



Psychiatry
UNIVERSITY OF TORONTO

**PGY1-2 Rotation Plans
&
PGY3-5 Rotation-Specific
Educational Objectives Booklet
2021-2022**

Postgraduate Education
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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 and Rotation-Specific Educational Objectives & Safety Review Form](#). Completed forms should be submitted to the Postgrad Office (postgradoffice.psych@utoronto.ca).

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

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

CanMEDS roles developed out of a project of the Royal College of Physicians and Surgeons of Canada in 1996 to provide an educational framework for physician competencies. It was subsequently revised in 2005. The CanMEDS roles were created by physicians in response to challenges in contemporary health care and were based on evidence and oriented to societal needs. Further information about CanMEDS Roles please visit the Royal College website: <https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>

Why is the layout of the objectives different for some rotations?

PGY1-2 rotations, the PGY3 SPMI, PGY4 Inpatient and Addictions Psychiatry rotations will have the “Rotation Plan” format. In addition, the end of rotation assessment forms for these rotations are now ITARs (In-Training Assessment Report) rather than the traditional ITERs (In-Training Evaluation Report).

For 2021-2022, PGY3-5 rotations (with the exception of the above rotations) will continue to have the traditional list of rotation-specific educational objectives defined under the CanMEDS roles. Residents will continue to receive an ITER at the end of the rotation for these rotations.

By the launch of 2022-2023 academic year, all of our rotations from PGY1-5 will be in the same rotation plan format and all residents will receive an ITAR at the end of each rotation.

What is a rotation plan?

The rotation plan replaces the goals and objectives for those rotations that have a rotation plan. 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 the rotation
- corresponding CBD stage
- 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 half days
- 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 COD2 Child and Adolescent specific EPA should be done during the PGY2 Child and Adolescent Psychiatry rotation.
- Other assessments during the rotation: all rotations with a rotation plan will require 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!

The following pages outlines the training objectives for your PGY1 rotations. The Royal College of Physicians and Surgeons of Canada mandate the training that you must receive in order to be recognized as a specialist in psychiatry in Canada.

What is the 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.

Which Rotations Do I Complete in the PGY1 Year?

PGY1 Psychiatry residents will complete the following 13 rotations:

Springboard	1 block (July)
Behavioural Neurology	1 block
Consultation Liaison Psychiatry	1 block
Emergency Medicine	1 block
Family Medicine or Developmental Pediatrics	1 block
General Internal Medicine	2 consecutive blocks
General Neurology	1 block
Palliative Care	1 block
Personalized Learning Experience (PLEX) Clinical or Research ¹	1 block
Psychiatry Emergency – CAMH-ER	1 block
Psychiatry Emergency – home site ²	1 block
Underserved Marginalized Selective	1 block

How do I organize my PLEX? You will meet in the summer or early fall with your coach who will help you to sort out opportunities that will meet your individual learning needs. Residents can contact the Program Director or Associate Program Director as needed.

How much time can I spend doing research? Research can be the focus of up to 2 months of training. You will need to complete an application form to spend your time doing research. The form is available on the [Department's website](#).

Why Are There Key Objectives for Training?

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 should be tailored to meet your individual learning needs and career goals.

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

PGY1 Springboard

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 "Springboard". The Springboard month is a hybrid interactive lecture and clinical month to get oriented to the residency program, and complete Wellness, ACLS, and TIDES (trauma-informed de-escalation safety and self-protection) training.

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 Springboard 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 Springboard activities	Medical Expert
2.	Describe the roles of the key players and colleagues in the department	Collaborator

PGY1 Behavioural Neurology

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
- Longitudinal Ambulatory Experience (LAE)

	EPAs Mapped to this rotation:	Please refer to the PGY1 Behavioural 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.	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
- Longitudinal Ambulatory Experience (LAE)

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 (AHD)
- Longitudinal Ambulatory Experience (LAE)

	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

- AHD
- Longitudinal Ambulatory Experience (LAE)

	EPAs Mapped to this rotation:	Please refer to the PGY1 Family Medicine or Developmental Paediatrics 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

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
3.	Construct an appropriately thorough differential diagnosis that is congruent with the data generated by the history and physical.	Medical Expert
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

- AHD
- Longitudinal Ambulatory Experience (LAE)
- Daily education session as part of internal medicine (i.e. noon conference)

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

- AHD
- Longitudinal Ambulatory Experience (LAE)

	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

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
4.	Recognize the role for, and general interpretation of, common neurophysiologic tests (e.g. EEG, EMG/NCs, Evoked potentials).	Medical Expert
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

Longitudinal Ambulatory Experience 1

FOCUS OF THIS ROTATION

The focus of this rotation is to develop basic knowledge, skills and attitudes necessary for longitudinal ambulatory practice in Psychiatry. LAE 1 will focus on developing an approach to outpatient psychiatric assessment and management, including longitudinal care and practice management.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 12 months

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

- AHD

EPAs Mapped to this rotation:		Please refer to the PGY1 Longitudinal Ambulatory Experience 1 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

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
2.	Routinely assess risk, integrating information from the interview, mental status and collateral sources.	Medical Expert
3.	Complete timely, thorough and safe consultation and progress notes.	Communicator
4.	Listen effectively and attends to non-verbal cues displaying respectful, curious and non-judgemental stance with patient and family members.	Communicator
5.	Effectively work with each patient's professional supports with consideration of issues of confidentiality, privacy and autonomy.	Collaborator
6.	Effectively prioritize clinical, educational, and personal demands.	Leader
7.	Present a rationale for the recommended level of care (e.g., primary care, specialty care, case management etc.) for each patient.	Leader Medical Expert
8.	Develop organizational skills that allow for timely completion of tasks associated with ambulatory care (maintenance of complete medical records, as well as appropriate responses to patient voicemail or other communications with patients between appointments). Effectively and clearly liaise with supervisor regarding the above, especially where joint care occurs.	Collaborator

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

- AHD
- Longitudinal Ambulatory Experience (LAE)

	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
- 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

- AHD (Academic Half Day)
- Longitudinal Ambulatory Experience (LAE)

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 Selective

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:

- CAMH
- MSH
- SMH
- St. Joseph's Health Care London Operational Stress Injury Clinic, GTA Office
- Surrey Place

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

- AHD (Academic Half Day)
- Longitudinal Ambulatory Experience (LAE)

	EPAs Mapped to this rotation:	Please refer to the PGY1 Underserved Marginalized 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

	Key Objectives for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
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
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 and PGY2 (Foundations of Discipline)

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
- PGY2: 2 months

PGY Level(s) for this rotation:

- PGY1, PGY2

Locations for rotation:

- Baycrest - BCH
- Centre for Addiction and Mental Health – CAMH
- George Hull Centre for Children and Families – GHCCF
- Hospital for Sick Children – HSC
- Humber River Regional Hospital – HRRH
- Michael Garron Hospital – MGH
- Mount Sinai Hospital – MSH
- North York General Hospital (NYGH)
- Ontario Shores Centre for Mental Health Sciences – OSCMHS
- Sick Kids Centre for Community Mental Health – SCCMH
- St. Joseph's Health Centre – SJHC
- St. Michael's Hospital – SMH
- Sunnybrook Health Sciences Centre – SHSC
- Surrey Place – SURP
- Trillium Health Partners – THP
- University Health Network – TGH or TWH
- Women's College Hospital – WCH
- Youthdale Treatment Centres – YTC
- Waypoint Centre for Mental Health Care – WCMHC

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)

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

- AHD
- FOD 5.3 Longitudinal Psychiatry Clinic
- **For PGY2s:** FOD 2.2 Completion of one successful structured assessment of a clinical encounter (STACER)
(Program PGY2 Requirement: 4 Practice STACERS + 1 General STACER)

EPAs Mapped to this rotation:		Please refer to the PGY1-2 PLEX Clinical Rotation EPA Card for additional details regarding entrustment requirements.
1.	For PGY1 only: TTD 1 Obtaining a psychiatric history to inform the preliminary diagnostic impression for patients presenting with mental disorders	
2.	For PGY1 only: 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.	For PGY2s: FOD 2.2 Completion of one successful STACER (Program PGY2 requirement: 4 practice STACERs + 1 general STACER)	POSTGRADUATE WEBSITE
3.	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
6.	Applies the Mental Health or Child Care Legislation appropriately.	Medical Expert
7.	Establishes a therapeutic relationship with patients and communicates well with families. Provide 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

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
- PGY2: 2 months

PGY Level(s) for this rotation:

- PGY1, PGY2

Locations for rotation:

- Baycrest - BCH
- Centre for Addiction and Mental Health – CAMH
- George Hull Centre for Children and Families – GHCCF
- Hospital for Sick Children – HSC
- Humber River Regional Hospital – HRRH
- Michael Garron Hospital – MGH
- Mount Sinai Hospital – MSH
- North York General Hospital (NYGH)
- Ontario Shores Centre for Mental Health Sciences – OSCMHS
- Sick Kids Centre for Community Mental Health – SCCMH
- St. Joseph's Health Centre – SJHC
- St. Michael's Hospital – SMH
- Sunnybrook Health Sciences Centre – SHSC
- Surrey Place – SURP
- Trillium Health Partners – THP
- University Health Network – TGH or TWH
- Women's College Hospital – WCH
- Youthdale Treatment Centres – YTC
- Waypoint Centre for Mental Health Care – WCMHC

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

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

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

- AHD
- FOD 5.3 Longitudinal Psychiatry Clinic
- **For PGY2s:** FOD 2.2 Completion of one successful structured assessment of a clinical encounter (STACER)
(Program PGY2 Requirement: 4 Practice STACERS + 1 General STACER)

EPAs Mapped to this rotation:		Please refer to the PGY1-2 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.	For PGY2s: FOD 2.2 Completion of one successful STACER (Program PGY2 requirement: 4 practice STACERs + 1 general STACER)	POSTGRADUATE WEBSITE
3.	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.	Undertake analyses independently, 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

PGY2 (Foundations of Discipline)

PGY2 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:

- FOD

Length of this rotation:

- 2 months

PGY Level(s) for this rotation:

- PGY 2

Locations for rotation:

- CAMH, SMH, SHSC

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

- 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).

- Structured Academic Curriculum
- Grand Rounds (once a year)
- FOD 2.2 Completion of one successful structured assessment of a clinical encounter (STACER) (Program PGY2 Requirement: 4 Practice STACERS + 1 General STACER)
- FOD 5.3 Longitudinal psychiatry clinic

	EPAs Mapped to this rotation:	Please refer to the PGY2 Addictions 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 5 Performing critical appraisal and presenting psychiatric literature	

	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 general 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.	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.	Develop 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.	Elicits collateral where appropriate, and integrates 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

PGY2 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:

- FOD

Length of this rotation:

- 4 months

PGY Level(s) for this rotation:

- PGY 2

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)

- FOD 5.1 Child and Adolescent Psychiatry
- COD 1.1.2 Child and/or adolescent psychiatry
- FOD 1.1.3 Emergency, including after-hours coverage

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)

- Structured Academic Curriculum
- Grand Rounds (once a year)
- FOD 2.2 Completion of one successful structured assessment of a clinical encounter (STACER) (Program PGY2 Requirement: 4 Practice STACERS + 1 General STACER)
- FOD 5.3 Longitudinal psychiatry clinic

	EPAs Mapped to this rotation:	
1.	FOD 1 Assessing, diagnosing, and participating in the management of patients with medical presentations relevant to psychiatry	Please refer to the PGY2 Child and Adolescent Psychiatry 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.	COD 2 Performing psychiatric assessments and providing differential diagnoses and management plans for children and youth	
6.	COD 4 Developing comprehensive biopsychosocial formulations for patients across the lifespan	
7.	COD6-A Integrating the principles and skills of psychotherapy into patient care	
8.	COD6-C Applying and integrating psychotherapeutic skills in general psychiatric care	
9.	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
2.	COPE Exam	COPE Website
3.	FOD 2.2 Completion of one successful STACER [Program PGY2 requirements: 4 practice and 1 general. No practice STACERs during Child rotation but General STACER could be scheduled during Child rotation]	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

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:

- 4 months

PGY Level(s) for this rotation:

- PGY 2

Locations for rotation:

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

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)

- Structured Academic Curriculum
- Grand Rounds (once a year)
- 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 General 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 general 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

PGY2 and PGY3

Longitudinal Ambulatory Experience (LAE) 2 and 3

FOCUS OF THIS ROTATION

The focus of this rotation is to develop core knowledge, skills, and attitudes necessary for longitudinal ambulatory practice in Psychiatry with a mix of low-to-high complexity patients. LAE 2 will focus on honing an approach to psychiatric assessment, biopsychosocial formulation, and provision of comprehensive psychiatric management.

CBD stage(s) for this rotation:

- FOD, COD

Length of this rotation:

- 24 months

PGY Level(s) for this rotation:

- PGY2, PGY3

Locations for rotation:

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

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

- FOD 1.1.1 Adult outpatient
- FOD 5.3 Longitudinal psychiatry clinic
- COD 1.1.6 Longitudinal patient care, including patients with severe mental illness

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

- Formal learning
- Grand Rounds (once a year)
- FOD 2.2 Completion of one successful structured assessment of a clinical encounter (STACER) (Program PGY2 Requirement: 4 Practice STACERS + 1 General STACER)
- Practice STACERS (PGY3 Program requirement: 6 Practice STACERS)

	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 PGY2-3 Longitudinal Ambulatory Experience Rotation EPA Cards 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.	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	

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
4.	ITAR	POWER
5.	FOD 2.2 Completion of one successful STACER (PGY2 Annual requirements: 4 practice + 1 general)	POSTGRADUATE WEBSITE
6.	COD 2.3 Completion of two successful STACERs (PGY4 requirement: 8 STACERs = 6 x Practice, 2 x Exit; practice STACERs are unnecessary if 2 Exit STACERs are successful)	POSTGRADUATE WEBSITE
7.	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 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
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
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

PGY3 (Foundations and Core of Discipline)

PGY3 Geriatric Psychiatry

MEDICAL EXPERT

I. Knowledge: Demonstrates an effective level of clinical knowledge and understanding of the following topics in the geriatric population:

- a) The resident should be able to identify the differences in the etiology, symptoms and course of illness of the presentation of major psychiatric disorders in the geriatric population
- b) The resident should become knowledgeable about the pathophysiology and subtypes of neurocognitive disorders, how to make a diagnosis of major and minor neurocognitive disorders, and how to distinguish between major neurocognitive disorder and delirium
- c) The resident will be able to describe the approach to treatment of neurocognitive disorders including treatment of cognition and responsive behaviours
- d) The resident will have an understanding of when to report concerns related to driving to the Ministry of Transportation and how to manage concerns related to driving
- e) The resident should be able to describe how the diagnostic formulation integrates psychiatric, social, and medical features in the elderly
- f) The resident should develop an understanding of normal and abnormal development:
 - Psychological aspects of aging
 - i. Developmental theories
 - ii. Cognitive function
 - Social aspects of aging
 - i. Attitudes and ageism
 - ii. Economic issues
 - iii. Support systems/networks
 - iv. Models of housing supports (e.g., long term care, retirement homes, group homes etc.)
 - v. Caregiver issues
 - vi. Elder abuse
 - vii. Sexuality
 - Biological aspects of aging; age related changes in sensory systems and drug handling
- g) Psychopharmacology and somatic therapies (ie ECT) including cognitive enhancers, treatment of delirium and the different prescribing approaches for older adults
- h) Cultural/ethnic/gender theoretical, clinical and therapeutic issues
- i) Community resources with respect to dementia (eg Alzheimer's Society), elder abuse (Advocacy Centre for the Elderly), LHIN services, public guardian and trustee
- j) Psychotherapeutic constructs specific to the elderly particularly bereavement, loss, transitions, caregiver burden
- k) Capacity to manage finances, make personal care decisions, consent to admission to long-term care, give power of attorney, make a will, consent to treatment
- l) The resident will have an understanding of issues related to medical assistance in dying (MAID) as it pertains to the geriatric population, end of life care (end of life decisions, palliative care principles in the elderly)

1. Clinical Skills: Demonstrate the general ability to assess, diagnose and treat the full range of psychiatric disorders in the geriatric population and in all clinical contexts. By the end of the rotation, residents will be able to:

- a) Conduct and organize an appropriate interview and exam, including developing rapport, assessing mental status and cognition, assessing functional status (ADLs, IADLs), and medical/neurological assessment as indicated
- b) Conduct and organize an interview with a collateral informant/family member
- c) Perform an appropriate family assessment to develop an understanding of family dynamics and systems
- d) Synthesize a provisional and differential diagnosis
- e) Integrate and present a bio-psycho-social understanding/formulation in geriatric psychiatric cases
- f) Develop and implement an integrated bio-psycho-social treatment plan including:
 - a. Use psychiatric, psychological, medical and imaging investigations for assessment and treatment planning
 - b. Make appropriate referrals to other professionals and community resources
 - c. Assess suitability for appropriate psychological treatment, social and environmental interventions, psychopharmacological treatment and somatic therapies

COMMUNICATOR

Residents will have demonstrated the following abilities:

- a) Communicate effectively with patients with language, sensory, cognitive, or cultural barriers
- b) Written notes should be concise without losing completeness, timely, and medico-legally appropriate (e.g. document informed consent)
- c) Discuss appropriate information with the health care team
- d) Convey to patient and family an accurate, clear, coherent and timely account of the diagnosis, treatment plans and prognosis in all clinical cases
- e) Convey pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats

COLLABORATOR

Residents will have demonstrated the following:

- a) Consult effectively with other physicians and health care professionals
- b) Contribute to interprofessional team activities
- c) Ability to work collaboratively with other members of the health care team - recognizing their roles and responsibilities
- d) Effectiveness in transfer of care to other health care professionals
- e) Collaborate effectively with patients, families/caregivers in setting care goals, shared decision making

LEADER

Residents will be able to demonstrate the following skills as they pertain to geriatric psychiatry:

- a) Understand and make effective use of information technology to optimize patient care, life long learning and other activities
- b) Ability to direct patients to further assessments or relevant community resources with an appreciation of cost effectiveness and the growing geriatric population
- c) Set realistic priorities and use time effectively in order to optimize professional performance consistent with personal/professional goals and obligations

HEALTH ADVOCATE

Residents will be able to demonstrate:

- a) Ability to identify and understand the determinants of health affecting geriatric patients and communities, recognizing and responding to those issues where advocacy is appropriate for the patient or community

SCHOLAR

Residents will be able to demonstrate the following as they pertain to geriatric psychiatry:

- a) An understanding of and a commitment to the need for continuous learning; development, implementation and monitoring of a personal and continuing medical education strategy
- b) Skills in critical appraisal of medical information and successful integration of information from a variety of sources
- c) Facilitation of the learning of patients, students, residents, and other healthcare professionals through guidance, teaching and constructive feedback

PROFESSIONAL

Residents will be able to:

- a) Demonstrate integrity, honesty, compassion and respect for diversity when working with elderly patients and their families
- b) Demonstrate a realistic, hopeful, and anti-ageist attitude toward the care of the elderly
- c) Fulfill medical, legal and professional obligations of the psychiatrist
- d) Engage in collaborative and respectful patient relationships that demonstrate gender, cultural and spiritual awareness
- e) Demonstrate responsibility, dependability, self-direction, and punctuality
- f) Accept and use supervision and feedback in a constructive manner
- g) Demonstrate awareness of personal limitations

EPAs Mapped to Rotation:

Below are the suggested EPAs to be completed on this rotation. Residents are encouraged to attempt other COD EPAs that fit the clinical setting.

EPAs Mapped to this rotation:		Please refer to the PGY3 Geriatric Psychiatry Rotation EPA Card for additional details regarding entrustment requirements.
1.	COD3 Performing psychiatric assessment, and providing differential diagnoses and management plans for older adults	
2.	COD4 Developing comprehensive biopsychosocial formulations for patients across the lifespan	
3.	COD5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan	
4.	COD6-A 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.	COD7-A Integrating the principles and skills of neurostimulation into patient care: Suitability	
7.	COD7-B Integrating the principles and skills of neurostimulation into patient care: Delivery	
8.	COD8 Integrating the principles and skills of psychopharmacology into patient care	
9.	COD9 Applying relevant legislation and legal principles to patient care and clinical practice	
10.	COD10 Providing teaching to students, residents, public and other health care professionals	

PGY3 Severe and Persistent Mental Illness (SPMI)

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:

- 3 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)
- Longitudinal Ambulatory Experience (LAE)
- Grand Rounds (once a year)
- Practice STACERS (Program requirement is 6 Practice STACERS in PGY3)

	EPAs Mapped to this rotation:	Please refer to the PGY3 SPMI Rotation EPA Card for additional details regarding entrustment requirements.
11.	COD1 Developing comprehensive treatment/management plans for adult patients	
12.	COD5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan	
13.	COD7-A Integrating the principles and skills of neurostimulation into patient care: Suitability	
14.	COD8 Integrating the principles and skills of psychopharmacology into patient care	
15.	COD9 Applying relevant legislation and legal principles to patient care and clinical practice	
16.	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 (Program requirement is 6 Practice STACERs in PGY3)	POSTGRADUATE WEBSITE
4.	COPE Exam	COPE WEBSITE

	Key Goals for this Rotation By the end of this rotation the resident should be able to	CanMEDS Role(s):
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 Psychiatry Emergency

Goals:

Upon completion of this rotation, the resident is expected to be competent in providing emergency psychiatric care to the range of patients (low to high complexity) seeking care in emergency settings (Emergency Department, Rapid Access clinics, Bridging clinics). Residents must display the requisite knowledge, skills and attitudes to provide safe and patient-centred care to individual patients, as well as performing the day to day tasks required of clinicians in emergency settings (i.e. applied knowledge of the Mental Health Act, safe hand-off, etc). In all aspects of practice, the resident must be able to address issues of gender, sexual orientation, age, culture, socioeconomic status, ethnicity, spirituality, and ethics in a professional manner.

Objectives:

MEDICAL EXPERT

Knowledge: Residents will demonstrate an effective level of clinical knowledge and applied understanding of the following topics:

- The complex patient comorbidities and diagnoses seen in the psychiatric emergency department (medical, substance-related phenomena, characterological and/or social factors).
- Medication management for acute psychiatric illness seen in the psychiatric emergency department (mania, psychosis)
- The Mental Health Act (MHA) legislation relating to certifiability with Form 1/42 and Form 3/30 as well as indications to assess capacity for treatment decisions and the appropriate application of the Form 33. In addition, the resident should be familiar with other relevant MHA forms related to Emergency Psychiatry (Form 47, Form 9).
- Crisis therapies and the resources locally for quick outpatient follow-up for discharged patients (Rapid Access Crisis Clinic [RACC] or the Urgent Care Program [UCP] at SMH).
- The important aspects contributing to a risk assessment related to self-harm or risk for suicide, risk for imminent harm to an identifiable target, risk to children or youth under 16 years of age requiring consideration of involving Children's Aid or equivalent, and duty to report driving suitability to the Ministry of Transportation. Residents will also be aware of and apply reporting requirements regarding professionals who are not able to safely complete their work due to acute mental health symptoms (doctors, child care workers, airline pilots, etc.)

Clinical Skills: By the end of this rotation the resident will be able to:

Assessment and Evaluation:

- Conduct independent and safe assessments in the Emergency Psychiatry service with staff available as needed.

Diagnostic Skills:

- Recognize and diagnose common psychiatric presentations in the Emergency room using DSM-5 terminology informed by a formulation of current presentation, relevant determinants of health, personal history and interpersonal patterns.
- Recognize psychiatric emergencies (NMS), as well as diagnoses requiring further medical attention (delirium, intoxication syndromes).
- Identify a working diagnosis that is informed by a focused, independent and safe assessment. Diagnosis integrates patient's current presentation, complex comorbidities, especially those seen commonly in the psychiatric emergency department (medical, substance-related phenomena, characterological and/or social factors).

Comprehensive Psychiatric Management:

- Develop, deliver and coordinate a treatment plan that includes psychopharmacological and brief psychotherapeutic crisis interventions informed by evidence, patient preference, risk assessment, and resource availability for quick outpatient follow-up for discharged patients.
- Manage code whites and take an active role in the procedure of code whites unique to each teaching hospital Emergency Psychiatry service.
- Manage patients who are agitated by employing de-escalation techniques, security resources, and other non-pharmacological aids.
- Provide crisis therapy (e.g. supportive, dialectical behavioural therapy, grounding) to acute patient presentations.

- Apply evidence-based medication management for acute psychiatric illness seen in the psychiatric emergency department (e.g. mania, psychosis), as well as psychiatric emergencies (e.g. agitation/code white, NMS).
- Determine 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. In addition, the resident should be familiar with other relevant MHA forms related to Emergency Psychiatry (Form 47, Form 9).
- Demonstrate the ability to practice safely by accurately assessing and managing risk in an emergency setting, including accurate conduct of a risk assessment for self-harm or risk for suicide, risk for imminent harm to an identifiable target, risk to children or youth under 16 years of age requiring consideration of involving Children's Aid or equivalent, and duty to report.

COMMUNICATOR

By the end of this rotation the resident will be able to:

- Communicate effectively with patients, families, and guardians allied with the identified patient, including provision of diagnosis, recommendations and treatment suggestions.
- Maintain patient records that are up to date, and include documentation of relevant risk, while balancing time management and efficiency.

COLLABORATOR

By the end of this rotation the resident will be able to:

- Communicate important details of patient care (including diagnostic impression and recommendations for patient management) effectively with emergency room physicians, inpatient and consultant services and interdisciplinary partners to optimize patient outcomes
- Work effectively with other members of the health care team – recognizing their roles and responsibilities including respect for the important roles of crisis workers, social workers, peers, and nurses.
- Identify and implement strategies for safe handovers and transfer of care at end of shift, including communication with outpatient providers where necessary.

LEADER

By the end of this rotation the resident will be able to:

- Lead team rounds to discuss clinical cases.
- Facilitate flow in the Emergency Psychiatry service regarding admissions, discharges, and prioritizing patients seen based on acuity and need.
- Triage patients based on acuity and complexity; support disposition decisions to appropriate crisis mental health outpatient services (Rapid Access Crisis Clinic or Urgent Care)

HEALTH ADVOCATE

By the end of this rotation the resident will be able to:

- Demonstrate sensitivity to the needs of the inner city patient population needs with awareness of local psycho-social community resources.
- Advocate for patients and their needs for social supports including but not limited to case manager involvement.

SCHOLAR

By the end of this rotation the resident will be able to:

- Demonstrate an understanding of, and a commitment to the need for, continuous learning. This can include preparation for an on-service scholarly project, teaching interventions, or the possibility of Quality Improvement projects related to Emergency Psychiatry.
- Critically appraise medical information. Successfully integrate information from a variety of sources.
- Facilitate the learning for students, residents, and other health professionals through guidance, teaching and constructive feedback.
- Teach junior learners and the interdisciplinary team – non-psychiatry residents, medical students, scholarly or teaching rounds during the rotation.

PROFESSIONAL:

By the end of this rotation the resident will be able to:

- Demonstrate integrity, honesty, compassion and respect for diversity.
- Use self-awareness, reflection and appropriate supervision to process difficult counter-transference reactions.
- Engage in collaborative and respectful patient relationships that demonstrate gender, cultural and spiritual awareness.
- Demonstrate responsibility, dependability, self-direction, and punctuality.
- Accept and use supervision and feedback constructively and demonstrate awareness of personal limitations.
- Manage one's own reaction to complex patients in crisis (utilizing supervision to this effect).

EPAs Mapped to Rotation:

Below are the suggested EPAs to be completed on this rotation. Residents are encouraged to attempt other COD EPAs that fit the clinical setting. Transition to Practice (TTP) EPAs have been included as optional EPAs.

EPAs Mapped to this rotation:		Please refer to the PGY3 Emergency Psychiatry Rotation EPA Card for additional details regarding entrustment requirements
1.	COD1 Developing comprehensive treatment/management plans for adult patients	
2.	COD3 Performing psychiatric assessment, and providing differential diagnoses and management plans for children and youth	
3.	COD3 Performing psychiatric assessment, and providing differential diagnoses and management plans for older adults	
4.	COD5 Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan	
5.	COD8 Integrating the principles and skills of psychopharmacology into patient care	
6.	COD9 Applying relevant legislation and legal principles to patient care and clinical practice	
7.	COD10 Providing teaching to students, residents, public and other health care professionals	
8.	TTP1-A Managing the clinical and administrative aspects of a psychiatric practice (Practice Management - Patient)	
9.	TTP1-B Managing the clinical and administrative aspects of a psychiatric practice (Practice Management - Team)	
10.	TTP2 Supervising junior trainees	

PGY3 Underserved Marginalized Selective

FOCUS OF THIS ROTATION

The social and structural 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. This PGY-3 selective is meant to build on the experience you had during your PGY1 underserved selective. The resident may choose to go back to the same rotation they did in PGY1 (pending availability) and take on greater responsibility as a more senior learner, or they may choose to explore a different population by doing a different rotation in PGY3. We have partnered with both hospital and community based settings to provide the resident with rich experiences. The selectives are designed to be flexible, and will allow the resident to explore their chosen area of interest.

Objectives/Goals:

1. Extend the resident's learning on the social and structural determinants of health and develop your understanding of the advocacy role physicians can play in addressing these determinants
2. Develop a greater understanding of the intersection between mental illness and the social and structural determinants of health and how this informs treatment planning
3. Reflect on your experiences and how they can inform your future practice, start to develop practical ideas of how you might tailor your future practice to support the needs of underserved populations

Evaluation:

You will have a primary preceptor who will evaluate your performance. In situations where you have a variety of preceptors, your primary preceptor will collate evaluations from the other preceptors.

EPAs Mapped to Rotation:

Below are the suggested EPAs to be completed on this rotation. Residents are encouraged to attempt other COD EPAs that fit the clinical setting.

EPAs Mapped to this rotation:		Please refer to the PGY3 Underserved Marginalized Selective Rotation EPA Card for additional details regarding entrustment requirements
1.	COD8 Integrating the principles and skills of psychopharmacology into patient care	
2.	COD10 Providing teaching to students, residents, public and other health care professionals	

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:

- 2 months

PGY Level(s) for this rotation:

- PGY4

Locations for rotation:

- CAMH, 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 1.1.6 Longitudinal patient care, including patients with severe mental illness
- COD 2.3 Completion of two successful STACERs [Program PGY4 requirement: 6 Practice STACERs + 2 Exit STACERs (practice STACERs not required if resident has completed 2 successful Exit STACERs)]

	EPAs Mapped to this rotation:	Please refer to the PGY4 Addictions 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 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: 6 Practice STACERs + 2 Exit STACERs (practice STACERs not required if resident has completed 2 successful Exit 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

MEDICAL EXPERT

1. Knowledge:

- A. Proficient knowledge of delirium, psychiatric illness secondary to medical/surgical illness and end of life care. Working knowledge of somatoform disorders.
- B. Appreciates normal and abnormal psychological adaptation to physical illness including the influence of personality.
- C. Appreciates and manages the impact of substance use/abuse on medical/surgical circumstances.
- D. Demonstrates capacity to tailor psychopharmacology to medical/surgical patients.
- E. Appreciates the impact of cultural, gender, socio-economic status, life stage and age on patient assessment and treatment.
- F. Has an introductory knowledge of relaxation techniques and mindfulness practices.
- G. Understands and can apply the Mental Health Act, Health Care Consent Act, Substitution Decision Act, and rules of confidentiality to the care of the medical/surgical patient.

2. Clinical Skills:

- A. Establishes and maintains rapport and an effective working relationship with medical/surgical patients and their treatment teams.
- B. Conducts and organizes an appropriate psychiatric assessment of medical/surgical patients including attention to barriers to communication.
- C. Integrates medical /surgical characteristics into the bio-psycho-social understanding and management of medical/surgical patients.
- D. Utilizes psychotherapeutic principles to help patients with their adaptation to illness and treatment.
- E. Assesses suitability for, and prescribes appropriate psychopharmacological treatment in the context of medical/surgical illness.
- F. Manages own reaction to medical/surgical patients, and helps other staff manage their reactions.

COMMUNICATOR

- A. Listens effectively to the medical/surgical patient and their family members. Uses language appropriate to the patient's educational level, culture, etc.
- B. Conveys pertinent information and opinions to medical colleagues in a timely, efficient and effective manner, in both verbal and written formats.

COLLABORATOR

- A. Consults 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.
- B. Can participate effectively and respectfully in a "collaborative care" model with other health care providers in the management of a patient's psychiatric or behavioral issues.
- C. Contributes effectively to the interdisciplinary management of the medical/surgical patient.

- D. Is able and willing to teach and learn from colleagues/students and/or other health care professionals, within the context of a clinical care team.
- E. Is able to address interpersonal conflict in patient care, utilizing negotiation skills, to arrive at a workable endpoint.

LEADER

- A. Time: is able to effectively prioritize clinical, educational and personal demands in order to provide safe and effective care, and maintain a sustainable practice.
- B. Resources: Addresses human and hospital resources issues, such as social work, sitters, need for transfer, and scope of practice of other staff, with consideration of cost appropriateness.
- C. Coordinates the efforts of the consultation-liaison treatment team including, when appropriate, the triaging and allocation of incoming referrals.

HEALTH ADVOCATE

- A. Identifies and addresses stigma affecting the medical/surgical patient with psychiatric illness.
- B. Advocates for the patient within the context of the treatment setting, and with respect to access to services.
- C. Identifies and understands the determinants of *physical and mental* health affecting medical/surgical patients individually or as a group, and recognizes and responds to those issues where advocacy is appropriate for the patient or their community.

SCHOLAR

- A. Critically appraises medical information. Seeks out and successfully integrates information from a variety of sources in the management of medical/surgical patients.
- B. Facilitates the learning of patients, students, residents, and other health professionals on the CL and medical/surgical team through guidance, teaching, and constructive feedback.

PROFESSIONAL

- A. Demonstrates accountability, integrity, honesty, compassion, and respect for diversity within the context of CL practice. Interacts with colleagues and other health care professionals in an honest and respectful manner with the context of CL practice.
- B. Fulfills the medical, legal and professional obligations of a psychiatrist. Notably, completes consults and reports in a timely manner.
- C. Demonstrates responsibility, dependability, self-direction, and punctuality.
- D. Accepts and constructively utilizes feedback.

EPAs Mapped to Rotation:

Below are the suggested EPAs to be completed on this rotation. Residents are encouraged to attempt other COD EPAs that fit the clinical setting. Transition to Practice (TTP) EPAs have been included as optional EPAs.

	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	

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

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: 8 STACERs = 6 x Practice, 2 x Exit; practice STACERs are unnecessary if 2 Exit 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: 8 STACERs = 6 x Practice, 2 x Exit; practice STACERs are unnecessary if 2 Exit 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

PGY5 (Transition to Practice)

PGY5 Integrated Mental Health Care (IMHC)

Goals and Objectives

At the end of this training experience residents will be able to:

MEDICAL EXPERT

- Provide safe and helpful clinical consultation to patients, and to other healthcare and/or social service providers, including formal and informal consultations
- Describe patient safety and medicolegal liability issues for consultants and clinical teams in IMHC, and use strategies to ensure safe patient care.

COMMUNICATOR

- Provide effective patient and family education regarding diagnosis, management, and pharmacotherapy.

COLLABORATOR

- Write an effective consultation note to a referring provider in the IMHC setting.
- Describe the role of the psychiatrist in the context of an interdisciplinary team in an IMHC setting.
- Provide a safe and helpful informal (e.g. oral or electronic) case consultation to a colleague in IMHC.
- Assess team engagement and functioning in their setting, including potential enablers and threats to team functioning, and the role of leadership.
- Effectively navigate difficult conversations about clinical care in the IMHC setting.
- Negotiate role overlap and shared responsibilities with inter- and intraprofessional health care providers for episodic or ongoing care of patients.

LEADER

- Describe the evolution of the various Integrated Mental Health Care (IMHC) and collaborative care models, and the rationale and evidence to support them.
- Identify the key components necessary for the development of an effective IMHC or collaborative care model and assess which key components are present in their setting. Explain the rationale for the particular model of IMHC that has been implemented in their own clinical setting.
- Compare and contrast traditional leadership approaches with collaborative leadership, situational leadership; discuss the concepts of influence vs authority.
- Define organizational culture and discuss how it influences patient care.
- Recognize primary care as the foundation of our health care system, and the setting where the majority of medical mental health care is provided.
- Evaluate how funding and practice models influence the available resources in their clinical setting.
- Recommend or allocate health care resources to maximize care while minimizing cost.

HEALTH ADVOCATE

- Demonstrate an understanding of the organization s/he is consulting to, the population it serves, and the social determinants of health (SDoH) most relevant to this population.
- Identify the met and unmet patient, provider, and population needs in the current model of IMHC within their clinical setting. Identify a change idea and assess potential opportunities, enablers, and challenges of change.
- Identify opportunities to engage in policy and advocacy work to address SDoH and health systems issues.

PROFESSIONAL

Identify the attractors, enablers, and challenges of practicing in IMHC, and describe how IMHC practice can be incorporated in overall clinical practice.

PGY5 Senior PLEX – Clinical

All PGY5 Senior Selectives CLINICAL rotations have the following goals and objectives. Residents must also include three (3) additional Goals and Objectives of their own on their senior selective forms when they are submitted:

1. **MEDICAL EXPERT** - Enhance clinical skills to level of junior consultant with the ability to effectively implement a patient centered care plan in a biopsychosocial framework that includes ongoing supportive care, follow up of investigations, response to treatment, and further consultation.
2. **LEADER** - Take on a leadership role in choice of elective including supervision of junior trainees and effective time management of clinical, teaching, and administrative responsibilities to ease the transition to practice.
3. **SCHOLAR** - As part of transition to practice and preparation for the Royal College exam, acknowledge knowledge gaps and generate focused questions to address them, critically evaluate the integrity of health related literature, and apply evidence based findings into clinical practice.

PGY5 Senior PLEX – Research

All PGY5 Senior Selectives RESEARCH rotations have the following goals and objectives. Residents must also include three (3) additional Goals and Objectives of their own on their senior selective forms when they are submitted:

1. **SCHOLAR** – Develop an approach toward stewarding a research question into a research project by: i) identifying a clinically relevant gap in scientific knowledge; ii) selecting a specific strategy for bridging this gap; iii) parlaying that strategy into knowledge appropriate for dissemination and translation through the form of a peer-reviewed manuscript and/or presentation.
2. **COLLABORATOR** – Identify, based on personal strengths, knowledge, and/or interests, a research role that is: i) sufficiently distinct that it leads to specific accountability, expectations, and credit; and ii) sufficiently integrated within a broader research team (whether local or distant) that enables maximum impact, and contributes to and benefit from the knowledge and skills of others.
3. **COMMUNICATOR** – Acquire the capabilities necessary in order to modify your verbal and written communication in order to ensure that it conveys the importance, relevance, and nuance of your research to non-academic stakeholders including consumers, families, and the general public including the media.