

**CORE ROTATIONS, SELECTIVES AND OPPORTUNITIES FOR RESIDENTS**

# HOSPITAL OVERVIEW\*

St. Joseph's Health Centre is a busy full-service community teaching hospital serving the west- end of Toronto. In collaboration with the Emergency Department, which manages over 97,000 visits per year, the Department of Psychiatry has a 24-hour Crisis Program serving children, adolescents and adults. Almost all the children, adolescents and adult inpatients are admitted through the Emergency. Level of pathology is high, particularly within the realm of psychotic disorders, often with multiple co-morbidities, including substance use related disorders. The Psychiatric Program is comprised of two components; Mental Health and Addictions, and is well linked to Family Medicine and a full range of hospital specialty departments. With General Psychiatry as a dominant clinical theme, the Department is comprised of a spectrum of services including Emergency Psychiatry, Urgent Care, Mobile Crisis, 29-bed General Inpatient Unit, 6- bed Psychiatry Intensive Care Unit, 6-bed Short Stay Unit, 8-bed Child and Adolescent Unit, Day Hospital, Outpatient Mental Health, Shared Care, ACT Team, Recovery Support, Case Management Service, Consultation Liaison, Geriatric Psychiatry, 26-bed Withdrawal Management Residential Care, Day Withdrawal Management, and Addiction’s Medicine inpatient and outpatient consultation.

It is important to emphasize that at St. Joseph’s Health Center, staff psychiatrists and their clinical teams deliver clinical care, which is not dependent on residents’ availability, making rotations a pure learning experience. In all settings, residents are integrated into interdisciplinary teams. Working with their supervisors, residents may function as leaders of these teams and learn the complexity of incorporating multiple systems and services into treatment plans.

All residency training positions offered fulfill mandatory training requirements in General, Geriatric as well as Child & Adolescent Psychiatry.

# CLINICAL ROTATIONS

The Department of Psychiatry, St Joseph's Health Centre offers training in the following areas:

# MANDATORY CORE TRAINING (see below for complete details)

# - General Psychiatry Inpatient can accommodate 2 PGY-2 Residents simultaneously per 4 month rotation.

* **Geriatric Psychiatry** can accommodate 3 PGY-3 residents sequentially per academic year. Each rotation lasts 4-months
* **Child & Adolescent Inpatient Psychiatry** can accommodate up to 6 residents (PGY-2 or Fellow) sequentially per academic year. Each PGY 2 rotation lasts 4-months and the rotations for fellows are available for inpatient rotations and Transition to Practice electives.
* **Chronic Care Rotation** – can accommodate 2 PGY-4 residents sequentially per academic year. Each rotation lasts 6-months and one rotation is available from July – December and the other from January – June. Arrangements for a 3 month rotation will be made for the switch to the CBD curriculum.

# SENIOR SELECTIVES / SUBSPECIALTY TRAINING:

* **Collaborative Care**
* **Subspecialty Child & Adolescent Psychiatry:** the Child and Adolescent Program can accommodate up to two resident/fellows at a time. Subspecialty experiences include inpatient child psychiatry and Transition to Practice electives.

# CLINICAL ROTATIONS (Full Details)

**- General Hospital Core Psychiatry Sequential Inpatient-Outpatient PGY-2&4 Rotations**

Inpatient Primary Supervisors:

Drs. Iram Ahmed, Erin Carter, Richelle Twose, Marika Younker,

Mariam Abdurrahman

Inpatient care will be the main focus of the inpatient block where the resident will spend 4 months learning skills important for the assessment and management of acutely ill psychiatric inpatients from a wide range of Psychiatric Disorders. The Biopsychosocial and Recovery Models are intertwined as core treatment philosophy. Treatment interventions will include pharmacotherapy, ECT, and individual, group, and family therapy etc. Training will take place on a 35-bed inpatient unit, including a 6-bed acute care unit, with about 613 admissions per year, most of which are acute presentations to the Emergency Room. Residents will have their own caseload working closely with their highly available supervisors. Residents will be working with multidisciplinary teams, involving nursing, social work, etc. There will be an opportunity to co- lead inpatient groups and develop ECT skills.

In summary, General Psychiatry training rotation at St Joseph's Health Centre allows PGY2 residents exposure in their foundation year to a broad range of patients with multiple co- morbidities enabling them to establish solid clinical foundation regardless of ultimate career objectives

# – Geriatric Psychiatry Rotation

**Primary Supervisor**: Dr. Richard Stall **Secondary Supervisor:** Dr. Colman Nefsky

The geriatric psychiatry program provides an experience in a variety of general health-care settings. A continuous ongoing component is achieved through a weekly outpatient geriatric psychiatry multidisciplinary clinic where residents will have an opportunity to work with geriatric medicine specialists. The geriatric consultation-liaison service to medical, surgical, palliative care, geriatric and emergency wards will provide a different perspective regarding the interaction between medicine and psychiatry in the elderly patient. Monthly visits to three different long term care facilities, assisted by a nurse clinician, provides the resident with an opportunity to learn how to manage patients outside of the traditional hospital environment.

Residents will develop expertise in managing common clinical problems encountered in geriatric psychiatry including depression, late-life psychosis, delirium, dementia, behavioural problems, personality disorders, adjustment disorders and family problems. Specific technical skills to be developed include conducting specialized mental status examinations, assessing competence, performing cognitive assessments, ordering and interpreting brain imaging studies, choosing and monitoring drug therapy, treating the frail medically ill patient and applying psychotherapy as well as other somatic therapies, including electroconvulsive therapy (ECT).

# - Child and Adolescent Psychiatry Core or Career Rotation

Primary Supervisor: Drs. Hannah Klein, Rachel Ptashny, Beni Rotberg and Andrew Howlett

The Child and Adolescent Mental Health Program (CAMHP) services children and adolescents, up to their 19th birthday, who present with severe psychiatric conditions, high suicide risk and safety concerns, and unusual or bizarre behaviours. The program is closely linked to Paediatrics, as well as Adult Mental Health Services. This continuum allows for a smoother transition to adult services and the availability of a wide array of services to the older adolescent population, as well as patients’ family members. The program is comprised of the following five components:

1. **Emergency/Crisis component**: Child & Adolescent and Adult Crisis Teams provide 24-hour coverage in the Emergency Department. They will respond to any referral of patients presenting with a psychiatric emergency or psychosocial crisis, following a request for consultation. The psychiatrist-on-call and the crisis team will provide a joint assessment with back up, if necessary, from a child psychiatrist.
2. **Inpatient Child and Adolescent Unit:** The unit has 8 Schedule I beds. Patients are admitted through the Emergency Department, or as direct transfers from other hospitals. Located on the unit is a section 23 Toronto Catholic School Board classroom. To enhance continuity of care, each patient and their family is assigned a case manager who coordinates the patient’s care, remains involved following discharge until follow-up is arranged in the community. The unit is located adjacent to the Paediatric Inpatient Unit, thus allowing for better care for patients who require specialized medical care.
3. **Transitional Outpatient Support:** The Transitional Outpatient Support provides follow up for up to six weeks for patients discharged from the Inpatient Unit. Patients are followed by the same case manager and attending psychiatrist for better continuity of care.
4. **Outpatient Consultation/Case Conference Service**: The Outpatient Consultation Service provides Urgent Care Consultations for youth who are discharged from the Emergency Room and referred for assessment as well as outpatient referrals from Pediatricians and Family Doctors.. Case conferences are also held with our paediatric colleagues.

**Learning Objectives:**

The acquired knowledge and refining of skills will of course depend on the component of the program the resident chooses for placement; however, the following are some of the primary objectives:

* + Provide individual, family and group psychotherapy on the Inpatient Unit.
  + Gain expertise in managing a variety of disorders, both acute and chronic, in a variety of age groups in a Locked Inpatient Schedule I Facility under Ontario MHA.
  + Develop a level of comfort in the applications and procedures of the Mental Health Act, Substitute Decisions Act, Health Care Consent Act, and the Child & Family Services Act, in both the Emergency Room and the Inpatient Unit.
  + Work closely with a special education teacher and other support staff in a section 23 classroom participating in educational assessments, and assisting community school staff and parents in devising a suitable remedial program and placement.
  + Understand the role of the psychiatrist as a physician leader and part of an interdisciplinary team of nurses, social workers, child and youth counsellors, crisis workers, and child psychiatrists.
  + Understand the challenges and rewards of a child psychiatrist working in a community teaching hospital, general psychiatry department, interacting with colleagues of many medical backgrounds in a variety of settings handling administrative, teaching and clinical responsibilities.

# -Psychiatry Emergency PGY 3 Rotation

Primary Supervisors: Drs. Jodi Lofchy and Kate Strasburg

**Description:**

The Psychiatric emergency service consists of a Mental Health Emergency Services Unit [MHESU] and a Rapid Access Crisis Clinic [RACC] for patients to access immediate follow-up after an emergency visit while awaiting outpatient care. St. Joe’s is partially affiliated with UofT so only select learners are on site, offering enhanced opportunity for independent practice and access to supervisors.

The MHESU is a 10-12 bed unit for both adults and children presenting with mental health related complaints to the Emergency Department [ED] at St. Joe’s. This is an observation and treatment-planning unit for psychiatric patients who present in acute crisis. The patient population covers the full demographic spectrum from childhood to elderly.

The resident will be part of an interdisciplinary team [nurses, crisis workers and child and youth workers] assessing emergency patients and will have opportunities to develop interviewing skills and increased knowledge about both diagnosis and treatment of acute psychiatric emergencies in both adults and children. The resident will be able to develop skills as an independent consultant, assessing and treating patients with supervision provided as needed. Opportunities exist for teaching more junior medical learners. Expectations to take on a more leadership role in coordinating system flow will be present.

As part of this rotation the resident will spend time in the Rapid Access Crisis Clinic [RACC], a psychiatrist and clinician run service for patients after their emergency stay or inpatient admission. This clinic will offer residents an opportunity to work with people in crisis, from assessment to brief crisis intervention and onwards to appropriate services in the hospital or community. Residents will have the opportunity to follow select patients in a short-term crisis therapy with staff supervision.

# – Chronic Care Rotation

Primary Supervisor: Dr. Ginny Duff

The West End ACT Team, situated in the heart of Parkdale, provides community based care for 80 patients with severe and persistent mental illness. Prior to their management by the ACT team, these patients were the heaviest users of in-patient and emergency psychiatric services at St. Joe’s.

The resident will be able to experience the gratifying work of managing such seemingly complex patients in the community and seeing the power of the ACT model to contain the chaos of their lives.

The rotation will be In accordance with CanMEDs roles. As a member of the ACT team, the resident will work closely with a multi-disciplinary team of nurses, social workers, an occupational therapist, mental health worker and a peer support worker. The resident will take part in the daily team meetings and the ongoing management of the ACT patients. A specific case load will be assigned to the resident and the resident will also see any of the ACT patients as clinically indicated. The resident will be involved in the assessment of new referrals to the ACT team. Much of the work will be in the community affording the resident an invaluable experience of what life is like for the mentally ill in an inner city environment. The resident will gain experience in the pharmacological management of psychotic disorders and, in particular, in the use of depot antipsychotics and Clozapine. The resident will learn how to manage transitions between community and ER and in-patient care. There will be ample opportunity to work with Community Treatment Orders and attend CCB hearings. There is an emphasis on the importance of a good working understanding of the legislative framework which guides our practice. Ten percent of the team’s patients are under the auspices of the Ontario Review Board. The resident will consequently have an opportunity to develop some working knowledge of how the criminal justice system deals with the mentally ill.

Supervision for the ACT team work will be provided Monday to Friday directly or by cell phone by Dr. Ginny Duff. Weekly supervision will be provided by Dr. Duff.

# - Outpatient General Psychiatry Senior Selective

Primary Supervisor: Drs. Michael Neszt, Jeremy Riva-Cambrin, Crystal Pinto & Nate Charach

This elective offers senior psychiatry residents the opportunity to provide interprofessional team based outpatient psychiatric care to a diverse and psychosocially complex patient population in a community hospital. Residents are fully integrated into the clinic and gain the knowledge and skills to function as a junior consultant. They work closely with an interprofessional team (which may include psychologists, social workers and/or occupational therapists) conducting joint assessments and sharing ongoing care of patients. There is ample opportunity to tailor the selective to the resident’s interests, for example a particular diagnostic population, patients recently discharged from higher acuity services, or liaison work to primary care settings (i.e. Collaborative Care). If they wish, residents may also gain experience in providing interprofessional education or conducting health services research.

As an additional experience, residents interested in learning about Group Medical Visits as a novel approach to providing follow up care can learn to run these follow up groups with Dr Nate Charach. Some prior group exposure is recommended but not necessary.

# - Community Health Clinics (CHC – Four Villages, Stonegate, LAMP) Outpatient General Psychiatry Senior Selective

Primary Supervisor: Drs. Michael Neszt, Crystal Pinto and Andrew Howlett (Child Psychiatry)

This elective offers senior psychiatry residents the opportunity to provide community consultation, direct and indirect shared care at one of the three community family health teams. The service is provided in the community.

# ON CALL

General Psychiatry Residents will be On-Call in the ER at St Joseph's in the same frequency as their colleagues in University Teaching Hospitals. However when On-Call, residents will work in the ER alongside a staff psychiatrist and a 24 hours crisis team. Call at St Joseph's ends at approximately 11 PM each night.

# PSYCHOTHERAPY SUPERVISION & TRAINING (Adult / Child / Group / Family)

Residents readily meet Departmental Psychotherapy requirements during their rotation. For General Psychiatry Residents:

* **SUPPORTIVE / INTEGRATED / SHORT-TERM PSYCHOTHERAPY:** Primary supervisors in adult and child psychiatry will supervise residents for Individual / Family / Group Psychotherapy for patients seen on the Inpatient Unit and thorough Outpatient Service. Primary supervisors will also provide supervision in regards to the recent Royal College requirements for exposure to longitudinal provision of care to patients with severe and persistent mental illness.
* **PSYCHODYNAMIC:** Drs. Virginia Duff, Andrew Howlett, Sheri Turrell, Rayanne Elias and Rachel Ptashny provide supervision for Long-term Psychodynamic Psychotherapy cases.
* **INTER-PERSONAL THERAPY (IPT):** Dr. Michael Neszt is available for IPT supervision.
* **COGNITIVE BEHAVIOURAL THERAPY (CBT):** Ms. Joanna Smoley (MSW) a senior clinician skilled in CBT will supervise residents for their CBT cases. Dr. Michael Neszt and Dr Rayanne Elias also provide CBT supervision for CBT cases.
* **GROUP THERAPY:** Ms. Joanna Smoley (MSW) also provides a number of group therapies including: CBT for Anxiety, CBT for Depression and Interpersonal on a weekly basis and residents have an opportunity to co-lead/observe these therapies.
* **FAMILY AND CHILD PSYCHOTHERAPY:** The Child and Adolescent Psychiatrists are available to supervise residents in a variety of modalities.

**EDUCATION**

* **GRAND ROUNDS:** Residents are encouraged to present/attend the bi-weekly Psychiatry Grand Rounds during their rotation at St Joseph's. Additionally, residents may present or attend, if they wish, other disciplines Grand Rounds e.g. Paediatrics, Family Medicine, Ethics etc. Residents can readily attend the weekly Hospital for Sick Children Televised Live Grand Rounds series.
* **SHARED CARE SEMINAR:** Psychiatry residents and a staff facilitator join up with family medicine residents on their family medicine rotation once per month to review topics in mental health that are relevant to primary care, through cases that family medicine residents have encountered in their clinics. The format focuses on “shared care” principles and practices. (**Currently on hold).**
* **INTERVIEW AND FORMULATION SEMINAR:** Bi**-**weekly seminar with a staff Psychiatrist includes observed interviews, case formulation and journal club.

**TEACHING**

There are periodic and daily opportunities to teach medical students, family medicine residents, psychiatry residents and allied health professionals including nurses and child and youth workers throughout the rotation. This can be done informally as well as through formal rounds and seminars. Selected supervisors are able to provide feedback around residents’ teaching strengths and weaknesses.

# RESEARCH

Residents who are interested in undertaking a research project will be supported by the department of psychiatry and their training supervisor in addition to getting assistance from the hospital's research office. There is however no formal research project where a resident could participate.

# CONTACT INFORMATION:

**Postgraduate Site Contact**

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