



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/ER 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)
- ☐ 2022-2023 only, PGY3 CSP & PGY4 PLEX ½ 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) _____