



**Rotation Plan & Safety Review Form**  
**(Return completed form to Local Site Education Coordinator)**

Education Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Name, PGY Level: \_\_\_\_\_

Rotation: \_\_\_\_\_ Hospital: \_\_\_\_\_

The implementation of Rotation-Specific Educational Objectives for all rotations in Psychiatry is mandated by the Royal College of Physicians and Surgeons of Canada. Please review the educational objectives, as outlined in the **Psychiatry Rotation Plans booklet**, with your supervisor at the commencement of your rotation.

<input type="checkbox"/> I have reviewed the rotation plan with my resident <input type="checkbox"/> I have reviewed the ITAR/ITER from my resident's previous rotation <input type="checkbox"/> I have discussed any special electives/events/committees my resident is involved with during the rotation that may take away from core rotation time <input type="checkbox"/> I understand that EPAs are to be completed during this rotation and that both residents and supervisors can initiated these via <a href="#">Elentra</a>	  Name of Resident
Supervisor's Name	
Supervisor's Signature	

<input type="checkbox"/> I have reviewed the rotation plan with my supervisor <input type="checkbox"/> I have reviewed curricular days with my supervisor <input type="checkbox"/> 2022-2023 only, PGY3 CSP & PGY4: I have notified my supervisor re: ½ day PLEX <input type="checkbox"/> I know where I can access program documents on the <a href="#">departmental website</a> <input type="checkbox"/> I know where I can access schedules and other important documents on <a href="#">Quercus</a> <input type="checkbox"/> I have reviewed with my supervisor accommodations confirmed via the <a href="#">Office of Learner Affairs (OLA)</a>	  Name of Supervisor
Resident's Name	
Resident's Signature	
Date (mm/dd/yyyy)	

## Review of Safety

The Psychiatry Residency Program Committee and Safety Sub-Committee view safe resident clinical practice during a rotation to be a shared responsibility of the resident, the supervisor and the postgraduate education site coordinator. Residents should aim to have key safety issues reviewed and this form completed within 2 days of starting a new clinical rotation. If residents start their rotations late and/or miss their hospital site orientation, they have a responsibility to plan in advance to have their safety orientation set up to take place as soon as possible after they begin their rotation.

I hereby confirm that my supervisor and I have reviewed and discussed together seven important aspects of safety pertaining to my current training site and/or they have been reviewed at the site orientation with the postgraduate coordinator at my site.

Issues that were discussed include (please check off):

- Code White procedures at this site
- Use of relevant safety alarms at this site (e.g. personal, desk, interview room etc.)
- How to access urgent assistance at this training site when needed
- Safe interviewing procedures for this rotation
- Risk assessment principles and techniques for this rotation
- Specific areas within my training site where extra caution must be taken (e.g. Interview rooms at a further distance from the nursing station, non-psychiatric settings where psychiatric assessments may be requested such as medical or surgical floors etc.)
- Mandatory requirement that PGY-1 and 4 residents complete centrally organized TIDES (Trauma-Informed De-escalation Education for Safety and Self-Protection) training within the first six months of the academic year (July-Dec term)
- Review of [Department of Psychiatry Resident Safety Guidelines](#) (updated November 2020)

Name of Resident \_\_\_\_\_ PGY-level \_\_\_\_\_

Signature of Resident \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ date (mm/dd/yyyy) \_\_\_\_\_

Name of Postgraduate Site Director \_\_\_\_\_

Signature of Postgraduate Site Director \_\_\_\_\_ date (mm/dd/yyyy) \_\_\_\_\_

Revised: 21-Jun-22