Transition to Practice – PGY5

(London – See Windsor handbook for specific rotation information)

Overview:

In PGY5, residents develop their ability to function as independent practitioners while developing their skills and knowledge in specialized areas of interest.

The entire year's rotations consist of electives, although the requirements for Transition to Practice (TTP) must be met, including one rotation of at least 3 blocks that meets the Independent Practice Clinical Rotation (IPCR) requirement.

Residents are also expected to meet the Personalized Learning Experience (PLE) requirement during time provided on academic Thursdays in the summer and fall.

Electives:

Elective proposals 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**:

See the Elective Guide and Elective Proposal Forms

Transition to Practice Document

Expected EPAs and contextual variables:

P1 - Managing the clinical and administrative aspects of a psychiatric practice – completed in the IPCR rotation - see TTP document for further information

- **Part A– Patient care**
- **Part B – Working with the team**

P2 – Supervising Junior Trainees

P3 –Developing and implementing personalized training experiences – see TTP document for further information

- **Part A – Developing a learning plan**
- **Part B – Implementing a training experience**
- **Part C – Reflecting on learning plan efficacy**

Personal Learning Experience (PLE):

Thursdays in the summer and fall will have time set aside for development of a focused plan for an asynchronous learning project (Part I). In the fall, time will be provided for Part II, in which residents pursue their learning experience. Please refer to the TTP document for further details.

See the **PLE section (section C in table of contents) within the Transition to Practice Curriculum Document on Teams** for further details.

Independent Practice Clinical Rotation (IPCR):

One elective rotation of at least 3 blocks must allow for the resident to act as a "junior attending" psychiatrist. It must involve interaction with an interprofessional team. The resident should be taking on a leadership role within the interdisciplinary team and participate in some business aspects of practice. Please refer to the TTP document for further details.

See the **IPCR Document on Teams** for further details.

Note on completion of residency:

While EPAs and the RCSPC exam cover much of the training requirement for licensure in Canada, residents do not complete training in the hybrid CBD curriculum and are not eligible for licensure until they have met all training requirements of their program, which include other RSCPC required training experiences and the program's specific requirements.

Note on "Moonlighting":

Some residents choose to work independently at another hospital under a supervisor to make additional money and gain experience. While such experience can be beneficial, such work is not a residency training requirement and is independent of your training. The program director must sign a CPSO form for your independent work to be approved. Approval cannot be given or continued if a resident is having academic difficulties or if the additional work appears to interfere with completion of residency training requirements. There is a PGME policy document for "moonlighting".

PGY5 longitudinal requirements:

On Call:

Residents should complete the "Junior Consultant on Call" experience in the first 3 months that they are on the call schedule in PGY5 – resident acts as consultant with direct observation by consultants on call (via phone later in the evening).

In addition, the requirement for on call assessments remains as in PGY4:

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 and Training Experience Description for more information about call

Psychotherapy:

Any remaining psychotherapy requirements must be completed by the end of residency. 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.

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

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

Family or Group Therapy must be completed if not completed by the end of PGY4. 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 PGY5 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 Core.**

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.

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.

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** ("Psychotherapy Log sheet" on Elentra) before each CC review, starting with the second CC meeting of PGY 2 in January. These documents are required at each CC review until **residents have completed all psychotherapy requirements.**