



### Rotation Plan & Safety Review Form

**(Return completed form to Local Site Education Administrator)**

Education Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

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

Rotation: \_\_\_\_\_ Site: \_\_\_\_\_

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.

**We have reviewed/discussed the following:**

- the rotation plan (see booklet above)
- the ITAR from the resident’s previous rotation
- any curricular days/special electives/events/ committees the resident is involved with during the rotation
- feedback and assessment
- [EPAs to be completed during this rotation](#) (both residents and supervisors can initiate these via [Elentra](#))
- mid-rotation and end-of-rotation feedback meetings
- protected time for psychotherapy requirements (approximately 4-6 hours per week)
- Clinician Scientist and Scholar Program Residents: CSP half day
- where to access program documents on the [departmental website](#)
- where to access core teaching schedules and curriculum-related materials on [Quercus](#)
- if applicable, any accommodations confirmed via the [Office of Learner Affairs \(OLA\)](#)

**Review of Safety**

I hereby confirm that my supervisor and I have reviewed and discussed the following (please check off):

- [10/10 Safety Checklist](#)
- [Safety Guidelines for the General Psychiatry Residency Program](#) with special attention to elements relevant to the current rotation
- 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-December)

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) \_\_\_\_\_