

Name of Rotation:	Behavioral Medicine – Windsor
Description of Rotation:	<p>This rotation is tailored specifically towards outpatient experiences that are relevant for Family Medicine residents. Approximately half the block will be spent in the General Adult Psychiatry Clinic at HDGH. Referrals are sent from family physicians and NP's in the community, so the patient problems are very much in keeping with what a family physician may deal with on a day-to-day basis. Through this clinic, the Family Medicine resident will gain experience doing a comprehensive psychiatric interview, and learn to develop differential diagnoses and treatment plans. There will be a focus on gaining familiarity with different psychiatric medications, including dosing and approach to prescribing.</p> <p>Other half days in the rotation will be dispersed in the following clinics/experiences: Concurrent Disorders Program (addictions), Centre for Problem Gambling and Digital Dependency (CPGDD), Wellness Program for Extended Psychosis (WPEP), and tertiary inpatient Psychiatry at TNI.</p> <p>At the beginning of the rotation, the residents will be provided with a copy of DSM5 pocketbook edition, and the desk reference to Stahl's Essentials of Psychopharmacology. These clinical tools can be used during the rotation, and the residents may then keep these useful resources upon completion of the rotation, for their future practice.</p>
Rotation Contact:	Dr. Kristina Levang
Description of Clinical Duties:	Most patient contact will be for new consultations in an outpatient setting, but there will be exposure to outpatient follow up visits, as well as inpatient intakes and general psychiatric care.

<p>Sample Schedule:</p>	<p>Monday mornings (0830-1200h): Dr. Levang - General Psychiatry Clinic at TSC Monday afternoons (1200-1600h): Dr. Levang - Concurrent Disorders Program at HDGH</p> <p>Tuesday mornings (0800-1200h): Dr. Montaleone - General Psychiatry Clinic at HDGH Tuesday afternoons (1200-1700h): Dr. Montaleone - Centre for Problem Gambling and Digital Dependency at HDGH</p> <p>Wednesday mornings (0800-1200h): Dr. Montaleone - General Psychiatry Clinic at HDGH Wednesday afternoons: Academic Half Day</p> <p>Thursday mornings (0830-1230h): Dr. Levang - General Psychiatry Clinic at TSC Thursday afternoons (1230-1630h): Dr. Montaleone - Tertiary Inpatients at HDGH + WPEP at HDGH (time permitting)</p> <p>Friday mornings (0800-1200h): Dr. Montaleone - General Psychiatry Clinic at HDGH Friday afternoons (1200-1530h): Dr. Montaleone - General Psychiatry Clinic at HDGH</p> <p>Note: Tertiary inpatients can be flexed into the daily schedule ad lib, when there are no shows in the General Psychiatry Clinic, to avoid having hours of down time in a day when there are no shows. Note: On weeks when specialty clinics are not running, the General Psychiatry Clinic can be flexed into the schedule with the same supervisor.</p>
<p>On-Call Requirements:</p>	<p>None.</p>
<p>Description of Setting:</p>	<p>There is a resident office space provided, with computer and phone. There is a kitchen space with fridge and microwave. When at HDGH, there is a resident lounge that may be accessed next to the resident office, with lockers, desk space, phone, cubicles.</p>
<p>Supervision:</p>	<p>Each new consultation is presented by the resident to the supervisor through case presentation, with detailed discussion about the patient. This is followed by collaborative</p>

	<p>discussion with resident, supervisor and patient, including discussion of diagnosis and treatment recommendations. A consultation note by the resident is then completed by the resident, and reviewed by the supervisor, with further discussion about the clinical note, as indicated. There is also opportunity for the residents to observe patient interviews that are guided by the supervisor, and/or other Psychiatry residents.</p>
Clinical Content:	<p>In the General Adult Psychiatry Clinic, a resident would expect to see 1-2 new consultations in a half day. A standard psychiatric consultative interview being approximately 50 minutes, leaving 10-20 minutes for case discussion, another 10-20 minutes for collaborative discussion with the patient, and upwards of 30-45 minutes for clinical documentation. In this clinic, acuity tends to be low, as the referrals are initiated by primary care providers in the community. Most are general mood and anxiety based, but as exclusion criteria are minimal, anything is possible. Considering that multiple referrals per day are received for this clinic, the referrals that appear most likely to be appropriate for resident learning are attempted to be selected for the resident.</p>
Objectives/Expectations:	<ul style="list-style-type: none"> • Perform a standard psychiatric consultative interview. • Learn components of the Mental Status Exam. • Improve diagnostic skills. • Improve knowledge of psychopharmacology. • Improve knowledge of community mental health resources. • Gain exposure to specialty psychiatric clinics and special patient populations. • Create initial treatment plans relevant for the family medicine setting.
Level of Residents Accepted:	<p>Any level is accepted.</p>
Teaching:	<p>There are no expectations for formal teaching or case presentation. Medical students are randomly on rotation at various times, which would provide informal teaching opportunities.</p>
Description of Location:	<p>Hotel-Dieu Grace Healthcare Traditional Stability Centre</p>

