plan Efficacy

	Other assessments during this rotation:	Tool Location / Platform
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE Website
3.	Practice STACERs (PGY3 Program Requirement = 4, PGY4 Program Requirement = 4 unless 2 COD STACERs successful)	Postgraduate Website
4.	PGY4 2 COD STACERs (Fall and Spring)	Postgraduate Website

	Key Objectives for this Rotation:	CanMEDS Role(s):
	By the end of the rotation the resident should be able to ...	
1.	Conduct and organize an appropriate interview for the purpose of synthesizing a diagnosis and developing an integrated treatment plan.	Medical Expert
2.	Perform an appropriate Mental Status Examination, as shown by a refined and thorough examination of mental phenomena, and demonstrate the ability to document, evaluate, organize, and interpret observations.	Medical Expert Communicator
3.	Use psychiatric, psychological, and medical diagnostics and/or investigations appropriately.	Medical Expert
4.	Synthesize a diagnosis according to DSM criteria. Uses specifiers accurately, when appropriate.	Medical Expert
5.	Demonstrate an understanding of the impact of social, cultural, and structural determinants of health on patients' health and well-being. Incorporate this understanding into the formulation, assessment, and integrative treatment plan for patients. Advocate for patients needs and mobilize resources to effect change when appropriate.	Medical Expert Health advocate
6.	Attend to psychiatric and medical emergencies, i.e., recognition of safety issues, including the management of the suicidal or homicidal patient, as well as risk factors for agitation/violence. Recognize medically urgent issues and refers appropriately.	Medical Expert Communicator Collaborator

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
7.	Apply the Mental Health or Child Care Legislation appropriately including safe and effective use of forms, PHIPA compliance, competency assessments, CTO's etc.	Medical Expert
8.	Establish a therapeutic relationship with patients and communicate well with families. Provide clear and thorough explanations of diagnosis, investigation, and management in a professional manner. Demonstrate cultural safety and cultural competence and empathy and sensitivity to race and gender issues.	Communicator
9.	Use appropriate psychotherapies (individual, family, group), pharmacotherapy, and brain stimulation therapies that is evidence-based and clinically appropriate.	Medical Expert
10.	Include other relevant sources of information from collateral – patient's family, caregivers, other health professionals involved in patient's care, or other organizational involvement relevant to patient's presentation.	Communicator

PGY3-5 Personalized Learning Experience (PLEX) – Research

FOCUS OF THIS ROTATION

To develop knowledge, skills and an approach to scholarly work in Psychiatry. Residents will learn how to identify, articulate, and answer scientific questions, and will develop concrete and attainable goals related to the question identified. They will assume responsibility for a specific aspect of the research project.

CBD stage(s) for this rotation:

- COD, TTP

Length of this rotation:

- PGY3: 1 month
- PGY4: 3 months
- PGY5: 12 months

PGY Level(s) for this rotation:

- PGY3, 4, 5

Locations for rotation:

- Multi-site

Required training experiences included in this rotation (From the RC RTE document)

- COD 2.5. Scholarly activity, including research, quality assurance, or education

Other training experiences that may be included in this rotation

- COD 2.1 Formal Instruction during Academic Time
- COD 1.1.8 After-hours coverage for psychiatry and/or one of its subspecialties, including psychiatry emergency and inpatient unit
- COD 2.3 Completion of two successful STACERs
- Practice STACERs (PGY3 Program Requirement = 4, PGY4 Program Requirement = 4 unless 2 COD STACERs successful)
- Grand Rounds (once a year)
- COD 1.1.6 Longitudinal Psychiatry Clinic
- TTP 1.2 After-hours coverage for psychiatry or one of its subspecialties
- TTP 2.1 Formal Instruction during Academic Time
- TTP 4.1 Participation in a project evaluating costs of patient treatment in different settings
- TTP 4.2 Participation in a quality improvement initiative

	EPAs Mapped to this rotation:
1.	FOD 5: Performing critical appraisal and presenting psychiatric literature

	Other assessments during this rotation:	Tool Location / Platform
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE Website
3.	Practice STACERs (PGY3 Program Requirement = 4, PGY4 Program Requirement = 4 unless 2 COD STACERs successful)	Postgraduate Website
4.	2 COD STACERs (PGY4 Fall and Spring)	Postgraduate Website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Demonstrate an understanding of the principles of research and scholarly inquiry.	Scholar
2.	Demonstrate an understanding of, and apply, the principles of research ethics.	Scholar
3.	Formulate a focused scholarly question and hypothesis.	Scholar

4.	Effectively access, critically appraise, and synthesize information from scientific literature.	Scholar
5.	Demonstrate an understanding of the design and rationale of analytic approach, including biostatistical/qualitative analysis	Scholar
6.	Demonstrate the ability to advance and complete projects, enabled by persistence, ability to work within a team, and capacity to integrate and apply feedback.	Scholar
7.	Write effectively in a style suitable for scientific manuscripts and/or grants.	Scholar
8.	Disseminate the findings of a study through presentations/manuscript preparation.	Scholar

PGY4 (Core of Discipline and Transition to Practice)

PGY4 Addictions Psychiatry

FOCUS OF THIS ROTATION

- The resident will enhance their addiction psychiatry and addiction medicine knowledge, gain competence in conducting assessments and providing treatment for patients with addiction, with the goal of attaining increased autonomy of practice during this senior rotation. The resident will learn to apply basic science knowledge to addiction presentations appropriately. The resident will develop competence in assessing and managing complex presentations from patients across the lifespan, considering relevant age-related factors in doing so.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 3 months

PGY Level(s) for this rotation:

- PGY4

Locations for rotation:

- CAMH
- MSH
- SMH
- SHSC

Required clinical training experiences included in this rotation (From RTE document)

- COD 1.1.7.1 Addictions
- COD 1.1.8 After-hours coverage for psychiatry and/or one of its subspecialties, including psychiatry emergency and inpatient unit
- COD 1.1.7.3 Severe mental illness
- COD 1.1.7.4 Concurrent psychiatric diagnoses

Recommended clinical training experiences included in this rotation (From RTE document)

- COD 3.1.6.4 Motivational Interviewing

Other training experiences that may be included in this rotation (may or may not be from the RC RTE document).

- Formal Teaching
- Grand Rounds (once a year)
- COD 2.3 Completion of two successful STACERS [Program PGY4 requirement: 4 Practice STACERS + 2 COD STACERS (practice STACERS not required if resident has completed 2 successful COD STACERS)]

	EPAs Mapped to this rotation:	
1.	COD 1 Developing comprehensive treatment/management plans for adult patients	Please refer to the PGY4 Addictions Psychiatry Rotation EPA Card for additional details regarding entrustment requirements.
2.	COD 4 Developing comprehensive biopsychosocial formulations for patients across the lifespan	
3.	COD 5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan	
4.	COD 6-C Applying and Integrating Psychosocial Skills and Principles in General Psychiatric Care	
5.	COD 8 Integrating the principles and skills of psychopharmacology into patient care	
6.	COD 10 Providing teaching for students, residents, the public and other health care professionals	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COD 2.3 Completion of two successful STACERs [Program PGY4 requirement: 4 Practice STACERs + 2 COD STACERs (practice STACERs not required if resident has completed 2 successful COD STACERs)]	Postgraduate website
3.	COPE Exam	COPE WEBSITE

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Conduct a comprehensive diagnostic assessment of addictions, including assessment of concurrent disorders. Adequately assess withdrawal, intoxication, and overdose presentations.	Medical Expert
2.	Adequately recognize indications and contra-indications for referral to community treatment resources (e.g., non-medical withdrawal, residential treatment, day treatment).	Medical Expert
3.	Appropriately prescribe pharmacological treatment for acute and long-term management of addiction presentations in an evidence-based manner. Concurrently, appropriately decide on integrated or sequential treatment on a case-by-case basis.	Medical Expert
4.	Appropriately recommend and interpret laboratory investigations (e.g., liver enzymes, urine and serum toxicology screening, blood-borne pathogens associated with addictive behaviours).	Medical Expert
5.	Conduct an extended risk assessment, including: <ul style="list-style-type: none"> a. Risk to self: suicide, overdose, complicated withdrawal b. Risk to others: violence, risk to minors, driving and operating heavy machinery, involvement with legal system c. Risk of complications due to concurrent SUD and other general medical conditions 	Medical Expert
6.	Perform a comprehensive assessment of pain and addictions. Define and describes the following terms that are a part of the pain assessment: acute vs chronic pain, nociceptive vs neuropathic pain, opioid induced hyperalgesia, withdrawal mediated pain, opioid debt, morphine equivalents.	Medical Expert
7.	Demonstrate skills in providing any of the following behavioural interventions for addictions: motivational interviewing, DBT, CBT, community reinforcement approach (CRA).	Medical Expert
8.	Provide focused, clear, and objective advice to referral sources when writing consult reports.	Communicator, Collaborator
9.	Communicate effectively and compassionately with patients and families when providing information on diagnosis, treatment options, and referrals.	Communicator
10.	Strategically apply de-escalation techniques to obtain histories from challenging patients or to alter patient's behaviours to facilitate a therapeutic interaction and/or assessment	Communicator

PGY4 Consultation-Liaison Psychiatry

FOCUS OF THIS ROTATION

- Develop an approach to managing psychiatric and substance use disorders in the medical and surgical patient.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 4 months

PGY Level(s) for this rotation:

- PGY4

Locations for rotation:

- MSH
- Unity Health – SMH
- SHSC – Main Campus
- UHN – TWH, TGH

Required training experiences included in this rotation (from RC RTE document)

- COD 1.1.3 Consultation-Liaison Psychiatry

Other training experiences that may be included in this rotation

- COD 2.1 Formal Instruction during Academic Time
- Grand Rounds (once a year)
- COD 2.3 Completion of two successful STACERS. Program Requirements: 4 Practice STACERS (or until COD STACERS complete) + 2 COD STACERS

	EPAs Mapped to this rotation:	
1.	COD1 Developing comprehensive treatment/management plans for adult patients	Please refer to the PGY4 Consultation-Liaison Rotation EPA Card for additional details regarding entrustment requirements
2.	COD3 Performing psychiatric assessments, and providing differential diagnoses and management plans for older adults	
3.	COD4 Developing comprehensive biopsychosocial formulations for patient across the lifespan	
4.	COD5 Identifying, assessing, and managing emergent situations in psychiatric care cross the lifespan (emergencies)	
5.	COD6-C Applying and integrating psychosocial skills and principles in general psychiatric care (integrating psychotherapy skills)	
6.	COD8 Integrating the principles and skills of psychopharmacology into patient care	
7.	COD9 Applying relevant legislation and legal principles to patient care and clinical practice	
8.	COD10 Providing teaching to students, residents, public and other health care professionals	
9.	TTP1-A Managing the clinical and administrative aspects of a psychiatric practice (Practice Management - Patient)	
10.	TTP1-B Managing the clinical and administrative aspects of a psychiatric practice (Practice Management - Team)	
11.	TTP2 Supervising junior trainees	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam (depending on timing of rotation)	COPE Website
3.	Practice STACERs (PGY4 Program Requirement = 4 unless 2 COD STACERs successful)	Postgraduate Website
4.	2 COD STACERs (Fall and Spring)	Postgraduate Website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Conduct and organize an appropriate psychiatric assessment of medical/surgical patients including attention to barriers to communication, and integration of assessment into the medical episode of care.	Medical Expert
2.	Integrate medical /surgical characteristics and knowledge of a case into the bio-psycho-social understanding and management of medical/surgical patients. Demonstrate an approach to diagnostic ambiguity and complexity, which includes a robust differential diagnosis and rationale for leading working diagnosis.	Medical Expert
3.	Utilize psychotherapeutic principles to help patients with their adaptation to illness and treatment, and psychotherapy skills to traverse barriers to care. Where appropriate, engage in motivational interviewing, supportive psychotherapy, and mindfulness/cognitive behavioral skills	Medical Expert Communicator
4.	Assess suitability for, and prescribes appropriate psychopharmacological treatment in the context of medical/surgical illness. Demonstrate capacity to tailor psychopharmacology to medical/surgical patients.	Medical Expert
5.	Demonstrate proficient knowledge of delirium, psychiatric illness secondary to medical/surgical illness, and end of life care. Demonstrate working knowledge of somatoform disorders. Demonstrate an appreciation of normal and abnormal psychological adaptation to physical illness including the influence of personality and attachment style.	Medical Expert
6.	Demonstrate knowledge and skills in diagnosing and treating substance use disorders and their sequelae (intoxication, withdrawal, harm reduction, contribution to delirium/Wernicke's encephalopathy, etc.) in medical/surgical circumstances.	Medical Expert
7.	Listen effectively to the medical/surgical patient and their family members and other important sources for collateral, evidenced by nuanced patient narrative integrated into HPI. Use language appropriate to the patient's educational level, culture, etc.	Medical Expert Communicator
8.	Take responsibility as a consultant to learn about how they can be most helpful in their consultation to the primary medical team, including engaging with the primary team as well as other consulting services involved.	Collaborator
9.	Work effectively with other health care team members, including non-psychiatric MDs, RNs, MSWs, PAs, Psychologists, and Spiritual Care staff, recognizing their roles and responsibilities. Contribute effectively to the interdisciplinary management of the medical/surgical patient to best serve the patient's needs.	Collaborator
10.	Demonstrate a willingness to receive and reflect upon constructive feedback from colleagues, other health care workers and patients and their families, including observed integration of feedback.	Collaborator Professional

PGY4 Inpatient Psychiatry

FOCUS OF THIS ROTATION

The resident will develop the knowledge, skills and attitudes necessary to: effectively assess and manage inpatients of all levels of acuity and complexity, including routine risk assessment; lead and collaborate with an interdisciplinary team; manage scarce health care resources to facilitate care planning; and, supervise learning goals of junior learners.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 3 months (no longer an active rotation after 2023-2024 for most residents)

PGY Level(s) for this rotation:

- PGY 4

Locations for rotation:

- CAMH, MSH, SJHC, SMH, SHSC, UHN

Required clinical training experiences included in this rotation (from RC RTE document)

- COD 1.1.4 Electroconvulsive therapy (ECT) including delivery
- COD 1.1.7. Care of special populations (integrated into other experiences or as discrete experiences), including patients with
 - 1.1.7.3. Severe mental illness
 - 1.1.7.4 Concurrent psychiatric diagnosis
- COD 1.1.8 After-hours coverage for psychiatry and/or one of its subspecialties, including psychiatry emergency and inpatient unit

Recommended clinical training experiences included in this rotation (from RC RTE document)

- COD 4.1. Participation in
 - COD 4.1.1. Review board hearing (may be done by simulation)

Other training experiences that may be included in this rotation (may or may not be from RC RTE document)

- Formal teaching
- Grand rounds (once a year)
- COD 2.2. Supervision of junior learners
- COD 2.3 Completion of two successful STACERs (PGY4 requirement: 4 x Practice, 2 x COD; practice STACERs are unnecessary if 2 COD STACERs are successful)

EPAs Mapped to this rotation:		Please refer to the PGY4 Inpatient Psychiatry Rotation EPA Card for additional details regarding entrustment requirements.
1.	COD 1 Developing comprehensive treatment/management plans for adult patients	
2.	COD 4 Developing comprehensive biopsychosocial formulations for patients across the lifespan	
3.	COD 5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan	
4.	COD 6-C Applying and integrating psychosocial skills and principles in general psychiatric care	
5.	COD 7-A Integrating the principles and skills of neurostimulation into patient care: Suitability	
6.	COD 7-B Integrating the principles and skills of neurostimulation into patient care: Delivery	
7.	COD 8 Integrating the principles and skills of psychopharmacology into patient care	
8.	COD 9 Applying relevant legislation and legal principles to patient care and clinical practice	
9.	COD 10 Providing teaching for students, residents, the public and other health care professionals	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COD 2.3 Completion of two successful STACERs (PGY4 requirement: 4 x Practice, 2 x COD; practice STACERs are unnecessary if 2 COD STACERs are successful)	Postgraduate website
3.	COPE Exam	COPE website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Completes accurate and well-organized assessments, including relevant physical examination, and constructs an appropriate provisional diagnosis and differential diagnosis.	Medical Expert
2.	Provides succinct and articulate written assessments of risk for patients presenting with self-harm, suicidality, aggression or poor self-care.	Medical Expert
3.	Performs duties under the Mental Health Act, including: completion of relevant forms, adherence to procedures and participating in relevant legal hearings.	Medical Expert
4.	Anticipates common issues arising in implementing treatment plans, and uses team rounds and supervision to refine plans when needed.	Medical Expert
5.	Coordinates care plans with the inpatient team, including identifying tasks and delegating in an appropriate and respectful manner.	Collaborator, Leader
6.	Demonstrates time management skills to reflect and balance priorities for patient care, sustainable practice, and individual wellness.	Leader
7.	Engages outside providers in discharge planning and provides timely written summaries with clear recommendations for follow-up and monitoring.	Collaborator
8.	Identifies and implements strategies for safe handover and transfer of accountability for ongoing patient care issues during periods of absence.	Collaborator
9.	Facilitates the learning of medical students and other trainees through collaborative goal setting, teaching, observation, and feedback.	Scholar
10.	Demonstrates an awareness of personal limitations, seeking advice when necessary. Consult with relevant team members with varying scopes of practice and expertise to address practice-related questions.	Professional

PGY4 Underserved/Marginalized Populations Selective (U/MPS)

FOCUS OF THIS ROTATION

The social determinants of health, including race, income, housing, sexual orientation, and immigration status, among many others, impact the mental and physical health of the people we serve. During this PGY3 rotation, you will have the opportunity to work with populations experiencing marginalization, and to gain skills in clinical care, self-reflection, and advocacy.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 2 months

PGY Level(s) for this rotation:

- PGY4 (2024-2025 onwards)

Locations for rotation:

- Multisite

Required training experiences included in this rotation (From the RC RTE document)

- COD 1.1.6 Longitudinal patient care, including patients with severe mental illness
- COD 1.1.7 Care of special populations
 - 1.1.7.1. Addictions
 - 1.1.7.2. Forensic history
 - 1.1.7.3. Severe mental illness
 - 1.1.7.4. Concurrent psychiatric diagnoses
 - 1.1.7.5. Developmental disorders, including intellectual disability and autism spectrum disorders

Recommended clinical training experiences included in this rotation (From the RC RTE document)

- COD 3.1.1 Community settings, including rural, remote, and/or telehealth

Other training experiences that may be included in this rotation

- FOD 2.1.20 Advocacy for special populations including those who are marginalized and/or vulnerable
- COD 2.1 Formal instruction during Academic time
- COD 1.1.8 After-hours coverage for psychiatry and/or one of its subspecialties, including psychiatry emergency and inpatient unit
- PGY4 Practice STACERs

	EPAs Mapped to this rotation:	Total # of Entrustments Enter the number of entrustments that are expected, or encouraged , on <i>this</i> rotation.
1.	COD1 Developing comprehensive treatment/management plans for adult patients	Please refer to the PGY4 Underserved Marginalized Selective Rotation EPA Card for additional details regarding entrustment requirements.
2.	COD4 Developing comprehensive biopsychosocial formulations for patients across the lifespan	
3.	COD8 Integrating the principles and skills of psychopharmacology into patient care	
4.	COD10 Providing teaching to students, residents, public and other health care professionals	

	Other assessments during this rotation	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

2.	COPE Exam (depending on timing of rotation)	COPE Website
3.	COD 2.3 Completion of two successful STACERs [Program PGY4 requirement: 4 Practice STACERs + 2 COD STACERs (practice STACERs not required if resident has completed 2 successful COD STACERs)]	Postgraduate Website

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Apply knowledge of the structural determinants of health (including effects of racism, ableism, homelessness, colonialism, gender identity, poverty, etc.) to patient care, including patient engagement, assessment, formulation and treatment plan	Health Advocate
2.	Identify and engage relevant community resources for diverse communities, and facilitates client and family access to these resources	Leader Health Advocate
3.	Initiate discussion with the client and their supports/family about goals for recovery, strengths, resources, barriers, and challenges using a client-centred approach	Communicator
4.	Synthesize a diagnosis and differential diagnosis, and an approach to diagnostic ambiguity and patient complexity. Creates integrated and collaborative treatment plans. Use psychiatric, psychological, and medical diagnostics and/or investigations appropriately. Manage emergency situations. Documents clinical encounters appropriately.	Medical Expert Communicator
5.	Identify and act to address social determinants of health through micro level clinical advocacy, including by enhancing housing security, immigration status, food security, access to education, etc. Contribute to client income security (i.e., completes an ODSP application, fills in a special diet or mandatory special necessities form, connects a client to a tax clinic, advocates for income supports)	Health Advocate
6.	Reflect on the impact of one's own privilege and role when working with clients as well as teams. Recognize and strive to reduce biases introduced by one's own privilege and social location when working with clients and teams.	Leader
7.	Demonstrate an understanding of some of the municipal, provincial and federal policies impacting health equity, and consider how to implement or advocate for policy change at the meso (clinic/community) and macro (structural) level.	Leader
8.	Demonstrate an ability to develop treatment plans as appropriate for marginalized populations (i.e., due to homelessness, linguistic barriers etc.)	Medical Expert
9.	Demonstrate an ability to work with teams in a way that acknowledges power relations and encourages mutual learning between health providers. Demonstrate an appreciation of the role and contribution of health professional colleagues	Collaborator
10.	Demonstrate cultural safety and cultural competence when engaging patients, families, and their communities in conducting assessment and formulation and providing treatment and interventions.	Medical Expert Communicator

PGY5 (Transition to Practice)

PGY5 Integrated Mental Health Care (IMHC)

FOCUS OF THIS ROTATION

The resident will develop the knowledge, skills and attitudes necessary to act as psychiatric consultant to a community agency or primary care team, integrating collaborator skills to facilitate and support co-management of patients, knowledge exchange, and health system sustainability through resource stewardship and coordination of care.

CBD stage(s) for this rotation:

- TTP

Length of this rotation:

- 12 months longitudinal experience

PGY Level(s) for this rotation:

- PGY5

Locations for rotation:

- Multisite

Required clinical training experiences included in this rotation (from RC RTE document)

- TTP 1.1 Any psychiatric service or practice at a junior consultant level

Other training experiences that may be included in this rotation

- Grand Rounds (once a year)
- Practice STACERs (PGY5 Program Requirement =4 unless 2 COD STACERs successful)
- COD 2.3 Completion of two successful STACERs (if not completed in PGY4)
- TTP 2.1 Formal Instruction during Academic Time
- TTP 1.2 After-hours coverage for psychiatry or one of its subspecialties

EPAs Mapped to this rotation:		Please refer to the Integrated Mental Health Care EPA Rotation Card for additional details regarding entrustment requirements
1.	TTP1-A Managing the clinical and administrative aspects of a psychiatric practice (Practice Management – Patient)	
2.	TTP1-B Managing the clinical and administrative aspects of a psychiatric practice (Practice management – Team)	
3.	TTP2 Supervising junior trainees	
4.	TTP3-A Developing and implementing personalized training experiences geared to career plans or future practice: Developing a Learning Plan	
5.	TTP3-B Developing and implementing personalized training experiences geared to career plans or future practice: Implementing a Training Experience	
6.	TTP3-C Developing and implementing personalized training experiences geared to career plans or future practice: Reflecting On Learning Plan Efficacy	

Other assessments during this rotation:		Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	COPE Exam	COPE Website
3.	If applicable, Practice STACERs (PGY5 Program Requirement = 4 unless 2 COD STACERs successful)	Postgraduate Website
4.	If applicable, 2 COD STACERs in Fall and Spring – if not completed in PGY4	Postgraduate Website

Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...		CanMEDS Role(s):
1.	Provide safe and helpful psychiatric consultation of patients for other healthcare and/or social service providers, including formal and informal consultations that convey rationale and steps to provide evidence-informed care.	Medical Expert

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
2.	Demonstrate an appreciation of and describe patient safety and medico-legal issues for MD consultees and other clinical team members in IMHC and collaborate to ensure safe patient care.	Medical Expert Collaborator
3.	Provide safe and helpful informal (e.g., oral or electronic) case consultations to a colleague in IMHC.	Communicator
4.	Assess team engagement and functioning in their setting, including potential enablers and threats to team functioning as it applies to integrated mental health care, and the role of leadership.	Collaborator Leader
5.	Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care. Navigate difficult conversations about clinical care amongst the IMHC team and affiliate providers effectively.	Collaborator Leader
6.	Negotiate role overlap and shared responsibilities with inter- and intra-professional health care providers for episodic or ongoing patient care.	Collaborator
7.	Identify met and unmet patient, provider, and population needs within the IMHC clinical setting, as well as potential opportunities, enablers, and barriers to change. Advocate effectively for the bio-psycho-social-structural needs of patients and their families within the health care system and community.	Health Advocate
8.	Recognize the key resources, roles, and systems supports necessary for an effective IMHC or collaborative care model and determine which key components are present in their setting. Demonstrate an understanding of the rationale and evidence for different models of integrated mental health care.	Leader
9.	Demonstrate a recognition of how resources (including funding) and practice model influence the available treatment and care resources in their clinical setting. Demonstrate knowledge of principles of resource stewardship informed by evidence. Recommend or allocate health care resources to maximize care while minimizing cost.	Leader

Longitudinal PGY2-5 Call Duties/After Hours Coverage

FOCUS OF THIS ROTATION

Provide safe and patient-focused psychiatric care to a wide range of patients after hours and during periods outside of regular working hours (e.g. after 5 pm on weekdays and on weekends and holidays). During this rotation, residents will perform psychiatric assessments, formulate management plans, and implement appropriate interventions, often to minimize risk through crisis intervention, verbal de-escalation techniques, and the judicious use of chemical and physical restraints.

Assessments and interventions in the after-hours context focuses on practicing in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances in the emergency setting and medical-surgical units. Assessments in this context include consideration of prior emergency visits, medical stability/conditions, the impact of substance use disorders, and the social determinants of mental health. Interventions highlight knowledge and skills in de-escalation, emergency psychopharmacology, interdisciplinary teamwork, disposition planning, and physician-to-physician sign-over of care.

CBD stage(s) for this rotation:

- FOD
- COD
- TTP

Length of this rotation:

- Longitudinal rotation with some experiences during Psychiatry rotations in PGY1 and more formal rotation beginning in PGY2 through PGY5
- Total duration of rotation across PGY2-5 is 4-months
 - Rotation duration is applied to situations where a resident may not be able to participate or has a significant reduction in after-hours/call duties such that principle-based decisions can be made regarding additional blocks of emergency psychiatry during residency training. These decisions are made by the Program Director with input from the Psychiatry Residency Program Committee, Psychiatry Competence Subcommittee (PCS) and/or Resident Assessment and Support Subcommittee (RASC) as needed.

PGY Level(s) for this rotation:

- PGY2-5

Locations for rotation:

Residents are required to complete after hours/call duties at the following approved sites:

- Centre for Addiction and Mental Health (CAMH)
- St. Michael's Hospital (SMH) – Unity Health
- Sunnybrook Health Sciences Centre (SHSC)
- Toronto Western Hospital – University Health Network (UHN)
- Community hospital sites as determined by the Psychiatry Residency Program Committee (PRPC)

Required clinical training experiences included in this rotation (from Psychiatry Training Experiences, Royal College of Physicians and Surgeons of Canada)

Foundations of Discipline:

- FOD 1.1. Clinical Training Experiences: Psychiatry
 - **FOD 1.1.3. Emergency, including after-hrs coverage**
- FOD 2.1 Formal Instruction
 - FOD 2.1.7. Legislation related to medico-legal requirements of mental health care and delivery, including capacity and mandatory reporting
 - FOD 2.1.12. Risk assessment
 - FOD 2.1.13. Safety training, including de-escalation practices
 - FOD 2.1.16 Clinical documentation
 - FOD 2.1.17 Handover

Core of Discipline:

- COD Clinical Training experiences, Psychiatry,
 - 1.1.7. Care of special populations (integrated into other experiences or as discrete experiences), including patients with:
 - COD 1.1.7.1. Addictions
 - COD 1.1.7.2. Forensic history
 - COD 1.1.7.3. Severe mental illness
 - COD 1.1.7.4. Concurrent psychiatric diagnoses
 - COD 1.1.7.5. Developmental disorders, including intellectual disability and autism spectrum disorders
 - **COD1.1.8. After-hours coverage for psychiatry and/or one of its subspecialties, including psychiatry emergency and inpatient unit**
- 2.1. Formal instruction in
 - COD 2.1.9.3. Supervision of junior learners
 - COD 2.1.11. Legislation related to mental health care, including mandatory and discretionary reporting
- Other training experiences:
 - COD 2.2. Supervision of junior learners

Transition to Practice:

- TTP Clinical Training Experiences,
 - TTP 1.1. Any psychiatric service or practice at a junior consultant level
 - **TTP 1.2. After-hours coverage for psychiatry or one of its subspecialties**
- TTP 2.1. Formal Instruction in
 - 2.1.5. Management of adverse events, including patient suicide (if not completed in Core)
 - 2.1.7. Practice management

Recommended clinical training experiences included in this rotation

- FOD - N/A
- COD 3.1. Psychiatry
 - COD 3.1.3. Emergency psychiatry
- COD 4.2. Formal instruction in
 - COD 4.2.3. Management of adverse events, including patient suicide
 - COD 4.2.5. Regulatory college complaints policies and processes

Optional clinical training experiences included in this rotation

- FOD 6.2. Management of adverse events, including patient suicide
- COD N/A

Other training experiences that may be included in this rotation

- Academic Half Day PGY1-5
- Team rounds

	EPAs Mapped to this rotation
1.	FOD4 Performing RISK ASSESSMENTS that inform the development of an acute safety plan for patients posing risk for harm to self or others
2.	COD5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan (EMERGENCIES)
3.	COD9 Applying relevant legislation and LEGAL principles to patient care and clinical practice
4.	TTP 1B Managing the clinical and administrative aspects of a psychiatric practice: working with the team (PRACTICE MANAGEMENT - TEAM)
5.	TTP2 SUPERVISING junior TRAINEES

	Other assessments during this rotation:	Tool Location / Platform
1.	Call Feedback Tool/Form	TBD – pilot in 2026
2.	COPE (Coordinators of Psychiatric Education) Exam	Delivered in fall of every academic year

	Key Objectives for this Rotation	CanMEDS Role(s):
1.	Perform and document trauma-informed emergency psychiatry assessments with attention to medical stability and risk assessment in the after-hours/limited resource context.	Medical Expert, Communicator
2.	Address safety issues unique to the after-hours/on call setting including personal, patient, family, and other healthcare professionals.	Medical Expert, Leader
3.	Recognize clinical acuity (including risk for escalation) and prioritize safety, whilst balancing competing demands (disposition, flow) in the after-hours setting.	Medical Expert, Leader
4.	Assess and manage agitated patients, including trauma-informed verbal de-escalation and escalation of restraint, with implementation of least-restraint policies.	Medical Expert
5.	Apply mental health and capacity legislation in an emergency department of a schedule 1 facility.	Medical Expert
6.	Work within an interprofessional team to effectively integrate diverse perspectives and prevent, negotiate, and resolve conflict.	Collaborator, Leader, Professional
7.	Integrate the social/structural determinants of mental health (e.g. homelessness, food insecurity, marginalization, discrimination, access to resources) into emergency room assessments, including advocacy and collaboration with other healthcare professionals (community workers, social work involvement).	Health Advocate, Collaborator
8.	Recognize the limits of our expertise and appropriately engage with other services (e.g. medicine, referral to general hospital) toward safe care coordination and disposition.	Communicator, Leader
9.	Elicit and synthesize information and perspectives of patients, caregivers, colleagues, and other healthcare professionals to handover relevant clinical information.	Medical Expert, Collaborator
10.	Exhibit self-awareness and manage influences on personal well-being and professional performance through: -attending to personal wellness and fatigue risk management in an after-hours or under-resourced setting -demonstrating professional behaviours including reliability and responsibility in fulfilling assigned on-call duties, and appropriately informing colleagues when coverage is needed for illness or other unexpected events	Professional

Other: Please note the following with regards to call duties, often referred to as “shifts” – the term “shifts” in the PARO (Professional Association of Residents of Ontario) collective agreement refers to a specific context:

For shift based services, such as Emergency Medicine, [Article 16.5](#) of the Collective Agreement outlines that the maximum duty hours for a shift based service are that work hours (including rounds, shifts and any education) cannot exceed 60 hours per week, residents must have at least 12 hours off between each shift and residents must be provided with two complete weekends off per block.

For call-based services residents work clinic hours 5 days a week in addition to call, which entitles them to a call stipend for any time worked beyond that 'regular clinical day'.

Psychiatry residents work clinic hours 5 days per week and then have after hours coverage/call duties at call-based services across our partner hospital sites.

As such, Article 16.5 of the PARO collective agreement does not apply to call duties in the General Psychiatry Residency Program.