Core of Discipline – PGY3

(London – See Windsor handbook for specific rotation information)

Overview:

In PGY3, residents have Child and Adolescent (C&A) and Geriatric Psychiatry rotations. These rotations allow for the development of skills with specialized populations. Residents should be functioning more independently, with some indirect supervision, particularly as rotations progress with each specialized population group and setting.

During the PGY3 year, residents should finish their core CBT requirement, be approaching completion of psychodynamic therapy and should complete an experience in family therapy or a full course of family therapy. Those who do not use a full course of family therapy for the core requirement should find a group therapy experience. PGY3 is also a good time to start the "other" psychotherapy modality.

Residents should be progressing on their scholarly project, using **protected time** on Thursdays after 3:30 p.m. and on research protected time Thursday afternoons, when no lectures are scheduled.

Child and Adolescent Psychiatry:

On Child and Adolescent (C&A) Psychiatry, residents work with at least 3 different supervisors, usually on inpatient, outpatient and a 2-week experience in Developmental Disabilities.

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

On Child and Adolescent Psychiatry, residents will:

- Provide psychiatric care to children and adolescents
- Develop a developmental perspective on mental health difficulties, including the role of attachment
- Learn to adapt treatments to a younger population
- Gain exposure to Family Therapy and Dialectical Behaviour Therapy (DBT)

See specific Objectives

Expected EPAs and contextual variables:

C2 – Psychiatric assessments, diagnosis and management of children and youth – ALL contextual variables for this EPA MUST BE COMPLETED ON THIS ROTATION:

- **At least 1 mood disorder, anxiety disorder or OCD**
- **At least 1 ADHD**
- **At least 1 abuse, neglect or trauma**
- **At least 1 intellectual disability/autism spectrum disorder comorbidity**
- **At least 2 children 4-12 years old**

- At least 2 adolescents 13-18 years old

C4 – Formulation – OBLIGATORY – child, adolescent, child and adolescent psychiatrist as assessor

C6A – One ITAR for Family Therapy Skills to be submitted before the end of the rotation, a full course of family therapy may also be done during the rotation to meet the "Family or Group" therapy requirement

C8 – Psychopharmacology – OBLIGATORY – 2 child/adolescents, including starting and managing 1 stimulant

C9 – Applying legislation – particularly mandatory or discretionary reporting

Suggested EPAs:

C5 – Emergent Situation

C10 - Teaching

Also Required: Child and Adolescent STACER **(observed interview)** Link to STACER forms and assessment criteria

Geriatric Psychiatry:

The geriatric psychiatry rotation consists of two three-block sub-rotations. This will usually include one sub-rotation at LHSC and one at Parkwood Institute. These geriatric rotations may include a combination of inpatient, outpatient, consultation-liaison and consultation to nursing homes.

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

On PGY3 geriatric psychiatry, residents will:

- Manage patients in the geriatric population
- Adapt treatment approaches to this population
- Assess Cognitive Disorders and other late-life presentations
- Learn and apply techniques of neurostimulation, particularly ECT, including during time at an ECT clinic

See specific Rotation Objectives, including competencies

Expected EPAs and contextual variables:

C3 – Psychiatric assessments, diagnosis and management for older adults – ALL contextual variables for this EPA MUST BE COMPLETED ON THIS ROTATION:

- At least 3 neurocognitive disorders, including at least 1 patient with BPSD
- At least 1 major depressive disorder and/or bereavement
- At least 1 anxiety disorder
- At least 1 case with rationalization of polypharmacy
- At least 2 different observers

C4 – Formulation – OBLIGATORY – 2 older adults, geriatric psychiatrist as assessor

C7 – Neurostimulation Part A Assessment for Suitability and Part B Delivery – OBLIGATORY - completed on rotation and in time available at Parkwood ECT clinic, through program office

C8 – Psychopharmacology – OBLIGATORY – 2 older adults, including 1 with cognitive enhancer

C9 – Applying legislation – particularly evaluation for restrictions/limitations relevant to disability

Suggested EPAs:

C5 – Emergent Situation

C10 - Teaching

Also required: Geriatric STACER (observed interview) Link to STACER forms and assessment criteria

PGY3 longitudinal requirements:

On Call:

At least 2 Adult and 1 C&A Senior **On Call Assessments** submitted before each q3mo CC review (London)
(Minimum 8 Adult and 4 C&A Senior On Call Assessments by end of PGY3)

[3 Adult On Call Assessments per q3mo 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.)

Psychodynamic case ongoing – ITAR is required before every CC review while case is ongoing. 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).

Family or Group Therapy should be started, if possible, in PGY3. Some residents may meet this requirement by having a family therapy case during their PGY3 C&A rotation. Those who do not have a full course of family therapy must complete a group therapy. There are several types of group to choose from – see updated list on Teams . In some cases, it may make sense to defer group to PGY4 or 5 but this must be discussed at quarterly review and with the psychotherapy lead as part of a larger plan to meet psychotherapy requirements. **Those going into subspecialty must meet all requirements by the end of their Core of Discipline training stage (the end of PGY4).**

Other psychotherapy should also be started in PGY3 if possible**. Options are also listed on Teams and include DBT, IPT, Motivational Interviewing (MI), CBT for insomnia or CBT for psychosis. Short-term psychodynamic therapy may also be an option.**

Over the course of residency, residents must also complete **3 entrustable observations of C6A EPAs** for the CV **"Integration of psychotherapeutic interventions into regular clinical care"**. This is done during regular clinic time and is completed by one of the resident's supervisors on rotation. To demonstrate this skill, the resident must apply principles of a psychotherapy modality such as CBT, psychodynamic or IPT to a patient interaction in clinic.

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.

Residents are expected to maintain a **psychotherapy log**, to be reviewed at quarterly review meetings with the program director or associate PD AND to submit a **psychotherapy log summary sheet** (Elentra) before each CC review, starting with the second CC meeting of PGY 2 in January.

Scholarly Project (Research/CQI):

Scholarly project should be well underway, ideally completed by early in PGY4, so as not to interfere with exam preparation.

See Scholarly Curriculum document for more information.

A scholarly activity self-report form must be completed q6mo, usually prior to the 2nd (Dec/Jan) and 4th (June) CC Review.

A scholarly ITAR 1 must also be completed q6mo 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.

Residents have protected time on Thursdays for scholarly work in PGY3 and PGY4, including time after 3:30pm on weeks when no further formal teaching is scheduled and some Thursday afternoons intentionally left open for scholarly work.

Longitudinal Case:

There is also a training requirement in Core of Discipline for residents to work with a patient long-term, which is defined as 6 months, ideally 1 year, in length. There is a **specific ITAR and description for this experience** that outline the expectation and competencies/objectives covered. The experience may be started in PGY3 or PGY4 but must be completed by the end of PGY4 and ideally before the exam period.