

Transition to Discipline (TtD) Academic Coach Guide

This guide may be used in conjunction with the introductory manual,
[A Guide to CBME in the McMaster Psychiatry Postgraduate Program, June 16, 2020](#)

Faculty Name, July 2020



Overview

The Transition to Discipline Stage of Training will provide residents with an orientation to our program, the university, and the local health care system. It will also provide a review and assessment of the basic skills required to begin residency training in Psychiatry.

“The secret to getting ahead, is getting started.”

-Mark Twain

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Contacts

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TtD Classroom Coordinator	Dr. Sandra Westcott	sandra.westcott@medportal.ca	
TtD Classroom Faculty Supervisor	Dr. Laura Rosato	rosatol@hhsc.ca	
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New TtD Resident	Name	email	
New TtD Resident 2	Name	email	

Save the Date – Event to Welcome our Pgy1s



We hope you can join us for this casual event, designed for our new residents to meet other residents and faculty within our department.

Objectives of the Transition to Discipline Stage

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

1. Become oriented with the McMaster Psychiatry Postgraduate Program, its faculty & resources
2. Become oriented with CanMEDS roles
3. Become oriented with Competency Based Medical Education
4. Familiarize self with local health care system
5. Gain training in use of electronic medical record
6. Develop basic psychiatric interviewing skills including mental status exam and risk assessment
7. Develop skills in documentation and order writing
8. Become oriented with safety processes and policies relevant to healthcare workers, as well as safety strategies working within Psychiatry.
9. Become oriented to the psychiatric emergency service in which they will be working.
10. Begin to develop skills in conducting emergency psychiatric assessments
11. Begin to develop de-escalation techniques
12. Gain knowledge of & begin to apply concepts of:
 - Institutional policies
 - Legislation relevant to the practice of Psychiatry in Ontario
 - De-escalation techniques
 - Diagnostic classification systems
 - History of Psychiatry
 - Psychiatric phenomenology
 - Stigma, marginalization & vulnerability
 - Cultural awareness
 - Appropriate use of social media & smart technology
 - Strategies for physician wellness

Rotation Design

Stage of Training	Transition to Discipline		
Block	1 & 2		
Dates	July 2-12	July 13 - Aug.14	Aug 17-24
Description	Classroom Part 1 (2 Wks)	Psych Clinical Experience (5 Weeks)	Classroom Part 2 (1 Wk)

It has been strongly recommended to the residents that they not take vacation during Transition to Discipline due to the short time frame, required assessments and importance of content being reviewed.

July 2 – 12, 2020	TtD Classroom Part 1
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- Although their residency officially begins on July 1, 2020, residents will not have any scheduled activities until July 2, 2020.
- The first two weeks of their training will be “classroom based”. Sessions will include:

EMR Training	Basics of Psychiatric Interviewing	How to Present a Case
Intro to Mental Health Law	History of Psychiatry	Medical Clearance in the ER
Intro to Formulation	Management of Agitated Patients	Basic Note Writing
Basic Order Writing	Practical DBT Skills	Intro to EBM
Orientation to Program & Dept	Overview of Local MH Programs	CoVID Safety & Care
	Controversies in Psychiatry	
- Sessions will be primarily be completed via Zoom Videoconference due to pandemic conditions. A few small-group sessions will be run at St. Joseph’s Healthcare, West 5th Campus in Hamilton, and for our WRC residents, at sites within the Waterloo Regional Campus.
- TtD Residents will not be on call during the weeks of Classroom Part 1, to enable time for necessary training and orientation.

- Residents are expected to attend all sessions.
- Residents will be expected to make up any missed sessions by completion of an independent project.
- All assignments and projects must be completed. Projects & presentations will be evaluated.

July 13 – August 14, 2020

Clinical Psychiatry Experiences

- During this time, residents will gain experience working in adult, psychiatric clinical services. This is an opportunity for them to:
 - observe clinical encounters
 - complete basic psychiatric assessments
 - practice verbal case presentations
 - complete documentation & order writing
 - develop basic differential diagnoses
 - develop initial management plans



Hamilton Campus Residents

- One 2-week and one 3-week placement
- Inpatient & Outpatient experiences
- ½ day/wk PES daytime shift
- No post-call days away from rotation



Waterloo Regional Campus Residents

- 4 weeks inpatient experience
- 1-week emergency psych / SSU experience
- No post-call days

- **Dates Away from Core Rotation Placement:**

- Residents will have Academic Half-Day on **Wednesday afternoons**. They are expected to be on clinical placements on Wednesday mornings.
 - All residents will be away from rotation on **July 16th** for CPI / Code White training
 - Hamilton Residents will be away from their core rotation ½ day per week to train in PES
- Some observations may be “indirect”, in that at the supervisor’s discretion, when safe to do so, residents may see some patients on their own, then review with the supervisor.
 - Supervisors have been asked to provide feedback to residents on their documentation and order writing in addition to their knowledge & clinical skills.

July 24 – August 24, 2020

On-Call Experiences during TtD

- Residents are expected to complete call shifts during TtD, however, will NOT be post-call during any of their classroom or clinical days
- At the beginning of the call shift, supervisors should:
 - Ask the resident about their prior experiences in emergency experiences to inform their approach in assisting the resident with their learning during the shift
 - Discuss opportunities to observe interview and/or documentation & complete EPA assessments.
- **Emergency Psychiatry evaluations will not be completed on TtD Residents as these experiences focus on orientation and development of foundational skills as assessed by TtD EPAs #1 & #2**

August 17 – 24, 2020

TtD Classroom Part 2

- The last week of TtD will again be “classroom based”, as described above in TtD Classroom Part
- Residents are expected to attend all sessions.
- Residents will be expected to make up any missed sessions by completion of an independent project.
- All assignments and projects must be completed.
- Projects & presentations will be evaluated.
- Residents will continue to gain experience in emergency psychiatry. However, they will be scheduled so as to not have any post-call days.

Your Residents' Schedules

Name of resident:

July 13-17	July 20 – 24	July 27-31	Aug 3 - 7	Aug 10 - 14

Hamilton Academic Coaches:

Your resident will be in PES on:

Name of resident:

July 13 - 17	July 20 - 24	July 27 - 31	Aug 3 - 7	Aug 10 -14

Hamilton Academic Coaches:

Your resident will be in PES on:

Entrustable Professional Activities (EPAs)

By the end of the Transition to Discipline Stage, residents should have had the opportunity to demonstrate performance for the two Entrustable Professional Activities (EPAs) corresponding to this stage of training: TtD EPA #1 and TtD EPA #2 (see below)

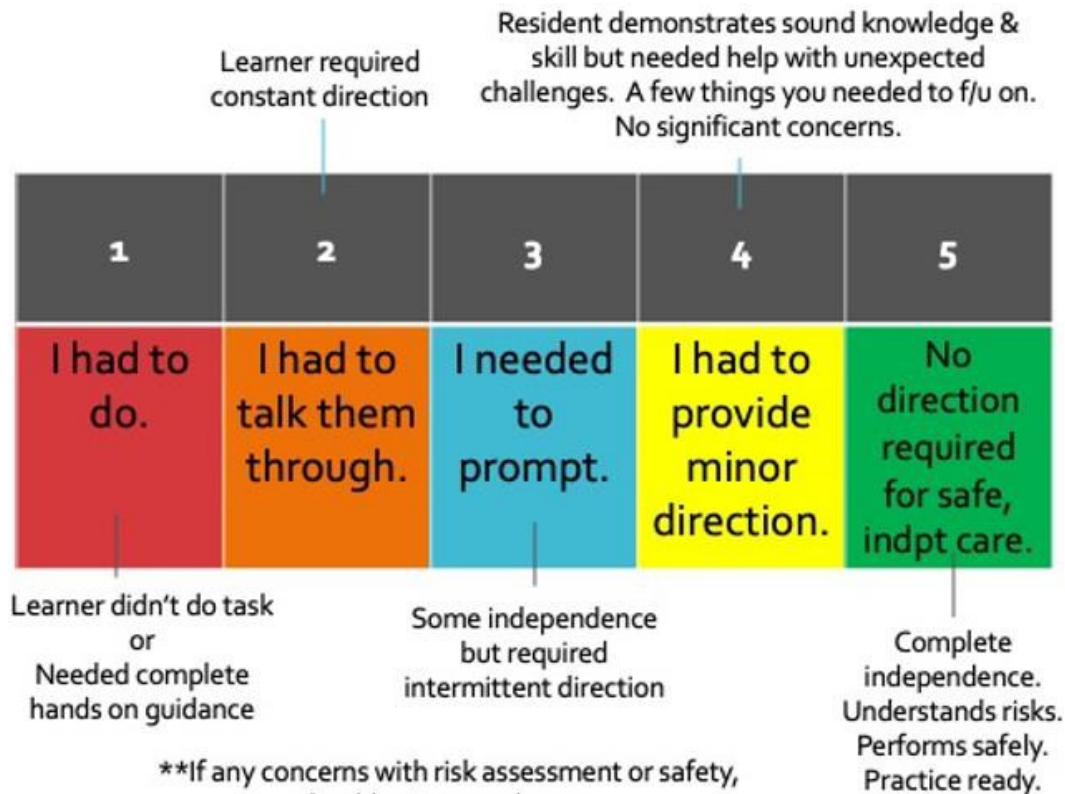
Assessment of an EPA should be documented using an EPA Assessment form, located on MedSIS.

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-evaluations.pdf?sfvrsn=6667a62_2

(Examples of the EPA Assessment forms for the Transition to Discipline EPAs can be found in Appendix B.)

The resident should be assessed on their EPA performance using the descriptors on the Entrustment Scale, indicated on the EPA Assessment form.



IN ADVANCE of doing the clinical task that is to be assessed, the supervisor should discuss with the resident:

- The EPA being observed
- Expectations of time duration of observed activity
- What they should do if they are not sure how to proceed

Assessments may involve direct or indirect observation depending on variables such as the task at hand, patient complexity, your comfort level, and resident skill.

Assessments should be followed by:

- In the moment, face to face verbal feedback
- Completion of the written, electronic Workplace Based Assessment** form (WBA)

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

It is anticipated that it may take 2-3 attempts before a resident achieves a successful assessment.

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

Elements of **feedback** for a TtD resident should include:

- Close time proximity to the completion of the task
- Identify any strengths demonstrated
- Identify 1 -2 specific areas for development with concrete examples
- Outline specific strategies for resident to improve those areas for development
- Explain reasoning for score on Entrustability Scale
- Explain what would increase their Entrustability Score to the next number

The 2 EPAs which residents must successfully complete during the Transition to Discipline stage are outlined on the next two pages.

TtD EPA #1

Obtaining a psychiatric history, which includes a preliminary diagnostic impression for patients presenting with mental disorders.

Key Features:

- This EPA verifies medical school skills of obtaining a psychiatric history and synthesizing information for diagnosis
- This includes clinical assessment skills, including a mental status examination and a focused physical/neurological exam if clinically indicated, and synthesizing a preliminary diagnostic impression in a patient of low complexity.
- This EPA may be observed in any psychiatry setting.

Assessment Plan:

- Direct observation by a psychiatrist/subspecialty psychiatrist, Core/TtP psychiatry/subspecialty (senior) psychiatry resident or fellow
- Use MedSIS Form. Form collects information on:
 - Case type: anxiety disorder; cognitive disorder; mood disorder; neurodevelopmental disorder; personality disorder; psychotic disorder; substance use disorder; other
- Collect 2 observations of achievement:
 - At least 2 different case types
 - At least 1 by psychiatrist

Relevant Milestones:

- 1. ME 1.3 Apply Diagnostic classification systems for common mental disorders**
- 2. ME 2.2. Perform a clinically relevant history including ID, HxPI and PastPsychHx**
3. ME 2.2 Perform a focused physical and/or neurological exam as clinically relevant
4. ME 2.2. Develop a specific differential diagnosis relevant to the patient's presentation
- 5. ME 2.2. Conduct a mental status examination**
- 6. ME 2.4. Develop an initial management plan for common patient presentations**
- 7. COM1.1 Convey empathy, respect, and compassion to facilitate trust & autonomy**
8. COM1.4 use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to the patient & family
9. COM 2.3 Seek & synthesize relevant information from other sources, including the patient's family, with the patient's consent
- 10.COM 4.1. Conduct an interview, demonstrating cultural awareness
- 11.P 1.1. Demonstrate awareness of the limits of one's own professional expertise**

TtD EPA #2

Communicating clinical encounters in oral and written/electronic form.

Key Features:

- This EPA includes presenting a case in a succinct and systematic manner, including all relevant details (such as mental status exam, issues of risk, information relevant to handover), and providing written/electronic documentation of the encounter and the management plan using a relevant structure and heading.
- This includes using appropriate psychiatric terms/phenomenology
- This EPA does not include developing the management plan.
- The observation of this EPA is based on an oral presentation of an assessment and review of written/electronic documentation.
- This EPA may be observed using a clinical patient encounter, a standardized patient, a recorded encounter, a written case or other formats.

Assessment Plan:

- Direct observation of verbal presentation and review of written/electronic communication observation by a psychiatrist/psychiatric subspecialist, Core/TtP psychiatry/subspecialty (senior) resident or fellow or other attending physician.
 - Note: entirety of patient encounter does not need to be observed to assess this EPA
- Use MedSIS Form. Form collects information on:
 - Portion observed (select all that apply): history, verbal presentation; written/electronic documentation
- Collect 2 observations of achievement:
 - At least 1 of each presentation format, verbal and written
 - At least 1 observation must be based on an interview that was observed
 - At least 1 by a psychiatrist

Relevant Milestones:

- 1. ME 2.2. Synthesize clinical information for presentation to supervisor**
- 2. COM 5.1 Document the mental status exam accurately**
- 3. COM 5.1 Document an accurate and up-to-date medication list**
- 4. COM 5.1 Document information about patients and their medical conditions**
5. COL 2.1. Convey information respectfully to referral source
- 6. COM 5.1. Organize information in appropriate sections within an electronic or written medical record**
- 7. COL 3.1 Describe specific information required for safe handover during transitions in care**

General Expectations of Residents in TtD

During the Transition to Discipline Stage of Training, residents are expected to:

- Attend all clinical days, unless ill.
 - Be punctual.
 - Notify clinical supervisors of any days / times they will be absent, in advance of the absence whenever possible.
 - Be an active member of all clinical teams with which they are working
 - Be an active participant in their learning. Identify key topics of interest & personal learning objectives and take initiative in gaining knowledge & skill in those areas
 - Take shared responsibility in identifying opportunities for observation and feedback on EPAs
 - Be receptive to feedback & work to incorporate recommendations for knowledge & skill development
 - Demonstrate awareness of clinical responsibilities.
 - Complete documentation in a timely manner that provides effective communication and continuity in patient care.
 - Be aware of their limitations. Inform their supervisor whenever they are outside of their knowledge or skill level.
 - Do not take patient material home.
 - Conduct themselves in a professional manner, including use of social media & smart technology
 - Complete all evaluations in a timely manner
-

Skill Expectations of Residents in TtD

By the end of the Transition to Discipline Stage, a resident should be able to:

- Demonstrate understanding of key safety strategies in conducting psychiatric interviews
- Demonstrate understanding of the key components of a basic psychiatric interview
- Conduct a basic psychiatric assessment with a patient of low complexity
- Conduct a basic risk assessment
- Conduct a basic emergency psychiatric assessment
- Demonstrate understanding of the elements of a Mental Status Exam
- Provide a verbal case presentation for a patient of low complexity
- Document in written/electronic form, a psychiatric assessment including basic, initial DDx and initial steps in a management plan

Assessment Tools for TtD (refer to Appendix B)

Task	Assessment Tool	Assessor
Overall Classroom Performance	ITAR (In-Training Assessment of Resident)	Dr. Rosato, with input from Dr. Westcott & session facilitators
EPAs	EPA Assessment Form. (accessed through MedSIS)	Person observing you (directly/indirectly) completes the EPA
Clinical Rotation Experience	ITAR (In-Training Assessment of Resident). Will be sent to supervisor via MedSIS.	Each clinical supervisor
History of Psychiatry Project	Project Presentation Evaluation Form	Dr. Westcott, Dr. Rosato, Dr. Corey
Controversy in Psychiatry Assignment	Project Presentation Evaluation Form	Dr. Westcott, Dr. Rosato, Dr. M. Bennett
Evidence-Based Medicine Presentation	Project Presentation Evaluation Form and EPA F5 WBA Form	Dr. Streiner, Dr. Charlebois, Dr. Prosser, Dr. Westcott

Rotation Feedback

Feedback from our supervisors will be imperative to our ongoing review & revision of the program, and development of the Competency Based Medical Education curriculum.

Both residents and faculty supervisors will be asked to complete an evaluation of the Transition to Discipline Stage of Training, in order to collect feedback for further program revision.

Academic Coach Tasks during TtD

Your role as an Academic Coach during this initial, orienting stage for our first-year residents includes:

- Attending the Academic Coach–Resident Meet & Greet “Lunch” on Thursday, August 20th from noon to 1pm, if possible. This event will likely be held by virtual platform. Further details to follow.
- Exchange contact information with the resident
- Arrange an initial meeting during the TtD Stage, to begin to get to know the resident
- Arrange meeting / telephone call to check in with the resident prior to the end of the TtD stage
- Assist the resident in understanding CBME
- Assist the resident in understanding the learning objectives of the TtD Stage
- Review the resident’s progress in competency acquisition & personal goals
- Discuss any challenges & explore learning strategies to manage those challenges

APPENDIX A

TtD Classroom Curriculum Syllabus

The Syllabus of sessions for the Transition to Discipline Classroom Curriculum can be found via the following link:

<https://drive.google.com/drive/folders/1tdUBS8UUf4BCI4C-2v8hD6Qle7kKCTrx?usp=sharing>

You will find other documents including project assignments on that google drive as well.

APPENDIX B

Transition to Discipline Evaluation Forms

EPA Assessment Form for TtD EPA #1

Transition to Discipline 1 - Psychiatric History

Learner: _____
 Learning Program: _____
 EPA Title: _____
 Key Features: _____
 EPA Stage: _____
 Date Of Observation: _____

- This EPA verifies medical school skills of obtaining a psychiatric history and synthesizing information for diagnosis.
- This includes clinical assessment skills, including a mental status examination and a focused physical/neurological exam if clinically indicated, and synthesizing a preliminary diagnostic impression in a patient of low complexity.
- This EPA may be observed in any psychiatry setting.

Contextual Variables

Observer role

Case type

Additional Context Information:

4000 characters remaining

I had to do	I had to talk them through	I needed to prompt	I had to provide minor direction	I did not need to provide direction for safe and independent care
1	2	3	4	5

Based on this observation overall :

Milestones associated with this EPA:

	Not Observed 1	In Progress 2	Achieved 3
Convey empathy, respect, and compassion to facilitate trust and autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply diagnostic classification systems for common mental disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct a mental status examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform a clinically relevant history including ID, HPI, and PPH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop an initial management plan for common patient presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate awareness of the limits of one's own professional expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback to Resident and Competence Committee:

4000 characters remaining

EPA Assessment Form for TtD EPA #2

Transition to Discipline 2 - Communicating Encounters

Learner: _____
 Learning Program: _____
 EPA Title: _____
 Key Features: _____
 EPA Stage: _____
 Date Of Observation: _____

This EPA includes presenting a case in a succinct and systematic manner, including all relevant details (such as mental status exam, issues of risk, information relevant to handover), and providing written/electronic documentation of the encounter and the management plan using a relevant structure and headings. This includes using appropriate psychiatric terms/phenomenology

Contextual Variables

Observer role --Select--
 Portion observed --Select--

Additional Context Information:

4000 characters remaining

	I had to do	I had to talk them through	I needed to prompt	I had to provide minor direction	I did not need to provide direction for safe and independent care
	1	2	3	4	5
Based on this observation overall :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Milestones associated with this EPA:

	Not Observed	In Progress	Achieved
	1	2	3
Document an accurate and up-to-date medication list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthesize clinical information for presentation to supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document the mental status exam accurately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organize information in appropriate sections within an electronic or written medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe specific information required for safe handover during transitions in care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document information about patients and their medical conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback to Resident and Competence Committee:

4000 characters remaining

In-Training Assessment Report (ITAR)

Eval for the Transition to Discipline Psychiatry Clinical Placements

Legend:

N/A=Non Applicable

1= Unsatisfactory: Performs significantly lower than level of training

2= Provisional Satisfactory: Performs lower than level of training

3= Satisfactory: Meets expectations at level of training

4= Very Good: Exceeds Expectations for level of training

5= Outstanding Significantly exceeds expectations for level of training

NOTE: If resident functions **at training level**, then resident obtains score of (3)

Medical Expert:

	N/A	1	2	3	4	5
Shows basic clinical knowledge of common psychiatric presentations.						
Conducts a basic psychiatric interview, including mental status exam and risk assessment, with patients of low complexity with common psychiatric presentations.						
Develops basic differential diagnoses for patients of low complexity with common psychiatric presentations.						
Begins to develop initial steps of management plan for patients of low complexity with common psychiatric presentations.						

Communicator:

	N/A	1	2	3	4	5
Uses clear, unbiased language in interactions with patients, families and other health care professionals						
Uses appropriate non-verbal communication to demonstrate attentiveness, interest and responsiveness to patients & families						
Appropriately communicates findings in verbal case presentations.						

Appropriately communicates findings in written documentation in an organized manner.						
Develops comfort in writing basic orders for patient care.						

Collaborator:

	N/A	1	2	3	4	5
Works respectfully with other health care professionals						
Respects the diversity of perspectives and expertise among health care professionals						
Responds to requests in a respectful & timely manner						
Learning the information system for patient care						

Manager:

	N/A	1	2	3	4	5
Aware of rotation learning objectives						
Sets personal learning objectives						
Shares learning objectives with supervisor at start of rotation						
Organizes self effectively, appropriately using personal strategies & technology						

Scholar:

	N/A	1	2	3	4	5
Demonstrates a commitment to learning						
Receptive of feedback						
Demonstrates incorporation of feedback						
Takes initiative in gaining knowledge based on clinical encounters						

Professional:

	N/A	1	2	3	4	5
Reliably attends to clinical responsibilities						
Exhibits honesty & integrity with patients, supervisor and other health professionals						

Maintains confidentiality as appropriate for the clinical encounter						
Reflects on clinical experiences to identify personal goals for clinical skill development						
Demonstrates commitment to health of individual patients through ethical practice, high personal standards of behaviour and reliability in attending to clinical responsibilities.						

OVERALL COMPETENCE (FOR LEVEL OF TRAINING)

Please check the appropriate box for the overall competency for this resident for his or her level of training.

Incomplete	Unsatisfactory	Provisional Satisfactory	Satisfactory

1. Was input sought from other faculty, allied health team members, patients and families?
 - a. Yes No
2. If yes, whom:
3. What other sources were used to base this assessment (eg field notes, daily assessment card, mini-cex etc)

Summative Comments: (any item evaluated above or below a 3 must include comments, including examples to justify the rating)

Formative Comments: Please provide 1-2 items for resident to work on to progress along the competency continuum

Transition to Discipline Psychiatry Curriculum Evaluation

This is in the process of being updated to this year’s curriculum.

The final version will be shared with you prior to the start of Classroom 1.