**Clinical Fellowship in Psychiatry of Developmental Disabilities – Description and Objectives**

**1. Name of Fellowship**

Fellowship in Psychiatry of Developmental Disabilities

**2. Duration**

12 months

**3. Fellowship Supervisor(s):**

*Primary Supervisor and Fellowship Co-Ordinator*

Dr. Rob Nicolson

*Psychiatry*

1. Dr. Rob Nicolson

2. Dr Georges Loba-Gutierrez

3. Dr. Jay Rao

*Developmental Pediatrics*

1. Dr. Clare Mitchell

*Clinical Genetics*

1. Dr. Maha Saleh

2. Dr. Tugce Balci

3. Dr. Victoria Siu

*Neurology*

1. Dr. Craig Campbell

2. Dr. Maryam Nouri

3. Dr. Andrea Andrade

*Physical and Rehabilitation Medicine*

1. Dr. Caitlin Cassidy

**4. Narrative Description of the Fellowship**

The prevalence of Developmental Disabilities (DD; defined as Intellectual Disability and/or Autism Spectrum Disorder) is almost 3% of the Canadian population. People with DD have significantly increased rates of almost all medical and psychiatric disorders in addition to shorter life expectancies. At the same time, people with DD tend to have lower rates of treatment of their medical and psychiatric comorbidities, leading to a significant disparity in terms of their overall health care and quality of life. Additionally, several studies have found that the health care costs for people with DD account for almost 10% of total health care expenditures in Western, publicly funded health care systems. In the United States, the Centers for Disease Control has estimated that the lifetime economic cost to society for an individual with a DD is over $1 million, with the largest contributor to this being direct and indirect medical care.

Despite the increased rates of morbidity and mortality among people with DD, most physicians report feeling inadequately prepared to assess and treat people with DD. It seems reasonable to conclude that at least part of the cascade of disparities in health care experienced by people with DD is related to a lack of adequate formal training and experience in assessing and treating people with DD in medical school and residency programs.

Our own research in this area has found that psychiatry residency programs in Canada offer very limited opportunities for training in the assessment and treatment of medical and psychiatric problems in people with DD, leaving many graduating residents feeling inadequately prepared to provide care and serve the needs of people with DD.

To our knowledge, there are no fellowships (post-residency specialized training) in DD for Canadian physicians.

To address the current and projected future shortage of physicians with training specific to DD, the Developmental Disabilities Program in the Department of Psychiatry Schulich School of Medicine & Dentistry at the University of Western Ontario proposes the creation of a post-residency Clinical Fellowship in DD Medicine. The purpose of the proposed one year fellowship is the development of a cadre of physicians who have specialized expertise in the provision of health care to people with DD in Canada. This will reduce the increased morbidity and mortality seen in people with DD, improve their quality of life, and, ultimately, reduce the tremendous health care costs associated with DD.

We have engaged leaders in multiple disciplines relevant to DD at Western’s Schulich School of Medicine & Dentistry including psychiatry (child and adults), developmental pediatrics, neurology (child and adult), clinical genetics, and rehabilitation medicine. All have commented upon the need for such training and have enthusiastically agreed to participate.

The fellowship will provide trainees with clinical opportunities in psychiatry and related medical fields in order to develop competence in the assessment and treatment of patients with DD and co-morbid psychiatric and medical conditions. Upon completion of training, the fellow will be a competent specialist in the Psychiatry of DD and capable of assuming a consultant’s role in this area.

**5. Learning Objectives:**

A. Perform a specialist assessment of patients and document relevant history and

examination on culturally diverse patients with DD (including those with severe and

persistent mental illness).

*Required Knowledge*

1. Demonstrate an understanding of the interdisciplinary approach to the medical care of people with DD
2. Describe the principles of life span issues that affect people with DD and how that influences the management of transitions
3. Define signs and symptoms found in patients with DD presenting with psychiatric and common medical disorders

*Required Skills*

1. Elicit information required for each component of a psychiatric history while overcoming difficulties of cognition, language, and sensory impairment
2. Identify psychopathology in people with DD in clinical situations, including those that are urgent and/or complex
3. Assess and diagnose patients with multiple and complicated pathologies
4. Competently assess and manage:

• patients with epilepsy

• patients with Autism Spectrum Disorder

• patients needing secure care

• challenging behaviours associated with DD

1. Offer psychiatric expertise to other practitioners through clinical consultation.

B. Construct formulations of the problems of patients with DD, including appropriate

differential diagnoses

*Required Knowledge*

1. State the typical signs and symptoms of common psychiatric disorders and how they may present differently in people with DD (including mood disorders; anxiety disorders; psychotic disorders; personality disorders; and substance misuse disorders)
2. Define the clinical presentations and natural history of patients with DD and severe and enduring mental illness
3. Describe the various biological, psychological and social factors involved in the predisposition to, the onset of, and the maintenance of psychiatric disorders across the age range in people with DD

*Required Skills*

1. Formulate and discuss a differential diagnosis for common presenting problems in people with DD
2. Identify specific signs and symptoms that comprise syndromes and disorders across the age range in people with DD
3. Integrate information from multiple sources to formulate the case into which relevant predisposing, precipitating, perpetuating and protective factors are highlighted

C. Recommend relevant investigations for people with DD in the context of the clinical

management plan.

*Required Knowledge*

1. Describe the indications for the key investigations that are used in psychiatric practice with people with DD
2. Identify the risks and benefits of investigations, including those of psychotherapeutic and genetic investigations
3. Demonstrate knowledge of the cost effectiveness of individual investigations

*Required Skills*

1. Develop an individualized assessment plan for each patient and in collaboration with each patient and communicate this plan appropriately
2. Liaise and discuss investigations with colleagues in the multi-professional team in order to utilize investigations appropriately
3. Interpret the results of investigations

D. Develop appropriate treatment plans

*Required Knowledge*

1. Competently formulate and implement appropriate management plans in DD and then to construct comprehensive treatment plans addressing biological, psychological and socio-cultural domains
2. Apply contemporary knowledge and principles in psychological and pharmacological therapies
3. Understand the evidence base for biological and psychological therapies in people with DD
4. Demonstrate the acquisition of more advanced psychological treatment skills appropriate to DD settings
5. Show a clear understanding of physical treatments including pharmacotherapy, including pharmacological action, clinical indication, side-effects, drug interactions, toxicities, appropriate prescribing practices, and cost effectiveness
6. Show a clear understanding of the doctor/ patient relationship and its impact on illness and its treatment
7. Apply knowledge of the impact of coexisting medical illnesses to the treatment of patients with DD

*Required Skills*

1. Develop professional alliances with patients over the long-term
2. Accurately assess the individual patient’s needs and, whenever possible, in agreement with the patient, formulate a realistic and appropriate treatment plan for each patient
3. Educate patients, caregivers, and other professionals about relevant psychiatric and psychological issues
4. Explain to patients in language appropriate to their understanding what is involved in receiving the full range of psychiatric treatments and manage their expectations about these treatments
5. Initiate, conduct, and complete a range of psychological and biological therapies in patients who have DD (including those with severe and persistent mental illness)
6. Evaluate the outcome of psychological and biological treatments on patients with DD, delivered either by self or others, and organize subsequent management appropriately
7. Monitor patients’ clinical progress and re-evaluate diagnostic and management decisions to ensure optimal care
8. Demonstrate an understanding of how professional and patient perspectives may differ and the impact this may have on assessment and treatment
9. Assess and manage caregivers’ needs and stress including the provision of psycho-education
10. Provide expert advice to other health and social care professionals on psychological and biological treatment and care in patients who have DD

E. Demonstrate effective communication with patients, relatives, and colleagues. This

includes the ability of the doctor to conduct interviews in a manner that facilitates

information gathering and the formation of therapeutic alliances

*Required Skills*

1. Competently assess patients with DD who may have significant cognitive communication problems
2. Communicate with people with DD and their families and other professionals
3. Demonstrate respect, empathy, responsiveness, and concern for patients, their problems and personal characteristics
4. Demonstrate an understanding of the need for involving patients in decisions, offering choices, respecting patients’ views

F. Demonstrate the ability to work effectively with colleagues, including as a member of an interdisciplinary team

*Required Knowledge*

1. Demonstrate an understanding of the responsibility of the team with regard to patient safety
2. Demonstrate an understanding of how a team works and develops effectively
3. Demonstrate an understanding of time management, values-based practice and information management

*Required Skills*

* 1. Skillfully collaborate in interdisciplinary and interagency teams (such as with education and social services, and including the ability to work in schools and residential settings)
  2. Liaise with other medical/psychiatric specialties with particular emphasis in gaining competence in specialties with specific relevance to DD (such as neurology, pediatrics, clinical genetics, and physiatry)
  3. Demonstrate the ability to work effectively with colleagues, including as a member of an interdisciplinary team
  4. Liaise with other medical/psychiatric specialties with particular emphasis in gaining competence in specialties with specific relevance to LD (e.g., neurology, pediatrics, clinical genetics, physiatry)

**6. Curriculum:**

In order to provide opportunities to develop clinical expertise in patients with DD across the lifespan, fellows will work with supervisors in the following clinical areas with an emphasis on patients with DD. We will work with specialists in each area to ensure that the patients seen by fellows will be those with DD.

A. Child and Adolescent Psychiatry

B. Adult Psychiatry

C. Neurology

D. Developmental Pediatrics

E. Medical Genetics

F. Physical and Rehabilitation Medicine

Rather than using a traditional approach with trainees doing blocks of time within each specialty, we propose to use a novel approach. It is important for trainees to see patients over a period of time and develop the ability to manage chronic conditions associated with DD. As such, trainees will have clinical exposure and opportunities in each specialty longitudinally over the course of the fellowship. In this approach, trainees will work in the same clinic with the same supervisor from each specialty over the course of the year. In this way, they will likely see the same patients multiple times over the year and thus develop expertise in the ongoing management of people with DD. So, for example, trainees may spend one full day each week in the same child psychiatry, adult psychiatry, child neurology, and adult neurology clinics with the same supervisor. Among the other three areas, trainees may spend one half day every second week with the same supervisor. Fellows will also have the opportunity to work on inpatient units specialized in the treatment of children and adolescents (at CPRI) and adults (at Parkwood Institute) with DD. To our knowledge, there are no other residency or fellowship programs using this approach.

Fellows will also be expected to attend the monthly DD rounds hosted by the Developmental Disabilities Program and to do at least one presentation over the course of the year for these rounds. They will also be expected to attend the semi-annual continuing professional development events hosted by the Developmental Disabilities Program each spring and fall. Further, they will be expected to attend any regular ongoing rounds in other departments involved in this fellowship.

**7. Service expectations:**

The service expectations for the fellow will depend upon the clinical area that they are working in at any specific time. However, it is expected that the majority of training will be done in outpatient settings. Fellows will not be expected to take call or work in the emergency department. Fellows will spend an average of four full days per week (8 half days) in ambulatory clinic settings with the possibility of some exposure to inpatient settings. The remaining one day per week will either be a clinic day or will be protected from service obligations and used for formal academic sessions, independent study, and/or research.

**8. Academic expectations:**

Fellows will be expected to provide informal and formal lectures and seminars to other trainees and also to participate in the clinical continuing professional development events within the relevant departments. They will also be expected to provide clinical guidance and teaching to junior residents and medical students. In addition, there are multiple opportunities for the fellow to participate in research projects specific to DD if they so choose. This fellowship is strongly clinically oriented, and research is not a requirement. However, research is encouraged and support for those fellows that express an interest will be supported in terms of development of a project and funding if available.

**9. Assessment:**

Fellows will receive feedback daily about their diagnostic and treatment approaches and decisions. Assessments of patients with Developmental Disabilities (DD) will be observed and reviewed with fellows at least every two months.

1. Fellows will be evaluated monthly by the main supervisor in each discipline. Assessment will be structured around the CanMEDS roles.
2. Fellows will receive a written evaluation every three months from the fellowship coordinator
3. Fellows will be expected to develop a portfolio of their experiences allowing them and their supervisors to track their progress. The portfolio will require them to collect evidence of their growing competence across a range of contexts and will be reviewed with their primary fellowship supervisor quarterly to ensure appropriate progress. Each assessment will be structured around the CanMEDS roles, as well as the learning objectives described previously. Within their portfolio, fellows will be required to document the following:
   1. Three assessments of patients with DD and a psychotic disorder and three assessments of patients with DD and a mood disorder.
   2. Three assessments of children with DD with attention-deficit/hyperactivity disorder and three assessments of children with Intellectual Disability and Autism Spectrum Disorder.
   3. Four assessments of adults and four assessments of children with DD and severe aggression or self-injurious behaviour.
   4. Three assessments of children with DD and a genetic disorder.
   5. Three assessments of adults and three assessments of children with DD and epilepsy.

**10. Vacation entitlement: Please provide the amount of vacation you intend to offer**

**fellows. Note: Fellows are to be offered i) 4% vacation pay in lieu of time off OR ii)**

**4% vacation time (2 weeks/year). The supervisor must discuss the options with the**

**candidate and come to a consensus as to which scenario is chosen.**

Fellows will be entitled to four weeks of vacation annually.