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|  | **ST. MICHAEL'S HOSPITAL**  **30 Bond Street Toronto, ON, M5B 1W8**  **Tel: 416-864-6060**  **Fax: 416-864-5480** |
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**HOSPITAL OVERVIEW**

St. Michael’s Hospital is one of two regional trauma centres in the GTA and an academic health service centre focused on critical care, trauma, MS and cardiovascular. The Department of Psychiatry at St Michael’s Hospital has a strong clinical and academic focus on meeting the needs of the inner city population as well as one of two regional trauma centres in the GTA and an academic health science centre focused on critical specialties care, trauma, multiple sclerosis (MS) and cardiovascular. Areas of special concentration include General Adult Psychiatry and Health Systems, Suicide and Depression Studies, HIV Psychiatry, Health and Homelessness, Geriatric Psychiatry, C-L Psychiatry and Collaborative Care.

Clinical experiences are gained on:

1. a 33 bed inpatient unit which includes a 10 bed Acute Care Unit;
2. a busy Mental Health Emergency Service;
3. a large community mental health service, including an urgent care program and a general assessment clinic and a well-developed collaborative care program with 6 Family Health Teams;
4. a community outreach program including assertive community teams, early psychosis intervention (EPI) and specialized case management outreach services;
5. a Medical Psychiatry Consultation Liaison service that enjoys excellent working relationships with its medical and surgical colleagues with specialized geriatric psychiatry, critical care/trauma, MS, cystic fibrosis, nephrology, HIV psychiatry services and a strong addictions program.

Excellence in educational experience is a high priority for both the department and the hospital and there is a strong emphasis on collaboration with community partners and outreach activities. Our staff has a strong record as excellent teachers, known for their accessibility and collegiality. There is a strong emphasis on evidence based practices aimed at improving the quality of our mental health care services with an important focus on issues of access and equity.

The hospital has a mandate to meet the needs of the marginalized inner city population. This means implementing systems that work for groups who tend to fall through the cracks in the health care system, including people with HIV and AIDS, people who are homeless or vulnerably housed, people with serious mental illness, women and children at risk, people with addictions, seniors in isolation, immigrants, and the Aboriginal community.

# ACADEMIC ACTIVITIES:

## Grand Rounds:

Weekly academic gathering of the mental health service are held on Fridays at noon. Residents have the opportunity to present grand rounds and receive training in developing scholarship and presentation skills from their grand rounds supervisor and the departmental lead for grand rounds.

## Research Scholarship:

Health services research as it applies to the delivery of mental health care to vulnerable populations including; collaborative care, case management and assertive community treatment, transitions of care from inpatient services, suicide and depression studies, interventional psychiatry, and mental illness stigma quality of care. The Centre for Suicide and Depression Studies and University of Toronto chair is involved and leads numerous studies and development in partnership with anesthesia, neurosciences, and the Ontario Brain Institute. Consultation Liaison scholarship is developing with mental health and medical surgical populations including traumatic brain injury, concussion, geriatrics and MS.

Geriatric Psychiatry: Determinants of cognitive reserve such as socioeconomic status & education; Delusions in dementia; Neuroimaging; driving in minor cognitive impairment.

## Supervision of core rotations:

Beder, Michaela Community Psychiatry (FOCUS), Inner City Mental Health

Bhalerao, Shree C-L Psychiatry

Caudarella, Alex Addictions, Primary Care

Charlton, Katharine Inpatient Psychiatry

Dang, Kien C-L Psychiatry

Fischer, Corinne Geriatric Psychiatry, Research (Geriatric Psychiatry)

Gao, Lu C-L Psychiatry

Hall, Elise C-L Psychiatry

Law, Samuel Community Psychiatry (FOCUS), Cross-Cultural Psychiatry

Leung-Yee, Joanne Ambulatory Psychiatry

Levy, Matt Community Psychiatry (Community Connections & FOCUS)

Maggi, Julie C-L Psychiatry (OBS-GYN)

Mansfield, Julia Inpatient Psychiatry, Ambulatory Psychiatry

Mills, Rosanne C-L Psychiatry

Miraj, Anika Inpatient Psychiatry

Munshi, Tariq Inpatient Psychiatry, Ambulatory Psychiatry

Naylor, Karline Ambulatory Psychiatry

Quastel, Adam Addictions

Robertson, David Inpatient Psychiatry

Salama, Arielle Mental Health Emergency Psychiatry, Ambulatory Psychiatry

Sediqzadah, Saadia Community Psychiatry (FOCUS), Research

Shawn, Ilana Ambulatory Psychiatry, Mental Health Emergency Psychiatry

Shin, Karen Ambulatory Psychiatry, Community Psychiatry (Community Connections)

Spivak, Harold Inpatient Psychiatry

Tau, Michael Geriatric Psychiatry

Ungar, Thomas Community Psychiatry (STEPs), Research

Willer, Chris Mental Health Emergency Psychiatry, Child and Adolescent Psychiatry, Ambulatory Psychiatry

## Psychotherapy Supervision:

Psychodynamic Supervisors:

Tom Crocker

Jim Deutsch

Ming Lee

Joanne Leung-Yee

Leo Murphy

Rachel Ptashny

Karline Naylor

Hillary Offman

Diane Philipp

David Robertson

Arielle Salama

Ken Schwartz

Karen Shin

Harold Spivak

Saadia Sadiqzedah

CBT Supervisors:

Joanna Barlas

Christopher Kitamura

Joanne Leung-Yee

Matthew Levy

Robert Madan

Anika Maraj

Rosanne Mills

Karen Shin

Rachel Ptashny

Couples Therapy supervisors:

Angela Ho

Robert Madan

IPT supervisors:

Elise Hall

Robert Madan

Arielle Salama

Group Supervisors:

David Robertson- interpersonal group psychotherapy

Karen Shin – CBT for Depression, Anxiety or Psychosis, Mindfulness

Arielle Salama - DBT

## Opportunities for Teaching:

SMH residents have the opportunity to teach medical students in a five week introductory course on Personality Disorders

SMH residents also have the opportunity to also teach medical students in the Integrated Clinical Experience (ICE-2) course and the Portfolio courses.

**MANDATORY CORE ROTATIONS**

# General Hospital Psychiatry Rotation: Inpatient Psychiatry

**Supervisors:** Drs. K. Charlton, J. Mansfield, A. Maraj, T. Munshi, D. Robertson and H. Spivak

Description: The rotation provides an experience in the diagnosis and treatment of a wide range of psychiatric disorders, with specific focus on the mental health care needs of the Inner-City population.

The **Inpatient** unit contains a ten bed Acute Care Unit, a four bed Intermediate Care Unit, and nineteen general ward beds. The rotation is divided into 3 two-month blocks, providing opportunity to work with different supervisors. Residents will develop skills in the evaluation and initiation of treatment for patients with acute disorders, exacerbations of chronic illnesses, and co-morbid psychiatric and substance-related and /or complex medical conditions. There is an Inpatient case rounds for residents and staff that meets weekly.

The rotation offers an excellent opportunity to develop familiarity and expertise in aspects of the Mental Health Act and in psychopharmacology with Todd Koch, our pharmacist, who has been recognized for teaching excellence. Residents work closely with a multidisciplinary team including nursing, social work, occupational therapy, dietitian and group psychotherapist, and will also learn extensively about community resources.

Longitudinal Ambulatory Experience Rotation

**Supervisors:** Drs. L. Gao, J. Leung-Yee, J. Mansfield, T. Munshi, K. Treurnicht Naylor, A. Salama, I. Shawn, K. Shin and C. Willer

Description: This rotation provides experience in adult ambulatory mental health care and focuses on developing skills for patient consultative assessments, diagnosis and treatment of a wide range of psychiatric disorders – including depression, anxiety, bipolar disorder, severe persistent mental illness, ADHD and substance use disorders – with specific focus on the mental health care needs of the Inner-City population. Some patients, depending on individual needs, are followed for a period of time to manage medications and provide stabilization of illness.

Academic Content: The Ambulatory Department receives referrals from a wide variety of sources, from the emergency department, the inpatient unit and from community family physicians. Supports for patients seen by psychiatry in the department include group therapy programming in the department and individual psychotherapy with social work support for time-limited treatment. Residents receive teaching and supervision in small teaching clinics with a supervisor, with clinic structure that allows for individual supervision and observation during their patient encounters. Residents will develop skills for the assessment and management of complex psychiatric illnesses and become familiar with various medications, including more complicated regimens and second and third-line options. Each resident will have a primary supervisor for the year.

# Geriatric Psychiatry

**Supervisors:** Drs. C. Fischer and M. Tau

Description: The rotation will focus on assessment and management of complex psycho- geriatric cases. Residents will have an opportunity to assess patients at a weekly psycho-geriatric outpatient ambulatory clinic. These patients will have a broad range of psychiatric diagnoses and this experience will give the resident an opportunity to become comfortable with diagnostic and assessment issues in Geriatric Psychiatry. Residents will also have an opportunity to assess, follow and manage elderly patients with complex medical problems through the Medical Psychiatry service. This will provide the resident with experience in dealing with complex psychiatrically and medically ill elderly patients. There will be an opportunity for residents to assess elderly patients at the St. Michael’s Hospital Memory Disorders Clinic. This will help the resident develop skills in cognitive assessment. Finally, residents will be able to participate in the Geriatric Mental Health Outreach program. This will help the resident develop skills in dealing with patients who have complex behavioural issues in Long Term Care.

Academic Content: In addition to ongoing supervision of clinical responsibilities, residents will have an opportunity to attend the divisional seminar series hosted by Mount Sinai Hospital. The focus of the seminar series will be to familiarize the resident with critical information relevant to Geriatric psychiatry. In addition, the resident will be invited to attend weekly Memory Clinic Rounds. Psychiatry Grand Rounds will be held on a weekly basis. Finally, there will be an opportunity for the resident to become involved in existing research projects.

# Consultation-Liaison Psychiatry

**Supervisors:** Drs. S. Bhalerao, K. Dang, L. Gao, E. Hall, J. Maggi, and R. Mills

Description: The service sees about 70 new consultations a month in the inpatient units and 400 outpatients. The resident will work closely with a full-time nurse practitioner and increased emphasis has been placed on specialized consultation to individual medical and surgical ward; and integrated multidisciplinary clinics at St. Michael’s Hospital. Areas of specialty include HIV/AIDS, respirology, cardiology, nephrology, ICU, endocrinology, obstetrics and gynecology, and oncology.

Academic Content: Residents are exposed to a broad range of patients for both consultation and follow-up in both inpatient and outpatient settings. Supervision is provided on all cases and titrated to the resident-supervisor contract to best meet the residents’ educational needs. One-on-one teaching on liaison services will include close supervision on medically complex cases and afford learning opportunities relevant to work within a specialized multidisciplinary team. There are research opportunities, and residents are also encouraged to develop their own personalized reading projects to further enhance their academic experience.

# Chronic Care Psychiatry—FOCUS Team

**Supervisors:** Drs. M. Beder, S. Law, M. Levy and S. Sediqzadah

# Description: This rotation will provide an experience in community-based treatment of individuals with severe mental illness using the Flexible Assertive Community Treatment (FACT) Model of care. The resident will work with the FOCUS team which is part of the overall community psychiatry program in the St. Michael’s Mental Health and Addictions Service.

# The FOCUS team provides multidisciplinary support to people living with severe mental illness and complex needs within the St. Michael’s Hospital catchment area. The team strives to provide client-centered, recovery-oriented care using evidence-based practices utilizing elements of Assertive Community Treatment and multidisciplinary Intensive Case management models. Each client has a psychiatrist as well as a primary case worker. This rotation will provide residents with the necessary skills and experience to be able to work effectively in these teams.

# Academic Content: In addition to regular supervision from the primary supervisors the resident will have the option of supervision from other faculty members of the community psychiatry program, in particular areas of sub-specialty expertise including suicide and crisis management, co-morbid substance abuse, service delivery issues and homelessness. Each resident will have the opportunity to develop their clinical skills in working with patients with severe mental illnesses referred from the community. In addition, there will be a monthly chronic care journal club, looking at key articles from the literature.

# Chronic Care Psychiatry—STEPS for Youth Program

**Supervisor:** Dr. T. Ungar

The STEPS for Youth Program provides intensive community case management for individuals with first episode psychosis. The team consists of 5 FTE case managers (nursing, occupational therapy, social work) and a staff psychiatrist. Most clients are between the ages of 14 and 35 and they are in the early stages of a severe mental illness such as schizophrenia or bipolar disorder, often with concurrent substance misuse. STEPS works with many at-risk and vulnerable clients experiencing homelessness, poverty, recent immigration and refugee status issues.

The resident will carry a caseload with supervision and will be involved in all aspects of care for clients of the program.

# Chronic Care Psychiatry—Community Connections

**Supervisors:** Drs. M. Levy and K. Shin

Description: This rotation will provide an experience in community-based treatment of individuals with severe and persistent mental illnesses.

The resident will work with social workers and case managers to assist in facilitating client recovery. The resident will offer direct assessment in clinic or community outreach, as well as participating in case conferencing and collaborative management planning with the team.

The Community Connections model is unique as an enhanced intensive case management experience, given the integration of psychiatry and close collaboration with St. Elizabeth community outreach nursing.

Because it is not an Assertive Community Treatment team, intake criteria are less rigidly defined, so while clients have a history of psychotic illness, there is a wider spectrum of severity and hospital contact than in a traditional ACT model. Referrals are primarily from the inpatient unit or community family practice. Clients are largely dependent on ODSP; may be (stably or marginally) housed or homeless; well engaged with treatment and supports or requiring considerable engagement and alliance building in non-traditional settings; many are recent immigrants to Canada.

Experience on this team would be relevant for future work in chronic care, ACT teams, Inner City Health Associates/homeless shelter based clinics, shared care with inner city community health centres or family practice, and could inform areas of inquiry in inner city health systems research. Residents will become acquainted with real- life adaptation of clinical guidelines in a challenging population and acquire knowledge of many community resources for psychosocial rehabilitation as part of their global management toolkit.

Academic Content: Regular weekly in-person will be provided for clinic patients and directly observed intake assessments. Residents will be encouraged to seek supplemental supervision or consultation from a variety of other healthcare professionals with specialized expertise, and to liaise as needed with community supports and family.

Consultation skills will be developed by doing regular new assessments for patients with severe and persistent mental illnesses referred from the community. Residents will attend the monthly journal club sessions.

# Emergency Psychiatry Rotation

**Supervisors:** Drs. I. Shawn, A. Salama, C. Willer

Description: The PGY1 and PGY3 rotation provides an excellent venue in our inner city hospital to support and treat complex high acuity patience in a general hospital emergency room. We have a dedicated Mental Health Emergency Services Area (MHESA) team including a suicide interventionist, emergency room social worker, an income support worker, peer workers, and emergency department addictions peer, mental health nurses, and medical students and resident learners. We normally have a team of clinic clerk (third year medical student) or an elective 4th year medical student as well as a PGY1 psychiatry resident, PGY2 Emergency Department resident, PGY3 psychiatry resident, and PGY5 senior selective junior attending residents on service working together. We have a busy emergency room with a diverse demographic patient make-up often specializing in treatment of patients with psychosis, concurrent disorders, underserviced populations, and newcomers to Canada. Residents attend weekly general psychiatry grand rounds and have teaching from senior residents who undertake this as part of their leader and scholar CANMEDS roles.