

PGY1 SAMPLE LEARNER SCHEDULE FOR PSYCHIATRY														
BLOCK #	1	2	3	4	5	6	7	8	9	10	11	12	13	2 to 13
2021-2022 Dates	Jul 1-Aug 1	Aug 2-Aug 29	Aug 30–Sep 26	Sep 27–Oct 24	Oct 25–Nov 21	Nov 22-Dec 19	Dec 20-Jan16	Jan 17-Feb 13	Feb 14-Mar 13	Mar 14-Apr 10	Apr 11-May 8	May 9-Jun 5	Jun 6-Jun 30	Aug 2- Jun 30
CBD STAGE	Transition to Discipline (TTD)													
ROTATION ¹ (Sites)	Springboard (MSH, SMH, SHSC, UHN)	Underserved Marginalized Selective (Multi site)	Psychiatry Emergency (Home site ² , SJHC, SMH, SHSC, UHN)	Psychiatry Emergency (CAMH) ³	Consultation Liaison (MSH, SJHC, SMH, SHSC, UHN)	PLEX [Clinical/Research] (Multi site)	Family Medicine (CAMH) or Pediatrics (HSC)	General Internal Medicine-CTU (MSH, SJHC, SMH, SHSC, UHN)	General Neurology (MSH, SMH, SHSC, UHN)	Behavioural Neurology (SHSC)	Emergency Medicine (MSH, SJHC, SMH, SHSC, UHN)	Palliative Care (MSH, SMH, SHSC, UHN)	LAE1 ⁴ (CAMH, MSH,SJHC, SMH, SHSC, UHN, WCH)	
ASSESSMENTS View PGY1 EPA Rotation Cards View PGY1 EPA Map View Overall EPA Requirements Generally residents should aim to attempt at least 1 EPA a week, and 1 every other week during LAE1. ⁵	PRIORITY EPAs TTD1 TTD2 Other ITAR ⁶	PRIORITY EPAs FOD2 FOD3 FOD4 Other ITAR AS ABLE EPAs TTD1 TTD2	PRIORITY EPAs FOD4 Other ITAR; Self-Reflection Form ⁷ COPE Exam ⁸ AS ABLE EPAs TTD1 TTD2 FOD2 FOD3		PRIORITY EPAs FOD1 FOD2 FOD3 FOD4 FOD5 Other ITAR AS ABLE EPAs TTD1 TTD2	PRIORITY EPAs Applicable FOD EPAs Other ITAR AS ABLE EPAs TTD1 TTD2	PRIORITY EPAs FOD1 Other ITAR	PRIORITY EPAs FOD1 FOD5 Other ITAR AS ABLE EPAs TTD2	PRIORITY EPAs FOD1 FOD5 Other ITAR; Self-Reflection Form (see footnote 5);	PRIORITY EPAs FOD1 Other ITAR AS ABLE EPAs FOD5		PRIORITY EPAs FOD1 Other ITAR	PRIORITY EPAs TTD1 TTD2 Other ITAR AS ABLE EPAs FOD2 FOD3 FOD4	
REQUIRED TRAINING EXPERIENCES View the Royal College Training Experiences document	Clinical TTD 1.1 Any psychiatric clinical setting and/or simulated psychiatry experience	Clinical (may include) FOD 1.1.1 Adult inpatient FOD 1.1.2 Adult outpatient FOD 1.5.2 Community psychiatry FOD 1.1.3 Emergency, including after hours coverage	Clinical FOD 1.1.3 Emergency, including after hours coverage		Clinical FOD 1.5.3 Consultation Liaison FOD 1.1.3 Emergency, including after hours coverage	Clinical FOD 1.1 Psychiatry FOD 1.1.3 Emergency, including after hours coverage	Clinical FOD 1.2 Medical inpatient service FOD 1.5.4 Family Medicine or FOD 1.5.8 Pediatrics	Clinical FOD 1.5.5 General Internal Medicine or other medical subspecialty FOD 1.2 Medical inpatient service FOD 1.2.1 After hours coverage of the medical service	Clinical FOD 1.3 Neurology	Clinical FOD 1.3 Neurology May include: FOD 1.5.6 Geriatric Medicine	Clinical FOD 1.4 Emergency Medicine FOD 1.2.1 After hours coverage of the medical service	Clinical FOD1.5.7 Palliative care	Clinical FOD 1.1.1 Adult outpatient FOD 5.3 Longitudinal psychiatry clinic	

¹ Rotation order shown is a **sample**. All PGY1s in Psychiatry have 1 month of Springboard in July but the following rotations may appear in a different sequence. **Grey shaded rotations** = on-service/psychiatry rotations.

² MSH does not have a home Psych ER service. MSH home-site residents complete both Psychiatry ER rotations at CAMH.

³ All residents complete one Psych ER block at CAMH in addition to Psych ER at their homesite.

⁴ **LAE1** = Longitudinal Ambulatory Experience 1 is a once a week, half-day experience in PGY1. Timing and day of the week will depend on LAE site.

⁵ **EPAs**: PGY1s are encouraged to attempt at least 1 EPA per week during a core rotation, and 1 every other week in the LAE. During your off-service rotation, aim to complete 1 per off-service block. Residents can always do more if you can.

⁶ **ITAR**: In-Training Assessment Reports are the end-of-rotation assessment reports and are completed by the resident's primary assessor via POWER.

⁷ **Self-Reflection Form**: This is a mandatory requirement and residents will be asked to submit this prior to each Psychiatry Competence Subcommittee review. This is typically done in Oct & Apr. Residents will be notified ahead of time when this is required.

⁸ **COPE Exam** is offered once a year and has typically occurred in the Fall but the timing of the exam is subject to change.

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CBD STAGE	Transition to Discipline (TTD)			Foundations of Discipline (FOD)										
ROTATION ¹ (Sites)	Springboard (MSH, SMH, SHSC, UHN)	Underserved Marginalized Selective (Multi site)	Psychiatry Emergency (Home site ² , SJHC, SMH, SHSC, UHN)	Psychiatry Emergency (CAMH) ³	Consultation Liaison (MSH, SJHC, SMH, SHSC, UHN)	PLEX [Clinical/Research] (Multi site)	Family Medicine (CAMH) <u>or</u> Pediatrics (HSC)	General Internal Medicine-CTU (MSH, SJHC, SMH, SHSC, UHN)	General Neurology (MSH, SMH, SHSC, UHN)	Behavioural Neurology (SHSC)	Emergency Medicine (MSH, SJHC, SMH, SHSC, UHN)	Palliative Care (MSH, SMH, SHSC, UHN)	LAE1 ⁴ (CAMH, MSH,SJHC, SMH, SHSC, UHN, WCH)	
OTHER TRAINING EXPERIENCES ⁹	ACLS BCLS TIDES	AHD LAE Meet with Coach ¹⁰	AHD LAE	AHD LAE Meet with Coach	AHD LAE	AHD LAE Meet with Coach	AHD LAE	AHD LAE Meet with Coach	AHD LAE	AHD LAE	AHD LAE Meet with Coach	AHD LAE	AHD LAE Meet with Coach	
PSYCHIATRY COMPETENCE SUBCOMMITTEE (PCS) KEY DATES ¹¹				Data cut: Oct 24, 2021	PCS Review: November 18, 2021					Data cut: Apr 10, 2022		PCS Review: May (date TBD)		

⁹ **AHD = Academic Half Day** occurs Wednesday mornings from 9am to 12pm. For simplicity, we are including the PGY1 Psychodynamic Seminar Series under this umbrella as it also occurs on Wednesdays usually either before or after 9-12 teaching (timing is site-dependent). For more details, refer to PGY1 Core Curriculum Schedule on [Quercus](#) > PGY1-5 Schedules and Documents > Curriculum Schedules

¹⁰ **Coaching:** Each resident is assigned a CBD Coach. The program recommends residents connect with their coach q2months i.e. August, October, December, February, April, and June. The frequency of meetings can be titrated up or down based on the needs of the resident. The purpose of these meetings is to help the resident navigate any issues within the program, to review assessment data such as ITARs, EPAs, etc., and to help the resident make connections in areas of interest.

¹¹ The **Psychiatry Competence Subcommittee (PCS)** meets twice a year in the Fall and Spring to review resident progress in the program. Prior to each review, we will collect various assessment data including ITARs, EPAs, Self-Reflection form, etc.