# Core of Discipline – PGY4

(London – See Windsor handbook for specific rotation information)

## Overview:

In PGY4, residents have Complex Care and Rehabilitation (SPMI), Consultation-Liaison, Shared Care, Consolidation (Review) Block and a one-block Elective. Rotation schedules are determined by lottery, with different rotation schedules to choose from. CCR/SPMI rotations are a range of selectives.

During the PGY4 year, residents work in specialized rotations where they build their skills working with complex patients, the medically ill and providing consultations to doctors in general medical specialties and family doctors in the community. Residents in senior rotations are expected to work more independently than in junior rotations, with more indirect supervision.

Psychotherapy and scholarly requirements should be approaching completion.

The RCPSC exam is in March (written) and May (OSCE), preparation for which consumes much of residents' time and attention. The consolidation (review) block is designed to provide support in exam preparation and to provide additional study time.

## Complex Care and Rehabilitation (SPMI):

In the Complex Care and Rehabilitation (SPMI) rotation, residents work in 2 different clinical settings for 3 blocks each, one of which must be a clinic that primarily treats psychosis disorders (i.e. schizophrenia spectrum and bipolar disorder type I). There are a range of selective options that residents can apply for.

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

On Complex Care and Rehabilitation (SPMI), residents will:

- Provide psychiatric care to complex patients in longer-term care, usually outpatient
- Learn advanced psychopharmacology, including proficient use of clozapine and LAIs
- Gain an advanced knowledge of mental health legislation
- Apply psychotherapy techniques and principles of psychosocial rehabilitation to a complex care population

**See specific Rotation Objectives, including competencies**

**Expected EPAs and contextual variables:**

**C1 – Treatment and management plans for adult patients - particularly high complexity, bipolar disorder, psychosis, history of trauma, SUD, personality disorder, ID/autism spectrum**

C4 – Formulation – particularly high complexity

C5 – Emergent situations – particularly agitation/aggression, HI/VI

C6A – integrating psychotherapeutic interventions into regular care (supportive case)

C8 – Psychopharmacology – particularly, lithium, clozapine, LAI, multiple medications, agent to treat medication-induced side effects

C9 – Applying legislation

Suggested EPAs:

C7 – Neurostimulation, parts A and B (if not completed during Geriatric Psychiatry or for more exposure, including rTMS)

C10 – Teaching

P2 – Supervising junior trainees

## Consultation-Liaison (CL) Psychiatry:

CL Psychiatry is the care of the medically ill with comorbid mental health pathology. Most cases are seen on the medical floors in consultation to a medical MRP. Some patients are also followed up for a period of time.

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

On CL psychiatry, residents will:

- Manage mental health difficulties in patients with comorbid acute medical illness
- Differentiate between the mental health manifestations of general medical conditions and primary mental health difficulties
- Manage psychotropic medications in patients with medical conditions that may affect the medications' pharmacokinetics and pharmacodynamics.
- Provide consultation to general medical practitioners with recommendations that are clear and useful, including identification of general medical conditions or treatments that may affect a patient's mental health presentation.

See specific Rotation Objectives, including competencies

Expected EPAs and contextual variables:

C1 – Treatment and management plans for adult patients – OBLIGATORY – 2 x consultation liaison

C4 – Formulation

**C5 – Emergent situations – OBLIGATORY – 2 x patients with delirium; 1 x patient with dystonia, catatonia, serotonin syndrome or NMS**

**C8 – Psychopharmacology – OBLIGATORY – at least 2 patients in the CL setting**

**C9 – Applying legislation**

**Suggested EPAs:**

**C10 – Teaching**

**P2 – Supervising junior trainees**

## Shared Care:

On Shared Care Psychiatry, residents provide psychiatric assessment and consultation to family doctors working in the community. This is an essential aspect of the sustainable provision of mental health care to the community.

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

On Shared Care psychiatry, residents will:

- Assess patients in the community as part of a primary health team
- Compose written consultations for family doctors
- Provide case support to family doctors and allied health professionals.
- Refer patients to appropriate community resources based on their condition and its level of acuity.

**See specific Rotation Objectives, including competencies**

**Expected EPAs and contextual variables:**

**C1 - Treatment and management plans for adult patients**

**C4 – Formulation**

**C8 – Psychopharmacology**

**Suggested EPAs:**

**C5 – Emergent Situation (if arises)**

**C9 – Applying legislation (if arises)**

**C10 - Teaching**

**P2 – Supervising junior trainees**

## PGY4 Senior Elective:

Residents usually have one block available for an elective in PGY4. An elective proposal must be completed and submitted for approval at least 3 months prior to the start of the elective. The elective proposal includes competencies/objectives to be covered, a weekly clinical schedule and a description of the clinical experience. There are different forms for clinical, research and away electives. Please see the elective guide for potential options and for the proposal forms.

## Consolidation Block:

In PGY4, one block, usually block 8, is set aside for additional teaching, review and protected study time for the RCPSC exam, which is usually in early March (Written) and mid-May (OSCE). For more information, please see the academic schedule.

## PGY4 longitudinal requirements:

### On Call:

At least 2 Adult and 1 C&A Senior **On Call Assessments** submitted before each q3mo CC review (London)
(Minimum 16 Adult and 8 C&A Senior On Call Assessments by end of PGY4)

[3 Adult On Call Assessments per q3mo CC 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.)

Over the course of residency, residents must 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.

**Psychodynamic case** may be 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 completed by the end of PGY4. This is an absolute requirement if the resident is going into a subspecialty program. 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 PGY 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 program requirements by the end of their Core of Discipline training stage (the end of PGY4).**

If not already done, residents must complete an additional **"Other" modality** of psychotherapy. These can include DBT, IPT, Family or Group (if the other has been done to satisfy the requirement), CBT for insomnia, CBT for psychosis, short-term psychodynamic therapy or MI. Please refer to the psychotherapy handbook and the Psychotherapy list on Teams for more information.

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. These documents are required until residents have completed all psychotherapy requirements.

Any remaining program or RCPSC psychotherapy requirements must be completed by the end of PGY4, unless the resident is not going into subspecialty and has an approved plan to complete the requirement in PGY5. This could include making up hours in core modalities if not enough hours have been completed or the resident was not found entrustable on C6A for that modality by the end of the core psychotherapy experience.

## Scholarly Project (Research/CQI):

Scholarly project should be 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 while the project is active, usually prior to the 2nd (Dec/Jan) and 4th (June) CC Review.

A scholarly ITAR 1 must be completed q6mo by the supervisor, even if no new work has been completed, as evidence of a meeting with the supervisor and ongoing work on the project.

The scholarly ITAR 2 is the final assessment of the core scholarly project and the requirements for ITARs and self-report forms for scholarly end with the submission of an ITAR 2 by the supervisor (and not until then). At the time of project completion, the resident is to submit a final scholarly project self-report form which summarizes the scholarly project and the resident's scholarly achievements attained during the residency program.

**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:

In Core of Discipline, residents are required 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, ideally well before the exam period.

**STACER:**

In PGY4, residents complete a **STACER on-rotation** with a supervisor of their choosing, using the official STACER assessment form (See the documents, "3B_STACER_PGY4-5_Exam Package" and "STACER – SR (PGY4-5) Score Sheet", at the linked page.) The **Final (formal) senior STACER** will be scheduled in the fall for residents who are planning on going into subspecialty and either in the fall or spring (post-exam) for those who are not. (Residents not going into subspecialty may be able to choose to have their final STACER in the fall or spring, depending on availability of examiners in the fall.)