

Foundations of Discipline – PGY2

(London – See Windsor handbook for specific rotation information)

Overview:

In PGY2, residents have Inpatient and Outpatient psychiatry rotations. These are introductory rotations where residents learn the core skills and knowledge regarding interviewing, therapeutic skills, psychopharmacology, diagnosis and phenomenology of mental illness. Residents should have a significant amount of direct supervision, particularly at the start of each rotation.

During the PGY2 year, residents are expected to start psychotherapy (supportive, CBT and psychodynamic) and a scholarly project. There are also expectations to present at rounds to colleagues and faculty.

Inpatient Psychiatry:

On inpatient psychiatry, residents will work with 3 different supervisors over 2 blocks each, usually at LHSC's B8 inpatient. A 2-block rotation on the short stay unit (G5) of Parkwood Institute may also be an option.

Broad objectives (as represented by the specific competencies/objectives assessed in this block, which are on rotation outline and ITAR):

On PGY2 inpatient psychiatry, residents will:

- Manage treatment of acute patients who may carry a significant risk of harm to self or others
- Apply psychopharmacology knowledge
- Apply psychotherapy skills in managing acutely distressed individuals
- Refer to community resources for patient care and discharge planning
- Work within a multi-disciplinary team

See specific [Rotation Objectives, including competencies](#)

[Supervision Guidelines for PGY2 Outpatient Rotations](#)

[Supervision Guidelines for PGY2 Inpatient Rotations](#)

There are caps on how many patients can be followed at a time by a resident on PGY2 inpatient, varying between London and Windsor - see the supervision guideline for more details.

Expected EPAs and contextual variables:

F2 – Psychiatric assessment – particularly inpatient

F3 – Management plans – particularly psychosis and substance use

F4 – Risk Assessment – particularly NSSI, active SI, active VI

C4 – Formulation

C8 – Psychopharmacology – particularly LAI or oral antipsychotic, sedative/hypnotic, lithium, clozapine, benzodiazepine, agent to treat side effect, pregnant or breastfeeding (as available)

C9 – Applying legislation – particularly restricting or limiting rights of a patient, capacity, mandatory reporting (as available)

Suggested EPAs:

C7 – Neurostimulation

C10 - Teaching

Other requirements:

Inpatient STACER (observed interview) [Link to STACER form](#)

ECT experience (see [ECT Curriculum Document](#))

Outpatient Psychiatry:

On outpatient psychiatry, residents work with a 6-block supervisor for 2 days of the week and can follow patients longer-term. Residents are assigned on the other 2 days of the week to 2 different 3-block supervisors, one of whom works in a more specialized clinical setting (which is a selective).

Broad objectives (as represented by the specific competencies/objectives assessed in this block, which are on rotation outline and ITAR):

On PGY2 outpatient psychiatry, residents will:

- Manage sub-acute patients, with ongoing assessment of any risk of harm to self or others
- Apply psychopharmacology knowledge in longitudinal follow-up
- Provide consultations to family doctors
- Apply psychotherapy skills during follow-up appointments
- Refer to community resources to enhance patient care
- Work within a multi-disciplinary team

See specific [Rotation Objectives, including competencies](#)

Supervision Guidelines for PGY2 Outpatient Rotations

There are caps on how many patients can be followed at a time by a resident on PGY2 outpatient, varying between London and Windsor - see the supervision guideline for more details.

Expected EPAs and contextual variables:

F2 – Psychiatric assessment – particularly outpatient

F3 – Management plans – particularly mood, personality, anxiety/trauma/OCD

F4 – Risk Assessment

C4 – Formulation

C8 – Psychopharmacology – particularly oral antipsychotic, starting and monitoring antidepressants, starting or monitoring lithium or clozapine, managing benzodiazepine, pregnant or breastfeeding (as available)

C9 – Applying legislation – particularly restricting or limiting rights of a patient, capacity, mandatory reporting

Suggested EPAs:

C7 – Neurostimulation

C10 – Teaching

Other requirements: **Outpatient STACER** (observed interview) [Link to STACER form](#) and STACER assessment criteria (within link “STACER_GAP_Package_PGY2”)

PGY2 longitudinal requirements:

On Call:

At least 2 Adult and 1 C&A Junior **On Call Assessments** submitted before each q3mo CC review (London)

(Minimum 8 Adult and 4 C&A Junior On Call Assessments by end of PGY2)

[3 Adult On Call Assessments per review period (Windsor)]

See the [On Call Policy Training Experience Description Document](#) for more information about call

Psychotherapy:

(See [psychotherapy handbook](#) for more information about starting therapy, getting patients, requirements, etc.)

CBT case started by **October 15**, with **CBT ITAR due at 2nd CC Review (December of PGY2)**. The C6A CBT contextual variable should be obtained by the end of the therapy. Residents must complete at least 33h of CBT patient contact and supervision (combined total).

Psychodynamic case started by **January 15**, with **Psychodynamic ITAR due at 3rd CC review of PGY3 (March of PGY2)**. The C6A psychodynamic contextual variable should be obtained by the end of the therapy. Residents must complete at least 100h of psychodynamic patient contact and supervision (combined total).

Residents are expected to maintain a **psychotherapy log**, to be reviewed at quarterly review meetings with the program director, associate PD or assistant PD **AND** to submit a **psychotherapy log summary sheet** ("Psychotherapy Log sheet" on Elentra) before each CC review, starting with the second CC meeting of PGY 2 in January. The submission of the psychotherapy log summary sheet prior to every CC review and review of the log with the PD or APD at QAR meetings fulfills the C6B EPA.

Supportive Psychotherapy is no longer considered a core modality, but residents are strongly advised to become familiar with the principles of supportive therapy and to implement them during any relevant clinical follow-up.

Scholarly Project (Research/CQI):

Residents are expected to have found a research supervisor and chosen a scholarly project by January of their PGY2 year. See [Scholarly Curriculum document](#) for more information.

A scholarly activity self-report form must be completed prior to the 4th CC review of the PGY2 year (June)

A scholarly ITAR 1 must also be completed by the supervisor, even if no work has been completed yet, as evidence of a meeting with the supervisor and a proposed idea for a project. This first scholarly ITAR 1 must be submitted to the supervisor prior to the end of the last PGY2 block (this is usually June of PGY2).

Presentations:

The **EPA F5 Critical Appraisal and Presenting Psychiatric Literature** requirement is met through presentations in the PGY2 year, including Department of Psychiatry Complex Case Rounds (DPCCR), Research Update Group (RUG) and Ethics Seminar presentations