**Core of Discipline Pgy3 Year**

**Resident Guide**

2021 - 22

**Overview**

The Core of Discipline Stage of Training builds on the skills and knowledge of the previous stages to conduct psychiatric assessments, develop biopsychosocial formulations, and provide comprehensive management for psychiatric patients across the lifespan, including emergent situations in psychiatric care. The principles and skills of psychotherapy, neurostimulation, and

psychopharmacology are integrated into patient care. Residents will also be responsible for teaching others and applying relevant legislation and legal principles into clinical practice.

“Know your core competencies & focus on being great at them.” -Mark Cuban

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January 29, 2021

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**Objectives of the Core of Discipline Stage of Training, Pgy3 Year**

The objectives of the Core of Discipline Stage of Training are for residents to:

1. Develop knowledge and skills required to manage psychiatric presentations that are of medium to high complexity, including those of Children & Adolescents and Older Adults

2. Develop skills in performing psychiatric assessments referencing a biopsychosocial approach to develop appropriate differential diagnoses in:

o Children and Adolescents

o Older Adults

o Adult presentations of medium to high complexity

3. Continue to develop skills in completion of risk assessments that inform acute safety plans, including in Children & Adolescents, and Older Adults

4. Develop & implement management plans for patients of medium to high complexity including those for common presentations in:

o Children and Adolescents

o Older Adults

5. Further refine skills in case presentation, documentation, order writing & handover

6. Gain continued experience providing after hours coverage:

o in the emergency psychiatry setting, including for children & adolescents

o in inpatient settings, including for children & adolescents

7. Gain experiences promoting development of leadership and managerial skills 8. Take on the role of a senior resident in the adult emergency psychiatry department

9. Develop knowledge and experience in applying legislation related to mental health care including mandatory and discretionary reporting.

10. Develop skills in conducting psychotherapy, including but not limited to:

o Psychodynamic Psychotherapy

o Group Psychotherapy

11. Gain experience integrating psychotherapeutic principles and skills in daily clinical work 12. Develop knowledge and gain experience in the assessment for and delivery of neurostimulation

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13. Continue to gain knowledge & experience in providing care to special populations including but not limited to those with:

o Addictions

o Concurrent psychiatric diagnoses

o Forensic history

o Developmental disorders including intellectual disability and autism spectrum disorders 14. Demonstrate effective teaching of patients, families, junior learners, and colleagues.

15. Further develop knowledge & skills in scholarly activity related to medicine such as research, quality assurance and education.

16. Gain knowledge of & apply concepts of:

• Psychopharmacology, including in Children & Adolescents, and Older Adults • Therapeutic tools & techniques for specific developmental stages including preschool and those with intellectual developmental disabilities

• Therapeutic tools & techniques specific to older adults

• Biopsychosocial formulation

• Advocacy for special populations including marginalized and/or vulnerable people • Reflective and culturally safe practice

• Communication & its impact with patients, families and interprofessional teams • Ethical practice

• Principles of patient safety and quality assurance & improvement

• Strategies for physician wellness

• Professionalism

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**General Expectations of Pgy3 Residents during the Core of Discipline Stage of Training**

As Core of Discipline Psychiatry residents, you are expected to:

• Maintain sight of our role as physicians in providing the best possible patient care • Actively engage in all learning activities

• Be an active participant in your learning. Identify key topics of interest and personal learning objectives to your supervisor & take initiative in gaining knowledge & skill in those areas • Take shared responsibility with supervisors to identify opportunities for observation and feedback including for EPA encounters.

• Be receptive to feedback & work to incorporate recommendations for knowledge & skill development

• Be an active member of all clinical teams with which you are working

• Attend all clinical days, unless on vacation, post-call (Hamilton residents), ill or excused for other training-related activities

• Demonstrate awareness of clinical responsibilities. Although you are not the MRP, you are a physician, a member of the clinical team and working towards independent practice. • Actively participate in all academic sessions

• Arrive on time for all clinical work & academic sessions

• Notify clinical supervisors of any days / times you will be absent, in advance of the absence whenever possible. This includes post-call days.

• Notify presenters as well as program administrator of any absences from academic sessions, optimally prior to the start of the session

• Complete documentation in a timely manner that provides effective communication and continuity in patient care.

• Be aware of your limitations. Whenever you are outside of your knowledge or skill level, inform your supervisor.

• Do not take patient material home with you.

• Conduct yourself in a professional manner, including use of social media & smart technology • Complete all evaluations in a timely manner

• Maintain awareness of your well-being. Please reach out to program supports should you need assistance at any time.

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**Skill Expectations\* of Residents during Core of Discipline Stage of Training, Pgy-3 Year**

By the **end** of the Core of Discipline Pgy-3 Year, a resident should be able to: o Demonstrate awareness of classes of disorders & symptom complexes of:

o Conduct psychiatric assessments with Children & Adolescents and Older Adults, and their families from which they reasonable and appropriate differential diagnoses are developed.

o Propose reasonable, safe management plans for common presentations seen in Children & Adolescents and Older Adults.

o Demonstrate increasing capacity to conduct psychiatric assessments with psychiatric presentations in adults, of medium to high complexity.

o Engage patients and families cooperatively with active listening and effective communication.

o Conduct a risk assessment from which a safety plan is developed, including with Children & Adolescents and Older Adults

o Demonstrate increasing skills leading and managing clinical teams, including in the emergency psychiatry setting.

o Demonstrate increasing proficiency in delivering verbal case presentations in an effective and efficient manner

o Demonstrate increasing knowledge in psychopharmacology, including prescribing in Children & Adolescents and Older Adults.

o Effectively document in written/electronic form, in a timely manner, including discharge summaries

o Demonstrate ability to appropriately apply mental health and health care legislation, including mandatory and discretionary reporting.

o Engage foundational psychotherapeutic skills in interactions with all patients o Begin to demonstrate a working knowledge of Psychodynamic Psychotherapy.

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o Demonstrate application of the principles of Group Psychotherapy

o Collaborate with team members, in a respectful and professional manner o Apply an organized approach to meeting clinical, academic and personal responsibilities o Demonstrate an awareness of social factors that can affect patient presentations

o Identify areas for personal learning, seek out information from appropriate sources and apply to clinical cases

o Be open to feedback and demonstrate attempts to incorporate it with a growth mindset o Demonstrate professional behaviour in all aspects of clinical and academic work.

\*Goals & Objectives for each rotation are sent to supervisors and residents prior to the start of a rotation. They are also located on Medportal, and can additionally be found here.

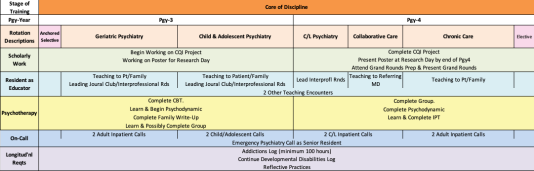
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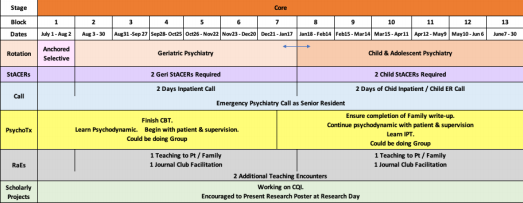
**Design of the Core of Discipline**

**Stage of Training (Pgy3 & Pgy4)**

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**Design of Pgy3 Year of Core of Discipline:**

**July 1, 2021 – June 30, 2022**

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Pgy3 Block Rotations



• Residents will complete:

o 1 Block of Anchored Selective during their first block of Pgy3

o 6 Blocks of Geriatric Psychiatry

o 6 Blocks of Child & Adolescent Psychiatry

\*Goals & Objectives for each rotation are sent to supervisors and residents prior to the start of a rotation. They are also located on Medportal, and can additionally be found here.

• The resident group is asked to divide themselves so that half begin with Geri Psych and half begin with Child & Adolescent; they will then switch after six blocks.

• Please inform your supervisors, as well in advance as possible, of:

o All days that you will be away (vacation, post-call, professional leave, retreats, etc) o The days & times you see your psychotherapy patient and have psychotherapy supervision. **Remember that you are still accountable for completion of clinical responsibilities on the days you have psychotherapy**

• **Anchored Selective**

o Anchored Selective totals 8 weeks: 4 weeks during first block of Pgy3 in combination with the 4 weeks of the last block of Pgy2

o The purpose of Anchored Selective is to for residents to gain experience with **special populations**, that they may not have during other core rotations.

o Time in Anchored Selective may consist of one experience for both blocks or divided up among a few experiences.

o Residents should seek out placements and supervisors, reviewing with potential supervisors their goals for the experience 

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o Once they have confirmed supervisor availability, residents **must submit a proposal** for the design of their Anchored Selective by **March 30, 2021** to the Program Director and REL for approval. The proposal must include:

▪ Dates of each placement

▪ Supervisor within each placement

▪ Personal goals & objectives for each placement, written in CanMEDS format o Anchored Selective may include working in any of the following areas:

Dual Diagnosis

Indigenous Health

Addictions

Forensics

Refugee & Immigrant Populations

ACT

• **Geriatric Psychiatry Core Rotation** • Residents will complete:

o 2 blocks Inpatient geriatric psychiatry

Shelter Health

HIV Psychiatry

Women's Health Concerns Schizophrenia Services

Other as approved by PD & REL

o 4 blocks Outpatient / outreach geriatric psychiatry

o Hamilton residents:

▪ will be provided opportunity to gain experience with geriatric medicine ▪ will complete ECT training during this rotation

- completion of ECT e-module (details given during orientation)

- dates to participate in ECT delivery will be assigned

• To select your geriatric supervisor(s), refer to the rotation placement listing that will be sent out prior to the Resident Rotation Selection Retreat

• Geriatric Psychiatry Orientation Sessions will be held. These are considered mandatory unless post-call. Residents are excused from clinical duties to attend these sessions. The sessions will be offered by Zoom.

• Completion of 2 Geriatric Psychiatry StACERs is required.

o These should be completed with two different assessors, mid- & end- unit o Geriatric Psychiatry StACER forms & instructions are located on Medportal

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• **Child & Adolescent Core Rotation**

• Residents will complete:

o 3 blocks inpatient placement

o 3 blocks outpatient placement

o Hamilton residents:

▪ Will have 2 weeks assigned on MAU / C/L

o WRC Residents:

▪ May do their inpatient & outpatient experience concurrently

• To select your supervisor(s) / supervisor team, refer to the rotation placement listing that will be sent out prior to the Resident Rotation Selection Retreat

o Hamilton Residents: for outpatients, select the “team” & indicate preferred primary supervisor

• A week of Child & Adolescent Psychiatry Orientation Sessions will be held. These are considered mandatory unless post-call. Residents are excused from clinical duties to attend these sessions. The sessions will be offered via Zoom & recorded.

• Completion of 2 Child & Adolescent Psychiatry StACERs is required.

o These should be completed with two different assessors, mid- & end- unit

o C/A Psychiatry StACER forms & instructions are located on Medportal

Pgy3 On Call Duties

\*The McMaster Psychiatry Postgraduate Program On-Call Policy for Residents is located on Medportal. It can also be found here.

• **Emergency Psychiatry**

o **Hamilton:**

▪ Call will be with the Psychiatric Emergency Service at SJH, Charlton Site

▪ At the end of Pgy2, resident progress is reviewed by the Competence Committee to determine promotion to the level of senior resident in PES

▪ Once promoted to senior resident, Pgy3 residents will work within this role while on call in PES. Seniors are always paired with another resident, usually a junior

▪ At the end of your shift, please trigger your PES Evaluation.

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▪ For descriptors of expectations of residents on call, please refer to the McMaster Psychiatry Postgraduate Program document, “Guidelines for Faculty Supervising Psychiatry Residents in the Psychiatric Emergency Service (PES), Junior to Senior Residency” found here.

o **WRC:**

▪ Call for Pgy3 residents may be at the Emergency Psychiatry Departments of the Guelph General Hospital or Grand River Hospital.

▪ Pgy3 will be on call individually.

▪ There is always a staff psychiatrist on call.

▪ Call shifts are to end by 11pm. There are no post-call days.

▪ At the end of the shift, please review hand over any outstanding clinical issues with your on-call supervisor. Residents are not expected to start cases after

9:30 PM unless mutually agreed upon with the supervising faculty.

▪ At the end of your shift, please trigger your Emergency Psychiatry evaluation.

▪ For descriptors of expectations of residents on call, please refer to the McMaster Psychiatry Postgraduate Program, Waterloo Regional Campus document,

“Guidelines for Faculty Supervising Psychiatry Residents on Call” found here.

• **Inpatient Psychiatry Call Experiences** 

o Inpatient call will only be on weekend days, until 11pm

o During the Geriatric Psychiatry Rotation, residents are to complete 2 Inpatient Calls: ▪ Hamilton: At SJH, Charlton Site, doing 9AMH, 10AMH & C/L

▪ WRC: At Homewood

o During the C/A Psychiatry Rotation, residents are to complete 2 Inpatient Calls: ▪ Hamilton: At MUMC, doing Child Psych Inpatient, C/L & MAU/ER

▪ WRC: At GRH, covering all inpatient & C/L, including child unit

o At the end of your call shift, please remember to trigger your evaluation, and to complete the supervisor evaluation. Thank you.

The Goals & Objectives of the Inpatient On-Call Experiences are located on Medportal, and can be found here.

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Psychotherapy During Pgy3

Complete instructions on the Psychotherapy Requirements and process for their completion are located on the Psychotherapy Training e-Resource (PTeR).

**Cognitive-Behavioural Therapy (CBT):**

• In January 2021 you will receive Academic Day Sessions introducing Cognitive-Behavioural Therapy for Depression (CBT-D) and for Anxiety (CBT-A)

• You are expected to complete the Cognitive Behavioural Therapy e-Module on the Psychotherapy Training e-Resource (PTeR) prior to starting with a patient in CBT

• Completion of a supervised experience with a patient in **either** CBT-A or CBT-D, for 12 – 16 sessions is required. 

• **Aim to complete the CBT modality by the end of Pgy2 / beginning of Pgy3**

**Psychodynamic Psychotherapy:**

• In the fall of 2021, you will receive Academic Day Sessions introducing concepts related to Psychodynamic Psychotherapy

• You are expected to complete the Psychodynamic e-Module on PTeR prior to starting with a patient in Psychodynamic

• Completion of supervised experience with a patient doing Psychodynamic Psychotherapy, for 40 sessions is required

• **Aim to complete your Psychodynamic experiences by early Pgy4**

**Family Write-Up:**

• A written formulation of a family is required. 

• The Pgy3 rotations are optimal experiences in which to complete this, given the amount of interactions with families. It is generally preferred to complete this during your Child rotation, although either rotation may offer a suitable case.

• Further details of the family write-up can be found on PTeR.

• **Aim to complete your Family Write-Up by the end of Pgy3 and submit to Dr. Evan Weizenberg for grading (weizenbe@hhsc.ca)**

**Group Therapy:**

• In Winter 2021, you will receive Academic Day Sessions on Group Therapy

• You **may begin a Group experience any time after receiving those sessions in Pgy2** • You are expected to complete the Group Therapy e-Module on PTeR prior to starting a Group Experience • Completion of co-leading a group, with supervision, for 8 – 12 sessions is required • A listing of group experiences can be found on PTeR. If there is a group experience not listed in which 

you are interested, please contact the Group Therapy Module Coordinator for approval. • **Aim to complete your Group Therapy experiences by mid-point in Pgy4**

\*Whenever possible, try to schedule psychotherapy supervision and psychotherapy patient meetings on Wednesdays or at times that are least disruptive to your block clinical rotation responsibilities.

\*Always inform your clinical rotation supervisors of your psychotherapy responsibilities well in advance.

\*If you need to be away from clinical rotation during a part of a day to complete psychotherapy, you are still accountable for completion of your clinical rotation responsibilities for that day.

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Pgy3 Longitudinal Logging Requirements

• **Dual Diagnosis Experiences Log:**

o Residents must maintain a log of clinical encounters with clients with Dual Diagnosis (ie. Intellectual Disability with comorbid Mental Health Disorders) as they occur, throughout their residency. Residents are to create this log themselves.

o There is no minimum or maximum number of encounters.

o You will be asked to review your log with the Program Director and/or Regional Education Lead (WRC) during your Dockside/Riverside Chats.

o Residents are required to create their own table for logging, using the following as a guide. Narrative comments and descriptions must be captured in each log entry.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of**  **Encounter** | **Supervisor** | **Patient**  **Initials** | **Diagnosis** | **Description of DDx Encounter** | **Learning Points** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

• **Promoting Reflective Practice:** 

• Stay Tuned! More details to come 

• Work is being done to develop a series of reflective

creative activities, group discussions, & idea exchanges,

designed to promote reflective practice

• Anticipated start date is Spring / Summer 2021



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Resident as Educators (RaE) Requirements during Pgy3

Teaching is a fundamental role of the physician, in a variety of formats, environments and with a variety of audiences. For this reason,

• Residents are expected to be working in the role of a teacher on a regular basis. • Evaluation of a minimum number of teaching encounters is required for Pgy2 to Pgy5 residents

Teaching may include any of the following:

Potential Settings

•PES

•Inpatient Ward

•Outpatient clinic

•Leading a seminar

•Presenting Literature •Jouranl Club

•Grand Rounds

•Community Forums •Family Meetings

Potential

Audiences

•Medical Students

•Patients

•Families

•Resident Peers

•Departmental Colleagues •Interprofessional

Colleagues

•Community members •Staff physicians including referring physicians

•Family Physicians

•Community Partners

Potential Formats

•Clinical supervision of junior learners

•Formal teaching sessions •Formal presentation •Small group sessions •Interactive seminars •Psychoeducation to patients & families

•Informal discussion with referring physicians

**During their Pgy3 year, residents must be evaluated completing at least:**

|  |  |
| --- | --- |
|  | |
| During Geriatric Psychiatry Rotation |  |
| • Teaching to Patient / Family |  |
| • Facilitation of Journal Club or Interprofessional Rounds |  |
| During Child & Adolescent Psychiatry Rotation |  |
| • Teaching to Patient / Family |  |
| • Facilitation of Journal Club or Interprofessional Rounds |  |
| Any Teaching Encounter (any setting) |  |
| • Additional Teaching Encounter of any kind |  |
| • Additional Teaching Encounter of any kind |  |

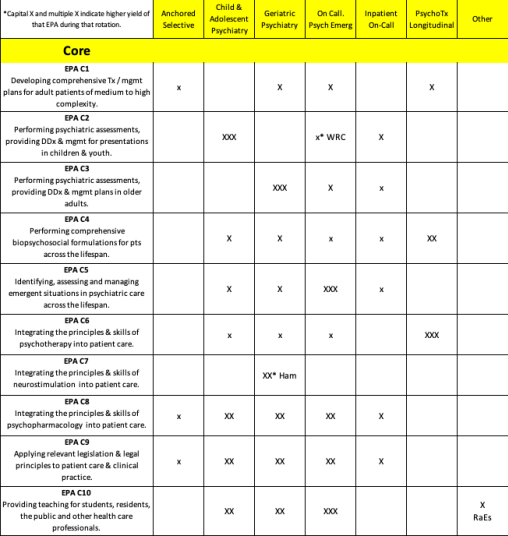
A tracking sheet for residents for RaE Activities is located on Medportal & can also be found here. The assessment form for **Core EPA#10** should be used for evaluation of RaE activities. (Note that the RaE Requirements for our program extend beyond those required for the Core EPA #10.)

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**Mapping of EPAs on Pgy3 Clinical Experiences**

This chart identifies the Core EPAs which are likely of high yield during each Pgy3 experience.**18**

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**Core EPA & Contextual Variable Goals for Pgy3** For full descriptors of these EPAs, please see Appendix A

C1: Mgmt Plans Pts Med to Hi Complexity

C2: Asst, DDx & Mgmt Plans Children & Youth

Gain some contexts of this

EPA

Complete entire EPA

Gain some contexts of this EPA

C3: Asst, DDx, & Mgmt Plans Older Adults

C4: Biopsychosocial Formulation

C5: Emergent

Situations

Complete entire EPA

-1 child -2 older adults -1 adolescent -1 by geriatric psychiatrist -1 by C/A psychiatrist

Gain some contexts of this

EPA

Gain some contexts of this EPA

C6: Psychotherapy

C7: Neurostimulation C8\*:

EPA Assessment for all Psychotherapy Supervision Sessions

Try to complete entire EPA

-2 children/adolescents -2 older adults -1 OAT -1 stimulant -1 cognitive enhancer -other C8 opportunities\*

Psychopharmacology

-other C8 opportunities\*

\*see C8 listing below

C9: Legislation C10: Teaching

-restrict /limit rights -restrict / limit rights

-1 mandatory reporting -eval disability restrict’n -mandatory reporting -capacity

-1 teaching patient/family -1 teaching patient / family

-1 jl club/interprofsnl rnds -1 jl club/interprofsnl rnds -2 teaching encounters

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**\*EPA C8: Psychopharmacology: Keep an eye open for these learning opportunities:**

Starting &

monitoring LAI

Starting &/or monitoring

Lithium

Managing Mood Stabilizer Other Than Lithium

Starting &

monitoring oral antipsychotic

Starting &/or

monitoring

Clozapine

Managing Agent to Tx Mx-Induced Side Effect

Starting &

monitoring 2 different classes antidepressants

Managing

Benzodiazepines

Pt on Multiple Psychiatric Mx

Starting &

monitoring

sedative /

hypnotic

Managing Opioid Agonist Therapy

Rx'ing Mx in

Pregnant or

Breast-Feeding Patient

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**Pgy3 Academic Days**

• Academic Days are held on **Wednesdays**, and typically consist of the following schedule:

9 – 10 am 

• Departmental Grand Rounds

10 am – 12:30 pm 

• Non-scheduled

• May see Psychotherapy Patient/Supervisor

12:30 – 2:00 

• Academic Enrichment Sessions

2:30 – 4:30 pm 

• Core Curriculum Session

Attendance at Academic Days is mandatory

excepting vacation, professional leave, and post-call days. Supervisors are aware that residents are excused from clinical activities to attend their academic sessions.

• Attendance at the **McMaster Department of Psychiatry Grand Rounds** is expected. These are held:

o Wednesday mornings, 9-10am (Sept. to June).

o During pandemic restrictions, these are being held via Zoom videoconference.

o During times of non-restriction, the rounds are held at SJH, West 5th Campus in the lower auditorium.

o Each Grand Rounds presentation is recorded and can be accessed afterward on the McMaster Department of Psychiatry YouTube page.

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• Attendance at **Psychiatry Academic Enrichment sessions** is mandatory. o Wednesdays, 12:30 to 2 pm

o During pandemic restrictions, these are being held via Zoom Videoconference. During times of non-restriction, these are held at SJH, West 5th Campus

o **During Pgy3, there is a series of Psychopharmacology Enrichment Sessions**

o Other Enrichment Sessions include PRAM meetings, Evidence-Based Medicine, Complex Case Rounds, Diagnostic Interviewing & OSCE Prep sessions.

o The schedule is indicated on the Core Curriculum schedule found on Medportal.

o For WRC residents, Evidence-Based Medicine, OSCE Prep and Diagnostic Interviewing is held in the WRC. The schedule with location info is posted on MedSIS.

• Attendance at **Core Curriculum Sessions** is mandatory.

o The Academic Day Schedule is posted on Medportal.

o Due to the pandemic, all academic sessions are being delivered via Zoom Videoconferencing.

o To promote engagement, residents are expected to have their cameras turned on in all academic sessions unless extenuating circumstances are preventing this. In the event of such circumstances, residents are asked to inform the presenter of the reason they are not able to have their camera on.

o If you are going to be away for an Academic Half-Day session, please inform the facilitator and Josh or Ashley (WRC-specific session).

o Four times a year, the AHD sessions for our WRC residents will be held in 

Waterloo in the One Room Schoolhouse (ORS), in four 4-week modules

• Homewood Health Centre Grand Rounds are held:

o Thursdays, from 12 – 1pm in the Homewood Auditorium.

o These are optional, and encouraged, for residents on rotation at Homewood

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**Assessment During Core of Discipline**

**Stage of Training, Pgy-3 Year**

Please also refer to the McMaster Postgraduate Medical Education document, “Policy on Assessment of Learners in PGME Programs, June 2019” found here.

**Assessment Tools**

|  |  |  |
| --- | --- | --- |
| **Task Assessment Tool Assessor** | | |
| 1.Block Rotation Evaluation | ITAR (In-Training Assessment of Resident) | Primary Supervisor(s) during each Block Rotation |
| 2. Resident as Educator (RaE) Activities | Core EPA C10, using EPA  Assessment Form | Person observing you or who received your teaching |
| 3. Emergency Psychiatry  Clinical Work | Emergency Psychiatry  Evaluations. (completed via MedSIS) | Faculty supervisor(s) for each on call shift |
| 4. EPAs | EPA Assessment Form.  (accessed through MedSIS) | Person observing you  (directly/indirectly)  completes the EPA |
| 5. Psychotherapy | As outlined on PTeR:  • WAIs  • EPA #C6 Observations  • Tape Ratings  • End-Unit Evals | Psychotherapy Supervisor |
| 6. Inpatient On-Call  Experiences | Inpatient On-Call Evaluations. (completed via MedSIS) | Faculty supervisor for the call shift |
| 7. StACERs. | Structured Assessment of a  Clinical Encounter Report  • 2 Specific for Geri Psych • 2 Specific for C/A Psych | Mid- and End- Unit StACERs are to be completed by 2 different assessors, one of whom may be supervisor |

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**1. In-Training Assessment of Resident (ITARs)**

At the mid-point and end of each six-block rotation, the resident’s primary supervisor(s) will be sent an In-Training Assessment of Resident (ITAR) to complete on MedSIS.

For rotations shorter than six months, an ITAR will only be sent at the end of the rotation. ITARs assess overall performance on a number of aspects of the CanMEDS roles, with the rating scale:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1 2 3 4 5** | | | | |
| Unsatisfactory | Provisional  Satisfactory | Satisfactory | Very Good | Outstanding |

**2. Evaluation of Residents as Educators (EPA C10)**

• The required Resident as Educator (RaE) experiences should be assessed using the assessment form for **EPA Core #10**, located on MedSIS.

• Please note that the RaE Requirements for our program extend beyond those required for the Core EPA #10. (see page 17)

• A tracking form of completion of Resident as Educator experiences can be found on Medportal. A copy has also been placed in the repository of documents for your cohort, found here.

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**3. Emergency Psychiatry On-Call Evaluations**

**Pgy3 Residents are expected to have a minimum of 6 emergency psychiatry evaluations completed per six months**

**Tip!** Trigger your evaluation before leaving at the end of your shift.

Instructions for triggering these PES Evaluations on located on Medportal, and can be found via: http://postgrad.medportal.ca/programs/psych/documents/InstructionsforPESEvalsinMEDSIS\_ResidentVi ew\_2018Update.pdf

Evaluation Form of Residents On-Call

|  |  |  |
| --- | --- | --- |
|  | Satisfactory | Needs  Improvement |
| At the start of the call shift I received a brief summary of current patients and patient flow issues in the PES |  |  |
| Case presentations by the resident demonstrated adequate familiarity with each patient’s history and clinical information |  |  |
| The resident demonstrated appropriate clinical decision-making skills. |  |  |
| The resident developed reasonable disposion and treatment plans for each patient. |  |  |
| The resident identified knowledge gaps for discussion, when time allowed, as appropriate. |  |  |
| The resident asked questions about clinical or administrative issues when needed. |  |  |
| The resident managed and prioritized patient care and service needs. |  |  |
| The resident demonstrated professionalism throughout the on-call period. |  |  |

Areas of Strength:

Areas for Improvement:

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**4. Assessment of Entrustable Professional Activities (EPAs)**

By the end of the Core of Discipline Stage of Training (ie. end of Pgy4), residents must have completed the required number of observations of achievement for each of the

Core Entrustable Professional Activities (EPAs).

• **Minimum EPA Goals for Pgy3 are outlined on page 19.** 

• The Core EPAs are written in full description in Appendix A.

▪ The Royal College document outlining in full all of the Psychiatry EPAs has been placed in the Google Drive Repository of Documents for your cohort found here.

▪ Residents are encouraged to make use of the tracking documents that are also available in the repository.

**Assessment of an EPA should be documented using an EPA Assessment Form, located on MedSIS.**

For MedSIS Instructions for use on Mobile Devices: 

https://healthsci.mcmaster.ca/medsis/training/cbme

For MedSIS Instructions to Trigger a WBA on Desktops:

https://healthsci.mcmaster.ca/docs/librariesprovider30/training/pgme/students/how-to---trigger-on demand-evalautions.pdf?sfvrsn=6667a62\_2

Aim to complete at least 2 -3 EPA observations a week, across all experiences 

(on rotation, on-call & psychotherapy)

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EPAs are assessed on the Entrustment Scale:



**Remember!** The most important part of the EPA Assessment is the **Feedback Section.**

It will take likely take two to three attempts to gain a successful EPA observation, so be sure to start requesting your supervisor to assess you doing an EPA early on in your clinical experience.

IN ADVANCE of doing the clinical task, discuss with your supervisor/observer of the task, that they might assess your work. Such assessments should:

• Involve direct or indirect observation by the assessor

• Be followed by in the moment, face to face verbal feedback after completion of the clinical task

• Be followed by completion of the electronic EPA Assessment form

\*EPAs should be completed even if completion of the task was rated less than a 4 or 5, in order to foster feedback and development.

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**5. Psychotherapy Evaluations**

Detailed information regarding psychotherapy assessment can be found on PTeR.

Residents will be evaluated regarding:

o Completion of PTeR modules

o Therapeutic Alliance Rating Scales (WAIs)

o Ratings of Tapes

o EPA Core #6

o Final Psychotherapy Module Evaluation

**EPA C6 (Psychotherapy) Assessments during Pgy3**

- EPA assessments should be completed at the end of each psychotherapy supervision session in which a patient-encounter tape is reviewed.

- Your supervisor can complete these assessments on MedSIS

- Additionally, 3 successful C6 Observations of you integrating psychotherapeutic techniques into regular patient care is required by the end of Pgy4



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**6. Inpatient Psychiatry On-Call Evaluations**

**Residents are to have an evaluation completed at the end of each**

**Inpatient Psychiatry On-Call Experience.**

**Tip!** Trigger your evaluation immediately at the end of your shift.

Instructions for triggering these evaluations on located on Medportal, and can be found via: http://postgrad.medportal.ca/programs/psych/documents/InstructionsforPESEvalsinMEDSIS\_ResidentVi ew\_2018Update.pdf

Evaluation Form of Residents during Inpatient On-Call Experiences

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not  Observed | I had to do it | I had to  talk them  through | I needed  to prompt | I had to  provide minor direction | No direction  required for safe, independent care |
|  | 0 | 1 | 2 | 3 | 4 | 5 |
| Prioritization of patient care and service needs |  |  |  |  |  |  |
| Timely & efficient management of workflow. Responsive & available. |  |  |  |  |  |  |
| Appropriately detailed history taking & physicals |  |  |  |  |  |  |
| Adequately detailed case  presentations |  |  |  |  |  |  |
| Appropriate selection &  interpretation of initial  investigations. |  |  |  |  |  |  |
| Appropriate clinical decision making skills |  |  |  |  |  |  |
| Effective communication &  collaboration with team members. |  |  |  |  |  |  |
| Effective & timely communication with patients and families. |  |  |  |  |  |  |
| Effective & timely documentation |  |  |  |  |  |  |
| Identification of knowledge gaps for discussion, when time allowed |  |  |  |  |  |  |
| Demonstration of professional behaviour throughout shift. |  |  |  |  |  |  |

Feedback to Learner:

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**7. StACERs**

**(Structured Assessment of Clinical Encounter Report)**

2 StACERs should be completed during each of the:

o Geriatric Psychiatry Rotation

o Child & Adolescent Psychiatry Rotation

During each of these rotations, StACERs should be completed:

▪ Mid-unit

▪ Close to end-unit

• Optimally, the two StACERs completed during a rotation would be with different assessors. • The assessor(s) may be your primary supervisor.

• If you have only one primary supervisor for the duration of your rotation, thank you ask your supervisor for assistance in identifying a second faculty member with whom you may complete your second StACER for the rotation.

The StACER should consist of:

o 50 minute interview with a patient of whom both the resident and assessor have no previous knowledge

o 10 minutes for resident to collect their thoughts

o Up to 60 minute discussion including:

• Verbal case presentation

• Differential Diagnosis including indication of Preferred Diagnosis

• Verbal formulation of the patient

• Discussion of any Q&A related to the patient, as directed by the assessor

The **StACER Feedback For**m & Specific Scoring Rubrics for Geriatric & C/A StACERs are located on Medportal as well as here.

• This should be completed as close in time as possible to the completion of the StACER activity. • Please keep a copy of the Feedback Form for your own learning toolbox.

• Please submit the Feedback Form to the Postgrad Program as soon as you receive it. We will accept scans and photos of the form.

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**Rotation Feedback**

Feedback from our residents is imperative to our ongoing review & revision of the program, and faculty development. It is also a requirement for the process of Tenure and Promotion of faculty members. For these reasons, completion of all evaluations is asked of our residents. Thank you in advance for taking the time to provide useful feedback.

At the end of each academic session, you will be asked to complete:

o An evaluation of the session

At the end of each of your clinical rotation experiences, you will be asked to complete: o An evaluation of the rotation (i.e. about the experience in general)

o An evaluation of the faculty supervisor(s)

At the end of each emergency psychiatry call shift, you will be asked to complete: o An evaluation of the faculty supervisor(s) on call

At the end of each Inpatient On-Call Experience, you will be asked to complete: o An evaluation of the faculty supervisor on call

At the completion of your psychotherapy modules, you will be asked to complete: o An evaluation of the faculty supervisor

At the end of the Pgy3 Year, you will be asked to complete:

o A survey providing feedback about the Academic Coach pilot

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**APPENDIX A:**

**Core EPA Listing**

**Core EPA # 1**

**Developing comprehensive treatment/management plans for adult patients.**

Key Features:

- This EPA focuses on performing a psychiatric assessment, using psychological and neurobiological theories of psychiatric illness and personality development to guide the biopsychosocial interview, and gathering pertinent patient information **in adult patients of medium to high complexity.** \*please refer to Appendix B for Complexity Guide

- This also includes synthesizing the information to develop a differential diagnosis and a comprehensive treatment/management plan that integrates psychopharmacology, psychotherapy, neurostimulation and social interventions, as appropriate.

- This EPA does not include delivery of the management plan.

Assessment plan:

Direct observation, case discussion and/or review of consult letter or other documents by psychiatrist/psychiatric subspecialist, TTP psychiatry resident, psychiatry fellow, Core/TTP psychiatry subspecialty resident, psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient

- Case type (select all that apply): anxiety disorder; major depressive disorder; bipolar disorder; personality disorder; psychotic disorder; substance use disorder; intellectual disability; autism spectrum disorder; trauma; other

- Complexity: low; medium; high

- Observation (select all that apply): direct; case discussion; review of clinical documents

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Collect 8 observations of achievement

- At least 2 emergency

- At least 2 inpatient

- At least 2 outpatient

- At least 2 consultation liaison

- At least 2 psychotic disorders

- At least 1 substance use disorder

- At least 1 anxiety disorder

- At least 1 history of trauma

- At least 1 major depressive disorder

- At least 1 bipolar disorder

- At least 1 personality disorder

- At least 1 intellectual disability/ autism spectrum disorder comorbidity

- At least 3 high complexity

- At least 5 direct observations with review of documentation

- At least 4 different observers

- At least 3 by psychiatrists

Relevant Milestones:

**1 ME 1.3** Apply knowledge of diagnostic criteria for mental health disorders **2 ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed**

**3 ME 2.2 Perform a psychiatric assessment, including a focused physical exam 4 ME 2.2 Select appropriate investigations and interpret their results**

**5 ME 2.2 Synthesize biological, psychological, and social information to determine a diagnosis**

**6 ME 2.3 Establish goals of care**

**7 ME 2.4 Develop and implement management plans that consider all of the patient’s health problems and context**

**8 ME 3.1** Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centred, and considers the risks and benefits of all approaches

**9 COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**

**10 COM 3.1 Convey information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**

**11 P 1.1** Exhibit appropriate professional behaviours

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**Core EPA # 2**

**Performing psychiatric assessments and providing differential diagnoses and management plans for children and youth.**

Key Features:

- This EPA focuses on performing a developmentally informed psychiatric assessment, using knowledge of neurobiological, cognitive, behavioral, emotional, family and personality development to perform a comprehensive biopsychosocial interview involving the patient, family, and others.

- This also includes synthesizing the information to develop a differential diagnosis and management plan that integrates psychopharmacology, psychotherapy and social interventions as appropriate.

- The management plan should include considerations of parent or guardian guidance, referral resources, and basic pharmacological and psychotherapeutic interventions.

- This EPA does not include delivery of the management plan.

Assessment plan:

Direct observation, case discussion and/or review of consult letter or other by child and adolescent psychiatrist, psychiatrist, TTP psychiatry resident, Core/TTP child and adolescent psychiatry subspecialty resident, or psychiatry/child and adolescent psychiatry fellow

Use form 1. Form collects information on:

- Case type: anxiety disorder; mood disorder; attention deficit/hyperactivity disorder; autism spectrum disorder; intellectual disability; other neurodevelopmental disorder; personality disorder; psychotic disorder; substance use disorder; OCD; trauma; other presentation - Co-morbidities (write-in):

- Setting: emergency; inpatient unit; consultation liaison; outpatient; community; residential treatment centre

- Complexity: low; medium; high

- Demographic: child 4-12 years; adolescent 13-18 years

- Observation (select all that apply): direct; case discussion; review of clinical documents

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Collect 6 observations of achievement

- At least 1 mood disorder, anxiety disorder, or OCD

- At least 1 ADHD

- At least 1 abuse, neglect, or trauma

- At least 1 intellectual disability/autism spectrum disorder comorbidity

- At least 2 children 4-12 years

- At least 2 adolescents 13-18 years

- At least 4 direct observations, including review of documentation

- At least 3 different observers

- At least 2 observations by a child and adolescent psychiatrist

Relevant Milestones:

**1 ME 1.3 Apply knowledge of normal and abnormal physical, cognitive, emotional, and behavioural development**

**2 ME 2.2** Focus the clinical encounter, performing it in a time-effective manner without excluding key elements

**3 ME 2.2 Adapt the clinical assessment to the patient’s developmental stage 4 ME 2.2 Synthesize biological, psychological, and social information to determine a diagnosis**

**5 ME 2.2** Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion

**6 ME 2.4 Develop and implement management plans that consider all of the patient’s health problems and context**

**7 ME 3.2 Use shared decision-making in the consent process**

**8 COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**

**9 COM 2.1** Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview

**10 COM 5.1** Document clinical encounters in an accurate, complete, timely, and accessible manner and in compliance with legal and privacy requirements

**11 HA 1.1** Work with patients to address the determinants of health that affect them and their access to needed health services or resources

**12 P 3.1 Apply child welfare legislation, including mandatory reporting**

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**Core EPA # 3**

**Performing psychiatric assessments and providing differential diagnoses and management plans for older adults.**

Key Features:

- This EPA focuses on performing psychiatric assessments that adjust for potential cognitive and sensory decline, using the biopsychosocial model to guide the interview.

- This includes synthesizing the information to develop a differential diagnosis and management plan that integrates neurostimulation, psychopharmacology, psychotherapy, and social interventions, as appropriate, in older adult patients.

- This EPA includes new or persistent mood, anxiety, and psychotic disorders in older adults with or without co-morbid neurocognitive disorders.

- This EPA may include younger patients with early onset neurodegenerative or neurocognitive disorders such as Alzheimer’s, and Behavioural and Psychological Symptoms of Dementia (BPSD).

Assessment plan:

Direct observation, case discussion and/or review of consult letter or other documentation by geriatric psychiatrist, psychiatrist, TTP psychiatry resident, Core or TTP geriatric psychiatry subspecialty resident, or psychiatry/geriatric psychiatry fellow

Use Form 1. Form collects information on:

- Case type (select all that apply): anxiety disorder; bereavement; major depressive disorder; bipolar disorder; neurocognitive disorder; BPSD; personality disorder; psychotic disorder; substance use disorder

- Co-morbidities (select all that apply): delirium; CVA/Vascular disease; frailty; acquired or traumatic brain injury; Parkinson’s disease; other movement disorder; other; n/a - Setting: emergency; inpatient unit; consultation liaison; outpatient; community; assisted living; palliative

- Complexity: low; medium; high

- Additional concerns: rationalization of polypharmacy; elder abuse; other; n/a - Observation (select all that apply): direct; case discussion; review of clinical documents

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Collect 6 observations of achievement

- At least 3 neurocognitive disorders, including at least 1 patient with BPSD - At least 1 major depressive disorder and/or bereavement

- At least 1 anxiety disorder

- At least 1 case with rationalization of polypharmacy

- At least 2 different observers

- At least 4 direct observations, including review of documentation

- At least 2 by a geriatric psychiatrist or psychiatrist with special interest in older adult patients

Relevant Milestones:

**1 ME 1.3 Apply knowledge of normal and abnormal physical, cognitive, emotional, and behavioural development**

**2 ME 2.2 Perform a psychiatric assessment, including a focused physical exam 3 ME 2.2** Focus the clinical encounter, performing it in a time-effective manner without excluding key elements

**4 ME 2.2 Select appropriate investigations and interpret their results**

**5 ME 2.2** Synthesize biological, psychological, and social information to determine a diagnosis **6 ME 2.4 Develop and implement management plans that consider all of the patient’s health problems and context**

**7 ME 3.2** Use shared decision-making in the consent process

**8 COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences 9 COM 5.1** Document clinical encounters in an accurate, complete, timely, and accessible manner and in compliance with legal and privacy requirements

**10 HA 1.1 Work with patients to modify determinants of health**

**11 HA 1.1 Facilitate access to health services and resources**

**12 P 3.1 Apply relevant legislation, including capacity and neglected adults**

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**Core EPA #4**

**Developing comprehensive biopsychosocial formulations for patients across the lifespan.**

Key Features:

- This EPA focuses on the development of the biopsychosocial formulation, including utilizing psychological theories and theories of personality development, applying knowledge of neuroscience, neurodevelopment, aging, genetics and epigenetics, and socioeconomic determinants of health.

- This EPA includes synthesis and presentation of a comprehensive biopsychosocial formulation in oral or written/electronic form.

- The observation of this EPA requires direct observation of the patient assessment in at least 3 cases.

Assessment plan:

Direct observation of oral presentation or review of written documentation of the formulation by a psychiatrist/psychiatric subspecialist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident, or psychiatry/psychiatry subspecialty fellow

Use form 1. Form collects information on:

- Demographic: child; adolescent; adult; older adult

- Setting: emergency; inpatient; consultation liaison; outpatient; community; day hospital; assisted living; correctional; residential treatment centre; school; simulation

- Assessment observed: yes; no

- Complexity: low; medium; high

Collect 8 observations of achievement

- At least 1 child

- At least 1 adolescent

- At least 4 adults

- At least 2 older adults

- No more than 2 in simulation setting

- At least 3 cases in which the supervisor has observed the assessment of the patient, of which at least 1 is an adult patient

- At least 3 high complexity

- At least 4 by psychiatrists

- At least 1 by a child and adolescent psychiatrist

- At least 1 by a geriatric psychiatrist

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Relevant Milestones:

**1 ME 1.3** Apply a broad base and depth of knowledge in neuroscience, neurodevelopment, aging, genetics, epigenetics in psychological theories, theories of personality development, and socioeconomic determinants of health

**2 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner without excluding key elements**

**3 COM 1.3** Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly

**4 ME 2.2** Identify and respond to predisposing, precipitating, perpetuating, and protective factors **5 COM 2**.**1 Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview**

**6 ME 2.4 Use the biopsychosocial formulation to inform the management plan 7 COM 3.1 Convey the biopsychosocial formulation to patients**

**8 COM 5.1** Document clinical encounters in an accurate, complete, timely, and accessible manner and in compliance with legal and privacy requirements

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**Core EPA #5**

**Identifying, assessing, and managing emergent situations in psychiatric care across the lifespan.**

Key Features:

- This EPA focuses on the assessment and management (i.e. pharmacological and nonpharmacological) of any psychiatric emergency and maintaining safety and minimizing risk to patients, self, and others.

- This includes presentations involving risk of harm to self or others, acute agitation and aggression, as well as other behavioural and emotional disturbances, and medical emergencies, such as acute dystonic reactions, delirium, catatonia, serotonin syndrome, neuroleptic malignant syndrome (NMS), etc.

Assessment Plan:

Direct observation by psychiatrist/psychiatric subspecialist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident, or psychiatry/psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient; community; simulation - Case type: acute agitation and aggression; other behavioural and/or emotional disturbance; active suicidal ideation; homicidal/violent ideation; risk of harm to others; medical emergency related to delirium; acute dystonic reaction; catatonia; serotonin syndrome; NMS; other condition - Complexity: low; medium; high

Collect 8 observations of achievement

- At least 2 patients with acute agitation and aggression

- At least 2 patients with active suicidal ideation

- At least 1 patient with homicidal/violent ideation or risk of harm to others

- At least 2 patients with medical emergencies related to delirium

- At least 1 patient with acute dystonic reaction, catatonia, serotonin syndrome, or NMS (may be in a simulation setting)

- At least 3 observations by psychiatrist/psychiatric subspecialist

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Relevant Milestones:

**1 ME 2.1 Recognize instability and medical/psychiatric acuity in a clinical presentation 2 ME 2.1 Recognize and manage patients at risk of harm to self or others and intervene to mitigate risk**

**3 ME 2.2** Focus the assessment performing it in a time-effective manner without excluding key elements

**4 ME 2.2** Assess risk of harm to self or others

**5 ME 3.1 Determine the most appropriate therapies and/or interventions to minimize risk**

**6 ME 2.4** Develop and implement a management plan

**7 ME 5.2 Apply policies, procedures, and evidence-based practices when dealing with patient, staff, and provider safety, including violent and potentially violent situations 8 ME 2.4** Determine the setting of care appropriate for the patient’s health care needs **9 ME 4.1** Determine the need, timing, and priority of referral to another physician and/or health care professional

**10 COM 3.1** Convey the rationale for decisions regarding involuntarily treatment and/or hospitalization

**11 COM 1.5** Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately

**12 COL 3.1 Provide emergent/urgent medical assistance for patients as necessary, arranging for referral and/or transport to appropriate medical facility**

**13 COL 3.2 Ensure communication of risk management plans**

**14 L 1.2** Assess and manage safety/risk for staff and care providers in all settings

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**Core EPA #6**

**Integrating the principles and skills of psychotherapy into patient care.**

Key Features:

- This EPA applies the knowledge and skills developed in psychotherapy to inform an assessment and provide appropriate psychotherapeutic interventions and ongoing assessment of the patient’s response to the intervention.

- This includes identifying and empathizing with the patient, developing a collaborative relationship with the patient and family, recognizing the importance of therapeutic alliance, recognizing and repairing tensions/ruptures in this alliance, and adapting the psychotherapeutic intervention to the individual patient context (trauma, culture, spiritual, social, biological).

- This also includes educating the patient and/or family on the rationale and therapeutic components of the prescribed psychotherapeutic intervention.

- This EPA includes delivery of individual Cognitive Behavioural Therapy (CBT), individual psychodynamic therapy, family or group therapy, and at least one other evidence-based psychotherapy.

- Long term psychodynamic therapy is recommended but not required for achievement. - The observation of this EPA is divided into two parts: performing psychotherapy; a log of psychotherapy experiences.

Assessment plan:

**Part A:** Performing psychotherapy

Direct observation or review of audio, video or transcript by supervisor, TTP psychiatry resident or Core/TTP psychiatry subspecialty resident trained in selected modality, or other mental health professional trained in the modality

Use form 1: Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient

- Demographic: child; youth; adult; older adult

- Case type: anxiety disorder; eating disorder; mood disorder; obsessive compulsive disorder; personality disorder; psychotic disorder; substance use; trauma; other disorder - Therapeutic modality: DBT; CBT; IPT; MI; mindfulness; psychodynamic (short term or long term); group therapy; family therapy; supportive therapy; emotion focused therapy (EFT); other - Treatment: integrated; longitudinal

Collect 13 observations of achievement

- At least 3 psychodynamic psychotherapy sessions

- At least 3 CBT sessions

- At least 2 family or group therapy sessions

- At least 2 sessions in one other evidence-based modality

- At least 3 observations demonstrating integration of psychotherapeutic interventions in regular clinical care

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**Part B:** Logbook – this is being addressed through PTeR and regular submission of EPAs

Relevant Milestones:

Part A: Performing psychotherapy

**1 ME 1.3** Apply knowledge of the principles of psychotherapy to patient care **2 ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient’s clinical situation evolves

**3 ME 2.2 Assess patient suitability for psychotherapy**

**4 ME 2.2** Assess patient response to psychotherapy

**5 ME 3.1 Select a psychotherapeutic modality and tailor the selected psychotherapy to the patient on the basis of an appropriate case formulation**

**6 ME 2.4** Integrate the selected psychotherapy with other treatment modalities **7 ME 3.4 Deliver the psychotherapeutic intervention**

**8 ME 4.1** Establish plans for ongoing care

**9 COM 1.1 Establish, repair when necessary, and maintain a therapeutic alliance with the patient**

**10 COM 1.3** Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly

**11 COM 1.5 Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately**

**12 COM 1.5** Establish boundaries as needed in emotional situations

**13 COM 5.1** Adapt record keeping to the specific guidelines of their discipline and the clinical context

**14 COL 1.3** Integrate the patient’s perspective and context into the collaborative care plan **15 HA 1.2** Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours

**16 P 1.1 Exhibit appropriate professional behaviours**

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**Core EPA #7**

**Integrating the principles and skills of neurostimulation into patient care.**

Key Features:

- This EPA focuses on the application of neurostimulation modalities in the management of adult and older adult patients.

- This includes determining appropriateness of the intervention for the clinical scenario; identifying contraindications, risks, and benefits; completing pre-procedure workup; delivering ECT; managing and interpreting electroencephalography (EEG) as a part of ECT; providing follow-up care; and managing short- and long-term complications.

- This EPA also includes communicating with the patient and family about the procedure to guide consent and dealing with stigma or cultural resistance related to acceptance of the proposed procedure.

- The observation of this EPA is divided into two parts: suitability for neurostimulation; delivery of neurostimulation.

Assessment plan:

**Part A: Suitability for neurostimulation**

Direct and indirect observation by psychiatrist

Use form 1. Form collects information on:

- Setting: inpatient unit; outpatient; simulation

- Demographic: adult; older adults

- Case type (write-in):

- Modality: ECT; rTMS; other evidence-based form of neurostimulation

Collect 3 observations of achievement

- At least 1 of each demographic

- At least 2 observations must be for ECT

**Part B: Delivery of neurostimulation**

Direct observation by psychiatrist or neurostimulation provider

Use form 1. Form collects information on:

- Demographic: adult; older adults

- Case type (write-in):

- Modality: ECT; rTMS; other evidence-based form of neurostimulation

Collect 3 observations of achievement

- At least 2 observations must be for ECT

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Relevant Milestones:

Part A: Suitability for neurostimulation

**1 ME 2.4** Develop and implement management plans that consider all of the patient’s health problems and context

**2 ME 2.2 Assess a patient’s suitability to proceed with neurostimulation 3 ME 3.2 Describe the indications, contraindications, risks, and alternatives for neurostimulation**

**4 COM 3.1 Provide information clearly and compassionately, checking for patient/family understanding**

**5 COM 4.3** Answer questions from the patient and/or family

**6 COM 4.3 Use communication skills and strategies that help the patient make an informed decision**

**7 ME 3.2** Use shared decision-making in the consent process

**8 ME 3.2 Obtain and document informed consent**

**9 ME 2.4 Anticipate peri-procedural issues and complications, and incorporate these considerations in the management plan**

**10 HA 1.2 Work with patients and their families to decrease stigma regarding neurostimulation treatments**

Part B: Delivery of neurostimulation

**1 ME 2.2 Assess a patient’s suitability to proceed with neurostimulation 2 ME 3.2** Describe the indications, contraindications, risks, and alternatives for neurostimulation **3 ME 3.2 Obtain and document informed consent**

**4 ME 3.4 Prepare and position the patient for the neurostimulation procedure 5 ME 3.4 Administer sedation and apply monitoring equipment to optimize patient safety and comfort**

**6 ME 3.4 Apply neurostimulation using appropriate techniques**

**7 COL 1.2 Communicate effectively with nurses and/or assistants during the procedure 8 ME 3.4 Document the encounter to adequately convey the procedure and outcome(s) 9 ME 3.4 Establish and implement a plan for post-procedure care**

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**Core EPA #8**

**Integrating the principles and skills of psychopharmacology into patient care.**

Key Features:

- This EPA focuses on pharmacological management and includes the prescription and monitoring of medications for adult patients as well as for children, adolescents, and older adults. - This EPA includes obtaining informed consent and providing education for medication as appropriate across the lifespan, including in pregnancy, children, adolescents, and the elderly population (with varying levels of capacity).

- This EPA also includes advocating for access to medication.

Assessment plan:

Direct and indirect observation by psychiatrist/subspecialty psychiatrist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident, or psychiatry/psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Demographic: child; adolescent; adult; older adult

- Activity (select all that apply): starting and monitoring medication; medication management (including switching, augmenting, discontinuation); reviewing management; safe prescribing practice; de-prescribing

- Medication (select all that apply): serotonin specific reuptake inhibitor; serotonin noradrenaline reuptake inhibitor; tricyclic antidepressant; antipsychotic; clozapine; long-acting injectable antipsychotic; anxiolytic; benzodiazepine; sedative/hypnotic; lithium; mood stabilizer; stimulant; cognitive enhancer; opioid agonist; agent to treat medication side effect; other

- Complexity factors: pregnancy; breast feeding; multiple medications; substitute decision maker; medical comorbidity; other

Collect 12 observations of achievement:

- At least 1 each starting and monitoring

o long-acting injectable antipsychotic

o oral antipsychotic

o sedative/hypnotic

- At least 2 starting and monitoring 2 different classes of antidepressants

- At least 1 each starting and/or monitoring

o lithium

o clozapine

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- At least 1 each of managing

o benzodiazepine

o opioid agonist therapy

o mood stabilizer other than lithium

o agent to treat medication-induced side effect

- At least 1 patient on multiple psychiatric medications

- At least 2 patients in the CL setting

- At least 2 child/adolescents, including starting and managing 1 stimulant - At least 2 older adults, including 1 with a cognitive enhancer

- At least 1 pregnant or breastfeeding patient

- At least 5 observers

- At least 3 by psychiatrists

Relevant Milestones:

**1 ME 1.3 Apply knowledge of pharmacodynamics and pharmacokinetics at various developmental stages**

**2 ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient’s clinical situation evolves

**3 ME 3.2 Describe the indications, contraindications, risks, and alternatives for a given treatment plan**

**4 ME 2.2 Assess and monitor patient adherence and response to therapy 5 ME 2.2 Assess potential harmful or beneficial drug-drug interactions 6 ME 3.2** Use shared decision-making in the consent process

**7 ME 4.1 Establish plans for ongoing care**

**8 COM 5.1 Document prescriptions accurately in the patient’s medical record, including the rationale for decisions**

**9 COL 1.2** Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care

**10 L 2.2** Apply evidence and management processes to achieve cost-appropriate care **11 HA 1.1 Facilitate access to appropriate medications**

**12 P 1.4** Recognize and manage conflicts of interest in independent practice

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**Core EPA #9**

**Applying relevant legislation and legal principles to patient care and clinical practice.**

Key Features:

- This EPA includes activities in which clinicians must apply legislation or ensure they employ a legally defensible approach in evaluation, diagnosis, and communication.

- Examples include the following: performing suicide and self-harm risk assessments; performing acute violence risk assessments; restricting rights of a patient; evaluating and defending an opinion for various capacities; obtaining and documenting informed consent; evaluating and communicating an opinion regarding restrictions and limitations relevant to disability; evaluating whether a duty exists to third parties.

Assessment plan:

Direct observation by psychiatrist/psychiatry subspecialist, TTP psychiatry resident, Core/TTP psychiatry subspecialty resident, or psychiatry/ psychiatry subspecialty fellow

Use Form 1. Form collects information on:

- Setting: emergency; inpatient unit; consultation liaison; outpatient; simulation - Issue: capacity to consent to treatment; fitness to stand trial; financial capacity; testamentary capacity; capacity with respect to long-term care; MAID; disability; disclose information; restriction or limitation of rights; need for mandatory or discretionary reporting; other issue - Initiating involuntary treatment or hospitalization: yes; no

- Complexity: low; medium; high

Collect 6 observations of achievement

- At least 2 capacity to consent to treatment in complex patients

- At least 2 restricting or limiting rights of a patient with the included due process protections such as initiating involuntary treatment and/or hospitalization

- At least 1 evaluation for restrictions/limitations relevant to disability

- At least 1 need for mandatory or discretionary reporting

- At least 4 by psychiatrists

- At least 2 different psychiatrist observers

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Relevant Milestones:

**1 ME 1.3 Apply knowledge of legal principles and legislation relevant to Psychiatry 2 ME 2.2 Perform risk assessments, including for suicide, self-harm, and violence 3 ME 3.2** Obtain and document informed consent

**4 ME 5.2** Adopt strategies that promote patient safety and address human and system factors **5 ME 2.2 Assess a patient’s decision-making capacity**

**6 COM 1.6** Tailor approaches to decision-making to patient capacity, values, and preferences **7 COM 5.1 Document clinical encounters in an accurate, complete, timely, and accessible manner, and in compliance with legal and privacy requirements**

**8 P 3.1 Adhere to requirements for mandatory and discretionary reporting 9 P 3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice**

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**Core EPA #10**

**Providing teaching for students, residents, the public and other health care professionals.**

Key Features:

- This EPA focuses on formal teaching presentations to diverse audiences such as patients, families, junior and senior learners, and other health professionals.

- This includes critical appraisal of relevant literature, adaptation of language and material to the needs of the audience, and effective presentation skills.

Assessment plan:

Direct observation by psychiatrist

Use Form 1. Form collects information on:

- Topic (write-in):

- Audience (select all that apply): residents/medical students; peers; psychiatrists; patients and/or families; public; other health care professional

Collect 4 observations of achievement

- At least 2 different audiences

- At least 2 different psychiatrist observers

Relevant Milestones:

**1 S 2.4** Identify the learning needs and desired learning outcomes of others

**2 ME 1.3 Apply a broad base and depth of knowledge in biopsychosocial sciences 3 S 2.4 Develop learning objectives for a teaching activity**

**4 S 3.3 Critically evaluate the literature**

**5 S 3.4** Integrate best evidence and clinical expertise

**6 S 2.4 Present the information in an organized manner**

**7 S 2.4 Use audiovisual aids effectively**

**8 S 2.4 Provide adequate time for questions and discussion**

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**APPENDIX B:**

**Complexity Guide for Psychiatric Presentations**

This table is being developed by the Royal College to assist in differentiating Complexity in Psychiatric Presentations. This will be particularly relevant to **Core EPA C1**.

Please click here to link to the Royal College Complexity Table.

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