A. Objectives:

Provide a graded responsibility training experience for residents who, by the completion of training will have, in part:

(i) Demonstrated the general ability to assess, diagnose and treat the full range of mental disorders in males and females of all ages in the emergency clinical context.

(ii) Effectively planned the use of Emergency Room professional time, applying practice management principles.

(iii) Coordinated the efforts of the ER treatment team by effectively using the varied skills of other health care professionals.

(iv) Demonstrated knowledge of important community resources for patients and show ability and willingness to direct patients to those resources.

(v) Demonstrated the ability to facilitate ER psychiatry learning of patients, house staff / students and other health professionals.

B. Training/Service Model Description:

1. On-Call Sessions

i) Referrals from the ER physician will go directly to the more Senior Resident (SR) on-call for the period that both residents are on-site. If two residents are of equivalent level of training a mutually agreeable decision will be made between the two residents as to who will assume the equivalent responsibility for receiving referrals from the ER physicians. During split pager responsibility, the senior resident MUST be available should the junior or off service resident require assistance.

ii) Per the confines as stated in item (i), the SR (or equivalent) will consider the referrals and assign the case to an on-call ER psychiatry service team member (i.e. Junior Resident (JR), Clinical Clerk (CC), CEPS Nurse, or him\herself) as appropriate for a particular patient's care while considering the unique contribution potential and learning needs of each team member. This will provide an opportunity for the SR to advise the JR and CC how they may best manage difficult patients familiar to the ER psychiatry service.

iii) Per the confines of item (i), the SR will function in the role as a surrogate consultant, including providing overall management of the team, reviewing cases with other team members to assist with diagnostic interpretation and preparation of a management plan, as well as facilitating, within the limits of meeting clinical care demands, the learning of team members through selective and judicious use of cases seen by the
team. Contributing to the clinical service provided by the team, while enhancing their own clinical skills, will continue to be an essential role of the SR.

iv) JR and CC team members will focus their attention on developing clinical skills, knowledge, behavior, and attitudes, as well as assuming responsibilities appropriate to their level of training and capabilities.

v) CEPS nurses will continue to be an essential part of the team consistent with their role as defined by their supervisory staff.

vi) For all patients for whom the ER physician has contacted the SR (or equivalent) requesting a consultation prior to midnight, both psychiatry residents (ie. SR and JR or two equivalent level residents) will be present in the VH-ER until all such patients have been assessed and a disposition decision been finalized (applicable to weekdays from 17:00 to 0000 and weekend/stat holiday days from 0900 until all holdover patients and current referrals have been seen).

2. Post On-Call Session Period

i) Learning/Clinical Handover Seminar

The assigned CEPS consultant will supervise teaching rounds after bullet rounds in the CEPS Office area weekdays from 0830 to 0930 (approximately). Attendance will be mandatory (all weekdays) for both SR and JR. The SR (or equivalent) will be responsible for leading these seminars using the opportunity to address clinical knowledge gaps and/or clinical management uncertainties identified during the on call session.

(ii) Dismissal from Return to Clinical Service Responsibilities Post On-Call Session

Both Junior and Senior Residents will be dismissed from returning to clinical duties following the Learning/Clinical handover seminar.

C. Structure and Obligations

1. Residents on-site at VH

(i) On call obligations start Monday to Friday at 17:00h and continue until 09:30h the following day. On-call obligation on Saturdays, Sundays and stat Holidays start at 09:00 and end at 09:30h the following day. According to the current PAIRO-CAHO contract, the on-call obligation is considered a home call.

On call obligations include assessing all referrals across the life span from the Emergency Department, reporting to the consultant, initiating and monitoring the disposition.

On call obligations include assessing urgent consultation requests from all inpatient services at the VH across the life span that cannot wait until the regular operating hours of the different C/L services. The request for an inpatient consultation must be
discussed with the consultant on call prior to the start of the consultation. Residents on call have no obligation to consult on patients at the UH. On call obligations include being first on-call 7 days/week for the general adult wards B7 from 17:00h until 08:30h weekdays and 17:00h until 09:00h on weekends and stat holidays.

Please note, in particular, that both psychiatry residents (i.e. SR and JR or two equivalent level residents) are to be present in the VH-ER weekdays from 17:00 to 00:00 and weekend/stat holiday days from 09:00 until such time that all patients referred from the ER physician have been assessed and a disposition decision been finalized as well as all hold-over patients seen and a note charted. Bullet rounds attendance is mandatory for all residents on weekdays at 08:30 a.m. and weekends/stat holidays at 09:00 a.m.

(ii) Paged to arrival time at VH-ER

In all circumstances residents are expected to present to the CEPS office promptly, but no longer than 30 minutes after being paged. A phone call is expected to confirm receipt of the page.

(iii) Clarification of splitting duties

Once on-site expectations are met (past midnight on weekdays or assessments completed on weekends), primary page responsibilities may be divided, however at no time shall a resident make herself/himself unavailable to the other resident or CEPS team should the clinical situation require BOTH residents.

(iv) Consequences for not meeting expectations

The Chief Resident will be notified of any failure to attend morning bullet rounds, stay until all patients are seen, or response to a request for assistance from either the co-resident on duty or the CEPS team member. Action for this dereliction of duty will result in loss of credit for the ER shift and a meeting with the Program Director. Repeated offenses may result in remediation on the grounds of unprofessional behaviour. It is the responsibility of the senior level resident to gauge the capacity of the junior resident or off service resident with regards to shift splitting duties. The senior resident is expected to remain on site and available should a junior resident, off-service resident, CEPS nurse, or consultant make such a request.

D. Evaluation

1. Resident Scholarly role

(i) Each CC will evaluate each JR and SR at the conclusion of every on call session. These evaluations will become an official part of the SR and JR PGE office file.