

Postgraduate Psychiatry Elective Description

Last Updated: January 29, 2025



THE UNIVERSITY OF BRITISH COLUMBIA

Department of Psychiatry

Faculty of Medicine



Psychiatry Elective Guideline

**The following guideline is applicable only to UBC Psychiatry Residents.*

In the following pages are the array of elective choices available to the PGY4's and PGY5's for the UBC Psychiatry Program. Here are some important points to remember when you are going through your selection process:

- Inform the Psychiatry Education Office of your elective choice **no later than 2 months prior to the start** of the elective.
- If the elective is also used as one of the core rotations, the PGY1-4 residents that require those rotations will have the first choice.
- If the elective is new and not present in this manual, either yourself or your supervisor can submit a fully completed elective form for approval (link to form). This will need to be submitted to the Psychiatry Education Office **no later than 2 months prior to the start of the elective**, as it may need to go to the Program or Executive Committee for discussion and approval. Please copy your supervisor when you email your elective proposal to the Psychiatry Education Office.
- If the elective is **virtual**, it must indicate the location where the patients will be registered, and where the supervisor is based.
- If the elective is outside the Province or the Country (either new or previously approved), it will need to be submitted to the Psychiatry Education Office preferably 3 months and **no later than 2 months prior to the start of the elective**, as it **will** need to go to the Program or Executive Committee for discussion and approval.

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RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Addiction Psychiatry Nanaimo		
SITE: Edgewood		CITY: Nanaimo	HEALTH AUTHORITY: VIHA	
Last date updated:		October 2020		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical Research Educational	IN/OUT MIX: 100%-inpatient	SETTING: Residentialaddiction program	DURATION: 1-2 months
ELECTIVE OWNER(S): (Name, email, phone)		Dr Merville (Mel) Vincent-Edgewood merville@shaw.ca , 1-800-683-0111		
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		Dr Vincent		
DESCRIPTION: see appended description				
LEARNING OBJECTIVES:				
<ul style="list-style-type: none"> ➤ Medical Expert <ul style="list-style-type: none"> ○ Knowledge-general psychiatry, DBT,CBT,group psychotherapy, withdrawal management ,OAT ○ Clinical Skills-withdrawal assessment, addiction and psychiatric interview/assesment ,concurrent disorder assessment/management ➤ Communicator-daily involvement with physicians, addiction patients/family and multidisciplinary team, consult reports, referral sources ➤ Collaborator-member of multidisciplinary team, referral source and discharge planning ➤ Manager-minimal ➤ Health Advocate-education with patients/family and team members ➤ Scholar-problem based learning approach with patient issues that arise ➤ Professional-lectures,team member 				
ACADEMIC ACTIVITIES: lectures daily, group therapy daily, psychiatric/addiction consultation, case management and medication management, withdrawal management, CBT/DBT psychoeducation lectures				
SPECIAL FEATURES: 12 Step Facilitation, Opioid agonist treatment approaches, behavioural addiction with certified clinicians eg sexually addictive behaviours, eating disorder groups, PTSD/trauma program				
DIRECT PATIENT CARE RESPONSIBILITIES: Initial psychiatry and addiction consultation, case management-medication/psychotherapy, withdrawal management, group therapy				
NIGHT/WEEKEND CALL:	optional but notrequired			
REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):				
LOCATION:	Edgewood- 2121 Boxwood Rd, Nanaimo, BC 1-800-683-0111			
TIME:	8:30 Monday morning			
PERSON:	Dr Merville (Mel) Vincent			
CONTACT:		PHONE: 1-800-683-0111	EMAIL: merville@shaw.ca mel@edgewood.ca	

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Addiction Psychiatry (Red Fish Healing Centre)			
Approved / Last Reviewed (PGE office Use only): January 2024					
SITE: Red Fish Healing Centre for Mental Health and Addiction		CITY: Coquitlam	HEALTH AUTHORITY: PHSA		
ELECTIVE CATEGORY: <i>(select more than one category if applicable)</i>	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Research <input checked="" type="checkbox"/> Educational	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-person <input type="checkbox"/> Mix	IN/OUT MIX: Inpatient	SETTING: Residential treatment facility	DURATION: Flexible – one to six months
ELECTIVE OWNER(S): <i>(Name, email, phone)</i>		Dr. Daljeet Mahal – daljeet.mahal@phsa.ca			
ELECTIVE ON-SITE SUPERVISOR: <i>(Name, Site, Address)</i> <i>* DO NOT provide email or phone number</i>		Red Fish Healing Centre for Mental Health and Addiction: Dr. Ataa Azabar Dr. Ethan Reiner Dr. Gunpreet Singh Dr. Daljeet Mahal Dr. Tade Olajitan Dr. Nickie Mathew Dr. Christian Schutz Dr. Vijay Seethapathy			

DESCRIPTION:

This is an elective for Chronic Care Substance Use/Concurrent Disorders at the Red Fish Healing Centre for Mental Health and Addiction (RFHC). Strengths of this rotation include:

1. Opportunity to learn the assessment and management of concurrent disorders with psychiatrists, addiction medicine physicians, and a multi-disciplinary team
2. Participation in various psychosocial treatments including CBT for SUD, CBT for psychosis, DBT, Matrix for Relapse Prevention, Contingency Management, Seeking Safety, and Mindfulness for SUD at BCMHA – an opportunity that is not readily available to learners at other institutions
3. Participation in research if the resident or fellow desires
4. Personalized psychopharmacology teaching with the Clinical Pharmacy Specialist

Furthermore, this elective is meant to be responsive to the resident or fellow’s identified learning goals and clinical experience can be tailored accordingly (e.g., mentorship from our clinical pharmacist for those who want to gain more comfort with psychopharmacology; more clinical time with our primary care team).

Red Fish Healing Centre for Mental Health and Addiction:

RFHC is a provincial program for the assessment, stabilization, and treatment of adults with complex mental health and substance use issues (concurrent disorders). This is a new leading-edge centre for mental health and addiction treatment and research in BC, with 105 inpatient beds, ample parking and a fully electronic EMR system. Clients are referred to RFHC if they have exhausted all treatment resources in their area of the province. Many clients are vulnerably housed, have cognitive challenges, and have extensive histories of exposure to traumatic events. Clients are encouraged to stay for up to nine months, which allows residents the opportunity to follow patients longitudinally through their treatment.

The treatment team consists of care providers including psychiatrists, psychologists, physicians, nurses, counsellors, health care workers, social workers, in addition to occupational therapists, art and music therapists, and providers of alternative medicine. Treatment goals are determined in team meetings with the client. Treatment is based on best evidence as provided by international treatment guidelines and reviews of treatment efficacy. Treatment includes individual and group interventions targeting specific issues such as relapse prevention, contingency management, anger



management, and motivational interviewing. Supervising psychiatrists are all fellowship trained and/or board certified in the field of Addiction Psychiatry, and several are established clinician educators and clinician scientists in the field of concurrent disorders.

LEARNING OBJECTIVES:

• **Substance Use Disorders/Concurrent Disorders**

1. **Medical Expert** – residents and fellows will be competent in assessing, diagnosing, and treating patients with substance use and co-occurring mental disorders
 - residents and fellows will gain proficiency in the evidence-based treatment of alcohol, opioid, stimulant, cannabis, and tobacco use disorders
 - residents and fellows will be able to provide full spectrum care of substance use disorders from acute stabilization to relapse prevention
2. **Communicator** – residents will communicate and provide psychoeducation to patients in a non-judgmental manner in the Motivational Interviewing style
3. **Collaborator** – residents will help coordinate care between the inpatient medical teams and outpatient treatment providers, and with consent, patient families
4. **Manager** – residents will understand the role of the Addiction Psychiatrist in the context of the available treatment resources and participate in patient care meetings
5. **Health Advocate** – residents will be aware of and help reduce stigma towards patients with co-occurring disorders
6. **Scholar** – residents will help create, disseminate, apply, and translate knowledge of co-occurring disorders through a personal project that will arise from case supervision.
7. **Professional** – residents will work collaboratively with patients and ethically balance their wants and needs.

ACADEMIC ACTIVITIES: At discretion of resident. The Red Fish Healing Centre is also actively involved in research as an institution and residents have the option of pursuing a research project during the rotation and beyond.

SPECIAL FEATURES: Residents and fellows will have the opportunity to participate in various psychosocial treatments including CBT for SUD, CBT for psychosis, DBT, Matrix for Relapse Prevention, Contingency Management, Seeking Safety, and Mindfulness for SUD.

DIRECT PATIENT CARE RESPONSIBILITIES: As above

NIGHT/WEEKEND CALL:

As per UBC psychiatry residency policy

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Red Fish Healing Centre for Mental Health and Addiction Unit 8, 2745 Lougheed Hwy., Coquitlam, BC V3C 4J2		
TIME:	0900		
PERSON:	Dr. Daljeet Mahal		
CONTACT:		PHONE: 604 417 1339	EMAIL: daljeet.mahal@phsa.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Addiction Medicine (LGH)	
Approved/ Last Reviewed: January 2024	
SITE: Lions Gate Hospital	CITY: North Vancouver, BC
HEALTH AUTHORITY: VCH	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>
	IN/OUT MIX: 90% inpatient/10% outpatient
	SETTING: Hospital based and outpatient
	DURATION: 1 -6 months; number of days per week is flexible
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Patrick McDonald, Patrick.mcdonald@vch.ca , 778-847-9296
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Patrick McDonald, Dr. Geoffrey Walton, Dr. Brighid Cassidy

DESCRIPTION: Assessment and management of patients with substance use disorders in an inpatient setting. There is often a predominant presentation of concurrent disorders. The typical week will involve consult liaison work with the Substance Use Assessment Team (SUAT) at LGH and a half day of outpatient concurrent disorders with Dr. McDonald at Stepping Stones Concurrent Disorders. On this team, they will learn how to manage Substance Use Disorders on an inpatient Addiction Consult Liaison Service, and treatment of concurrent psychiatric conditions in an outpatient setting.

OBJECTIVES:

Medical Expert: To become a physician who is competent in assessing, diagnosing and treating patients with substance use and concurrent disorders in an inpatient setting.

Communicator: To communicate and provide psycho-education to patients in a non-judgmental manner and to utilize motivational interviewing techniques to promote change talk.

Collaborator: To help co-ordinate care between the inpatient medical teams and outpatient treatment providers, and with consent, patient families.

Manager: To understand the role of the Addiction Medicine physician in the context of the available treatment resources and participate in patient care meetings.

Health Advocate: To be aware of and help reduce stigma towards patients with concurrent disorders.

Scholar: To help create, disseminate, apply and translate knowledge of concurrent disorders through a personal project that will arise from case supervision.

Professional: To work collaboratively with patients and ethically balance their wants and needs.

ACADEMIC ACTIVITIES: Personal project based on case supervision, if desired by resident. - optional

SPECIAL FEATURES:



DIRECT PATIENT CARE RESPONSIBILITIES:

1. Medical management of withdrawal of patients at Lions Gate Hospital.
2. Residents will be expected to be part of the Substance Use Assessment Team. They will be expected to learn how to assess and manage patients who are acutely intoxicated or withdrawing from substances, management of opioid agonist therapy in a hospital setting for opioid use disorder, and arrangement of follow up care on discharge.
3. Prescribing relapse prevention medications for alcohol use disorder
4. Assessing and treating concurrent psychiatric disorders in an outpatient setting.

NIGHT/WEEKEND CALL:	SPH as call site between Jan-Jun 2023 LGH as call site July 2023 onwards
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Lions Gate Hospital Doctor's Lounge		
TIME:	8am		
PERSON:	Dr. Patrick McDonald		
CONTACT:	Dr. Patrick McDonald	PHONE: 778-847-9296	EMAIL: Patrick.mcdonald@vch.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Addictions Medicine (RCH)		
SITE: Royal Columbian Hospital, and Inpatient Drug and Alcohol Treatment Centres within Fraser Health		CITY: New Westminster, BC		HEALTH AUTHORITY: Fraser Health
ELECTIVE CATEGORY: (select more than one category if applicable)		Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 90% inpatient, 10% OAT clinic, office-based, and treatment centers	SETTING: Urban
		Research <input type="checkbox"/>		DURATION: 3 month
		Educational <input type="checkbox"/>		
ELECTIVE OWNER(S): Name, Email, Phone		Dr. John Koehn john.koehn@fraserhealth.ca (604) 782-6361		
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		Drs. John Koehn, Karen Shklanka, Sonia Habibian, Aman Haji, Ben Trepanier, Tara Andrusiak.		

DESCRIPTION: Addiction Medicine in both an Inpatient Consultation and Inpatient Treatment Setting	
OBJECTIVES: Assessment of substance using patients admitted to hospital, management of withdrawal and toxidromes, intervention as a tool in substance use treatment, triage tools as well as exposure to outpatient treatment settings such as Opioid Agonist Therapy clinics, detox facilities and sobering assessment centre.	
ACADEMIC ACTIVITIES: At times, the residents are given projects which involve research for rounds (for example, Management of the Suicidal Intoxicated Patient) and are involved in case review	
SPECIAL FEATURES:	
DIRECT PATIENT CARE RESPONSIBILITIES: Consultant service only	
NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Royal Columbian Hospital		
TIME:			
PERSON:	Contact Dr. Koehn in the week prior. He will send a rotation outline with contact information		
CONTACT:	Dr. John Koehn	PHONE: (604) 782-6361	EMAIL: john.koehn@fraserhealth.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Addictions Medicine (RH)			
SITE: Richmond Hospital	CITY: Richmond	HEALTH AUTHORITY: VCHA		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: Inpatient and Outpatient	SETTING: Urban	DURATION: One-half day per week for six months
ELECTIVE OWNER(S): Name, Email, Phone	Dr. L. Hoeschen lawrence.hoeschen@vch.ca , (604) 244-5579			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Multiple sites with no official supervisor on site. Regular reviews with elective supervisor, Dr. Hoeschen			

DESCRIPTION: Addiction Medicine	
OBJECTIVES: - Drug and alcohol withdrawal management - Knowledge of treatment modalities - Substance abuse assessment skills	
ACADEMIC ACTIVITIES: Ample reading material on all aspects of addiction	
SPECIAL FEATURES:	
DIRECT PATIENT CARE RESPONSIBILITIES: none	
NIGHT/WEEKEND CALL: (from dropdown)	Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Richmond Hospital, Rm. 3049		
TIME:			
PERSON:	Dr. L. Hoeschen		
CONTACT:		PHONE: (604) 244-5579	EMAIL: lawrence.hoeschen@vch.ca

RESIDENT ELECTIVE DESCRIPTION FORM

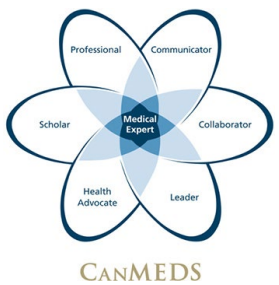
ELECTIVE NAME:	Addiction Medicine Consult Team (BH)			
Approved/Last Reviewed:	October 14, 2021			
SITE: Burnaby Hospital	CITY: Burnaby	HEALTH AUTHORITY: FH		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% inpatient	SETTING: Consults in hospital	DURATION: Minimum 4 weeks (at least 1 day/week)
ELECTIVE OWNER(S): (Name, email, phone)	Lingsa Jia, Lingsa.Jia@fraserhealth.ca , or AMSUSEducation@fraserhealth.ca ; 604-812-6110			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Lingsa Jia (Psych), Local Dpt Head, Addiction Medicine Consult Team Note that this service is staffed by an interdisciplinary team of internists, family physicians, ER physicians and psychiatrists with fellowship training in addiction medicine. However, psychiatry learners will receive preceptorship from Dr. Jia.			

DESCRIPTION: This is an addiction medicine elective ideal for PGY-1s seeking a selective, and PGY-4/5s with an interest in addiction care. Similar to other consult-liaison rotations, learners will receive direct supervision in assessing patients with addiction-related issues, including a range of substance use disorders (alcohol, opioids, stimulants, cannabis, etc.). Comfort in concurrent disorder assessment and management are key competencies for psychiatry residents.

Learners will be involved in conducting consultations and performing follow-ups. The goal will be for Jr learners to complete 1 new assessment daily and maintain a short follow-up list of 2-3 patients. Sr learners will be encouraged to see 2 new assessments daily and maintain a follow-up list of 4-6 patients. Learners will also work with our substance liaison nurse to promote interdisciplinary patient-centered care.

Involvement in research is available and optional for interested learners. This includes chart reviews, quality improvement projects, and case reports.

CANMEDS COMPETENCIES:

	Professional	Uphold professional standards of knowledgeable addiction care provider for unique patient population
	Communicator	Liaise with preceptor and allied health regularly
	Collaborator	Close collaboration and work within interdisciplinary team. Physicians are from various specialties.
	Leader	Take on leadership role in managing junior learners and providing guidance/education to allied health
	Scholar	Option to be involved in clinical and quality improvement initiatives
	Health Advocate	Advocate for ideal patient-care for vulnerable, marginalized patient struggling with addictions



LEARNING OBJECTIVES:	
<ol style="list-style-type: none"> 1. Gain experience and comfort in assessing patients with concurrent disorders (comorbid psychiatric and substance use disorders) 2. Under direct supervision, initiate management for patients with substance use disorders, which may include alcohol withdrawal treatment (CIWA), opioid agonist therapy, and psychological therapies such as motivational interviewing 3. Engage in bedside teaching with preceptor, such that all major substance use disorders are addressed via direct patient-care 	
ACADEMIC ACTIVITIES:	
As described above, interested learners have the opportunity to be involved in clinical research including chart reviews, quality improvement works, and case reviews/report writing. Knowledge translation may be in the form of presentations, conference attendance, or journal article authorship.	
SPECIAL FEATURES:	
As described above, this unique addiction medicine service is staffed by an interdisciplinary team of internists, family physicians, ER physicians and family physicians with fellowship training in addiction medicine. However, psychiatry learners will receive preceptorship from Dr. Jia.	
DIRECT PATIENT CARE RESPONSIBILITIES:	
<ol style="list-style-type: none"> 1. Assessment of patients 2. Follow-up care of patients 	
NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Burnaby Hospital		
TIME:	9 AM		
PERSON:	Lingsa Jia		
CONTACT:	Lingsa Jia	PHONE: 604 812 6110	EMAIL: Lingsa.Jia@fraserhealth.ca or AMSUSEducation@fraserhealth.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Addiction Medicine (SMH)			
SITE: Surrey Memorial Hospital Creekside Detox Quibble Creek OAT Creekside RAAC Other special sites – customized rotations	CITY: Surrey, BC		HEALTH AUTHORITY: Fraser	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: 60% inpatient 40% outpatient	SETTING: Hospital Clinic	DURATION: 2 to 4 weeks
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Sharon Vipler, Program Medical Director, AMSUS Sharon.vipler@fraserhealth.ca Dr. Nitasha Puri, Department Head Postgraduate Education and Research, AMSUS nitasha.puri2@fraserhealth.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Various			

DESCRIPTION: Assessment and management of patients with substance use disorders ranging from an acute inpatient setting to an outpatient setting, with an emphasis on co-occurring disorders. The typical week will have residents rotating between Creekside Detox, the Addiction Medicine Consult Team (AMCT) at Surrey Memorial Hospital (SMH), and the outpatient Rapid Access Addiction Clinic (RAAC). Residents may also attend the introduction to addiction services and basic skills group at Quibble Creek and participate in longitudinal outpatient OAT service provision. Residents will also attend tele-learning sessions as well as have the opportunity to be trained as a POATSP prescriber.

- OBJECTIVES:**
- Medical Expert:** To become a physician who is competent in assessing, diagnosing and treating patients with substance use and co-occurring disorders in an inpatient and outpatient setting.
 - Communicator:** To communicate and provide psycho-education to patients in a non-judgmental manner in the Motivational Interviewing style.
 - Collaborator:** To help co-ordinate care between the inpatient medical teams and outpatient treatment providers, and with consent, patient families.
 - Manager:** To understand the role of the physician in the context of the available treatment resources and participate in patient care meetings.
 - Health Advocate:** To be aware of and help reduce stigma towards patients with co-occurring disorders.
 - Scholar:** To help create, disseminate, apply and translate knowledge of co-occurring disorders through a personal project that will arise from case supervision.
 - Professional:** To work collaboratively with patients and ethically balance their wants and needs.

ACADEMIC ACTIVITIES: TBD and customized per learner

NIGHT/WEEKEND CALL: None



RESIDENT ELECTIVE DESCRIPTION FORM

Submitted by:	
Date:	
Last Reviewed & Updated:	February 2021
Rotation:	Addiction Psychiatry (Homewood Ravensview)
Start / End Date:	
Where:	Homewood Ravensview 1515 McTavish Rd North Saanich, BC V8L 5T3
Supervisors:	Dr. Lyn MacBeath, (MD, FRCPC, DABAM, ISAM, CSAM) Dr. Johann Blignaut (MB Ch B, CCFP (Addictions)) (Dr. Kelly Driver, Dr. Michael Cooper, Dr. Jonathan Wan) (MD, FRCPC)
Elective Goals:	<ol style="list-style-type: none"> 1. To consolidate addiction psychiatry skills in order to be practice ready. 2. Develop skills in diagnosis, formulation, and practice of patients with addictions and concurrent disorders.
Fulfillment of Elective Goals:	<ol style="list-style-type: none"> 1. Full-time elective in residential inpatient treatment centre with a wide array of acute, sub-acute, and chronic addictions issues. 2. Exposure and experience in managing patients with addictions and concurrent disorders.
Fulfillment of CanMEDS Roles:	<p><u>Medical Expert</u></p> <p>By the end of the rotation the resident will demonstrate the ability to:</p> <ul style="list-style-type: none"> • Perform a comprehensive addictions assessment relevant to the clinical setting. • Synthesize information to identify and diagnose existing substance use disorders. • Synthesize information to identify and diagnose existing concurrent mental health disorders. • Differentiate between primary and secondary psychiatric syndromes. • Manage substance intoxication and withdrawal syndromes. • Participate effectively in the development of a management plan tailored to the specific needs of the addictions patient including: <ul style="list-style-type: none"> ○ Basic pharmacological treatment of addictions and concurrent disorders. ○ Group and individual psychotherapy of addictions treatment. <p><u>Communicator</u></p> <p>By the end of the rotation, the resident will demonstrate the ability to:</p> <ul style="list-style-type: none"> • Establish therapeutic rapport with addictions patients and their supports (families and/or other identified supports). • Convey an accurate and coherent account of the diagnosis and treatment plan to patients and/or families. • Complete medical records in the specified time frame that accurately



	<p>reflect pertinent patient information.</p> <p><u>Collaborator</u></p> <p>By the end of the rotation, the resident will demonstrate the ability to:</p> <ul style="list-style-type: none">• Understand the role of primary care in addictions treatment, and collaborate with primary care physicians.• Work effectively with the interdisciplinary team to diagnose and treat substance use and concurrent disorders.• Complete referrals to appropriate inpatient or community resources. <p><u>Manager</u></p> <p>By the end of the rotation, the resident will demonstrate the ability to:</p> <ul style="list-style-type: none">• Work effectively with multiple supervisors.• Effectively balance patient care, learning needs, and personal activities.• Identify and utilize appropriate resource utilization within the facility. <p><u>Health Advocate</u></p> <p>By the end of the rotation, the resident will demonstrate the ability to:</p> <ul style="list-style-type: none">• Recognize the impact of addictions on patients and their support network.• Identify means of supporting and involving families (and other supports) in the recovery process.• Encourage activities/behaviors that promote the health of the inpatient. <p><u>Scholar</u></p> <p>By the end of the rotation, the resident will demonstrate the ability to:</p> <ul style="list-style-type: none">• Effectively educate patients and families about their addictions issues.• Recognize the importance of using evidence-based interventions in the treatment of addictions.• Utilize appropriate resources to identify most appropriate evidence based approaches. <p><u>Professional</u></p> <p>By the end of the rotation, the resident will demonstrate the ability to:</p> <ul style="list-style-type: none">• Reflect on own performance, recognizing strengths and weaknesses/limitations.• Accept, reflect, and integrate feedback to improve performance.• Deliver ethical high quality care to addictions patients.• Maintain appropriate boundaries, recognizing transference and counter-transference issues pertaining to the care of the addictions patient.• Be present at work when required, and complete all assigned tasks in a timely manner.
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RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	BC Operational Stress Injury Clinic			
SITE: OSI Clinic	CITY: Vancouver	HEALTH AUTHORITY: VCH		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: 100% outpatient	SETTING: Outpatient at the OSI Clinic	DURATION: 3-6 months or longer; at least 2 days per week
ELECTIVE OWNER(S): (Name, email, phone)	Dr. George Hadjipavlou hadj@mail.ubc.ca 778-838-8748			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Caroline Cho, Dr. George Hadjipavlou, Dr. Larry Ong OSI Clinic, #570-2889 West 12 th Ave, Vancouver, BC V5M 4T5			

DESCRIPTION: Assessment and treatment of operational stress injuries/traumatic stress disorders and commonly associated comorbidities (e.g., depressive, anxiety and sleep disorders, chronic pain, mild TBI). Clinic specializes in the treatment of Canadian Forces veterans and RCMP members. Residents will have the opportunity to develop competence in pharmacological and psychological management of PTSD, including opportunities to learn first-line evidence-based psychotherapies (e.g., Prolonged Exposure, Cognitive Processing Therapy).

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge:** Be able to recommend appropriate evidence-based psychotherapies for PTSD based on current guidelines and available outcomes research. Understand the rationale and putative mechanisms underlying primary therapeutic interventions. Understand how to incorporate principles of trauma therapy when managing patients with PTSD/trauma in general psychiatric practice.
 - **Clinical Skills:** Become skilled at taking a trauma history and diagnosing PTSD and other trauma-related disorders. Develop proficiency in pharmacological treatment of PTSD. Be able to provide trauma informed supportive psychotherapy incorporating principles of exposure therapy.
- **Communicator:** Be able to communicate effectively with a multidisciplinary team of physicians, nurses, psychologists and social workers at the OSI clinic, as well as family members, and case managers, occupational therapists and occupational health nurses from Veteran Affairs Canada and the RCMP Health Services Office.
- **Collaborator:** Be able to collaborate effectively with a multidisciplinary team of physicians, nurses, psychologists and social workers at the OSI clinic, as well as case managers, occupational therapists and occupational health nurses from Veteran Affairs Canada and the RCMP Health Services Office. Collaboration is a central component of treatment as the clinic as most patients see both a psychiatrists and another therapist.
- **Manager:** Develop effective time management skills, attend multi-disciplinary team meetings, manage requests for disability assessments and progress reports, coordinate psychiatric care, and maintain competent clinical records.
- **Health Advocate:** Be able to advocate effectively for CF members and RCMP members
- **Scholar:** Read around cases, be up to date on treatment guidelines and recent RCTs, deepen understanding of the context and “culture” of the military and RCMP that contribute to presenting mental health complaints
- **Professional:** Maintain high standards of professionalism, particularly regarding obtaining consent and ensuring confidentiality, especially concerning disclosure of sensitive policing-related material that emerge in therapy with active duty RCMP members



SPECIAL FEATURES: see above	
DIRECT PATIENT CARE RESPONSIBILITIES: Supervised initial assessments of veterans and RCMP, with ongoing follow ups for 3 to 6 months, including prescribing medication, and providing psychoeducation and trauma-informed supportive psychotherapy or specific trauma-focused therapy.	
NIGHT/WEEKEND CALL:	No on call requirements

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	#570 -2889 East 12th Ave, Vancouver BC V5M 4T5		
TIME:	Will be arranged with Dr. Hadjipavlou; time will vary depending on elective days		
PERSON:	Will likely have more than one supervisor depending on elective days.		
CONTACT:	Dr. Hadjipavlou	PHONE: 778-838-8748	EMAIL: hadj@mail.ubc.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Child and Adolescent Outpatient Private Practice Elective (Three Story Clinic)						
SITE: Three Story Clinic 301-601 Broadway Ave		CITY: Vancouver, BC		HEALTH AUTHORITY:		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	Research <input type="checkbox"/>	Educational <input type="checkbox"/>	IN/OUT MIX: Pure outpatient	SETTING: Office	DURATION: 3-6 months 1 day/week
ELECTIVE OWNER(S): (Name, email, phone)		Dr. Muffy Greenaway admin@threestoryclinic.com 604-618-7157				
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		Dr. Muffy Greenaway Dr. Jen Russel Dr. Smita Naidoo				

DESCRIPTION: Assessment, treatment and management of mild-moderate ADHD, Anxiety Disorders, Mood Disorders, Parent-Child Relational Difficulties in an outpatient private practice setting over a longitudinal course.

PGY 4 or 5 will be running their own outpatient practice under supervision with increasing responsibility as they transition into independent practice upon graduation.

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge** – Assessment, diagnosis, treatment of mild-moderate ADHD, Anxiety, OCD, PTSD, Mood Disorders, Parent-Child Relational issues and the impact of these disorders on the developing child and family dynamic. Increased facility with the use of psychopharmacology, individual therapy and family therapy techniques.
 - **Clinical Skills** – Ability to engage with families and their children to effectively assess, support and manage mental health concerns on a longitudinal basis. Understand when the needs of the child and family require more tertiary or intensive levels of services that cannot be met in a private outpatient setting and facilitate those connections.
- **Communicator** – Effectively understand the stated needs of the child and family in order to tailor psychoeducation, support and treatment.
- **Collaborator** – Effectively work: a) with the family, b) with the child/adolescent, c) with school counselors re: IEPs, d) with other health care givers involved in care (GPs and Therapists), e) with tertiary level care if referrals are necessary
- **Manager** – Manage your time and the care of the patients efficiently and effectively within a Fee for Service Model with no sessional supports.
- **Health Advocate** – Be aware of advocacy groups available and connect families that are interested.
- **Scholar** – Choose and discuss 2 journal articles of interest
- **Professional** – Deliver care with honesty, integrity and compassion; reach for help and supervision; take a reflective stance on your practice; collaborate with the family and all other caregivers.

ACADEMIC ACTIVITIES: x

SPECIAL FEATURES: x



DIRECT PATIENT CARE RESPONSIBILITIES: Best suited for PGY4 and 5 as you will be responsible for the management of your own outpatient practice.

NIGHT/WEEKEND CALL: Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION: Three Story Clinic – Suite 301-601 Broadway Ave, Vancouver, BC

TIME: 8:30 am

PERSON: Dr. Muffy Greenaway

CONTACT: **PHONE:** 604-618-7157

EMAIL: admin@threestoryclinic.com



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Child Psychiatry General Out Patient (START North, Port Moody)			
Approved / Last Reviewed (PGE office Use only): June 2024					
SITE: New Port Village		CITY: Port Moody	HEALTH AUTHORITY: Fraser Health		
ELECTIVE CATEGORY: <i>(select more than one category if applicable)</i>	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Research <input type="checkbox"/> Educational	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-person <input type="checkbox"/> Mix	IN/OUT MIX: Out Patient	SETTING: Office	DURATION: 3 to 6 months (one day per week)
ELECTIVE OWNER(S): <i>(Name, email, phone)</i>		Dr. Loni Stevens loni.stevens@fraserhealth.ca			
ELECTIVE ON-SITE SUPERVISOR: <i>(Name, Site, Address)</i> <small>* DO NOT provide email or phone number</small>		Dr. Loni Stevens loni.stevens@fraserhealth.ca NewPort Village 600-205 New Port Dr, Port Moody			

DESCRIPTION: We see youth from 6 to 18 years of age. At START North we have a diverse range of patient presentations with anxiety and mood disorders, concurrent disorder, psychosis, neurodiversity, ADHD and more. The rotation can be tailored for resident preferences and to ensure breadth of experience. We have a beautiful office with large windows over looking the forest. The START NORTH team is well run and supportive of learners. We are a general out patient child and adolescent psychiatry service.

LEARNING OBJECTIVES:**Medical Expert**

Through this elective you will build your expertise in the field of outpatient child and adolescent psychiatry. We will explore the patients presentation, etiology, clinical course and develop in-depth care plans. You will develop your assessment skills in the area of child psychiatry as this elective will expose the learner to a broad range of youth from infant psychiatry to adolescent mental health. The outpatient clinic is general psychiatry and also includes concurrent disorders. You will see how specific temperaments, psychiatric disorders and family environments impact the etiology and presentation in the various developmental stages and contexts. We will explore the psychosocial implications of both acute and chronic mental health conditions and the effects on youth and families. We will provide opportunities to develop formulation skills. We will discuss pharmacological management recommendations.

Communicator

This elective requires that the student build rapport and effective working relationships with patients, families and the mental health team. The resident will inform the patient and family about confidentiality and obtain appropriate consent. The resident will conduct an organized interview and assessment of both patient and caregivers to collect collateral. Exploring the patient and family strengths, presentations, family stressors, genetic factors, developmental history, medical history and then formulating the information. The resident will work in a multidisciplinary team environment with other clinicians, social workers, psychologists, and counsellors.

The resident will develop a management plan including medication recommendations, therapy, psychoeducation for youth and families, school collaboration, further assessment recommendations and follow up plan. The resident will communicate this information to the team and the patient/family. The discussion will include the risks and benefit of the recommendations and how the families can access resources in their community. The resident will complete the appropriate notes and records.



Collaborator

In this elective the resident will have the opportunity to work in a multidisciplinary team environment. The resident will work with develop skills around collaboration with various team members.

Leader

The resident will be able to plan their work schedule, coordinate team goals, develop knowledge around community resources, demonstrate safe handover. There are opportunities to teach medical students and other residents during the rotation.

Health Advocate

The Resident will have an opportunity to advocate for community resources and supports for our youth and families.

Scholar

The resident will have the opportunity to read around cases to deepen their knowledge and understanding of psychiatric disorders and determinants of health.

Professional

The Resident will have the opportunity to demonstrate a number of professional attributes such as collaboration, integrity, compassion, independence throughout the elective.

ACADEMIC ACTIVITIES:

If there is interest the resident can support the development of a study guide for future residents. The psychiatrist will support reading around cases and provide evidence based articles that are relevant to the cases in the office.

SPECIAL FEATURES:

There is a wide range of referrals that present to this office. The resident will have the opportunity to see various presentations that include neuropsychiatry, anxiety, depression, concurrent disorder etc. We have a multidisciplinary team including occupational therapy, family therapy and psychiatric clinicians.

DIRECT PATIENT CARE RESPONSIBILITIES:

The resident will observe the first interview and assessment with the child psychiatrist. They will have the opportunity to assess patients and families with supervision from the psychiatrist. They can conduct follow up visits and short-term therapy if appropriate and there is interest.

NIGHT/WEEKEND CALL:

Site to be determined by Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Unit 600 – 205 Newport Dr. Port Moody		
TIME:	9am		
PERSON:	In person		
CONTACT:	Dr. Stevens	PHONE: 778-888-7953	EMAIL: loni.stevens@fraserhealth.ca





RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Child Inpatient Psychiatry (BCCH)							
SITE: BCCH	City: Vancouver						
ELECTIVE CATEGORY: (select more than one category if applicable)	<table border="1"> <tr> <td>Medical</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Research</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Educational</td> <td><input type="checkbox"/></td> </tr> </table>	Medical	<input checked="" type="checkbox"/>	Research	<input type="checkbox"/>	Educational	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>						
Research	<input type="checkbox"/>						
Educational	<input type="checkbox"/>						
	<table border="1"> <tr> <td>IN/OUT MIX: Inpatient, some pre-admission outpatient assessments and follow up post-discharge.</td> <td>SETTING: Urban</td> <td>DURATION: May be individualized</td> </tr> </table>	IN/OUT MIX: Inpatient, some pre-admission outpatient assessments and follow up post-discharge.	SETTING: Urban	DURATION: May be individualized			
IN/OUT MIX: Inpatient, some pre-admission outpatient assessments and follow up post-discharge.	SETTING: Urban	DURATION: May be individualized					
ELECTIVE OWNER(S): Name, Email, Phone	Dr. Susan Lazar slazar@cw.bc.ca , (604) 875-2345 ext. 7411						
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Susan Lazar BC Children's Hospital 4500 Oak Street Vancouver, B.C. V6H 3N1						

DESCRIPTION: Inpatient child psychiatry unit, age 5-12	
OBJECTIVES: Assessment and treatment of complex psychiatric disorders in children, liason with community for psychoeducation and ensuring transfer of care and reintegration to community placement and resourses.	
ACADEMIC ACTIVITIES: Rounds,literature reviews, regular supervision.	
SPECIAL FEATURES:	
DIRECT PATIENT CARE RESPONSIBILITIES: In general, 3 inpatient beds and community pre-admission and post discharge outpatient appointmnets.	
NIGHT/WEEKEND CALL: (from dropdown)	Yes

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	P1 Child inpatient unit BCCH		
TIME:			
PERSON:			
CONTACT:	Dr. Susan Lazar, Medical Director	PHONE: (604) 875-2345 ext. 7411	EMAIL: slazar@cw.bc.ca



Child and Adolescent Psychiatry (Kamloops)



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: CHILD & ADOLESCENT PSYCHIATRY				
SITE: ROYAL INLAND HOSPITAL		CITY: KAMLOOPS	HEALTH AUTHORITY: INTERIOR HEALTH AUTHORITY	
ELECTIVE CATEGORY: <small>(Select more than one category if applicable)</small>	Medical	<input checked="" type="checkbox"/>	IN/OUT MIX: <input checked="" type="checkbox"/>	SETTING: HOSPITAL - OUT PATIENTS DEPT
	Research	<input type="checkbox"/>		
	Educational	<input checked="" type="checkbox"/>		
DURATION: 3-6 MONTHS				
ELECTIVE OWNER(S): <small>(Name, email, phone)</small>				
ELECTIVE ON-SITE SUPERVISOR: <small>Name, Site, Address (DO NOT provide email or phone number)</small>				
DR. BAMIBELE O. OLABIYI ROYAL INLAND HOSPITAL, KAMLOOPS, BC				

DESCRIPTION: **CHILD & ADOLESCENT MENTAL TRAINING**

- LEARNING OBJECTIVES:
- > Medical Expert ✓ → The resident will have the opportunity to complete a good psychiatry assessment, using a bio-psycho-social approach and develop a goal treatment plan according best practices
 - > Knowledge ✓
 - > Clinical Skills ✓
 - > Communicator ✓
 - > Collaborator ✓
 - > Manager ✓
 - > Health Advocate ✓ → The resident will have the opportunity to be able to assess and understand children and adolescents with neurodevelopmental disorders (ASD, FASD, ADHD)
 - > Scholar ✓
 - > Professional ✓

ACADEMIC ACTIVITIES: **INTENSIVE TRAINING / EXPERIENCE IN CHILD PSYCHIATRY**

SPECIAL FEATURES: **PAEDIATRIC INPATIENT PSYCHIATRY UNIT (PIPU)**

DIRECT PATIENT CARE RESPONSIBILITIES: **OPPORTUNITY TO HAVE DIRECT CONTACT WITH PATIENTS - ASSESSMENTS & MANAGEMENT OF ACUTE PRESENTATIONS IN CHILD & ADOLESCENT PSYCHIATRY**

NIGHT/WEEKEND CALL: **AVAILABLE**

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	DEPT. OF PSYCHIATRY, ROYAL INLAND HOSPITAL, KAMLOOPS		
TIME:			
PERSON:			
CONTACT:	DR. OLABIYI	PHONE: 778-921-0921	EMAIL: bamibele.olabiyi@interiorhealth.ca

The resident will be exposed to various modalities of treatment including pharmacotherapy, behavioral management and psychosocial interventions



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Chronic Care (Vancouver Assertive Community Treatment)			
Approved / Last Reviewed (PGE office Use only): May 2024					
SITE: 865 West 10 th Ave		CITY: Vancouver		HEALTH AUTHORITY: Vancouver Coastal Health	
ELECTIVE CATEGORY: <i>(select more than one category if applicable)</i>	<input checked="" type="checkbox"/> Medical	<input checked="" type="checkbox"/> Virtual	IN/OUT MIX: All outpatient, all outreach	SETTING: Vancouver community	DURATION: FLEXIBLE 3-6 months; part-time (1-3 days/week)
	<input type="checkbox"/> Research	<input type="checkbox"/> In-person			
	<input type="checkbox"/> Educational	<input type="checkbox"/> Mix			
ELECTIVE OWNER(S): <i>(Name, email, phone)</i>		Rebecca Zivanovic (rebecca.zivanovic3@vch.ca)			
ELECTIVE ON-SITE SUPERVISOR: <i>(Name, Site, Address)</i> <i>* DO NOT provide email or phone number</i>		TBD – based on days or the week and time commitment Drs Kawai Leong, Rebecca Zivanovic and Megan Sherwood			

DESCRIPTION:

This elective offers psychiatry residents a comprehensive immersion into the demanding yet rewarding work of assertive community treatment (ACT) psychiatry. Residents will engage in intensive outreach, navigating the intricacies of caring for complex patients with severe persistent mental illness, substance use disorders, multiple medical comorbidities and social challenges. Through hands-on experience, residents hone their skills in holistic care delivery, interdisciplinary collaboration, and crisis management within the dynamic landscape of community mental health care provision.

LEARNING OBJECTIVES:

1. To understand the Assertive Community Treatment (ACT) model of psychiatric outpatient care and learn to work with the multidisciplinary team (MDT) to provide outpatient/outreach-based care to severely and persistently mentally ill patients.
2. To strengthen pragmatic psychopharmacology knowledge as well as flexible and adaptive psychotherapy approaches (motivation enhancement, psychoeducation, supportive therapy, family engagement).
3. To appreciate the complex psychosocial factors influencing individual's living with SPMI including homelessness, poverty, substance use disorders, trauma, medical comorbidity, limited social supports, and interactions with the criminal justice system.



ACADEMIC ACTIVITIES:

Opportunities exist within this elective for research, medical education and quality improvement for those residents who are interested in working on these skills. No specific academic activities are REQUIRED during this elective.

SPECIAL FEATURES:

This is a flexible elective with opportunities to visit community sites such as various SRO buildings, supportive mental health housing, safe injection sites, and substance use treatment centers (eg. Red Fish Healing Lodge). There is frequent engagement with various stakeholders and supports for clients, working together with inpatient teams, primary care, housing staff etc.

DIRECT PATIENT CARE RESPONSIBILITIES:

Residents will take on a caseload of clients under the supervision of the staff psychiatrist responsible for these clients' care. Clinical work will include regular outreach community-based work including working closely with the MDT. The resident will be responsible for attending morning team meetings (8:15am start). The level of independence will depend on the resident's experience and abilities.

**NIGHT/WEEKEND
CALL:**

Site to be determined by Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Contact supervisor for details; generally meet at 865 West 10 th Ave		
TIME:	8:15am		
PERSON:			
CONTACT:		PHONE:	EMAIL:



RESIDENT ELECTIVE DESCRIPTION FORM

Elective / Selective:	Chronic Care - BC Psychosis Program (UBCH) <i>Core or Elective</i>
Location:	Detwiller Pavilion, UBC
Supervisor(s):	Drs. Randall White, Jennifer Li, Harish Neelakant, Subu Ponnachana
Time:	Half or full time, for three or six months.
Maximum # of Residents:	Two
Contact for Information:	Randall White; randall.white@vch.ca ; 604-827-1077
Description of Rotation:	The BC Psychosis Program offers PGY IV and V residents the opportunity to work in a highly specialized tertiary academic setting. The 25-patient provincial program assesses and manages treatment-resistant patients suffering from psychosis, and is dedicated to knowledge dissemination and research. Approximately one new patient per week is admitted, and Dr. Bill Honer leads an interdisciplinary diagnostic process for each patient. Dr. Mahesh Menon provides group and individual CBT and will supervise interested residents. The resident will gain facility in applying standardized assessment instruments such as the Clinical Global Impression (CGI), Positive and Negative Syndrome Scale (PANSS), Bush-Francis Catatonia Scale, and the Calgary Depression Scale.
Learning Objectives:	These are listed under their specific CanMEDS roles.
<ul style="list-style-type: none"> • Medical Expert 	Residents will <ul style="list-style-type: none"> • Gain expertise and confidence in managing severe and persistent psychotic disorders. • Gain expertise in using evidence-based treatments for psychosis. • Provide individual and group therapies under supervision including cognitive – behavioral therapy, supportive psychotherapy, and family and patient education.
<ul style="list-style-type: none"> • Knowledge 	Residents will learn pharmacotherapy options for treatment-resistant psychosis. <ul style="list-style-type: none"> • Gain skills in commencing and managing patients on clozapine. • Apply adjunctive therapies for clozapine-resistant patients including ECT.
<ul style="list-style-type: none"> • Clinical Skills 	<ul style="list-style-type: none"> • Perform supervised assessments of patients, develop preferred and differential diagnoses, and devise bio-psycho-social treatment plans. • Enhance skills in interviewing and treating this patient population.
<ul style="list-style-type: none"> • Communicator 	Residents will further develop verbal and written communication skills with patients, family members, and other professionals.
<ul style="list-style-type: none"> • Collaborator 	Residents will <ul style="list-style-type: none"> • Promote collaboration among the treatment team. • Collaborate with referring agencies throughout the Province.
<ul style="list-style-type: none"> • Manager 	Residents <ul style="list-style-type: none"> • Will exercise leadership skills in a multidisciplinary team environment.



- **Health Advocate**

- May have the opportunity to supervise fourth-year medical students.

Residents will become more familiar with resources available to British Columbians and their families affected by psychosis.

- **Scholar**

Residents will

- Have an opportunity to participate in research projects in the program.
- Perform literature searches to answer clinical questions.

- **Professional**

Residents will

- Deliver care with integrity, honesty and compassion.
- Collaborate with staff and colleagues respectfully and seek supervision when needed.
- Demonstrate an awareness of and willingness to address biases or preconceptions that might affect their work with the serious and persistently mentally ill.

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Chronic Care – Community Mental Health (Surrey) <i>Core or Elective</i>			
APPROVED/ LAST REVIEWED:	February 2022			
SITE: Surrey Mental Health & Substance Use Services	CITY: Surrey	HEALTH AUTHORITY: Fraser Health Authority		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>	IN/OUT MIX: Outpatient	SETTING: Community mental health clinic	DURATION: minimum 1 half day over 12 months or 1 full day (2 half days) over 6 months (<i>Mon pm, Tues, Wed, Thurs</i>)
ELECTIVE OWNER(S): (Name, email, phone) 604-953-4900	Dr. Martina Smit Martina.smit@fraserhealth.ca Dr. Theresa Lo Theresa.Lo@fraserhealth.ca Dr. Pravesh Vallabh Pravesh.Vallabh@fraserhealth.ca Dr. Ijaz Hussain Ijaz.Hussain@fraserhealth.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Martina Smit Martina.smit@fraserhealth.ca Dr. Theresa Lo Theresa.Lo@fraserhealth.ca Dr. Pravesh Vallabh Pravesh.Vallabh@fraserhealth.ca Dr. Ijaz Hussain Ijaz.Hussain@fraserhealth.ca			

DESCRIPTION: Surrey MHSUS is a large public community mental health clinic serving adults 19+ years of age. Our patient population experiences a very broad variety of chronic moderate to severe mental illness including mood and anxiety disorders, psychoses, personality disorders, eating disorders, somatic symptom disorders and other conditions, often with concurrent challenges including concurrent substance use, medical comorbidities, and cognitive disabilities. Some patients are under Mental Health Act certification. We use the recovery model and team based care. Resident will be part of a multidisciplinary team of clinicians including psychiatrists, psychiatric nursing, social work, occupational therapy, recreational and vocational therapy, support workers, a psychologist, DBT-trained staff.

LEARNING OBJECTIVES:

- **Medical Expert:** learn and further refine knowledge and clinical skills necessary for patient-centred psychiatric assessment and treatment of chronic moderate to severe mental illness, including:
 - psychopharmacology, including attention to metabolic monitoring, refer
 - liaise with allied health professionals as needed for assessment and treatment
 - supportive therapy, psychoeducation, involving family when appropriate
 - deal competently with complex, multi-diagnostic and treatment-resistant cases
 - patient safety
- **Communicator:** learn to attend to psychosocial aspects of the patient’s illness and communicate effectively with everyone involved in the patient’s care, including eliciting patient’s and family’s perspective, shared decision-making informed by evidence as well as patients’ goals and values, respect for diversity, confidentiality, and privacy, appropriate documentation
- **Collaborator** – engage effectively with allied health staff and other physicians involved in patient’s care



- **Leader** – learn and inspire others on team to deliver excellent care in a high-volume setting while also attending to personal life and health, allocate resources appropriately; appreciate and attend to systems issues as possible
- **Health Advocate** – advocate for needs of individual patients within and beyond Surrey MHSUS
- **Scholar** – commit to continuous learning and regular reflection on practice in service of improving patient care; teach others on team and/or medical students as possible
- **Professional** – learn to maintain professional conduct when working with challenging patients and manage countertransference

ACADEMIC ACTIVITIES: We can target the reading toward resident’s interest and need

SPECIAL FEATURES: Clozapine clinic (Weds – Dr Hussain), General psychiatric management for Borderline PD patients (Dr. Smit)

DIRECT PATIENT CARE RESPONSIBILITIES: Resident will carry a caseload of individual patients, and will be responsible for all psychiatric aspects of their care.

NIGHT/WEEKEND CALL:	As per UBC psychiatry residency policy; site dependent on where majority of clinical work done.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): Contact Dr. Smit

LOCATION:	Surrey Mental Health & Substance Use Services
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TIME:	Up to full-time, Mon-Fri depending on resident availability and interest (minimum: 1 half-day/week x 12 months) Clinic open to see patients 8:30am-4:30pm
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PERSON:	Dr. Martina Smit
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CONTACT:	PHONE: 604-808-3600	EMAIL: martina.smit@fraserhealth.ca
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RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Chronic Care Concurrent Disorder (Red Fish Healing Centre)			
Approved / Last Reviewed (PGE office Use only): January 2024					
SITE: Red Fish Healing Centre for Mental Health and Addiction		CITY: Coquitlam	HEALTH AUTHORITY: PHSA		
ELECTIVE CATEGORY: <i>(select more than one category if applicable)</i>	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Research <input checked="" type="checkbox"/> Educational	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-person <input type="checkbox"/> Mix	IN/OUT MIX: Inpatient	SETTING: Residential treatment facility	DURATION: Flexible – one to six months
ELECTIVE OWNER(S): <i>(Name, email, phone)</i>		Dr. Daljeet Mahal – daljeet.mahal@phsa.ca			
ELECTIVE ON-SITE SUPERVISOR: <i>(Name, Site, Address)</i> <i>* DO NOT provide email or phone number</i>		Red Fish Healing Centre for Mental Health and Addiction: Dr. Ataa Azabar Dr. Ethan Reiner Dr. Gunpreet Singh Dr. Daljeet Mahal Dr. Tade Olajitan Dr. Nickie Mathew Dr. Christian Schutz Dr. Vijay Seethapathy			

DESCRIPTION:

This is an elective for Chronic Care Substance Use/Concurrent Disorders at the Red Fish Healing Centre for Mental Health and Addiction (RFHC). Strengths of this rotation include:

5. Opportunity to learn the assessment and management of concurrent disorders with psychiatrists, addiction medicine physicians, and a multi-disciplinary team
6. Participation in various psychosocial treatments including CBT for SUD, CBT for psychosis, DBT, Matrix for Relapse Prevention, Contingency Management, Seeking Safety, and Mindfulness for SUD at BCMHA – an opportunity that is not readily available to learners at other institutions
7. Participation in research if the resident or fellow desires
8. Personalized psychopharmacology teaching with the Clinical Pharmacy Specialist

Furthermore, this elective is meant to be responsive to the resident or fellow's identified learning goals and clinical experience can be tailored accordingly (e.g., mentorship from our clinical pharmacist for those who want to gain more comfort with psychopharmacology; more clinical time with our primary care team).

Red Fish Healing Centre for Mental Health and Addiction:

RFHC is a provincial program for the assessment, stabilization, and treatment of adults with complex mental health and substance use issues (concurrent disorders). This is a new leading-edge centre for mental health and addiction treatment and research in BC, with 105 inpatient beds, ample parking and a fully electronic EMR system. Clients are referred to RFHC if they have exhausted all treatment resources in their area of the province. Many clients are vulnerably housed, have cognitive challenges, and have extensive histories of exposure to traumatic events. Clients are encouraged to stay for up to nine months, which allows residents the opportunity to follow patients longitudinally through their treatment.

The treatment team consists of care providers including psychiatrists, psychologists, physicians, nurses, counsellors, health care workers, social workers, in addition to occupational therapists, art and music therapists, and providers of alternative medicine. Treatment goals are determined in team meetings with the client. Treatment is based on best evidence as provided by international treatment guidelines and reviews of treatment efficacy. Treatment includes individual and group interventions targeting specific issues such as relapse prevention, contingency management, anger



management, and motivational interviewing. Supervising psychiatrists are all fellowship trained and/or board certified in the field of Addiction Psychiatry, and several are established clinician educators and clinician scientists in the field of concurrent disorders.

LEARNING OBJECTIVES:

• **Substance Use Disorders/Concurrent Disorders**

- 8. **Medical Expert** – residents and fellows will be competent in assessing, diagnosing, and treating patients with substance use and co-occurring mental disorders
 - residents and fellows will gain proficiency in the evidence-based treatment of alcohol, opioid, stimulant, cannabis, and tobacco use disorders
 - residents and fellows will be able to provide full spectrum care of substance use disorders from acute stabilization to relapse prevention
- 9. **Communicator** – residents will communicate and provide psychoeducation to patients in a non-judgmental manner in the Motivational Interviewing style
- 10. **Collaborator** – residents will help coordinate care between the inpatient medical teams and outpatient treatment providers, and with consent, patient families
- 11. **Manager** – residents will understand the role of the Addiction Psychiatrist in the context of the available treatment resources and participate in patient care meetings
- 12. **Health Advocate** – residents will be aware of and help reduce stigma towards patients with co-occurring disorders
- 13. **Scholar** – residents will help create, disseminate, apply, and translate knowledge of co-occurring disorders through a personal project that will arise from case supervision.
- 14. **Professional** – residents will work collaboratively with patients and ethically balance their wants and needs.

ACADEMIC ACTIVITIES: At discretion of resident. The Red Fish Healing Centre is also actively involved in research as an institution and residents have the option of pursuing a research project during the rotation and beyond.

SPECIAL FEATURES: Residents and fellows will have the opportunity to participate in various psychosocial treatments including CBT for SUD, CBT for psychosis, DBT, Matrix for Relapse Prevention, Contingency Management, Seeking Safety, and Mindfulness for SUD.

DIRECT PATIENT CARE RESPONSIBILITIES: As above

NIGHT/WEEKEND CALL:

As per UBC psychiatry residency policy

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Red Fish Healing Centre for Mental Health and Addiction Unit 8, 2745 Lougheed Hwy., Coquitlam, BC V3C 4J2		
TIME:	0900		
PERSON:	Dr. Daljeet Mahal		
CONTACT:		PHONE: 604 417 1339	EMAIL: daljeet.mahal@phsa.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Chronic Care Timber Creek (Fraser)						
SITE: Timber Creek		CITY: Surrey		HEALTH AUTHORITY: Fraser Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	Research <input type="checkbox"/>	Educational <input type="checkbox"/>	IN/OUT MIX: Inpatients	SETTING: Tertiary Care	DURATION: 2-3 Months
ELECTIVE OWNER(S): (Name, email, phone)		Dr. Ijaz Hussain ijaz.hussain@fraserhealth.ca , (604) 218-5214				
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		Dr. Ijaz Hussain				

DESCRIPTION:

LEARNING OBJECTIVES:

- **Medical Expert**
 - Knowledge - Understanding how rehab and recovery model works in Tertiary care
 - Clinical Skills - Performing mental stat examination of patients who are in chronic care facility.
- **Communicator** - Active participation in multidisciplinary meetings and understanding role of effective communication
- **Collaborator** - Collaborating actively with all team members in decision making.
- **Manager** - Managing multidisciplinary meetings and family meetings.
- **Health Advocate** - Actively engaging with patients and families to listen to their concerns.
- **Scholar** - Active participation and presenting at local academic program.
- **Professional** - Professional engagement with other team members.

ACADEMIC ACTIVITIES: Participating in local academic programs and projects.

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES:

- Admission and discharge of patients
- Regular review of patients
- Medication adjustments
- Family meetings

NIGHT/WEEKEND CALL: Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Timber Creek reception		
TIME:	08:30 am		
PERSON:	Dr Ijaz Hussain		
CONTACT:		PHONE: (604) 218-5214	EMAIL: ijaz.hussain@fraserhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Chronic Care (Surrey ACT Team)			
Last Reviewed:	January 29, 2021			
SITE: #203 7327 137 Street, Surrey BC	CITY: Surrey	HEALTH AUTHORITY: Fraser Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical Research Educational	IN/OUT MIX: Outpatient/Outreach	SETTING:	DURATION: 4 weeks
ELECTIVE OWNER(S): (Name, email, phone)	Peter Wang, peter.wang2@fraserhealth.ca , (604) 592-2700			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Peter Wang, Surrey ACT Team, #203 7327 137 Street, Surrey BC			

DESCRIPTION: Work with multidisciplinary team to provide outpatient/outreach care to severely and persistently mentally ill patients in the community

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge** – antipsychotics/Treatment Resistant Schizophrenia/Mental Health Law
 - **Clinical Skills** – assessing capacity/Physical Examination for side effects of antipsychotics/Recognition of signs/symptoms of primary psychotic illness
- **Communicator** – psychoeducation/counselling with patient’s families/preparing clinical reports
- **Collaborator** – working with multidisciplinary team, working with RCMP, working with ER/inpatient psychiatry
- **Manager** – reviewing and applying criteria for which patients are eligible for ACT teams
- **Health Advocate** – assist patients with housing/disability/medical health needs, identify patients who are vulnerable and require assistance with ADLs/IADLs.
- **Scholar** – clozapine resistant schizophrenia: treatment strategies/approaches, legal and ethical implications of mental health law in BC, research into the effectiveness/treatment approaches on ACT teams.
- **Professional** – attending review panel hearings/identify stigmatizing beliefs about individuals with severe and persistent mental illnesses.

ACADEMIC ACTIVITIES: N/A

SPECIAL FEATURES: Occasional consulting work at a homeless shelter of last resort, so there may be an opportunity to work with a highly marginalized population with complex mixed populations.



DIRECT PATIENT CARE RESPONSIBILITIES: See new consultations with staff and help prepare report. See follow up patients independently (with ACT team member) or with staff at office or as outreach visits and help prepare report. Basic physical exam for common side effects of antipsychotic medications.

NIGHT/WEEKEND CALL:

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	#203 7327 137 Street, Surrey BC		
TIME:	8:30 am		
PERSON:	Pamela Singh (receptionist)/Peter Wang		
CONTACT:	(604) 592-2700	PHONE:	EMAIL: peter.wang2@fraserhealth.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Chronic Pain Psychiatry (SPH)	
SITE: SPH	CITY: Vancouver
HEALTH AUTHORITY: Vancouver Coastal Health/Providence	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>
	IN/OUT MIX: Outpatient with some inpatient consults. Telehealth component.
	SETTING: Teaching Hospital, St. Paul's
	DURATION: 1 month
ELECTIVE OWNER(S): Name, Email, Phone	Dr. Chris Robertson cmurrayr@yahoo.com , 604 889 3382 Please have resident contact me in advance of confirming elective due to COVID-19 changes
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Chris Robertson, 435-1081 Burrard Street, Vancouver, BC V7Z 1Y6

DESCRIPTION: chronic pain psychiatry	
OBJECTIVES: learn basic science and clinical management of chronic pain and comorbid psychiatric conditions	
ACADEMIC ACTIVITIES: St. Paul's academic rounds weekly, Chronic pain rounds monthly	
SPECIAL FEATURES: telehealth, primarily outpatient psychotherapy and assessments, inpatient consults and neuromodulation assessments. Opportunity to participate in/observe group pain education classes.	
DIRECT PATIENT CARE RESPONSIBILITIES: regularly asked to make decisions on patient assessment and management.	
NIGHT/WEEKEND CALL: (from dropdown)	Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):	
LOCATION:	St. Paul's Hospital, Room 435 1081 Burrard Street
TIME:	8:00am
PERSON:	Dr. Chris Robertson
CONTACT:	PHONE: 604 889 3382 EMAIL: cmurrayr@yahoo.com



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Community Psychiatry - Inpatient/Outpatient (Kamloops)			
Last Updated: November 2023				
SITE: Royal Inland Hospital	CITY: Kamloops	HEALTH AUTHORITY: Interior Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input type="checkbox"/>	IN/OUT MIX: In/Out	SETTING: ER/Inpatient	DURATION: 1 month
	Research <input type="checkbox"/>		stabilization/acute ward	3 months
	Educational <input checked="" type="checkbox"/>		Outpatient Community	6 months
ELECTIVE OWNER(S): (Name, email, phone)	Dr Tina Allibhai Fatima.allibhai@interiorhealth.ca 778 – 835 - 6443			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr Tina Allibhai Royal Inland Hospital 511 Columbia Street, Kamloops, BC, V2C 2T1			
DESCRIPTION: Blended elective of psychiatric consultation and assessment in ER; inpatient psychiatry involving management, treatment and care planning for acute patients requiring stabilization; and outpatient shared care psychiatry through the local and rural MHSU teams involving consultation for diagnostic clarification and biopsychosocial treatment planning.				
LEARNING OBJECTIVES:				
<ul style="list-style-type: none"> ○ Medical Expert <ul style="list-style-type: none"> ▪ Knowledge – Gain further understanding of a wide spectrum of acute psychiatric diagnoses, their clinical features, and medication/treatment strategies ▪ Clinical Skills – Sharpen diagnostic skills in an acute setting, improve range of acute vs chronic prescribing strategies and medication management geared towards the specific patient, utilize a multifaceted approach to psychotherapies geared towards the specific patient requiring longer stabilization ○ Communicator – Work as a team leader, communicate with interdisciplinary team members and other consultation services, psychoeducation delivery to the patients and their families ○ Collaborator – Collaborate with staff to run teaching sessions and patient rounds, collaborate with interdisciplinary teams both in hospital and in the community for effective discharge planning ○ Manager – Work alongside community psychiatrists to gain a wide skill pertaining to managing a community practice, leading a team, and running a virtual office ○ Health Advocate – Advocate for mental health and psychoeducation in the community, help facilitate interactive teaching sessions for MSIs and family practice residents, liaise with interdisciplinary team leads to facilitate mental health rounds ○ Scholar – Continue self directed learning in preparation towards the Royal College Exam ○ Professional – Work at a junior staff level to experience living and working as a professional in a mid sized community 				
ACADEMIC ACTIVITIES: Grand rounds and weekly CME rounds. Interactive teaching sessions with family practice residents and MSIs.				
SPECIAL FEATURES: A collaborative community elective				



DIRECT PATIENT CARE RESPONSIBILITIES: Admission consults, daily progress notes, assessments, investigations, treatment plans, medication management, psychotherapy and psychoeducation

NIGHT/WEEKEND CALL:	As per the program on-call guidelines.
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RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Community Psychiatry (Nanaimo)			
Approved/Last Reviewed:	April 2024			
SITE: Brooks Landing Mental Health Clinic	CITY: Nanaimo	HEALTH AUTHORITY: Island Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 20/80	SETTING: Mostly outpatient clinic with PES/CL options	DURATION: 1 to 6 months
	Research <input type="checkbox"/>			
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Angela Wang (pochi.wang@islandhealth.ca)			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Angela Wang Brooks Landing Mental Health Clinic 203-2000 Island Highway N, Nanaimo BC			

DESCRIPTION: A community psychiatry experience in Nanaimo, British Columbia. This elective would be mostly outpatient adult psychiatry, with opportunity for in hospital work with PES and CL psychiatry (not inpatient unit). Outpatient psychiatry work includes general adult psychiatry, early psychosis program, and ACT team. This elective gives a good overview of psychiatric practice in Nanaimo with transition to practice in mind.

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge** – Gain further understanding of a wide spectrum of psychiatric diagnoses, their clinical features, and medication/treatment strategies.
 - **Clinical Skills** – Sharpen diagnostic skills in an outpatient setting, improve range of prescribing strategies and medication management, utilize a multifaceted approach to psychotherapies
- **Communicator** – Work as a team leader, communicate with interdisciplinary team members and other consultation services, psychoeducation delivery to patients and their families.
- **Collaborator** – Collaborate with interdisciplinary staff, other specialties, and inpatient psychiatrists
- **Manager** – Start developing skills within manager/leadership role with regards to triaging/accepting referrals, managing a community practice, and leading a team.
- **Health Advocate** – Advocate for mental health and psychoeducation in the community, help facilitate teaching to family practice residents, liaise with interdisciplinary team leads and other community health partners.
- **Scholar** – Continue self-directed learning in preparation towards the Royal College Exam. Opportunities to practice STACERS and OSCEs, at residents' request.
- **Professional** – Uphold ethical practice standards, demonstrate professionalism, be respectful of team working environments and patients and families. Opportunities for teaching around billing practices, at residents' request.



ACADEMIC ACTIVITIES: Attend scheduled academic days from own program, read around cases, opportunities to supervise PGY2 family practice residents, and bring literature for discussion and review with supervising staff.	
SPECIAL FEATURES: Work at a junior staff level to experience living and working as a professional in Nanaimo. The opportunity to have a full overview of many different psychiatric services within one rotation (general adult outpatient psychiatry, early psychosis program, ACT, CL, and PES). Opportunity for exam prep with supervisor and transition to practice teaching with early career psychiatrists. No overnight call.	
DIRECT PATIENT CARE RESPONSIBILITIES: Provide psychiatric assessments and follow-up care in collaboration with supervisors.	
NIGHT/WEEKEND CALL:	Weekend day call. 1-2 call shifts per month.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Brooks Landing Mental Health Clinic (203-2000 Island Highway N, Nanaimo BC)		
TIME:	08:30		
PERSON:	Dr. Angela Wang		
CONTACT:	Dr. Angela Wang	PHONE: 250-739-5797	EMAIL: pochi.wang@islandhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Community Psychiatry (Penticton)			
SITE: Penticton Regional Hospital and Community		CITY: Penticton, BC	HEALTH AUTHORITY: Interior Health		
APPROVED / LAST REVIEWED:					
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	Research <input type="checkbox"/>	Educational <input checked="" type="checkbox"/>	IN/OUT MIX: 40/60	SETTING: Mix of hospital and office
				DURATION: 2-6 weeks	
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Vu Pham, vu.pham@interiorhealth.ca, Dr. Ryan Drew-Scott, Ryan.Drew-Scott@interiorhealth.ca Dr. Said Jumaa, Said.Jumaa@interiorhealth.ca Dr. Rocio Nino, Rocio.Nino@interiorhealth.ca (250) 492-9041				
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Vu Pham, MD, FRCPC Penticton Regional Hospital 550 Carmi Ave, Penticton, BC V2A 3G6				

DESCRIPTION: A community psychiatry experience in Penticton, British Columbia. This elective would combine a mix of inpatient psychiatry on our 16 bed psychiatry unit with outpatient psychiatry clinics. There will also be opportunities to participate in consultation liaison assessments, geriatric psychiatric assessments including cognitive and capacity assessments. There may also be opportunity for shared care exposure at the Martin Street Outreach Clinic.

LEARNING OBJECTIVES:

- **Medical Expert**
 - Knowledge: To demonstrate and expand knowledge base in common psychiatric presentations in both an acute and outpatient setting.
 - Clinical Skills: To demonstrate a full psychiatric history taking. To diagnose common psychiatric presentations in both acute and outpatient settings. To choose appropriate treatment modalities. To demonstrate ability to choose appropriate community resources. To do ER risk assessments. To participate in cognitive and capacity assessments. To expand experiences in working with patients with substance use disorders.
- **Communicator:** To demonstrate skills in history taking and educating back to patients the diagnosis, impression and plan. To demonstrate ability to communicate in non-judgmental, compassionate and empathic manner.
- **Collaborator:** To work with a multidisciplinary team including inpatient and community nurses, occupational therapists, social workers and primary care providers.
- **Manager:** To demonstrate ability to facilitate patient care with multiple available community partners and resources.
- **Health Advocate:**
- **Scholar:** To demonstrate use of evidence based care in community based psychiatric practice.
- **Professional:** To demonstrate timely documentation, appropriate charting and time management skills in an environment that will expose to community psychiatric practice.

ACADEMIC ACTIVITIES:**SPECIAL FEATURES:**

DIRECT PATIENT CARE RESPONSIBILITIES: Direct care of inpatients and outpatients. Daily rounding. On call responsibilities.



NIGHT/WEEKEND CALL:	No more than 1 in 4 call. At least 1 weekend call.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): To be determined			
LOCATION:	Penticton Regional Hospital		
TIME:			
PERSON:	Dr. Vu Pham		
CONTACT:		PHONE:	EMAIL:



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Community Psychotherapy (Vancouver)			
SITE: 400 - 601 West Broadway Vancouver, BC	CITY: Vancouver	HEALTH AUTHORITY: Private Practice		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% outpatient	SETTING: VanPsych	DURATION: 4 months
	Research <input type="checkbox"/>			
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Kyle Burns, Kyle.Burns@vch.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Kyle Burns 400 - 601 West Broadway Vancouver, BC Canada V5Z 4C2			

DESCRIPTION: Community Psychotherapy (Part-time)

LEARNING OBJECTIVES:

To gain proficiency in shorter term therapies and management for patients with mental health difficulties, including with patients with cluster B personality traits. The resident will have an opportunity to learn more about the broad range of psychotherapies that the VanPsych offers, including: CBT, DBT, EFT, and Psychodynamic Psychotherapy.

- **Medical Expert**
 - **Knowledge**
 - The resident will become familiar shorter term therapies and management for patients with mental health difficulties, including with patients with cluster B personality traits.
 - **Clinical Skills**
 - Assessing patient with mental health difficulties, including with patients with cluster B personality traits.
- **Communicator**
 - Develop rapport, trust and therapeutic relationships with patients. Conduct a psychiatric assessment that assist in diagnosis and management of the patient's mental illness
- **Collaborator**
 - Establish collaborative working relationship with family physician and other healthcare providers.
- **Manager**
 - Will work in a multidisciplinary team environment.
 - Manage own schedule in collaboration with supervisor and patients' schedule
- **Health Advocate**
 - Resident will learn to help patients improve their mental health. In addition, the resident will have an opportunity to appreciate the personal, relationship and career burden of living with several different mental health difficulties.
- **Scholar**
 - The resident will review literature in the field of psychotherapy.
- **Professional**

The resident is expected to be punctual and practice a high standard of professionalism with patients and colleagues.

ACADEMIC ACTIVITIES: The resident will be involved in the assessment and psychotherapy treatment of patients and receive weekly supervision and teaching by psychiatrist in the Vancouver Psychotherapy Centre.



SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES:

NIGHT/WEEKEND CALL: To be determined by Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION: 400 - 601 West Broadway Vancouver, BC

TIME:

PERSON: Dr. Kyle Burns

CONTACT: **Dr. Kyle Burns** | **PHONE:** 778-837-6609 | **EMAIL:** kyle.Burns@vch.ca; kburns@vanpsych.com



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Complex Pain & Addictions (VGH)				
SITE: VGH		CITY: Vancouver		HEALTH AUTHORITY: VCHA
ELECTIVE CATEGORY: (select more than one category if applicable)		Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% In-patient	SETTING: In-patient
		Research <input type="checkbox"/>		DURATION: At least one (1) month, more is negotiable
		Educational <input type="checkbox"/>		
ELECTIVE OWNER(S): (Name, email, phone)		Dr. M. Ceresney dr_mceresney@shaw.ca Dr. P. Azar PAzar@providencehealth.bc.ca		
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		Dr. M. Ceresney, Dr. P. Azar – Complex Pain & Addiction Services 8 th Floor, 2775 Laurel Street, Vancouver		

DESCRIPTION: Consultation based elective in complex pain (medical & surgical patients, including those with co-morbid addiction) and addiction medicine – to involve exposure to withdrawal management, methadone and suboxone maintenance, and addiction treatment referrals. Suitable to senior resident (PGY4 or 5) with ability to work independently.

LEARNING OBJECTIVES: to be reviewed with resident.

ACADEMIC ACTIVITIES: None

SPECIAL FEATURES: None

DIRECT PATIENT CARE RESPONSIBILITIES:

Expected to follow own patients with supervision

NIGHT/WEEKEND CALL: Site to be determined by Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	8 th Floor, DHCC – 2775 Laurel St.		
TIME:	9am		
PERSON:	Dr. M. Ceresney, Dr. P. Azar		
CONTACT:	Marina Smith	PHONE: (604) 875-4788	EMAIL: dr_mceresney@shaw.ca , PAzar@providencehealth.bc.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Consultation Liaison Child Psychiatry (BCCH)	
SITE: BCCH	CITY: Vancouver
HEALTH AUTHORITY: PHSA	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>
	IN/OUT MIX: Inpatient and Outpatient
	SETTING: City
	DURATION: 3 months
ELECTIVE OWNER(S): Name, Email, Phone	Andrea Chapman, achapman@cw.bc.ca (604) 875-2093 Kelly Saran, ksaran@cw.bc.ca (604) 875-2010
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Andrea Chapman and Kelly Saran

DESCRIPTION: Consultation with children and youth on medical wards.	
OBJECTIVES:	
ACADEMIC ACTIVITIES: Attendance at multi-disciplinary rounds	
SPECIAL FEATURES: Assessing complex children/youth with a variety of psychiatric and medical disorders and providing management plan working closely with medical teams (neurology, CTU, ICU, renal, endocrine, oncology, gastroenterology, surgery)	
DIRECT PATIENT CARE RESPONSIBILITIES: yes	
NIGHT/WEEKEND CALL: (from dropdown)	BCCH

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	BCCH Mental Health Building – Dr. Chapman’s office P4 212		
TIME:	9:00am		
PERSON:	Andrea Chapman		
CONTACT:	Andrea Chapman	PHONE: (604) 875-2093	EMAIL: achapman@cw.bc.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Consultation/Liaison Psychiatry (Kamloops)			
Approved / Last Reviewed (PGE office Use only): May 2024					
SITE: Royal Inland Hospital		CITY: Kamloops, BC	HEALTH AUTHORITY: Interior Health		
ELECTIVE CATEGORY: <i>(select more than one category if applicable)</i>	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Research <input checked="" type="checkbox"/> Educational	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-person <input type="checkbox"/> Mix	IN/OUT MIX: 100% Inpatient on medical floors	SETTING: Hospital	DURATION: 2-4 weeks
ELECTIVE OWNER(S): <i>(Name, email, phone)</i>		Dr. Michael Weitzner – michael.weitzner@interiorhealth.ca 250-374-5111			
ELECTIVE ON-SITE SUPERVISOR: <i>(Name, Site, Address)</i> <small>* DO NOT provide email or phone number</small>		Dr. Michael Weitzner Royal Inland Hospital 311 Columbia Street, Kamloops, BC V2C 2T1			

DESCRIPTION: Experience consultation/liaison psychiatry in a small urban center. This clinically based rotation provides the opportunity to work with a team (psychiatrist and two MH nurses), who provide assessment, diagnosis, ongoing treatment and follow-up for medical inpatients, across the adult age continuum as well as nursing staff and medical staff education.

LEARNING OBJECTIVES:

Medical Expert:

- **Knowledge:** Develop a sound knowledge base around psychosomatic illness and the bidirectional impact that underlying acute and chronic medical illness as well as primary psychiatric illness can have on each other
- **Clinical Skills:** Develop a sound skill base regarding the assessment and treatment of common psychiatric conditions that are seen in the medically ill. This includes delirium, neurocognitive disorders, depression, generalized anxiety, and adjustment disorder; develop a sound skill base regarding the identification of medication adverse effects that may induce or impact psychiatric conditions.

Communicator: Develop liaison skills by learning effective communication and interaction strategies that would be helpful with the multi-disciplinary team

Collaborator: Become familiar with working in a multi-disciplinary team

Manager: Develop short term and long term treatment plans

Health Advocate: Develop communication strategies for advancing and protecting the patient’s situation through use of treatment team meetings and family meetings

Scholar: Self-directed reading around clinical cases, consider presentation

Professional: Appreciate the importance of Consultation-Liaison Psychiatry being the face of psychiatry to the rest of the medical/surgical services; highlighting the features of professionalism like availability, competency and advocacy



ACADEMIC ACTIVITIES:

1. Residents will participate in morning C/L rounds to review current patients on the service and to discuss new consultation requests.
2. Residents will assume responsibility, under close supervision, for the care of selected patients on the C/L service. As a core part of this care, residents will have the opportunity to conduct an observed assessment and follow-up interview as well as observe experienced psychiatrists in doing this.
3. Residents will have the opportunity to interact with Occupational therapists and to understand and appreciate their role in the evaluation of patients with neurocognitive issues and questions regarding capacity.
4. Residents will have the opportunity to interact with hospitalists and other medical specialists regarding the patients they are following so that they learn how to advocate for the patient and to facilitate good communication between members of the team.
5. Residents will have the opportunity to interact with the medical social workers and transition-liaison nurses to coordinate care and plan for any outpatient services that the patient may require.
6. In order to better understand the role of the multidisciplinary team, residents will actively participate in treatment team meetings as well as family meetings regarding disposition planning.
7. Residents will review issues of medical interest with their supervisor at least twice weekly, in addition to their daily discussion of clinical care issues.

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES:

Residents will have direct care responsibilities for selected inpatients as described above, based on their academic and learning goals.

NIGHT/WEEKEND

Site to be determined by Psychiatry PGE

CALL:

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Royal Inland Hospital		
TIME:	0830		
PERSON:	Dr. Michael Weitzner		
CONTACT:	Page through switchboard (250) 374-5711	PHONE: (250) 314-2595	EMAIL: michael.weitzner@interiorhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Consultation Liaison Psychiatry (RCH)			
Approved / Last Reviewed (PGE office Use only): July 1, 2022				
SITE: RCH	CITY: New Westminster	HEALTH AUTHORITY: Fraser Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Inpatient	SETTING: Urban	DURATION: 1 to 3 months
	Research <input type="checkbox"/>			
	Educational <input checked="" type="checkbox"/>			
ELECTIVE OWNER(S): Name, Email, Phone	Dr. Anyssa Shakeri anyssa.shakeri@fraserhealth.ca 604-520-4662			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Anyssa Shakeri Royal Columbian Hospital Mental Health & Substance Use Wellness Centre 330 E. Columbia Street New Westminster, B.C. V3L 3W7			

DESCRIPTION: The Consultation-Liaison Department at the Royal Columbian Hospital focuses on the diagnosis and management of psychiatric symptoms that occur in the context of medical and surgical illnesses. This includes the co-occurrence of psychiatric and medical illness, psychiatric co-morbidity associated with the pathophysiological aspects of medical conditions, and the psychological reactions to trauma, medical illness and surgical interventions.

At the Royal Columbian Hospital we see a wide range of psychopathology. Given that we are the major trauma and surgical centre for the Fraser Health region, areas of focus include psychiatric disorders associated with head injuries and trauma, delirium and psychiatric aspects of cardiac and neurological conditions. We offer psychiatric evaluations and treatments for patients with psychiatric difficulties in the context of a variety of medical illnesses. Our team consists of 2 psychiatrists, in addition to availability of a neuropsychologist, and psychiatric nursing support. We provide patient-centered care, with psychopharmacology, psychotherapy and neuropsychological testing.

OBJECTIVES:**Learning Objectives:**

- **Medical Expert**
 - **Knowledge**

The Resident will synthesize an effective level of clinical knowledge and understanding relevant to consultation liaison psychiatry including but not restricted to:

The principles of assessment, diagnosis and management of the following disorders, commonly seen in CL Psychiatry (this includes knowledge of the etiology, presentation, course, and evidence based treatment of these disorders.):

Acute Stress Disorders, PTSD

Aggression/Impulsivity

Alcohol and Drug Abuse in the General Medical Setting (including withdrawal states)



Anxiety in the General Medical Setting
Determination of Capacity and Competency
Coping with Illness
Death, Dying, and Bereavement
Delirium
Dementia in the General Medical Setting
Depression in the General Medical Setting
Eating Disorders
Factitious Disorders and Malingering
Management of Psychiatric issues related to pregnancy in the medical setting
Neuropsychological testing in the General Medical Setting
Pain
Personality Disorders in the General Medical Setting
Psychiatric Presentations in the ICU
Psychiatric Manifestations of Medical and Neurologic Illness
Psychological Factors Affecting Medical Conditions
Psychopharmacology of the Medically Ill (including drug interactions)
Psychotherapy of the Medically Ill
Somatoform Disorders
Suicide

• **Clinical Skills**

The Resident will be able to demonstrate the capacity to :

1. Engage in effective interactions with a variety of consultees, including determination of consultation questions, and reporting of findings and recommendations
2. Gather data from appropriate sources
3. Write a pertinent and useful consultation note, and maintain accurate and timely medical records
4. Monitor the patients course during hospitalization and provide continuing input as needed
5. Conduct an appropriate assessment interview for medically ill patients in a variety of settings
6. Develop and maintain a therapeutic alliance with medically ill patients
7. Evaluate cognitive ability in medically ill patients
8. Advise and guide consultees about the role of medical disease and medications in the patients presenting symptoms
9. Understand the use of psychotropic medications and ECT in medical and surgical patients
10. Understand the use of psychotherapy in the medically ill
11. Integrate and present a bio-psycho-social understanding of, and treatment plan for, a variety of patients
12. Work as a member of a multidisciplinary team to maximize



the care of complex medically ill patients

• **Communicator**

The Resident will convey to patients and others involved in their care, a timely, accurate account of the diagnosis, treatment plans and prognosis in all clinical cases. The ability to liaise with a variety of medical and surgical staff and with patients and families will be emphasized.

This includes the ability to provide psychoeducation, and to effectively convey to medical colleagues, including referring physicians, pertinent information and opinions on clinical cases, in verbal and written formats.

The resident will be expected to communicate effectively within the CL team, with patients and their families, and with other health care professionals, both in the hospital and in the community.

• **Collaborator**

The resident will maintain timely and comprehensive medical records.

The Resident will:

1. Demonstrate a willingness and ability to teach and learn from colleagues, students and patients
2. Demonstrate an ability to work collaboratively with other members of the health care team
3. Demonstrate an ability to facilitate learning of patients, Residents, students and other health professionals and contribute to development of new knowledge
4. Consult effectively with other physicians and health care professionals

• **Manager**

The Resident will effectively plan the use of professional time, applying practice management principles including:

1. The ability to plan a work schedule consistent with personal/ professional goals and obligations including consideration of service needs, teaching, administrative tasks and research
2. The setting of realistic priorities and using time effectively in order to optimize professional performance
3. The coordination of the treatment team's efforts by effectively using the varied skills of other health care professionals
4. The demonstration of knowledge of important community resources for patients and the ability to direct patients to those resources

• **Health advocate**

The Resident will:

1. Demonstrate awareness of structures of governance in hospital and community based psychiatric services for the medically ill
2. Demonstrate awareness of the major regional, national and international advocacy groups for medically ill patients with a variety of psychiatric comorbidities



3. Promote understanding and respect for culturally diverse patients and colleagues as a whole person, including their cultural identity

• Scholar

The Resident will:

1. Maintain and enhance professional activities through ongoing learning
2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
3. Develop, implement and monitor a personal and continuing medical education strategy
4. Facilitate the learning of patients, students and health professionals through guidance, teaching and constructive feedback
5. Contribute to the development, dissemination, and/or translation of new knowledge and practices

• Professional

The Resident will:

1. Demonstrate honesty and integrity
2. Demonstrate compassion
3. Demonstrate respect for diversity
4. Demonstrate collaborative, respectful and ethical patient relationships that demonstrate gender, cultural and spiritual awareness
5. Demonstrate responsibility
6. Demonstrate dependability
7. Demonstrate self-direction
8. Demonstrate punctuality
9. Demonstrate constructive use of supervision and feedback
10. Demonstrate an awareness and application of ethical principles
11. Demonstrate an understanding and application of the regulations relating to patient access to their record in the context of their illness
12. Demonstrate awareness of personal limitations and a commitment to physician health and sustainable practice

Comments:

The learning objectives above under “knowledge” and “clinical skills” have been directly adapted from:
Recommended Guidelines for Consultation-Liaison Psychiatry Training in Psychiatry Residency Programs, Gitlin et. al., Psychosomatics, 1996; 37(1): 3-11.

ACADEMIC ACTIVITIES: There is ongoing teaching in the form of rounds, didactic seminars, case based learning, and resident presentations. Residents are also seen as educators who may contribute to the training of medical students or junior residents.

DIRECT PATIENT CARE RESPONSIBILITIES: Yes

NIGHT/WEEKEND CALL:
(from dropdown)

RCH

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):



LOCATION:	Large Group Room 1- Mental Health & Substance Use Wellness Centre 330 E. Columbia Street		
TIME:	9am		
PERSON:	Dr Shakeri		
CONTACT:	As above	PHONE:	EMAIL:



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Consultation Liaison – Critical Care Psychiatry (RCH)			
Approved / Last Reviewed (PGE office Use only): January 2024					
SITE: RCH		CITY: New Westminster		HEALTH AUTHORITY: Fraser Health Authority	
ELECTIVE CATEGORY: <i>(select more than one category if applicable)</i>	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Research <input checked="" type="checkbox"/> Educational	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-person <input type="checkbox"/> Mix	IN/OUT MIX:	SETTING: Inpatient hospital, critical care units	DURATION: 1-3 months
ELECTIVE OWNER(S): <i>(Name, email, phone)</i>		Dr. Anyssa Shakeri, anyssa.shakeri@fraserhealth.ca , 604-520-4662			
ELECTIVE ON-SITE SUPERVISOR: <i>(Name, Site, Address)</i> <small>* DO NOT provide email or phone number</small>		Dr. Anyssa Shakeri, RCH, 330 East Columbia Street in New Westminister			

DESCRIPTION:

The Consultation-Liaison Department at the Royal Columbian Hospital focuses on the diagnosis and management of psychiatric symptoms that occur in the context of medical and surgical illnesses. Given that we are the major trauma and surgical centre for the Fraser Health region, areas of focus include psychiatric disorders associated with head injuries and trauma, delirium and psychiatric aspects of cardiac and neurological conditions. This rotation's purpose is to introduce trainees to the diagnosis and management of neuropsychiatric syndromes associated with critical care illness and/or its treatment. Most disorders encountered during this rotation are those associated with acute severe medical disorders (e.g., pneumonia, myocardial infarctions), acute and chronic end organ failure, acute trauma, and immediate post-operative states.

We offer psychiatric evaluations and treatments for patients with psychiatric difficulties in the context of a variety of medical illnesses. Our team consists of 2 psychiatrists, psychiatric nursing support, psychologist and psychology interns and multi-level learners (medical students and residents). We provide patient-centered care, with psychopharmacology, psychotherapy and neuropsychological testing.

There will also be a Critical Care Psychiatry (CC Psychiatry) didactic teaching series, that will mirror clinical care and patients' presentations. Topics taught include ICU medicine (ECMO, Ventilation, Dyspnea, Air Hunger & Extubation), Cardiology (QTc, heart failure, post cardiac surgery presentations), Hepatology (Liver failure and HE), Renal medicine (Uremia, dialysis, pharmacological considerations in renal failure), Critical Care Delirium (Diagnosis, Pathophysiology, & Treatment of Delirium in the Medically Ill Patient) and Legal issues/Capacity.



LEARNING OBJECTIVES:

Medical Expert: The resident will synthesize an effective level of clinical knowledge and understanding relevant to consultation liaison psychiatry including but not restricted to:

A. *Knowledge:* The principles of assessment, diagnosis and management of the following disorders, commonly seen in CL Psychiatry and in CC Psychiatry (this includes knowledge of the etiology, presentation, course, and evidence-based treatment of these disorders.):

Acute Stress Disorders, PTSD

Aggression/Impulsivity

Alcohol and Drug Abuse in the General Medical Setting (including withdrawal states) Anxiety in the General Medical Setting and ICU

Determination of Capacity

Coping with Medical Illness

Death, Dying, and Bereavement

Delirium

Dementia in the General Medical Setting

Depression in the General Medical Setting

Neuropsychological testing in the General Medical Setting

Pain

Personality Disorders in the General Medical Setting

Psychiatric Presentations in the ICU Psychiatric Manifestations of Medical and Neurologic Illness Psychological Factors Affecting Medical Conditions

Psychopharmacology of the Medically ill (including drug interactions)

Psychotherapy of the Medically ill

Somatoform Disorders

Suicide

B. *Clinical Skills:* The resident will be able to demonstrate the capacity to:

1. Engage in effective interactions with a variety of consultees, including determination of consultation questions, and reporting of findings and recommendations

2. Gather data from appropriate sources

3. Write a pertinent and useful consultation note, and maintain accurate and timely medical records

4. Monitor the patients' course during hospitalization and provide continuing input as needed



5. Conduct an appropriate assessment interview for medically ill patients in the ICU/HAU/Cardiac ICU
6. Develop and maintain a therapeutic alliance with medically ill patients
7. Understand the use of psychotropic medications and ECT in medical and surgical patients
8. Understand the use of psychotherapy in the medically ill
9. Integrate and present a bio-psycho-social understanding of, and treatment plan for, a variety of patients
10. Work as a member of a multidisciplinary team to maximize the care of complex medically ill patients

Communicator: The resident will convey to patients and others involved in their care, a timely, accurate account of the diagnosis, treatment plans and prognosis in all clinical cases. The ability to liaise with a variety of medical and surgical staff and with patients and families will be emphasized. This includes the ability to provide psychoeducation, and to effectively convey to medical colleagues, including referring physicians, pertinent information and opinions on clinical cases, in verbal and written formats. The resident will be expected to communicate effectively within the CL team, with patients and their families, and with other health care professionals, both in the hospital and in the community. The resident will maintain timely and comprehensive medical records.

Collaborator: Demonstrate an ability to work collaboratively with other members of the health care team

Health Advocate:

1. Demonstrate awareness of structures of governance in hospital and community based psychiatric services for the medically ill
2. Demonstrate awareness of the major regional, national and international advocacy groups for medically ill patients with a variety of psychiatric comorbidities
3. Promote understanding and respect for culturally diverse patients and colleagues as a whole person, including their cultural identity

Manager: Ability to plan a work schedule consistent with personal/ professional goals and obligations including consideration of service needs, teaching, administrative tasks and research

Scholar: 1. Maintain and enhance professional activities through ongoing learning

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions
3. Develop, implement and monitor a personal and continuing medical education strategy

Professional:

1. timely written documentation and dictation reports of consults
2. Demonstrate honesty and integrity
3. Demonstrate compassion
4. Demonstrate respect for diversity
5. Demonstrate collaborative, respectful and ethical patient relationships that



6. demonstrate gender, cultural and spiritual awareness	
ACADEMIC ACTIVITIES: There is ongoing teaching in the form of rounds, didactic seminars, case-based learning, and learner presentations based on a critical appraised topic relevant to patient care. Option to participate in research initiatives in critical care psychiatry	
SPECIAL FEATURES: Opportunity to collaborate and join in multidisciplinary teaching and rounds with the Critical Care Medical team. Opportunity to collaborate and work and teach in a team setting with multiple learners (PGY 1 and 4 Psychiatry Residents) and interdisciplinary team members (psychologists and psychiatric liaison nurses).	
DIRECT PATIENT CARE RESPONSIBILITIES: Assessment, diagnosis and management of patient’s referred to the consultation liaison psychiatry service. The resident will have the option to be involved in interdisciplinary meetings, clinical rounds, family meetings for patients that they will follow during the rotation.	
NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Royal Columbian Hospital MHSU Large Group Room 1		
TIME:	9am		
PERSON:	Dr. Anyssa Shakeri		
CONTACT:		PHONE: 604-520-4662	EMAIL: anyssa.shakeri@fraserhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Consultation Liaison Psychiatry (RH)						
SITE: Richmond Hospital		CITY: Richmond		HEALTH AUTHORITY: Vancouver Coastal Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	Research <input type="checkbox"/>	Educational <input type="checkbox"/>	IN/OUT MIX: Inpatient	SETTING: City	DURATION: 1-3 months or longer if part time
ELECTIVE OWNER(S): (Name, email, phone)		Sheila Kegel Sheila.Kegel@vch.ca , (604) 675-3975 (work)				
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		As above Richmond Hospital, Department of Psychiatry				

DESCRIPTION: Providing psychiatric consultations on the medical wards at Richmond Hospital.

LEARNING OBJECTIVES:**Medical Expert****Knowledge:****Assessment, management and diagnosis of the following disorders that are commonly seen in CL psychiatry:**

- Acute Stress Disorders, PTSD
- Aggression/Impulsivity
- Alcohol and Drug Abuse in the General Medical Setting (including withdrawal states)
- Anxiety in the General Medical Setting
- Bipolar Disorder and Primary psychotic disorders in the General Medical Setting
- Determination of Capacity /Competency
- Delirium
- Dementia in the General Medical Setting
- Depression in the General Medical Setting
- Eating Disorders
- Factitious Disorders and Malingering
- Personality Disorders in the General Medical Setting
- Psychiatric Presentations in the ICU
- Psychiatric Manifestations of Medical and Neurologic Illness
- Psychological Factors Affecting Medical Conditions
- Psychopharmacology of the Medically Ill
- Psychotherapy of the Medically Ill
- Somatoform Disorders
- Suicide

Clinical Skills

1. Gather data from appropriate sources
2. Write a pertinent consultation, and maintain accurate and timely medical records
3. Monitor the patients course during hospitalization and provide continuing input as needed
4. Conduct an appropriate assessment interview for medically ill patients in a variety of settings



5. Develop and maintain a therapeutic alliance with medically ill patients
6. Evaluate cognitive ability in medically ill patients
7. Advise and guide consultees about the role of medical disease and medications in the patients presenting symptoms
8. Understand the use of psychotropic medications in medical and surgical patients
9. Understand the use of psychotherapy in the medically ill
10. Integrate and present a bio-psycho-social understanding of, and treatment plan for, a variety of patients

Communicator

1. The Resident will convey to patients and others involved in their care, a timely, accurate account of the diagnosis, treatment plans and prognosis in all clinical cases.
2. The ability to liaise with a variety of medical and surgical staff and with patients and families will be emphasized.

Collaborator

1. Demonstrate a willingness and ability to teach and learn from colleagues and patients
2. Be able to work collaboratively with other members of the health care team
3. Demonstrate an ability to facilitate learning of patients, and other health professionals and contribute to development of new knowledge
4. Consult effectively with other physicians and health care professionals

Manager

1. The demonstration of knowledge of important community resources for patients and the ability to direct patients to those resources

Health Advocate

1. Advocate for patients and families with psychoeducation to team and staff
2. Referral to appropriate resources in the community

Scholar

1. Participate in self-directed learning around cases
2. Participate in rounds as appropriate

Professional

1. Demonstrate honesty and integrity
2. Demonstrate compassion
3. Demonstrate respect for diversity
4. Demonstrate collaborative, respectful and ethical patient relationships that demonstrate gender, cultural and spiritual awareness
5. Demonstrate responsibility
6. Demonstrate dependability
7. Demonstrate self-direction
8. Demonstrate punctuality
9. Demonstrate constructive use of supervision and feedback
10. Demonstrate an awareness and application of ethical principles
11. Demonstrate an understanding and application of the regulations relating to patient access to their record in the context of their illness



ACADEMIC ACTIVITIES: Attendance at Richmond Hospital grand rounds and multi-disciplinary rounds
SPECIAL FEATURES: At Richmond Hospital, we work closely with the ICU as well as the hospitalists. We often encounter somatoform disorders, capacity assessments, depression and adjustment disorders as well as anxiety.
DIRECT PATIENT CARE RESPONSIBILITIES: Yes
NIGHT/WEEKEND CALL: RH

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):		
LOCATION:	Department of Psychiatry main office, Westminster Building	
TIME:	09:00am	
PERSON:	Sheila Kegel	
CONTACT:		PHONE: (778) 926-5753 EMAIL:



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Concurrent Disorder Inpatient Unit (Segal 8 VGH)					
SITE: SEGAL 8 VGH		CITY: VANCOUVER	HEALTH AUTHORITY: VANCOUVER GENERAL HOSPITAL UNDER VANCOUVER COASTAL HEALTH		
ELECTIVE CATEGORY: (select more than one category if applicable)		Medical <input type="checkbox"/> ● Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: Inpatient setting	SETTING: Acute inpatient psychiatric ward.	DURATION: 3 months
ELECTIVE OWNER(S): (Name, email, phone)		DR VINEET SINGH vineet.singh@vch.ca Mobile 778-886-6588			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		DR VINEET SINGH MD, MRCPsych (UK), FRCPC(C), M.Sc (Psychiatry) SEGAL 8 CLINICAL ASSISTANT PROFESSOR (UBC), DIVISION LEAD INPATIENTS AND MEDICAL MANAGER SEGAL 8. VANCOUVER GENERAL HOSPITAL 8 TH FLOOR 803 WEST 12 TH AVENUE VANCOUVER V5Z 1M9			

DESCRIPTION:**LEARNING OBJECTIVES:****MEDICAL EXPERT:**

- **Demonstrate a commitment to high-quality care of their patients-** *expected to engage to 1 to 1 supervision, attend regular educational rounds and journal clubs pertaining to mental illness and addictions. To be guided via evidence based treatment and management of addictions and mental health. Be familiar with the concurrent disorder strategy of local hospital and the regional health authority.*
- **Perform a patient-centered clinical assessment and establish a management plan-** *to work closely with the multidisciplinary team when articulating this plan. To be proficient in prescribing Suboxone, Methdone and be able to manage alcohol and benzodiazepine withdrawal. To learn and develop skills in managing acute stimulant withdrawal and psychosis. Develop skills in ascertaining difference between substance induced mental disorder vs pure addictions.*
- **Establish plans for ongoing care and, when appropriate, timely consultation –** *to be able to use the biopsychosocial model encompassing aspects of motivational interviewing techniques. To avail regular one to one coaching here.*
- **Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety-** *to attend clinical rounds every day except on Tuesdays from 9 to 9.30 am. To be able to collaborate with nursing colleagues on the finer aspects of withdrawal vs symptoms of mental illness.*
- **Adopt strategies that promote patient safety and address human and system factors.**
 - **Knowledge Clinical Skills-** *Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation-* *to look at evidence based treatment options based on BCCSU and APA guidelines. Be proficient in starting and titrating clozapine given its positive profile in concurrent groups. Be familiar with complex pain syndrome and develop skills in managing such complex multi-axial patients.*



COMMUNICATOR :

- **Communicate using a patient-centered approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion-** be open to receiving and accepting feedback *on a regular basis. Resident would collect structured patient feedback developed for CDIU.*
- **Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
- **Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly-** *use some of the latest literature on addictions and guide patient and families in a compassionate and non-judgmental approach.*
- **Use patient-centered interviewing skills to effectively gather relevant biomedical and psychosocial information-** *focus on developing skills in making an affirmative DSM 5 diagnosis encompassing various aspects of mental health and addictions*
- **Provide a clear structure for and manage the flow of an entire patient encounter-** *to be able to advocate and collaborate with tertiary care facility and other in house addiction facilities to provide a safe after care from acute hospital in order to improve outcome after discharge.*
- **Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent-** *provide psychoeducation using local and international data.*
- **Share health care information and plans with patients and their families-***be well versed with the local addiction facilities like DAYTOX and other in-house facilities locally. Be able to advocate for patients and motivate patients to avail such facilities.*
- **Engage patients and their families in developing plans that reflect the patient's health care needs and goals-***to work closely with social worker and cml here.*
- **Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe-** *regular telephone contacts and case discussions will be pivotal.*
- **Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health-** *would be encouraged to use standardized websites and self-help tools. Be familiar with resources available via BCCSU and BAP.*
- **Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy-** *to develop proficiency in using Paris, care connect and do discharge summaries under supervision.*

COLLABORATOR:

Link with all local mental health, addictions and concurrent disorder stakeholders via the wider clinical team at Segal 8 and in the community. Work with OT in helping develop a WRAP plan for the concurrent groups and encompass a relapse prevention strategy.

MANAGER:

- *Plenty of opportunities to get involved in service development and other performance related reviews due to my role as one of the Medical Managers. May benefit from attending some strategic service*



development meetings on an ongoing basis. To be encouraged to undertake service evaluation of the input at this concurrent disorder unit.

HEALTH ADVOCATE:

Expected to impart psychoeducation and sit at the AA, SMART and NA meetings locally. Expected to use patient leaflets and other written materials to help improve patient involvement.

SCHOLAR:

Resident would be expected to demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.

This would be discussed on an ongoing basis in one to one supervision each week.

ACADEMIC ACTIVITIES:

Attend VGH’s clinical rounds every Tuesday from 8.30 am to 9.30 am.

M& M rounds every 2 to 3 months.

To be part of VGH’s Residents teaching schedule.

SPECIAL FEATURES:

To avail the opportunity to shadow Medical Manager/Divisional Lead to enhance leadership and managerial skills.

Develop more confidence in dealing with complex concurrent disorder patients and intricacies with their prescribing

To develop skills and knowledge to deal with complex pain syndrome and head injuries manageable with in such general psychiatric settings.

Ample opportunity to see number of patients given high turnover of this unit.

OSCE exam practice every 2 weeks- excellent pass rate of Residents undergoing training in this unit.

DIRECT PATIENT CARE RESPONSIBILITIES:

To be able to review 4 to 5 patient for up to 4 days a week and discuss their care and management with the clinical supervisor.

Clerk new patients and develop skills in managing acute inpatients with medical and addictions comorbidity.

Review laboratory findings and order appropriate blood works and investigations.

Be familiar with the addictions rating scale like COWS and CIWA.

NIGHT/WEEKEND CALL:

Basic Resident rota.



REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Segal 8		
TIME:	8.45 am		
PERSON:	Dr Vineet Singh		
CONTACT:	604-675-3770	PHONE: 778-886-6588	EMAIL: vineet.singh@vch.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Contemporary Psychodynamic Psychotherapy (Broadway Private Office)			
SITE: 720-999 West Broadway		CITY: Vancouver		HEALTH AUTHORITY: VCH	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical	<input checked="" type="checkbox"/>	IN/OUT MIX: Outpatient	SETTING: Urban	DURATION: 6-12 months
	Research	<input type="checkbox"/>			
	Educational	<input checked="" type="checkbox"/>			
ELECTIVE OWNER(S): Name, Email, Phone			Dr. Allan Frankland ubtappin@yahoo.ca , (778) 331-0960		
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)			Dr. Allan G. Frankland 720-999 Broadway W, Vancouver, British Columbia V5Z 1K5		

DESCRIPTION: Psychodynamic psychotherapy elective rotation (part-time elective: approximately 1 day per week)	
OBJECTIVES: To gain proficiency and expertise in the provision of contemporary outpatient psychodynamic therapy.	
ACADEMIC ACTIVITIES: The resident will see at least three patients for weekly psychodynamic psychotherapy and will receive weekly supervision and teaching with Dr. Frankland.	
SPECIAL FEATURES: The resident will also be expected to complete selected readings regarding the theory and practice of contemporary psychodynamic psychotherapy.	
DIRECT PATIENT CARE RESPONSIBILITIES: The resident will be responsible for seeing his or her three psychotherapy patients.	
NIGHT/WEEKEND CALL: (from dropdown)	Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	720-999 Broadway W, Vancouver, British Columbia		
TIME:			
PERSON:	Dr. Allan Frankland		
CONTACT:	Dr. Allan Frankland	PHONE: (778) 331-0960	EMAIL: ubtappin@yahoo.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Cross-cultural Psychiatry (VGH Community)			
SITE: VGH-Community	CITY: Vancouver	HEALTH AUTHORITY: VCH		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX:	SETTING:	DURATION:
	Research <input type="checkbox"/>	Inpatient	Urban	1 month
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): Name, Email, Phone	Dr. Hiram Mok (hiram.mok@ubc.ca)			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Hiram Mok			

DESCRIPTION:	
OBJECTIVES:	
ACADEMIC ACTIVITIES: research and teaching in cultural mental health	
SPECIAL FEATURES: culturally appropriate mental health services	
DIRECT PATIENT CARE RESPONSIBILITIES: see patients individually and in groups under supervision	
NIGHT/WEEKEND CALL: (from dropdown)	Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	VGH Department of Psychiatry		
TIME:			
PERSON:	Dr. Hiram Mok		
CONTACT:	PHONE:	EMAIL: hiram.mok@ubc.ca	



RESIDENT ELECTIVE DESCRIPTION FORM

Elective / Selective:	Developmental Disorders and Mental Health (Burnaby Office)
Location:	DDMHS office 4946 Canada Way, Burnaby
Supervisor(s):	Drs. Friedlander, Tidmarsh, Gutteridge, McKibbon, Thompson
Time:	2-3 days per week for one month
Maximum # of Residents:	1
Contact for Information:	Dr. Lee Tidmarsh or Dr. Robin Friedlander (604) 918-7540
Description of Rotation:	Residents will participate in diagnostic assessments of patients and attend follow up clinics with the treating psychiatrist. There will be visits to community programs to see patients, as well as an opportunity to learn about in-patient care at PAC. They will learn about Autism Spectrum Disorders, Down Syndrome, and FASD among other disorders resulting in developmental problems, and become knowledgeable about co-morbid mental health problems.
Learning Objectives: <ul style="list-style-type: none"> • Medical Expert <ul style="list-style-type: none"> • Knowledge <ul style="list-style-type: none"> • The types of developmental disorders (DD) including those with genetic causes. • The types of medical and psychiatric problems associated with developmental disorders. • The community and provincial resources available to people with DD and their families. • The role of different members of the interdisciplinary team in the assessment and management of patients with DD • The types of intervention available for patients with psychiatric problems associated with DD. • The psychopharmacological treatment for psychiatric disorders associated with DD • The ethical dilemmas associated with DD including consent • Clinical Skills <ul style="list-style-type: none"> • Ability to form a therapeutic relationship with patients, families, caregivers and community workers • Carry out and write up 3 assessment interviews with adolescents/adults with DD and their families and/or caregivers including conducting developmentally appropriate mental state examinations • Knowledge of available clinical tools to assist in diagnosis of psychiatric 	



disorders

- Formation and diagnosis on five axes of psychiatric disorders, including the incorporation of information from relevant allied health professionals.
 - Plan management, including appropriate therapeutic and psychopharmacological interventions as well as use of educational and social resources
 - Successfully work as a member of a multidisciplinary team
- **Communicator**
 - Establish therapeutic relationship with patients/families, communicating in appropriate language
 - Obtain and synthesize relevant history from patients/families/communities
 - Listen effectively
 - Discuss appropriate information with patients/families and the health care team, effectively communicate diagnoses and recommendations
 - Timely production of concise and thorough case summaries and other documents in appropriate language
- **Collaborator**
 - Consult effectively with other physicians and health care professionals
 - Contribute effectively to other interdisciplinary team activities
- **Manager**
 - Utilize resources effectively to balance patient care, learning needs, and outside activities
 - Allocate finite health care resources wisely
 - Work effectively and efficiently in a health care organization, effectively planning use of professional time.
 - Utilize information technology to optimize patient care, life-long learning and other activities
- **Health Advocate**
 - Identify the important determinants of health affecting patients
 - Contribute effectively to improved health of patients and communities
 - Recognize and respond where advocacy is appropriate and important in the care of the patient, alerting other professionals in the health care system and developmental sector, that case management and services may be required.
 - Awareness of structures of governance in Mental Health Delivery to people with developmental disorders.
 - Demonstrate an awareness of systems based care (child protection, foster care and rehabilitation services)
 - Encourage patients with DD to become participant in society to their fullest potential.
- **Scholar**
 - Develop, implement and monitor a personal continuing education strategy



<ul style="list-style-type: none">• Professional	<ul style="list-style-type: none">• Critically appraise sources of medical information• Facilitate learning of patients, house staff/students and other health professionals• Contribute to development of new knowledge • Deliver highest quality care with integrity, honesty, and compassion having the ability to view patients with DD as people rather than disorders and relate to them with genuineness and empathy• Practice medicine ethically consistent with obligations of a physician with awareness of and willingness to cope with biases or preconceptions that might affect their work with people with developmental disorders• Demonstrate a satisfactory working relationship with medical staff and other members of the treatment team• Take initiative in all aspects of care management including working with community resources• Exhibit appropriate personal and interpersonal professional behaviours.
Comments:	This is an excellent rotation for anyone who wants to learn about developmental diagnoses, genetics, and pharmacology as well as becoming comfortable with interviewing and treating patients with poor communication skills and intellectual disability.



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Dialectical Behavioral Therapy (SMH)			
SITE: Surrey Memorial Hospital	CITY: Surrey	HEALTH AUTHORITY: Fraser Health Authority		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Outpatient	SETTING: Hospital	DURATION: 6 Months minimum
	Research <input type="checkbox"/>			
	Educational <input checked="" type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Martina Smit Martina.smit@fraserhealth.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Martina Smit			

DESCRIPTION: Group DBT**LEARNING OBJECTIVES:**

- **Medical Expert**
 - **Knowledge** – to gain knowledge of the theory and application of DBT in the treatment of patients with borderline personality disorder
 - **Clinical Skills** – to learn how to facilitate group therapy; to learn how to skills and techniques used in DBT
- **Communicator** – to learn how to provide information and teaching in a group setting; to communicate with other care providers when necessary; to learn proper documentation for group therapy sessions
- **Collaborator**
- **Manager** – to learn how to manage time in a group setting; to learn skills for managing conflicts that may arise when working with groups
- **Health Advocate**
- **Scholar** – to learn about DBT theory and development
- **Professional** – to maintain professional behavior and conduct when working with challenging patients; to learn to manage countertransference



ACADEMIC ACTIVITIES: Read DBT Skills Training Manual and Cognitive Behavioral Therapy for BPD by M. Linehan	
SPECIAL FEATURES: Option to attend DBT rounds Tuesdays from 12-1pm	
DIRECT PATIENT CARE RESPONSIBILITIES: Observe and co-facilitate DBT groups and participate in debriefing meeting for discussion.	
NIGHT/WEEKEND CALL:	As per UBC psychiatry residency policy; site dependent on where majority of clinical work done.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): Contact Dr. Smit to arrange		
LOCATION:	Shirely Dean Pavilion, 9634 King George Boulevard, Surrey	
PERSON:	Dr. Martina Smit	
CONTACT:	PHONE:	EMAIL: martina.smit@fraserhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Dialectical Behavior Therapy (DBT) Implementation in Fraser Health – Research elective			
SITE: Surrey MHSUS, may involve other sites across FH Approved: July 27, 2022	CITY: Surrey, possibly others (can be virtual)	HEALTH AUTHORITY: Fraser Health (FH)		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input type="checkbox"/> Research <input checked="" type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: n/a	SETTING: Community MHS	DURATION: Depends on resident availability
ELECTIVE OWNER(S): (Name, email, phone)	Martina Smit, MD martina.smit@fraserhealth.ca 604-808-3600 David Kealy, PhD david.kealy@ubc.ca Alicia Spidel, MA, RCC, PhD Alicia.spidel@fraserhealth.ca Heather Fulton, PhD heather.fulton@fraserhealth.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Martina Smit, Surrey MHSUS, 13401 108 th Ave Surrey BC			

DESCRIPTION: Fraser Health is in process of implementing DBT across the catchment region and adapting it to our setting. DBT can be challenging to implement due to being resource-intensive and requiring specialized training; trained staff attrition is a significant barrier as well. As a public health care setting with large volume of patients to serve and some resource limitations, we have had to adapt and aim for a self-sustaining program. We have prioritized offering skills group to patients, with other modes of DBT as possible. Our program evaluation in 2021 has shown this approach to still be associated with significant reduction in patients' acute service use related to psychiatric concerns. To cope with staff attrition, following expert-led DBT trainings for staff in FH, we are in process of training senior DBT-trained staff to train or supervise other clinicians in DBT, as a way of coping with attrition. We also hope to strengthen our program by encouraging research (especially projects that directly support DBT implementation in FH), including studying our implementation process and outcomes.

We first plan to investigate clinician experience with and success of train-the-trainer approach; qualitatively by interviews and focus groups with participating staff using consolidated framework for implementation research (CFIR). We also plan to monitor for attrition of trained staff and sustainability of the program over the next few years. There may be other projects **including** related to implementing DBT-prolonged exposure protocol for patients with comorbid PTSD who may not improve with standard DBT alone. We also have rapid access DBT groups and need to study effectiveness of this approach in improving access and outcomes



for patients. There may be option to collaborate with DBT expert/researcher Dr. Alexander Chapman at Simon Fraser University on these projects.	
LEARNING OBJECTIVES: scholar – see above, possibly other roles (leader/manager)	
ACADEMIC ACTIVITIES: depending on when the resident joins and for how long, the resident can be involved in any (or all) aspects of a project – from preparing a grant/funding proposal to ethics approval to carrying out the proposed investigation (e.g. staff interviews and focus groups), to analyzing and writing up the findings.	
SPECIAL FEATURES: clinical research, learn about implementation science and DBT	
DIRECT PATIENT CARE RESPONSIBILITIES: n/a	
NIGHT/WEEKEND CALL:	n/a

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Surrey MHSUS (all meetings could be virtual)		
TIME:	TBD		
PERSON:	Martina Smit		
CONTACT:	As above	PHONE: 604-808-3600	EMAIL: martina.smit@fraserhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Downtown Eastside Integrated Care (Heatly/Powell/ Pender Clinic)			
SITE: Heatley/Powell/Pender Clinic	CITY: Vancouver		HEALTH AUTHORITY: VCH	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Outpatients	SETTING: Chronic care	DURATION: 1 – 6 months
	Research <input type="checkbox"/>		Intensive case management	
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr Apu Chakraborty; achakraborty@providencehealth.bc.ca Cell: 604.786.6940 Dr Felix Osiogo; Felix.Osiogo@vch.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr Apu Chakraborty Dr Felix Osiogo Strathcona Mental Health, 330 Heatley Ave., Vancouver V6A 3G3			

DESCRIPTION: Opportunity in DTES for client-centred, integrated care, clinic-based and outreach

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge:** Health care for marginalized, inner-city population.
 - **Clinical Skills:** Clinical assessment and management of the community population.
- **Communicator:** Active participation in MDT meetings and with various health-care professionals.
- **Collaborator:** Active team-player with decision-making.
- **Manager:** Prioritize tasks, manages MDT and family meetings.
- **Health Advocate:** Engage and advocate for the needs of a population often without its own voice.
- **Scholar:** Involvement in local academic programme.
- **Professional:** Maintain highest standards of professionalism with patients and MDT.



ACADEMIC ACTIVITIES: Participate in the research of the 'Hotel Study'.	
SPECIAL FEATURES: Involvement in delivery of a novel mode of healthcare. Opportunity to work with various supervisors at different clinics, and with accompanying primary care and harm reduction care. Outreach opportunities to various DTES single room occupancy hotels and care homes. Good practice with MHA certificates.	
DIRECT PATIENT CARE RESPONSIBILITIES: Assessment and follow-up of patients, all under clinical supervision and responsibility of Dr Chakraborty and Dr. Osiogo. Documentation in Profile EMR.	
NIGHT/WEEKEND CALL:	To be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): Strathcona Mental Health Team			
LOCATION:	330 Heatley Ave., Vancouver V6A 3G3		
TIME:	08:15, Monday morning		
PERSON:	Contact Dr. Chakraborty or Dr. Osiogo by email		
CONTACT:		PHONE:	EMAIL: achakraborty@providencehealth.bc.ca / Felix.Osiogo@vch.ca



Early Psychosis Intervention Program (BH)

Fraser Health Authority

Background & Services Description:

EPI Fraser Health Authority abandoned its `Hub and Spoke` model in 2006 and since then it has been providing a case management community-based treatment team. EPI (FHA) is divided in three catchment areas covering the lower main land: EPI, EPI South and EPI East.

The EPI North team catchment area includes Tri-Cities, Burnaby and New Westminister. It consists of: one team coordinator, four psychiatrists, 1 psychologist, an intake worker, one family therapist and five case managers. Each psychiatrist

Patients between the ages of 13 and 30 year old with a suspected first episode of psychosis are referred to this team. Patients are referred from a variety of settings including: ER departments, inpatient units, college, school, community mental health team, child and youth mental health team, etc. EPI Patients under the age of 19 are referred to their local C&Y Mental Health Team. Patients who are 19 year-old or older are followed by and treated by the EPI and work closely with their case manager and psychiatrist. Each of Tri-cities, Burnaby and New Westminister have an allocated psychiatrist and case manager. New referrals are assessed in the EPI central office by the EPI physician lead and intake worker.

The team works closely with a dietician and with vocational and occupational therapists. The EPI team works closely with the addiction services and the Psychosis Treatment Optimisation Programme (PTOP) in Fraser Health Authority.

The EPI North Team provides a number of biopsychosocial interventions including (but not limited to) medication management and algorithm, assessment and treatment of side effects of medications; psychoeducation module for patients, CBT for psychosis, social anxiety groups; family education module and in family support groups. The EPI North team is also involved in providing education sessions for people who could come in contact with patients with first episode psychosis (counselors, school teachers, general practitioners, etc.)

EPI Fraser Health as a Core Rotation in severe and persistent mental illness and its rehabilitation - Specific Goals and Objectives

The EPI program (FHA) is in a position to provide the appropriate training environment and supervision for PGY IV & V residents to achieve the following Goals & Objectives in the `Chronic Care` Core Rotation in accordance to the Department of Psychiatry, Faculty of Medicine, UBC. These goals & objectives are in accordance to the Specialty Training Requirements in Psychiatry set by the College of Physicians and Surgeons of Canada.



Residents attending the EPI North (FHA) are expected and encouraged to attend and actively participate in the whole range of assessment & interventions delivery by the team. The EPI-North Rotation gives the resident the opportunity to exercise the following CanMEDS Roles:

Medical Expert/Clinical Decision-Maker

As Medical Experts, physicians working in EPI (FHA) integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient centered care.

General Requirements

- function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
- establish and maintain clinical knowledge, skills and attitudes appropriate to their practice
- perform a complete and appropriate assessment of a patient
- use preventive and therapeutic interventions effectively
- demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic
- seek appropriate consultation from other health professionals, recognizing the limits of their expertise

1) Demonstrate diagnostic and therapeutic skills for ethical and effective patient care

- a) Establish and maintain therapeutic relationships with serious patients experiencing their first psychotic episode.
- b) Assess and manage treatment refractory conditions (eg. clozapine for treatment resistant psychosis leasing with the PTOP program.)
- c) Identify, assess and manage first episode of psychosis by working with case managers in the community and by the treatment of patients in hospital.
- d) Recognize the behavioral and psychiatric presentations of those patients presenting with a co-morbid of differential diagnosis of a neurodevelopmental disorder.
- e) Assess and manage co-morbid conditions in this population (eg. substance use disorders, and Metabolic Syndrome) and becoming familiar with common genetic/congenital syndromes.

2) Access and apply relevant information to clinical practice

- a) Use a variety of psychosocial intervention strategies with individuals, families and groups (eg. CBT therapy, individual or family psychoeducation)
- b) Use a problem-based approach that leads to a range of potential biopsychosocial interventions, working collaboratively with a patient in developing a management plan and in setting realistic individual goals for those experiencing their first psychotic episode.

3) Demonstrate effective consultation services with respect to patient care, education and legal opinions

- a) The principles underlying:
 - i) community Psychiatry
 - ii) psychosocial Rehabilitation/Recovery
 - iii) mental Health Legislation
 - iv) case Management Models



- b) Openness and flexibility in treatment planning
- c) Provide consultation to agencies, schools, and social services from a variety of perspectives including a systems approach with an emphasis on effective communication

Communicator

As Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

General Requirements

- develop rapport, trust and ethical therapeutic relationships with patients and families
- accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- accurately convey relevant information and explanations to patients and families, colleagues and other professionals
- develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care
- convey effective oral and written information about a medical encounter

Specific Requirements

- 1) Establish therapeutic relationships with patients/families
- 2) Obtain and synthesize relative history from patients/families/communities
- 3) Listen effectively
- 4) Discuss appropriate information with patients/families and the health care team
 - a) The contribution of patients and families in the care of and in the planning and delivery of mental health services
 - b) Work with families providing education, counseling, support and treatment

Collaborator

As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.

General Requirements

- Participate effectively and appropriately in an interprofessional healthcare team
- Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

Specific Requirements

- 1) Consult effectively with other physicians and health care professionals
 - a) Ability to relate in a multi-disciplinary setting
 - b) Ability to relate to other mental health professionals as co-workers, recognizing the special contribution of each to the welfare of the patient.
- 2) Contribute effectively to other interdisciplinary team activities

Manager

As Managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

General Requirements

- Participate in activities that contribute to the effectiveness of their healthcare organizations and systems
- Manage their practice and career effectively
- Allocate finite healthcare resources appropriately
- Serve in administration and leadership roles, as appropriate

Specific Requirements

- 1) Utilize resources effectively to balance patient care, learning needs, and outside activities
 - a) The range of community and social agencies that serve the serious and persistently mentally ill
- 2) Allocate finite health care resources wisely
- 3) Work effectively and efficiently in a health care organization
 - a) The respective roles of inpatient, outpatient, partial hospitalization, and rehabilitation services for the serious and persistently mentally ill.
 - b) The present and future role of the psychiatrist in community mental health and particularly in the areas of consultation, education, and planning
- 4) Utilize information technology to optimize patient care, life-long learning and other activities

Health Advocate

As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

General Requirements

- Participate in activities that contribute to the effectiveness of their healthcare organizations and systems
- Manage their practice and career effectively
- Allocate finite healthcare resources appropriately
- Serve in administration and leadership roles, as appropriate

Specific Requirements

- 1) Identify the important determinants of health affecting patients
 - a) current issues in the Mental Health field, including:
 - i) substance abuse and first episode psychosis
 - ii) health risks and interventions in first episode psychosis
 - iii) the multi-problem patient
 - iv) medico-legal issues including the B.C. Mental Health Act and coercion
 - v) housing
 - vi) poverty
 - vii) Developmental Disabilities and Psychiatric Illness
 - b) sensitivity to issues of social class and stigmas as they affect the mentally ill and their families

- 2) Contribute effectively to improved health of patients and communities
 - a) Identify medical problems and link patients with the health care system
 - b) Liaise with patients' primary health providers
 - c) Promote a positive view of mental illness by providing education to members of the public
- 3) Recognize and respond to those issues where advocacy is appropriate
 - a) The social, political, and economic context in which services to the seriously mentally ill are established.
 - b) The primacy of the patients' needs and those of their support systems over those of the mental health system.
 - c) Maintain mentally ill patients with long-term disabilities in the community and to encourage their patients to become citizens in the full sense of the word

Scholar

As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

General Requirements

- Maintain and enhance professional activities through ongoing learning
- Critically evaluate information and its sources, and apply this appropriately to practice decisions
- Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate
- Contribute to the creation, dissemination, application, and translation of new knowledge and practices

Specific Requirements

- 1) Develop, implement and monitor a personal continuing education strategy
- 2) Critically appraise sources of medical information
- 3) Facilitate learning of patients, house staff/students and other health professionals
- 4) Contribute to development of new knowledge

Professional

As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

General Requirements

- Demonstrate a commitment to their patients, profession, and society through ethical practice
- Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation
- Demonstrate a commitment to physician health and sustainable practice

Specific Requirements

- 1) Deliver highest quality care with integrity, honesty and compassion
 - a) The ability to view patients in the community as people rather than disorders and relate to them with



genuineness and empathy

- 2) Exhibit appropriate personal and interpersonal professional behaviors
- 3) Practice medicine ethically consistent with obligations of a physician
 - a) Awareness of and willingness to cope with biases or preconceptions that might affect their work with the serious and persistently mentally ill

Dr Nicolas Ramperti, MD MRCPsych

Physician Lead

Early Intervention in Psychosis

Fraser Health Authority

EPI ROTATION Schedule – Draft

Monday	Tuesday	Wednesday	Thursday	Friday
Cypress Lodge Tertiary Inpatient Unit	EPI	EPI Psychotherapy CBT for Psychosis	Academic Day	PTOP Program
				EPI

On Call cover as per the Royal Columbian Hospital resident 1st on call schedule.



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Early Psychosis Intervention (White Rock Mental Health)			
SITE: White Rock Mental Health	CITY: White Rock	HEALTH AUTHORITY: Fraser Health Authority		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: Outpatient 1-2 days per week (Tuesday and Thursday)	SETTING: Mental Health Team	DURATION: 6 months
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Jay Bondar Jay.bondar@fraserhealth.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Jay Bondar			

DESCRIPTION: To gain knowledge and clinical experience within the field of early psychosis intervention

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge** – establish knowledge of treatment approaches used in EPI, important primary literature, ethical issues, preventative interventions, when to seek consultation from other specialties, appropriate monitoring for patients (in particular youth) on antipsychotic medication, and relevant investigations in diagnostic workup
 - **Clinical Skills** – to learn how to complete an appropriate history, formulation, and treatment plan in an EPI patient; to learn to recognize patterns of behavior/presentation in prodromal patients; to learn to assess for common comorbidities such as substance use disorder; to learn about therapeutic interventions including CBT for psychosis; and to learn to establish and maintain therapeutic relationships with patients experiencing their first psychotic episode
- **Communicator** – to learn to effectively communicate information about diagnosis, treatment, and prognosis to patients, family members, and other health care providers; to learn to develop trust and rapport with patients and families; to accurately synthesize relevant information and document it in a medical record
- **Collaborator** – to work effectively with other members of the EPI team; to work together with other professionals involved in patient care; to work with other professionals to prevent, negotiate, or resolve any potential conflicts



- **Manager** – to learn to manage an EPI practice effectively; to learn to allocate finite healthcare resources appropriately; to understand how patients referrals are screened and triaged appropriately; to learn to balance patient care, learning needs, and outside activities
- **Health Advocate** – to learn to identify important determinants of health in the EPI population, including substance abuse, medico-legal issues, housing concerns, etc and direct patients to appropriate resources; to learn to be sensitive to the stigma surrounding mental health and psychosis in particular, both for patients and for families
- **Scholar** – to critically appraise information and its sources and apply the information appropriately in decision making; to learn about best practice, evidence based treatment approaches; to facilitate the learning of others including patients, families, and staff members.
- **Professional** - to demonstrate a commitment to patients, their families, the profession, and society through ethical practice; to learn to work in a multi-disciplinary team; to maintain professional behavior when interacting with patients, families, and colleagues

ACADEMIC ACTIVITIES:

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES: To assess patients and come up with treatment recommendations under supervision

NIGHT/WEEKEND CALL:	Per regular UBC psychiatry residency program policy; site dependent on where majority of clinical work is done.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): Contact Dr. Bondar for first day reporting instructions

LOCATION:	15521 Russell Avenue, Russell Annex, second floor
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TIME:	
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PERSON:	Dr. Jay Bondar
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CONTACT:	PHONE: 604-535-4500, ext. 757797	EMAIL: Jay.bondar@fraserhealth.ca
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Eating Disorders Program (SPH)

Elective Rotations in Eating Disorders for Psychiatry Residents

The adult tertiary eating disorders program is in St. Paul's Hospital and provides service to men and women over the age of 17 in the province of British Columbia and the Yukon. The program consists of inpatient, outpatient and day treatments. The program has 7 inpatient beds, an 8 patient day program (Discovery), a 5-8 patient day program (Quest) and a variety of outpatient services including psychiatric follow up, outpatient groups and medical monitoring (Internal Medicine clinics).

Elective rotations in eating disorders are designed to meet varying educational needs and are described below.

1. Residents interested in learning about the assessment, diagnosis and acute inpatient and outpatient management of patients with eating disorders can arrange a full time rotation of 4-8 weeks. The resident will be supervised in providing assessments and managing patients in both the inpatient and outpatient settings, therefore developing in the role as Medical Expert. The resident will also be encouraged to evaluate the literature, including practice guidelines developing as a Scholar. This rotation could include clinical teaching and supervision by Internists regarding the medical symptoms associated with eating disorders. Given the nature of treatment of eating disorders, the resident will have the opportunity to work within a multidisciplinary team, strengthening their skills in the roles of Communicator and Collaborator. The emphasis in this rotation would be on the Medical Expert, Communicator, Collaborator and Scholar roles.
2. Residents interested in a longitudinal learning experience, including developing skill in the assessment as well as the psychotherapeutic and psychopharmacologic treatment of patients with eating disorders can arrange a full or part time rotation of 3-6 months. The resident will be supervised in the provision of assessment and care, therefore developing in the role as Medical Expert. The resident will be encouraged to perform literature review to support her/his practice, fostering development of the role of Scholar. Given the longitudinal nature of the rotation, the resident will have the opportunity to assume leadership in patient care in various settings, allowing for development in the role of Manager. The roles of Communicator and Collaborator will continue to develop within the resident's clinical work.

The resident will meet with the coordinator to develop a rotation to meet their individual educational needs. This could include participation in (i) outpatient assessment and treatment, (ii) inpatient treatment and (iii) day program treatment. The emphasis in the rotation will be on development of the roles of Medical Expert, Scholar, Communicator, Collaborator and Manager. The role of Health Advocate may form a part of the rotation given the resident's interest and the length of rotation.

Grant Millar, MD, FRCPC
Eating Disorders Program
St. Paul's Hospital
Room 414, Burrard Building
1081 Burrard Street
Vancouver, BC V6Z 1Y6
Email: GMillar@providencehealth.bc.ca



Medical Expert

Key Competencies: The resident will develop the ability to...

1. Function effectively as a consultant in eating disorders treatment, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care;
2. Establish clinical knowledge in the treatment of patients with eating disorders
3. Perform a complete and appropriate assessment of a patient with an eating disorder
5. Develop an understanding of the skills necessary in treating eating disorders, including psychopharmacologic and psychotherapeutic treatments
6. Understand the importance of consultation with other health professionals (Psychology, Social Work, Nutrition, Nursing) in the treatment of patients with eating disorders; understand the medical aspects of eating disorders and the need for collaboration with Internal Medicine and Family Medicine

Communicator

Key Competencies: the resident will develop the ability to...

1. Develop rapport, trust and ethical therapeutic relationships with patients with eating disorders and their families;
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;
3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals through multidisciplinary rounds, family meetings, patient meetings, and documentation
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
5. Convey effective oral and written information about a medical encounter.

Collaborator

Key Competencies: the resident will develop the ability to...

1. Participate effectively and appropriately in an interprofessional healthcare team;
2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict.

Manager

Key Competencies: the resident will be able to...

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;
2. Manage their practice and career effectively;
3. Allocate finite healthcare resources appropriately; appreciate the limitations in the current available resources for eating disorders treatment;
4. Serve in administration and leadership roles, as appropriate.

Health Advocate

Key Competencies: the resident will be able to...

1. Respond to individual patient health needs and issues as part of patient care;



2. Respond to the health needs of the communities that they serve;
3. Identify the determinants of health of the populations that they serve; recognizing factors that may influence the development of eating disorders in particular populations;
4. Promote the health of individual patients, communities and populations.

Scholar

Key Competencies: the resident will be able to...

1. Maintain and enhance professional activities through ongoing learning;
2. Critically evaluate information and its sources, and apply this appropriately to practice decisions involving patients with eating disorders
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;
4. Contribute to the creation, dissemination, application and translation of new medical knowledge and practices. Maintain and enhance professional activities through ongoing learning

Professional

Key Competencies: the resident will be able to...

1. Demonstrate a commitment to their patients, profession and society through ethical practice;
2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation;
3. Demonstrate a commitment to physician health and sustainable practice.



Elective in Undergraduate Medical Education Development (BCCH)

Start / End Date: March 01, 2012

Where:

Name of Hospital: BC Children's Hospital

Address: 4490 Oak St Vancouver, BC

Phone 604 875 2345

Fax 604 875 2099

Website: www.bcchildrens.ca

Supervisor:

Name of Supervisor: Dr Ashley Miller

Title: Child & Adolescent Psychiatrist, Mood and Anxiety Disorders Clinic; Director of Child and Adolescent Psychiatry Undergraduate Education, Clinical Instructor, UBC.

Phone: 604 875 2801

Fax : 604 875 2099

Email: amiller5@cw.bc.ca

Elective Goals:

1. To develop and use critical appraisal skills to select relevant and cardinal texts and articles on the diagnosis, etiology, epidemiology and treatment of the major psychiatric disorders seen in childhood and adolescence.
2. To develop teaching and curriculum development skills by reviewing, selecting, and creating resources that are relevant and at an appropriate level for medical student education.
3. To facilitate the development and implementation of the curriculum and self directed learning resources for medical students during their Yr.3 Psychiatry Clerkship

Fulfillment of Elective Goals:

1. **Needs Assessment:**

I will attend meetings of the Working Group for Child and Adolescent Psychiatry Undergraduate Curriculum Renewal and the Psychiatry Undergraduate Education Committee. In this role I will be actively involved in the process of program and curriculum development. This will include a review of mandated curriculum requirements and an assessment of which curriculum needs can be met via self directed medical student learning. It will also include a needs assessment of useful resources for medical student learning.

2. **Reviewing and Gathering Resources:**

I will liaise with experts at BCCH in the various subspecialty areas to develop, collect and review recommended resources.

I will review and select relevant guidelines, practice parameters, journal articles, and textbooks. I will also contact the Kelty Resource centre, web based and community based programs (DDMS, Maples etc), for additional resources.



3. **Distribution of Resources:**

In coordination with the UGE and C&A Undergraduate Education Curriculum Committee these resources will be organized and posted on the upcoming UBC Undergraduate Psychiatry Website.

4. **Creation of New Resources**

I will participate in the development of e-learning modules in Child and Adolescent Psychiatry as a member of the larger Working Group. My contribution may include: scripting standardized patient interviews, creating self-assessment questions, selecting content from relevant texts for inclusion and/or creating case-based study guides.

5. **Supervision and Collaboration**

Dr Miller and I will be meeting at BCCH on a weekly basis to review and collaborate on the progress of the project, to ensure the goals and timeline are being met and for the purposes of elective supervision.

Fulfillment of CanMEDS Roles:

1. **Medical Expert:** Through this elective I will gain specific expertise in the field of Child and Adolescent Psychiatry with regards to medical knowledge in diverse subspecialty areas including: major psychiatric disorders in childhood and adolescence, psychotherapy and psychopharmacology unique to C&A, normative development. I will be exercising critical appraisal skills during the literature review. I will also be exposed to and learning about the process of medical education and curriculum development.
2. **Communicator:** I will be developing communication skills through meetings with clinical experts at BCCH and personnel at community based resources. I will be contributing to the creation of a resource database that contains information that is readily and clearly applicable and accessible to medical students.
3. **Collaborator:** This elective will involve working with peers, colleagues, and medical students in terms of a completing the needs assessment and when liaising with experts on resource development.
4. **Manager:** As part of this elective I will be in a leadership role as the Resident Representative on the Working Group for Child and Adolescent Undergraduate Curriculum Development. Through this role I will be developing administrative skills useful in future practice.
5. **Health Advocate:** This role will allow me to become aware of and create resources that medical students can access and utilize in the service of advocating for patients and families and for competent and evidence based clinical care of children, adolescents and their families.
6. **Scholar:** As part of this elective I will be involved in the development of future medical student teaching, including curriculum development and access to medical resources.



Professional: I will continue to maintain high standards of ethical practice and high personal standards of professional behavior in my interactions with committee members and staff during this project.



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	ECT (VGH& MSJ)			
SITE: VGH and MSJ	CITY: Vancouver		HEALTH AUTHORITY: VCH (for VGH) and Providence (for MSJ)	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Yes	SETTING: VGH and MSJ ECT suites	DURATION: 4 months/flexible
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Caroline Gosselin caroline.gosselin@ubc.ca 604-875-4728 (VGH GPOT front desk)			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Caroline Gosselin Vancouver General Hospital, Centennial Pavilion, 5D 855 West 12 th Avenue, Vancouver, BC V5Z 1M9			
DESCRIPTION: Electroconvulsive Treatment for Adult and Geriatric Psychiatric Patients at VGH & MSJ				
LEARNING OBJECTIVES:				
<ul style="list-style-type: none"> ○ Medical Expert – see attached document ‘Procedural Competencies for ECT – PGY 5&6’ ○ Communicator – see attached document ‘Procedural Competencies for ECT – PGY 5&6’ ○ Collaborator - Collaborate effectively with all members of the health care team, with sensitivity to each contributors unique needs and strengths, and the specific patient-related issues that are relevant ○ Manager - Demonstrate awareness and appropriate utilization of limited health care resources in treatment planning, sensitive to the health care needs of the population ○ Health Advocate - Support other health care providers, including referring psychiatrists, mental health team members, family physicians and other care provider of the patient in their role as (primary) providers of mental health, in order to ensure that the needs of their patients are best met ○ Scholar - Demonstrate an awareness of the (scholarly/training/education) resources necessary to maintain and advance competency in ECT-skills ○ Professional: Demonstrate respect towards patients, families, other colleagues and service providers. Develop and maintain healthy and appropriate boundaries with colleagues and patients. Seek out and ask for support when needed. 				



ACADEMIC ACTIVITIES: no mandatory academic activities	
DIRECT PATIENT CARE RESPONSIBILITIES: Assessments, Provision of ECT-treatments, record keeping and further ECT-related responsibilities as agreed upon by supervisor	
NIGHT/WEEKEND CALL:	None in addition for ECT rotation; but regular psychiatry call, to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):		
LOCATION:	To be arranged at each individual rotation with Dr. Gosselin	
TIME:	ECT treatments are provided in the morning, Wed and/or Fri at VGH or MSJ	
CONTACT:	Dr. C. Gosselin	PHONE: please email
		EMAIL: caroline.gosselin@ubc.ca



Procedural Competencies for ECT PGY5 & 6

Completion		Procedure Competencies	
N/A	No	Yes	A. Communication Skills (CanMEDS: Communicator)
			Introduction of self to patient
			Introduction of self to ECT clinical staff
			Demonstration of effective clinical communication with ECT staff (RN, anesthesia) throughout the ECT treatment session.
			B. Pre-treatment Check-list (CanMEDS: Medical Expert)
			If first treatment, chart review for consent, medical co morbidities.
			Chart review for clinical progress during course of ECT and review of vital signs/changes in medical presentation prior to treatment
			Chart review and/or patient interview regarding side-effects of previous ECT, if relevant.
			C. ECT Procedure (CanMEDS: Medical Expert)
			Demonstration of best practices for infection control measures (hand washing, gloves, and gowns as appropriate)
			Demonstration of ability to position patients on the stretcher to optimize ECG and anesthesia delivery
			Demonstration of initiative to remove potential physical hazards e.g. side rails down, foot boards off if indicated, IV poles down,
			Demonstration of adequate skin preparation (scalp cleansing at electrode sites, application and removal of abrasive conductive gel
			Demonstration of correct placement for the EEG monitoring electrodes
			Demonstration of correct choice of flat or concave electrodes according to the chosen placement, if non-disposable
			Application of conductive gel to the surface of the stimulation electrodes
			Demonstration of the ability to titrate the electrical stimulus intensity in order establish the patient's seizure threshold in the initial, and subsequent, if necessary, treatment session
			Demonstration of ability to evaluate the adequacy of past dosing parameters and electrode placements and to implement a treatment decision for the current ECT treatment session
			Demonstration of ability to monitor for optimal muscle relaxation
			i.e. adequate exposure of distal limbs
			Demonstration of ability to utilize correct electrode placements for delivery of the ECT stimulus



			Demonstration of assurance that rubber bite block and protected jaw support is in place for all patients regardless of the state of dentition
			Demonstration of ability to deliver the ECT stimulus
			Demonstration of ability to monitor seizure adequacy (motor seizure, EEG seizure, CV response), and knowledge of appropriate indications and interventions in the event of a missed, aborted or
			D. Post-stimulus Management (CanMEDS: Medical Expert and Communicator)
			Demonstration of ability to make recommendations for dosing and electrode placement and/or medication changes for subsequent treatment sessions if indicated
			Demonstration of ability to critically evaluate EEG morphology
			Demonstration of ability to communicate salient points of ECT treatment session through documentation
			Demonstration of initiative in responding to urgent clinical situations arising within the ECT treatment session, if relevant (may include liaison with consulting medical staff, the most
			Demonstration of familiarity with the uncomplicated post-ictal state in the recovery room and thereby the ability to recognize and respond to postictal complications from a psychiatric standpoint

Dr. Caroline Gosselin/Dr. Heather D'Oyley 3rd Ed, Spring 2015



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	ER Psychiatry (Burnaby Hospital)			
Approved/Last Reviewed:	October 3, 2022			
SITE: Burnaby Hospital	CITY: Burnaby	HEALTH AUTHORITY: FH		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% inpatient	SETTING: Hospital	DURATION: Minimum 4 weeks (at least 2 day/week)
	Research <input type="checkbox"/>			
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S):	Dr. Jiong Wu, jiong.wu@fraserhealth.ca , 604-961-1823 Dr. Lingsa Jia, Lingsa.Jia@fraserhealth.ca 604-812-6110			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Monday – Dr. Lingsa Jia Tuesday – Dr. Jiong Wu Wednesday – Dr. Jerome Lee Thursday – Dr. Anna Nazif Friday – Dr. Nirmal Kang			

DESCRIPTION: This is an elective ideal for residents seeking additional experience in ER psychiatry. We work as an interdisciplinary team with the PLN (psychiatric liaison nurse) and allied health in the ER.

Learners will be involved in conducting assessments, reviewing with their supervisors and documenting appropriately. Learners will need to be familiar with Meditech.

Involvement in research is available and optional for interested learners with advanced notice and appropriate planning.

CANMEDS COMPETENCIES:

Professional	Uphold professional standards of knowledgeable addiction care provider for unique patient population
Communicator	Liaise with preceptor and allied health regularly
Collaborator	Close collaboration and work within interdisciplinary team.
Leader	Take on leadership role in managing junior learners and providing guidance/education to allied health
Scholar	Practice evidence-based care
Health Advocate	Advocate for ideal patient-care for patient with urgent psychiatric concerns.
Medical expert	Comfort and competence in comprehensive psychiatric assessments and biopsychosocial treatment planning.

LEARNING OBJECTIVES:

- Gain experience and comfort in assessing patients with urgent psychiatric concerns.
- Under direct supervision, provide assessments and management for patients in ER psychiatry.
- Engage in bedside teaching with preceptor



ACADEMIC ACTIVITIES:	
As described above, interested learners can be involved in clinical research including chart reviews, quality improvement and associated activity with advanced planning.	
SPECIAL FEATURES:	
DIRECT PATIENT CARE RESPONSIBILITIES:	
<ul style="list-style-type: none"> 3. Assessment of patients 4. Follow-up care of patients 	
NIGHT/WEEKEND CALL:	RCH

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Burnaby Hospital		
TIME:	8:30 AM		
PERSON:	Depends on day of the week – please contact elective owner first		
CONTACT:		PHONE:	EMAIL:



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	ER Psychiatry (Lion's Gate Hospital)			
Approved/ Last Reviewed:	December 2, 2022			
SITE: Lion's Gate Hospital	CITY: North Vancouver	HEALTH AUTHORITY: VCH		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical X Research Educational	IN/OUT MIX: 100% inpatient	SETTING: Hospital	DURATION: 1-2 days for at least 2-6 months
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Patrick McDonald			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Patrick McDonald			

DESCRIPTION:

This is an elective offers opportunity to gain additional experience in ER psychiatry in the new dedicated Psychiatric Emergency Assessment and Treatment Unit (PEAT). Learners will work in an interdisciplinary team setting and be involved in conducting assessments, reviewing with their supervisor and documenting appropriately. Learners will need to be familiar with CST Cerner.

CANMEDS COMPETENCIES:

Professional - Uphold professional standards of knowledgeable addiction care provider for unique patient population

Communicator - Liaise with preceptor and allied health regularly

Collaborator - Close collaboration and work within interdisciplinary team.

Leader - Take on leadership role in managing junior learners and providing guidance/education to allied health.

Scholar - Practice evidence-based care, facilitate teaching and educational opportunities for medical students.

Health Advocate - Advocate for ideal patient-care for patient with urgent psychiatric concerns.

Medical expert - Comfort and competence in comprehensive psychiatric assessments and biopsychosocial treatment planning.

LEARNING OBJECTIVES:

1. Gain experience and comfort in assessing patients with urgent psychiatric concerns.
2. Under direct supervision, provide assessments and management for patients in ER psychiatry.



3. Engage in bedside teaching with preceptor	
ACADEMIC ACTIVITIES: Resident dependent	
SPECIAL FEATURES:	
DIRECT PATIENT CARE RESPONSIBILITIES: 1. Assessment of patients 2. Follow-up care of patients	
NIGHT/WEEKEND CALL:	To be determined by PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	1337 St. Andrews Ave. North Vancouver BC. Psychiatric Emergency Assessment and Treatment Unit (PEAT) Lion's Gate Hospital		
TIME:			
PERSON:			
CONTACT:	Dr. McDonald	PHONE: 778-847-9296	EMAIL: patrick.mcdonald@vch.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Emergency Psychiatry and Rapid Access (Prince George)				
Approved on:	March 2021				
SITE: Emergency Department and Virtual Rapid Access Clinic	CITY: Prince George	HEALTH AUTHORITY: Northern Health			
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Emergency / Outpatient	SETTING: Emergency and Rapid Access Consultations	DURATION: 6 MONTHS	
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Dmitri Zanozin Dmitri.Zanozin@northernhealth.ca 778-349-4335				
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dependent on the on-call psychiatrist during the days. Dr. Jani Aarti.jani@northernhealth.ca				

DESCRIPTION:**WORK WEEK:**

Emergency Psychiatry: 3 days taking consults in the emergency room of UHNBC. Working with the on-call psychiatrist to triage patients admitted overnight and waiting to see psychiatry as well as new patients presenting during the day. Resident will be working with acutely ill patients requiring urgent consultations, receiving referrals from ER physicians across the entire spectrum of psychiatric disorders and specifically psychotic disorders, mood disorders with acute suicidality, personality disorders and concurrent disorders. On call psychiatry at UHNBC provides consultations on patients of all ages, from childhood to elderly, for the full spectrum of psychiatric and behavioral conditions. The focus will be on assessment of DSM-5 diagnoses and decisions regarding next level of treatment – i.e., admission, outpatient f/up, GP etc. Diagnosis and patient management will be viewed through the bio-psycho-social approach. The ultimate goal is to prepare the resident for Royal College exams and help transitioning to independent practice, building professional confidence in high acuity/high stress environment.

Rapid Access Clinic: 1 full day. These are scheduled patients who may not need acute admission, but rather an urgent consult to provide with treatment suggestions for their primary care providers and appropriate referrals to other specialized clinics, when necessary. This assessments may potentially include case-consultation and collateral with families and GP's. Focus again will be on bio-psycho-social model of diagnosis and management. CANMET guidelines for mood/anxiety disorders and Canadian Schizophrenia guidelines will be informing clinical approach with each individual patient.

MEDICAL EXPERT - The resident will gain experience in assessing and managing patients with acute psychiatric conditions. Work in the ER will include triaging patient needs, assessing patients in complex psychosocial situations and patients in crisis. The resident will have the opportunity to manage patients using pharmacological knowledge as well as brief supportive therapy. There will be opportunities for observed



<p>interviews of the resident as well. Become familiar with doing a safety/risk assessment in the ER setting, as well as inpatient settings. Use psychotherapy techniques as appropriate.</p> <p>COMMUNICATOR -The resident will build communication skills performing patient interviews and also through communicating with team members (i.e. psychiatric nurses, social workers, ER physicians, family members, etc.). Communicate succinct summaries of the case and management plan to the team. Document effectively to communicate the consultation and treatment plan to liaise with the referring ER physicians and GP's.</p> <p>HEALTH ADVOCATE: Assist in the process of de-stigmatization and installation of hope in the healthcare and family setting for patients with mental health diagnosis. Become familiar with resources in the area available to support patients and families</p> <p>SCHOLAR: Develop familiarity with the literature on suicide risk prevention, as well as understanding DSM 5 mood and psychotic disorder diagnoses and treatment planning.</p> <p>PROFESSIONAL: Resident will be required to use knowledge and expertise in a professional manner, gaining deeper understanding of what different health care providers require from our consultation service. The resident will understand the importance of patient confidentiality and professional boundaries when dealing with patients, their families and colleagues involved in the case.</p> <p>COLLABORATOR: Resident will collaborate effectively with other professionals and allied personnel involved in the patient care in order to achieve most beneficial outcome for the patient</p> <p>EDUCATOR: Resident will provide education to medical students and Family Medicine residents as well as other professionals involved in patient's care</p>	
ACADEMIC ACTIVITIES: Resident dependent.	
SPECIAL FEATURES: Possibility of accessing consultation liaison and addictions consultations if interested.	
<p>DIRECT PATIENT CARE RESPONSIBILITIES:</p> <ol style="list-style-type: none"> 1. Initial consultations and formulation. 2. Development of and communication of treatment plans to provide GP and relevant teams. 3. Admission orders and hand-over as needed for acute Emergency patients. 	
NIGHT/WEEKEND CALL:	as per the usual requirement

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Emergency Room of University Hospital of Northern BC		
TIME:	08h30 am		
PERSON:	Dr. Zanozin		
CONTACT:	Dr. Zanozin	PHONE: 778-349-4335	EMAIL: Dmitri.Zanozin@northernhealth.ca
ALTERNATIVE CONTACT	Dr. Jani	PHONE: (250)-552-2168	



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Emotion Focused Psychotherapy (Vancouver)			
SITE: 303-2902 W Broadway	CITY: Vancouver	HEALTH AUTHORITY:		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input type="checkbox"/>	IN/OUT MIX: 100% outpatient	SETTING: VCH	DURATION: 11 Months Part-time
	Research <input type="checkbox"/>			
	Educational <input checked="" type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Sherry De Rappard, sherryderappard@gmail.com ,			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Sherry De Rappard 303-2902 W Broadway, Vancouver, BC, V6K 2G8			

DESCRIPTION: Emotion Focused Psychotherapy (Part-time)

LEARNING OBJECTIVES:

To gain proficiency in emotional focused psychotherapy in a population of patients with a history of trauma.

- **Medical Expert**
 - **Knowledge**
 - The resident will become familiar with a model for understanding patients with a history of trauma that results in difficulties in areas of self, work, or relationships.
 - **Clinical Skills**
 - Assessing patient with disorders of attachment and delivering therapy for patient with attachment difficulties as a result of trauma.
- **Communicator**
 - Ability to examine patient with a history of trauma and attachment difficulties. Develop rapport, trust and therapeutic relationships with patients and be able to communicate empathy.
- **Collaborator**
 - Establish collaborative working relationship with family physician and other healthcare providers.
- **Manager**
 - Manage own schedule in collaboration with supervisor and patients' schedule
- **Health Advocate**
 - Resident will learn to help patients improve their mental health. In addition, the resident will have an opportunity to appreciate the personal, relationship and career burden of living with an attachment disorder.
- **Scholar**
 - The resident will review literature in the field of psychotherapy for patient with a history of trauma.
- **Professional**



<ul style="list-style-type: none"> The resident is expected to be punctual and practice a high standard of professionalism with patients and colleagues. 	
ACADEMIC ACTIVITIES: The resident will see 2 patients weekly for 11 months and receive weekly supervision and teaching by Dr. De Rappard. In addition, the resident will also have the opportunity to be involved in the assessment of suitability for group therapy and formulating patients	
SPECIAL FEATURES:	
DIRECT PATIENT CARE RESPONSIBILITIES:	
NIGHT/WEEKEND CALL:	To be determined by Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	303-2902 W Broadway		
TIME:			
PERSON:	Dr. Sherry De Rappard		
CONTACT:	Dr. Sherry De Rappard	PHONE:	EMAIL: sherryderappard@gmail.com



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	First Nations Mental Health (Chilliwack)			
SITE: Seabird Island (Agassiz) & Sts'ailes (Harrison Mills)	CITY: Chilliwack area		HEALTH AUTHORITY: Fraser Health	
ELECTIVE CATEGORY: (select more than one category if applicable)	Educational <input type="checkbox"/> Cross-cultural psychiatry	IN/OUT MIX:	SETTING: Seabird Island & Sts'ailes	DURATION: 8 weeks (Fridays only)
ELECTIVE OWNER(S): (Name, email, phone)	?			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Tony Benning Ridge Meadows Hospital, 11666 Laity Street, Maple Ridge, BC			

DESCRIPTION: Attendance at a psychiatric clinic on Fridays at 2 First Nation communities. Good opportunity to experience psychiatry in a First Nations setting and to understand some of the issues that are of relevance at the 'interface' between psychiatry and Aboriginal communities such as history of colonial trauma, the pursuit of culturally sensitive care, the aim of forging collaborative models of care between Western and traditional ways of knowing.

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge** To appreciate the unique issues and challenges that pertain to delivering psychiatric services to First Nation communities. To learn to negotiate and reconcile Western and Aboriginal explanatory models of illness. To appreciate the concept of colonial trauma. To become acquainted with some of the important scholarly literature in this area.
 - **Clinical Skills** To honor and not to pathologize indigenous and/or spiritual experiences. To appreciate the fact that 'culture' and 'spirituality' may have therapeutic value for some individuals.
- **Communicator** To appreciate the importance given to 'stories' and 'narrative' in Indigenous Cultures.
- **Collaborator** To begin to understand and conceptualize the concept of collaboration and to understand some of the barriers to its realization. To become acquainted with some of the important scholarly literature in this area.
- **Manager** To begin to reflect on some of the challenges at an administrative/organizational Level.



○ Scholar	To gain introductory knowledge of relevant literature. To be more aware of the potential for cultural insensitivity in mainstream research paradigms.
○ Professional	To maintain and develop professionalism in cross cultural contexts
ACADEMIC ACTIVITIES:	Reading and discussion of academic and scholarly material
SPECIAL FEATURES:	First Nations mental health
DIRECT PATIENT CARE RESPONSIBILITIES:	Potentially
NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): This can be discussed later			
LOCATION:			
TIME:			
PERSON:	Dr. Tony Benning		
CONTACT:	Karen Hollywood	PHONE: 604-476-7165	EMAIL: Karen.hollywood@fraserhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Forensic Psychiatry and Correctional Psychiatry																	
Approved/Last Reviewed:	November 16, 2022																
SITE: 1) Forensic Psychiatric Hospital (FPH) 2) Youth Forensic Psychiatric Services. 3) Correctional Psychiatry: Regional Treatment Centre (Pacific) or Pre Trail Correctional Centers	CITY: 1) Port Coquitlam 2) Burnaby 3) Abbotsford or Coquitlam or Surrey																
ELECTIVE CATEGORY: (select more than one category if applicable)	<table border="1"> <tr> <td>Medical <input checked="" type="checkbox"/></td> <td>IN/OUT MIX:</td> <td>SETTING:</td> <td>DURATION:</td> </tr> <tr> <td>Research <input checked="" type="checkbox"/></td> <td><i>Primarily inpatient:</i> Forensic Psychiatric Hospital (FPH) <i>Outpatients with Forensic clinics</i> can be arranged. <i>Research elective</i> can also be arranged at FPH</td> <td>Forensic Psychiatry hospital (FPH), Coquitlam</td> <td>Minimum one month. Resident ideally should select one site</td> </tr> <tr> <td>Educational <input checked="" type="checkbox"/></td> <td><i>40% inpatient & 60% outpatient:</i> Youth Forensic Services</td> <td>Youth remand unit and custody centers and outpatient clinics (Burnaby)</td> <td></td> </tr> <tr> <td></td> <td><i>Primarily inpatient:</i> Correctional Services of Canada</td> <td>Prison Psychiatric unit & treatment center (Abbotsford) or Regional Pretrial center in</td> <td></td> </tr> </table>	Medical <input checked="" type="checkbox"/>	IN/OUT MIX:	SETTING:	DURATION:	Research <input checked="" type="checkbox"/>	<i>Primarily inpatient:</i> Forensic Psychiatric Hospital (FPH) <i>Outpatients with Forensic clinics</i> can be arranged. <i>Research elective</i> can also be arranged at FPH	Forensic Psychiatry hospital (FPH), Coquitlam	Minimum one month. Resident ideally should select one site	Educational <input checked="" type="checkbox"/>	<i>40% inpatient & 60% outpatient:</i> Youth Forensic Services	Youth remand unit and custody centers and outpatient clinics (Burnaby)			<i>Primarily inpatient:</i> Correctional Services of Canada	Prison Psychiatric unit & treatment center (Abbotsford) or Regional Pretrial center in	
Medical <input checked="" type="checkbox"/>	IN/OUT MIX:	SETTING:	DURATION:														
Research <input checked="" type="checkbox"/>	<i>Primarily inpatient:</i> Forensic Psychiatric Hospital (FPH) <i>Outpatients with Forensic clinics</i> can be arranged. <i>Research elective</i> can also be arranged at FPH	Forensic Psychiatry hospital (FPH), Coquitlam	Minimum one month. Resident ideally should select one site														
Educational <input checked="" type="checkbox"/>	<i>40% inpatient & 60% outpatient:</i> Youth Forensic Services	Youth remand unit and custody centers and outpatient clinics (Burnaby)															
	<i>Primarily inpatient:</i> Correctional Services of Canada	Prison Psychiatric unit & treatment center (Abbotsford) or Regional Pretrial center in															



			Coquitlam or Surrey	
<p>ELECTIVE OWNER(S): (Name, email, phone)</p> <p>***Please copy all the elective owners on correspondence about this elective.</p>	<p>Dr. Barinder Singh (Adult Forensic Psychiatry) barinder.singh@phsa.ca</p> <p>Dr. Kulwant Riar (Youth Forensic Psychiatry) Kulwant.riar@ubc.ca</p> <p>Dr. Robert Lacroix (Regional Treatment Centre, Pacific) robert.lacroix@ubc.ca</p> <p>Dr. Emlene Murphy (Pretrial Services Centre) emlene.murphy@ubc.ca</p>			
<p>ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)</p>	<p>Dr. Barinder Singh, Forensic Psychiatric Hospital</p> <p>Dr. Kulwant Riar, Youth Forensic Psychiatric Services</p> <p>Dr. Robert Lacroix (Regional Treatment Centre, Pacific)</p> <p>Dr. Emlene Murphy (Pretrial Services Centre)</p>			

DESCRIPTION: The forensic psychiatry elective is intended to provide an introduction to the specialty. The resident may select one site of forensic psychiatric practice:

- 1) Forensic Psychiatric Hospital
- 2) Youth Forensic Psychiatric Services
- 3) Correctional Psychiatry.

The elective will be a single 4 week block.

The primary goal of this elective is to provide the resident with exposure to adult and youth criminal forensic psychiatry and correctional psychiatry.

The resident will learn about the clinical and legal processes and systems involved in the care and management of forensic and correctional populations. At the end of this elective, the resident will gain an appreciation for the complexity of care provision within systems designed to provide both treatment and control.



There will be exposure to the unique psychiatric treatment issues that present in forensic and correctional settings, which can be quite different from general psychiatry practice. An understanding of the need to balance provision of care and application of control to manage public safety will be highlighted.

Depending on resident's stage of training, there will be some patient care responsibilities assigned to the resident but no direct independent care responsibilities. There will be ample opportunities for the resident to conduct observed interviews with challenging patients.

Elective at FPH will provide many opportunities to observe and participate in court-ordered forensic assessments in the Forensic Psychiatric Hospital remand units at FPH and to observe and participate in violence risk assessments for probation services, the British Columbia Review Board at FPH. FPH is a rich forensic site with great learning opportunities for residents who are interested in Forensics.

Youth Forensic elective will provide opportunities to observe and participate in report writing for young offenders as well as work in the youth custody center in Burnaby.

The correctional elective will give exposure to psychiatric work in a correctional setting and there may be opportunity to participate in observing report writing for the Parole Board of Canada at Regional Correctional Treatment Centre.

The elective will cover the basic principles of forensic report writing (at FPH and youth Forensics) and the resident, if interested, will be given the opportunity to prepare mock forensic reports that will be reviewed by supervisors and feedback provided. This will be mainly done at FPH and youth forensic psychiatric services.

If the elective is longer than one month, outpatient placements at the regional forensic clinics and federal parole offices can be arranged.

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge** –gain an awareness of the role that the system context plays in care and treatment of forensic and correctional patients; increase awareness of the unique psychiatric treatment issues arising within the context of secure care settings
 - **Clinical Skills** – begin to develop skills and attitudes conducive to balancing provision of care with application of control measures to manage risk and public safety;
- **Communicator** – develop ability to engage with patients in context of serving a dual role as treatment provider and risk manager; understand and develop the ability to provide timely, clear communication as part of ongoing risk management and treatment interventions
- **Collaborator** – be able to participate in the interdisciplinary treatment team that is an integral component in forensic and correctional contexts.
- **Manager** - demonstrate an understanding of the need for judicious use of time and clinical resources in forensic and correctional treatment settings.



- **Health Advocate**-be able to understand that forensic and correctional patients are often vulnerable and at risk of for not receiving adequate medical and mental health care. Be able to advocate for their treatment needs.
- **Scholar** – develop an awareness of the scope of the forensic and correctional medical literature. Be able to access relevant legal resources in order to enhance understanding of the legal systems such as the mental disorder provisions of the Criminal Code of Canada, the British Columbia Review Board, the Corrections and Conditional Release Act, and landmark Canadian legal cases relevant to the practice of forensic psychiatry.
- **Professional** – develop a solid appreciation and understanding of ethical forensic psychiatry practice and be able to demonstrate how to manage forensic ethics when they clash with standard medical ethics applicable to the doctor-patient relationship.

ACADEMIC ACTIVITIES: Participation in ongoing PGY6 Forensic Psychiatry Program seminars one day per week

SPECIAL FEATURES: Elective residents must apply for and receive formal security clearance at Correctional electives. At FPH and youth Forensics this is not required.

DIRECT PATIENT CARE RESPONSIBILITIES: None

NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE.
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RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Foundry Vancouver/Granville – Community Youth Mental Health			
Approved / Last Reviewed (PGE office Use only): March 29, 2023					
SITE: Foundry-Vancouver/Granville (FVG)		CITY: Vancouver	HEALTH AUTHORITY: PHC		
ELECTIVE CATEGORY: (select more than one category if applicable)	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Research <input type="checkbox"/> Educational	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person <input checked="" type="checkbox"/> Mix	IN/OUT MIX: Outpatient	SETTING: Integrated Youth Clinic and Intensive Case Management team	DURATION: 3-6 months Minimum 2 days/week
ELECTIVE OWNER(S): (Name, email, phone)		Dr. Dan Lin Dr. Melissa Bota (mbota@providencehealth.bc.ca)			
ELECTIVE ON-SITE SUPERVISOR: (Name, Site, Address) * DO NOT provide email or phone number		Dr. Melissa Bota, Dr. Jen Wide, Dr. Valentina Mendoza, Dr. Rachel Rothbart, Dr. Steve Mathias, Dr. Pouya Azar, Dr. Julie Leising			

DESCRIPTION:

Innovative community psychiatric experience with youth and young adults.

FVG was the original clinic site for what has now become the provincial integrated youth service model (foundrybc.ca). This program is trauma-informed and rooted in attachment principles and provides care for youth from all walks of life.

Residents will have the opportunity to be involved with shared care assessments and have a range of direct supervision (STACER prep) and also more independence for senior residents.

The clinic also houses our intensive case management program which provides care to youth facing homelessness and a wide range of mental disorders. Residents will have exposure to working with developmental disabilities, neurodiversity and gender diversity. Collaboration with hospitals and multiple community partners is an important part of the experience as is outreach to highly vulnerable youth in the community.

As an inner city clinic there is a large component of addiction psychiatry and an opportunity to develop skills with opioid agonist therapies.

Our program also manages a transitional group home and residents can have exposure to clinical operations and how this kind of partnership with housing providers is managed.

We have a full fidelity DBT program to which residents engaging in a 6-month elective, would be offered the opportunity to be trained in DBT principles to co-facilitate a DBT Skills Group. If wanting to be fully DBT proficient a one-year half-day psychotherapy elective would be required.

LEARNING OBJECTIVES:



Medical Expert - Knowledge: - The resident doctor ('resident') will become familiar with assessing, diagnosing, and treating psychiatric illnesses in teens and youth from a range of backgrounds.

There is a focus on youth with complicated psychosocial factors and marginalization in the context of difficult living situations/conditions such as homelessness, precarious housing, substance use disorders, developmental disorders, cognitive disorders, concurrent disorders, early life adversities, history of childhood trauma, and other disabling factors.

The resident will become familiar with the complexities of the pharmacological treatment of young individuals who experience multiple psychosocial barriers and substance use disorders in addition to their psychiatric illness.

There is attention to developmental disabilities, neurodiversity and gender diversity.

The resident will have an opportunity to work in a multidisciplinary team and understand the role of different services in caring for youth.

Medical Expert - Clinical Skills: The resident will develop specific skills necessary to form a therapeutic alliance and working relationship with young patients with concurrent disorders, complex psychosocial issues - including trauma- and primary psychiatric conditions.

The resident will develop a detailed understanding of general and specific psychopathology of young patients, including history taking/exploration and behavioral analysis.

The resident will be proficient in the assessment of contributing conditions of psychiatric disorders and the detailed assessment and description of contributing psychosocial conditions, such as marginalization, school dropout, substance use disorders, and developmental issues and in developing multidisciplinary treatment plans.

The resident will learn how to use principles of addiction medicine pertaining to history taking, assessment, treatment, and relapse prevention. The resident will be involved in assessing youth for eligibility and indication of specific and evidence-based substance use disorder treatments and will initiate treatments and follow-up with patients in their treatment course.

The resident will gain an understanding of and expertise in prevention, early diagnosis, and psychiatric disorder relapse prevention in a population of young patients and patients in transitional years (to the adult psychiatry system).

The resident will complete many supervised and documented initial assessments. There will be experience with virtual care and a shared care consultative model.

The resident will use and/or facilitate evidence-based psychotherapeutic therapies (such as cognitive-behavioural therapy or motivational interviewing) and will assess for indications to refer to or involve other psychosocial resources such as counseling, occupational therapy, recreational therapy, rehabilitation therapy, and behavioural therapy.

The resident will gain appreciation for the importance of family involvement and have clinical exposure to emotion-focused family therapy.

Communicator: - The resident will gain experience in establishing rapport and communicating in an organized manner, including clear and concise record keeping, providing information to the patient, and referring the patient to other health care providers.

Collaborator: - The resident will develop effective working relationships with other members of the multidisciplinary team and gain exposure to engaging community partners like Covenant House, Directions Youth Services, CLBC

Manager: The resident will focus on using his or her time effectively to balance patient care, education needs, supervision, and communication with Foundry team members.

Health Advocate: The resident will increase his/her awareness of the determinants of health of young patients and their health care and psychosocial needs. The focus will be on health promotion, awareness of how a psychiatric illness can affect the development of young patients, and how prevention can mitigate these effects.

Scholar: The resident will be encouraged to engage in self learning to expand his/her knowledge in the screening, diagnosis, and treatment of psychiatric illnesses in youth.

Professional: The resident is expected to conduct himself/herself in a professional manner and to be a contributing member of the team.

ACADEMIC ACTIVITIES:

No mandatory research requirement but if there is interest research opportunities can be explored through the Foundrybc research infrastructure.

Training in attachment-informed care +/- Emotion-focused family therapy +/- Dialectical Behaviour Therapy
Residents are encouraged to attend weekly grand rounds at St. Paul’s Hospital

DIRECT PATIENT CARE RESPONSIBILITIES:

As per aforementioned CANMEDS learning goals, including assessment of new patients, follow-up of patients, medication initiation, medication management, record keeping, case rounds, and further responsibilities as agreed upon by supervisor.

NIGHT/WEEKEND CALL:

Site to be determined by Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Foundry Vancouver/Granville – 1260 Granville St. Vancouver BC		
TIME:			
PERSON:	Coordinate with Dr. Melissa Bota prior to rotation		
CONTACT:		PHONE:604-806-9415	EMAIL: mbota@providencehealth.bc.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: General Adult Psychiatry (Abbotsford Regional Hospital)	
SITE: Abbotsford Regional Hospital (ARH)	CITY: Abbotsford
HEALTH AUTHORITY: Fraser Health	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>
IN/OUT MIX: Inpatient/ER	SETTING: ARH – Emergency and inpatient unit
DURATION: 2 months	
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Sonia Uppal - sonia.uppal@fraserhealth.ca (Inpatient unit) Dr. Abid Khattak - abid.khattak@ubc.ca (Emergency) Dr. Shah Khan - shah.khan@ubc.ca (Emergency)
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	As above Abbotsford Regional Hospital
DESCRIPTION: An elective that provides a mix of Emergency psychiatry and inpatient psychiatry experience.	
LEARNING OBJECTIVES:	
<ul style="list-style-type: none"> ○ Medical Expert - The resident will gain experience in assessing and managing patients with acute psychiatric conditions. Work in the ER will include triaging patient needs, assessing patients in complex psychosocial situations and patients in crisis. The resident will have the opportunity to manage patients using pharmacological knowledge as well as brief supportive therapy. There will be opportunities for observed interviews of the resident as well. <p>On inpatient units, there will be the opportunity to follow patients throughout their admission, make any treatment changes and monitor their results.</p> <ul style="list-style-type: none"> ▪ Knowledge - become familiar with the DSM-V criteria for diagnosing patients. Become familiar with prescribing psychotropic medications and managing their side effects if required. ▪ Clinical Skills - conduct the psychiatric interview and gather information from the patient and relevant collateral sources. Perform a mental status exam and use this information to guide management. Become familiar with doing a safety/risk assessment in the ER setting, as well as inpatient settings. Use psychotherapy techniques as appropriate, 	



- **Communicator** - The resident will build communication skills performing patient interviews and also through communicating with team members (i.e. psychiatric nurses, social workers, etc.). Communicate succinct summaries of the case and management plan to the team. Document effectively to communicate the patient’s progress in the medical chart. Liaise with the patient’s outpatient physician and team where applicable. Communicate with patient’s families for collateral and providing information when applicable.
- **Collaborator** - Work closely in a multi-disciplinary team. Provide input in team meetings and rounds. Collaborate with other specialists involved in the patients care where appropriate. Learn about various community supports in the area and collaborate with them to make appropriate referrals.
- **Manager** - Attend psychiatry department meetings when possible. Facilitate family meetings and inter-disciplinary meetings to discuss cases when applicable. Learning time management in various settings (ER, inpatient) through prioritizing work of the day.
- **Health Advocate** - Become familiar with resources in the area available to support patients and families. Have the opportunity to serve a culturally diverse community and learn culturally sensitive approaches to the management of patients where applicable.
- **Scholar** - Have the opportunity to self-direct learning by doing case-based reading and literature reviews. Attend grand rounds if they are occurring. Residents may do a case presentation to the team if they wish.
- **Professional** - The resident will be expected to practice in a professional manner by being punctual, respectful and ethical in all cases. The resident will understand the importance of patient confidentiality and professional boundaries.

ACADEMIC ACTIVITIES: Resident dependent

SPECIAL FEATURES: Opportunity to experience work with a multicultural and diverse patient population

DIRECT PATIENT CARE RESPONSIBILITIES: As above. Patient care will be done in settings of the Emergency Department and inpatient unit.

NIGHT/WEEKEND CALL:	As per program requirements
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Abbotsford Regional Hospital TBD
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TIME:	
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PERSON:	
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CONTACT:		PHONE:		EMAIL:	
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Resident Elective Description Form

ELECTIVE NAME: General Psychiatry - Inpatient Unit (Nanaimo Regional General Hospital)				
SITE: Nanaimo Regional General Hospital, 1200 Dufferin Cres, Nanaimo, BC V9S 2B7 Phone: 250-755-7691		CITY: Nanaimo, BC	HEALTH AUTHORITY: Island Health	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Inpatient	SETTING: Inpatient unit	DURATION: 3 months June 1, 2017 to August 31, 2017
	Research <input type="checkbox"/>			
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)		Shelly Mark, aivanshelly.mark@viha.ca , (250) 857-4709		
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		Dr. Kehinde Oluyede, NRGH, primary supervisor		

DESCRIPTION:

The inpatient psychiatry unit (IPU) at Nanaimo Regional General Hospital (NRGH) provides acute psychiatric assessment and treatment for 24 inpatient beds. The unit provides general psychiatric care to a wide patient population encompassing adolescents, adults and seniors as well as individuals experiencing disordered eating, head injuries, mental handicaps, age-related behaviour changes and forensic patients.

Services provided by the inpatient unit include:

- Stabilization of acutely ill patients and linkage to community mental health and addiction services for follow up, continued treatment and recovery.
- Pre-care when possible prior to a patient's admission
- Comprehensive assessment including psychiatric, psychosocial, occupational therapy and nursing information.
- Personalized care plans designed by the treatment team in collaboration with the individual and, when appropriate, family members.
- Treatment based on the individual's care plan.
- Follow-up support as outlined in the discharge planning.
- Activity schedules are personalized to the unique needs of each patient depending on staffing and patient acuity.



LEARNING OBJECTIVES:

- **Medical Expert:**
 - Establish and maintain clinical knowledge, skills and attitudes appropriate to managing acute mental illness in inpatient setting

- **Communicator:**

Communicate with patients, families, inpatient and outpatient mental health teams to formulate and establish a patient-centered biopsychosocial care plan

- **Collaborator:**

- As above, collaborate with families and interdisciplinary teams to assist the patients with their mental illness and psychosocial rehabilitation

- **Manager:**

- Adopt a managerial role with respect to senior resident level of training by triaging patients, liaising with community partners and appreciating the allocations of resources

- **Health Advocate:**

- Advocate for patients with inpatient and outpatient services such as primary care, psychiatric follow-up, case management and referrals to support groups/psychotherapy

- **Scholar:**

- Develop a fund of knowledge on differential diagnoses and acute treatment of mental illness by reading around cases, facilitating learning of health care professionals, patients and families

- **Professional:**

- Uphold ethical practice standards, demonstrate professionalism, be respectful of team working environments and patients and families

ACADEMIC ACTIVITIES:

Attend academic days, read around cases, supervising junior residents including PGY 1-2 family practice residents, provide in-service educational seminars to staff, bring literature for discussion and review with supervising staff.

SPECIAL FEATURES:

The opportunity to be first call and to triage referrals would be an advanced skill that the resident can take on, if approved.

DIRECT PATIENT CARE RESPONSIBILITIES:

Psychiatric assessments and reviews with supervising psychiatrist, implement investigations and treatment plans, provide ongoing follow-up, and demonstrate collaborative care with treatment teams.

NIGHT/WEEKEND CALL:	3-4 call shifts per block
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	NRGH Inpatient Unit		
TIME:	8am		
PERSON:	Dr. Kehinde Oluyede		
CONTACT:	Dr. Kehinde Oluyede	PHONE: (250) 619-2950	EMAIL: kehinde.oluyede@viha.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: General Outpatient and Inpatient Psychiatry Elective (RCH)							
SITE: Royal Columbian Hospital	CITY: New Westminster HEALTH AUTHORITY: Fraserhealth						
ELECTIVE CATEGORY: (select more than one category if applicable)	<table border="1"> <tr> <td>Medical <input type="checkbox"/></td> <td rowspan="3">IN/OUT MIX: 50% Inpatient 50% Outpatient</td> <td rowspan="3">SETTING: Sherbrooke Centre</td> <td rowspan="3">DURATION: Minimum 3 months</td> </tr> <tr> <td>Research <input type="checkbox"/></td> </tr> <tr> <td>Educational <input checked="" type="checkbox"/></td> </tr> </table>	Medical <input type="checkbox"/>	IN/OUT MIX: 50% Inpatient 50% Outpatient	SETTING: Sherbrooke Centre	DURATION: Minimum 3 months	Research <input type="checkbox"/>	Educational <input checked="" type="checkbox"/>
Medical <input type="checkbox"/>	IN/OUT MIX: 50% Inpatient 50% Outpatient	SETTING: Sherbrooke Centre				DURATION: Minimum 3 months	
Research <input type="checkbox"/>							
Educational <input checked="" type="checkbox"/>							
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Sarah Chan, sarah.chan@fraserhealth.ca , 604-520-4662						
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Sarah Chan, RCH, Sherbrooke Centre						

DESCRIPTION: This is an elective for senior residents looking for more independence and familiarity with general inpatient and outpatient psychiatry.

At the end of the elective, residents will be expected to assess, evaluate and come up with a differential diagnosis and management plan before reviewing with the supervisor in both the inpatient and outpatient setting.

In inpatient, residents will be given 2-3 patients to manage and follow on their own.

In outpatient, residents will be encouraged to use both pharmacological and non-pharmacological approaches to manage their patients. The goal is to give residents interested in longitudinal community practice the opportunity to develop the skills needed to run their own clinic in the real-world setting.

Level of supervision will depend on the needs and abilities of the resident. Special emphasis will be placed on the psychiatric interview.

There is also the possibility of consult liaison experience depending on availability.

ACADEMIC ACTIVITIES: Depends on Resident

SPECIAL FEATURES: possibility of consult liaison experience depending on availability

DIRECT PATIENT CARE RESPONSIBILITIES: See Description

NIGHT/WEEKEND CALL: As per call site

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	SC1 (Sherbrooke Centre, first floor)		
TIME:	8:30am		
PERSON:	Dr. Sarah Chan		
CONTACT:	604-520-4665	PAGER: 604-450-0051	EMAIL: sarah.chan@fraserhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Geriatric Psychiatry (Kamloops)	
Last Reviewed/Updated: May 2024	
SITE: KMH&SU/Royal Inland Hospital	CITY: Kamloops, BC
HEALTH AUTHORITY: Interior Health	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>
IN/OUT MIX: 50:50 consult liaison/outpatient (MH clinic and home visits)	SETTING: Mental health team/hospital DURATION: Negotiable Generally 2-4 wks
ELECTIVE OWNER(S): (Name, email, phone)	Dr Barb Prystawa – Barbara.prystawa@interiorhealth.ca Dr Michael Weitzner – Michael.weitzner@interiorhealth.ca
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr Barb Prystawa Kamloops Mental Health and Substance Use 235 Lansdowne St, Kamloops BC

DESCRIPTION: Experience geriatric psychiatry in a small urban center. This clinically based rotation reflects the reality of providing the full range of medical and psychiatric care, both hospital C-L and community based. You will have the opportunity to work with clients and their circle of care within a multi-disciplinary team who provide assessment, diagnosis, treatment and stabilization.

LEARNING OBJECTIVES:

- 1) List the components of a comprehensive geriatric psychiatry assessment
- 2) Attain proficiency in interviewing older adults who may have sensory, perceptual, and/or cognitive deficits in a respectful and culturally sensitive manner.
- 3) Attain knowledge of and compare and contrast the major psychogeriatric syndromes including Major Neurocognitive disorders, Mood disorders, Delirium Substance Use disorders and Psychotic Disorders. Learn how these may differ in presentation from younger adults. Learn how medical comorbidities may affect assessment, treatment and outcome.
- 4) Propose comprehensive treatment options
- 5) Understand the system within which the older adult receives care and recognize the signs of caregiver stress and its consequences

ACADEMIC ACTIVITIES: present at journal club

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES:

NIGHT/WEEKEND CALL: N/A

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): Please contact Dr. Prystawa to determine where and when to meet, information as above.

LOCATION:



TIME:			
PERSON:	Dr Barb Prystawa		
CONTACT:	250-377-6500 (Office)	PHONE: 250-318-6722 (Cel)	EMAIL: Barbara.prystawa@interiorhealth.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Geriatric Psychiatry Consultation Liaison (SPH)			
Approved:	February 2022			
SITE: St Paul's Hospital	CITY: Vancouver	HEALTH AUTHORITY: PHC		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: Inpatient	SETTING: Urban	DURATION: Flexible
ELECTIVE OWNER(S): (Name, email, phone)	Cindy Liu, cindy.liu15@gmail.com , 778-709-5508			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr Cindy Liu, Dr Susan More, Dr Olga Yashchuk St Paul's Hospital, Vancouver BC			

DESCRIPTION: Inpatient geriatric psychiatry consult service Consults on ACE unit as part of shared care with geriatrics team and/or geriatric consults on other medical/surgical units
LEARNING OBJECTIVES: Evaluation and management of older adults with psychiatric and cognitive challenges in acute medical setting Focus on evaluation and differentiation of delirium, dementia and older adults with primary psychiatric illness Gain comfort in evaluating capacity around medical treatment as well as financial and disposition related decision making
ACADEMIC ACTIVITIES: Formal and informal teaching around clinical cases, teaching opportunities with PGY 3 core residents Formal teaching as per SPH general teaching program
SPECIAL FEATURES: Flexible duration and scheduling. Can be done full time or can be part time 2-4 days a week a week, can be split mornings/afternoons with inpatient unit or outpatient services based on learning goals
DIRECT PATIENT CARE RESPONSIBILITIES: Carry out new consults and follow up longitudinally on follow ups in collaboration with supervisors and other services
NIGHT/WEEKEND CALL: As per PGE requirements

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	St Paul's Hospital		
TIME:	Contact for details		
PERSON:			
CONTACT:	Cindy Liu	PHONE:7787095508	EMAIL: cindy.liu15@gmail.com

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Geriatric Psychiatry Office Based Practice			
SITE: Private Office	CITY: South Surrey	HEALTH AUTHORITY: Within the FHA catchment		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: Outpatient/residential care	SETTING: Office/residential care	DURATION: 1 month
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Kelly French 240-5620 152 nd Street, Surrey, BC 778-571-4263			
ELECTIVE ON-SITE SUPERVISOR:	Dr. Kelly French			
DESCRIPTION: 1 month geriatric psychiatry office based practice				
LEARNING OBJECTIVES:				
<ul style="list-style-type: none"> ○ Medical Expert <ul style="list-style-type: none"> ▪ Knowledge – to gain expertise in the management of common geriatric psychiatry syndromes ▪ Clinical Skills – to gain expertise in the interview of geriatric psychiatry patients, and to perform cognitive testing where appropriate ○ Communicator – to gain expertise in communicating with geriatric psychiatry patients and their spouses/family/caregivers ○ Collaborator – to gain expertise in collaboration with GP’s within the setting of office based geriatric psychiatry ○ Manager – n/a ○ Health Advocate – to gain expertise in the advocating for health and wellness for the aged population ○ Scholar – to seek out uncommon or unusual syndromes that may present in office based setting ○ Professional – to continue to practice professionalism within an office based setting both with patients, office staff and consulting colleagues. 				
ACADEMIC ACTIVITIES:				
SPECIAL FEATURES: Resident should be encouraged to use this experience to supplement geriatric psychiatry outpatient rotations. In addition, resident can participate in residential care geriatric psychiatry care throughout their rotation as I provide this service to one local residential care facility.				
DIRECT PATIENT CARE RESPONSIBILITIES: Resident will be expected to interview/diagnose and follow patients 2-3 days per week.				
NIGHT/WEEKEND CALL:	As per PGE Psychiatry.			
REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):				
LOCATION:	Office address listed above			
TIME:	8:30am			
PERSON:	Dr. Kelly French			
CONTACT:		PHONE: cell 604-999-4066	EMAIL: Kelly_m_french@hotmail.com	

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Group psychotherapy elective: mental health stream at Homewood Ravensview				
Approved/Last Reviewed	January 26, 2023				
SITE:	Homewood Ravensview	CITY:	Saanich (30 min north of Victoria)	HEALTH AUTHORITY: Not affiliated, private facility	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	Research <input type="checkbox"/>	Educational <input type="checkbox"/>	IN/OUT MIX: Inpatient	SETTING: Private facility for mental health and addictions
					DURATION: Variable from 1-6 months.
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Lucila Nerenberg lnerenberg@homewoodhealth.com 250-410-1000, ext 41713 or cell 250-889-5696				
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	<ul style="list-style-type: none"> • Dr. Lyn MacBeath • Dr. Lucila Nerenberg • Dr. Jonathan Wan • Other supervisors may be designated from psychiatry and/or psychotherapy staff. Homewood Ravensview Treatment Centre 1515 McTavish Rd, Saanich BC, V8L 5T3				

DESCRIPTION: Group psychotherapy elective for mental health stream at Homewood Ravensview.

Patients are primary or fully in our mental health programming, not addictions. Main diagnoses are depressive/ anxiety disorders and PTSD, often complex.

Opportunity to participate in co-leading groups for DBT, CBT and CPT (if schedule allows- the latter is a closed group for PTSD with commitment to attend most of the 12 sessions.) . CBT, DBT and/or CPT would be available, depending on what days the resident is rotating and the length of rotation. If there is a preference, please check with the coordinate re: current days these are offered and requirements for co-leaders of groups re: duration of rotation.

Supervision from psychiatry and psychotherapy staff, some training opportunities.

Residents will also be involved in admissions and longitudinal individual psychiatric follow up of patients during their stay, preferably patients in the groups they are co-leading re: multiple angles of clinical assessment and treatment. Residents can participate in Journal Clubs and research may be possible, if area of interest identified by resident.

Supervision will be tailored to the resident's needs and interests as well as to individual supervisors' preferences. Each supervisor will be responsible for the training of the candidate including reviewing goals and monitoring progress. The resident may receive some or all the following types of supervision: (1)



Observation of resident by staff/supervisor, (2) joint assessment/treatment, (3) resident debriefing with supervisor.

LEARNING OBJECTIVES FOR GROUP PSYCHOTHERAPIES ELECTIVE:

1. **Medical Expert**
 - residents will be competent in co-leading psychotherapy groups
 - residents will gain proficiency in the evidence-based treatment of depression and anxiety through CBT and DBT group therapies.
 - Residents will provide individual therapies longitudinally during the rotation, using CBT and DBT skills among others.

2. **Communicator**
 - residents will communicate and provide psychoeducation and psychotherapies, both individual and group settings to patients, using skills reviewed with supervisors and "leaders of groups.
 - Residents will discuss cases with interdisciplinary team.

3. **Collaborator** – residents will help coordinate care between the primary therapist interdisciplinary team and psychiatric attendings, as well as outpatient providers and at times family members of patient's is seen.

4. **Manager** – residents will understand the role of group psychotherapies in the context of the available treatment resources and participate in patient care meetings.

5. **Health Advocate** – residents will be aware of and help improve access to group psychotherapies for current and future patients across levels of care, for appropriate referrals.

6. **Scholar**– residents will help create, disseminate, apply, and translate knowledge of group psychotherapies through literature review and discussing evidence-based treatment as applies to clinical care.

7. **Professional** – residents will work collaboratively with patients and staff with consistent respectful boundaries and judgement.

ACADEMIC ACTIVITIES:

lectures daily, group therapy daily, psychiatric consultation, case management and medication management, CBT/DBT/CPT psychoeducation lectures

SPECIAL FEATURES:

Strong emphasis on interdisciplinary work and psychotherapies. Patient population includes young adult, first responders/military and general adults through workplace or private funding. Increasing referrals for both local & out of province indigenous patients with some cultural programming on site.

Research may also be possible at all facilities above, depending on resident preference and preceptor availability.

DIRECT PATIENT CARE RESPONSIBILITIES:



Initial psychiatry consultation, group therapies, individual therapies, some medication management.	
NIGHT/WEEKEND CALL:	None.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Lobby of Homewood Ravensview		
TIME:	8am		
PERSON:	Dr. Nerenberg		
CONTACT:	Dr. Nerenberg	PHONE:250-889-5696	EMAIL: lnerenberg@homewoodhealth.com

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Inpatient psychiatry (SPH 9A)			
SITE: St. Paul's Hospital	CITY: Vancouver	HEALTH AUTHORITY: Providence Health		
ELECTIVE CATEGORY: <small>(select more than one category if applicable)</small>	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: 100% inpatient	SETTING: Hospital	DURATION: Minimum 4 weeks (at least 2 days/week)
ELECTIVE OWNER(S):	Dr. Marie Fennemore, MFennemore@providencehealth.bc.ca			
ELECTIVE ON-SITE SUPERVISOR:	Dr. Marie Fennemore, Dr. Simon Bow, Dr. Lingsa Jia, Dr. Cristina Aydin			

DESCRIPTION: This is an elective ideal for senior residents seeking additional experience in acute inpatient psychiatry. We work as an interdisciplinary team to manage complex inpatient cases. Most patients on 9A have concurrent disorders, with complex psychosocial challenges impacting care. Learners will be involved in conducting assessments, reviewing with their supervisors and documenting appropriately. Learners will need to be familiar with CST.

CANMEDS COMPETENCIES:

Professional	Uphold professional standards of inpatient psychiatrist
Communicator	Liaise with preceptor and allied health regularly
Collaborator	Close collaboration and work within interdisciplinary team
Leader	Take on leadership role in managing junior learners and providing guidance/education to allied health
Scholar	Practice evidence-based care
Health Advocate	Advocate for ideal patient-care for patient with psychiatric concerns

LEARNING OBJECTIVES:

1. Gain experience and comfort in assessing patients with chronic and complex psychiatric concerns
2. Under direct supervision, provide assessments and management for inpatients
3. Engage in bedside teaching with preceptor

ACADEMIC ACTIVITIES: Interested learners can be involved in clinical research including chart reviews, quality improvement and associated activity with advanced planning.

SPECIAL FEATURES: Concurrent disorder treatment, clozapine starts



DIRECT PATIENT CARE RESPONSIBILITIES:

- 1. Assessment of patients
- 2. Follow-up care of patients

NIGHT/WEEKEND CALL:

Required, allocated to SPH although subject to change

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:

St. Paul's Hospital

TIME:

8:30 AM

PERSON:

Depends on day of the week – please contact elective owner first

CONTACT:

PHONE:

EMAIL:



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Integrated Child Play and Family Therapy and Interpersonal Psychotherapy for Adolescents (BCCH)			
SITE: BCCH	CITY: Vancouver	HEALTH AUTHORITY: PHSA		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>	IN/OUT MIX: mix	SETTING: Urban	DURATION: 6-9 months
ELECTIVE OWNER(S): Name, Email, Phone	Dr. Lorraine Hathaway lhathaway@cw.bc.ca , (604) 875-2261			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Lorraine Hathaway, BCCH			

DESCRIPTION: child and adolescent psychotherapy and family therapy
OBJECTIVES: train and supervise psychiatry residents in interpersonal psychotherapy for depressed adolescents Train and supervise psychiatry residents in family and marital therapy and integrated play and family therapy This elective is typically part-time and spans 6-9months
ACADEMIC ACTIVITIES: reviewing books, articles and DVD s, group supervision when feasible, participating in family therapy teaching rounds, preparing and delivering family assessment lectures to medical students
SPECIAL FEATURES: audio and video taping client family interviews and reviewing tapes in supervision
DIRECT PATIENT CARE RESPONSIBILITIES: responsible for individual IPTA treatment of 3 depressed adolescents, long term integrated treatment of a number of child and family, family treatment with adolescent and their family, marital therapy with distressed couple
NIGHT/WEEKEND CALL: (from dropdown) Yes

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):		
LOCATION:	Outpatient mental health at BCCH	
TIME:		
PERSON:		
CONTACT:	PHONE: (604) 875-2261	EMAIL: lhathaway@cw.bc.ca ,



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Integrated Family and Play / Individual Therapy (BCCH)			
SITE: BCCH	CITY: Vancouver	HEALTH AUTHORITY: PHSABC		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>	IN/OUT MIX: Outpatient	SETTING: Urban	DURATION: 6- 12 months
ELECTIVE OWNER(S): Name, Email, Phone	Dr. Ron Braunstein rbraunstein@cw.bc.ca , (604) 875-2345 ext 6590			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Ron Braunstein			

DESCRIPTION:	
OBJECTIVES: Residents or fellows improve knowledge and skills in assessment and treatment of families with children and adolescents. Work can include utilizing play or individual therapy along with family and or marital therapies	
ACADEMIC ACTIVITIES: can include review of books, articles, DVDs , as well as family therapy teaching rounds	
SPECIAL FEATURES:	
DIRECT PATIENT CARE RESPONSIBILITIES:	
NIGHT/WEEKEND CALL: (from dropdown)	Yes

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):		
LOCATION:	Outpatient Mental Health at BCCH	
TIME:		
PERSON:		
CONTACT:	PHONE: (604) 875-2345 ext 6590	EMAIL: rbraunstein@cw.bc.ca



Kelowna (KGH) - Postgraduate Psychiatry Rotation Opportunities

Kelowna General Hospital is a busy academic health sciences centre in the Interior Health Authority, serving a local catchment population of approximately 180,000. Psychiatry services are provided through the Mental Health and Substance Use portfolio, including both inpatient and outpatient programs. We access 36 total inpatient beds (30 general unit and 6 psychiatry ICU) that provide secondary care services to the Central Okanagan. Outpatient services are located at our community MHSU clinic (505 Doyle Avenue, Kelowna).

Our Department of Psychiatry is currently 19 strong, with 13 of us actively working at the Hospital providing Child, Adult, and Geriatric psychiatric care; we have 3 new Adult psychiatrists joining us in the Summer of 2019. Active staff members are required to obtain faculty appointments in the UBC Department of Psychiatry. We provide teaching at all levels of medical training including Year 1 and 2 lectures/seminars, Year 3 core clinical clerkship rotations, Year 4 electives, UBC Rural Family Medicine Program core PGY-1 rotations, UBC Emergency Medicine Program core PGY-1 rotations, and senior Psychiatry resident electives.

We are pleased to offer the following rotations:

1. Chronic Care Psychiatry
2. Addictions Psychiatry and Medicine
3. Consult-Liaison Psychiatry

Chronic Care Psychiatry

Kelowna MHSU provides care for patients with severe and persistent mental illness through 2 main programs: Adult Community Support Services (ACSS) and the Assertive Community Treatment (ACT) team. Primary diagnoses are generally Schizophrenia and complex Mood Disorders, although co-morbid Substance Use Disorders are highly prevalent. ACSS follows a case management model with close collaboration between support workers, clinicians, team leader, and consulting psychiatrists. The estimated total clientele served by ACSS is 500, with individual clinician caseloads of 40-70. There is a strong psychosocial improvement focus with a team of Community Rehabilitation Program workers. We currently have 3 psychiatrists who regularly consult with this program. The ACT team provides comprehensive care to approximately 65 patients, representing those with the highest illness acuity and service needs. There is one dedicated ACT psychiatrist. When patients on ACSS or ACT are admitted to hospital, the Most Responsible Physician is usually the psychiatrist who provides outpatient care; at any given time this might be 8-10 inpatients.

The resident would be supervised by one of the Chronic Care psychiatrists with opportunities to work with any and all aspects of the ACSS and ACT programs. On-call duties would be expected as per the Program guidelines.

Addictions Psychiatry and Medicine

Substance Use Disorders are supported through community and hospital-based programs. At the community MHSU clinic we have Alcohol & Drug programs that provide group and individual counselling supported by a psychiatric consultation. We have an Opioid Agonist Therapy clinic staffed by clinicians and sub-specialty trained Family Physicians. In hospital, we have a team of Substance Use Clinicians that assess and support inpatients throughout the entire hospital, connecting them with community services as appropriate. We have



2 regular Addictions Medicine Physicians who provide a hospital-wide consultation service to support inpatients struggling with Substance Use Disorders.

The resident would be supervised by either our Addiction-focused Psychiatrist or one of the General Adult Psychiatrists. Clinical and educational opportunities would be through the community substance use programs and in the hospital with the Addictions Medicine Physician. On-call duties would be expected as per the Program guidelines.

Adult Consult-Liaison Psychiatry

Kelowna General Hospital is a busy tertiary care facility that provides medical and surgical services for the entire Interior Health region. There are over 84,000 Emergency Department visits yearly and approximately inpatient 400 beds. Our cardiac critical care services have greatly expanded over the past 5 years and we provide the full range of specialty surgical services. We have several dedicated medical wards, including the General Internal Medicine clinical teaching unit. The hospital provides inpatient support to the BC Cancer Centre - Kelowna. There is a busy Intensive Care Unit and a full-service Obstetrics and Gynecology Unit with Neonatal ICU. We have a Paediatric unit, but this does not fall under the responsibility of the Adult Consult-Liaison service.

Our Consult-Liaison Psychiatry service provides consultation and follow-up services to inpatients and the medical/surgical units throughout the facility. There are 2 psychiatrists who routinely cover these duties and we are adding a third in July 2019. The resident would be supervised by one of these psychiatrists and work alongside them all. On-call duties would be expected as per the Program guidelines.



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Kelowna – Addiction Medicine			
PGE Approval Date	June 19, 2020			
SITE: Kelowna General Hospital and Outpatient Clinic	CITY: Kelowna	HEALTH AUTHORITY: Interior Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: 50/50	SETTING: Kelowna General Hospital, outpatient addiction medicine clinic	DURATION: 1 month
ELECTIVE OWNER(S): (Name, email, phone)	Dr Ewelina Zaremba (Ewelina.zaremba@interiorhealth.ca)			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Drs. Leslie Lappalainen and Ewelina Zaremba (Addiction Medicine)			

DESCRIPTION: Blended consult addiction medicine and outpatient addiction service rotation in a busy community setting with a wide range of patient diagnosis and acuity

LEARNING OBJECTIVES:➤ **Medical Expert**○ **Knowledge**

- The phenomenology, epidemiology, etiology, course and common comorbidities of severe and persistent mental illness, including schizophrenia, schizoaffective disorder, and bipolar disorder
- The Mental Health Act, particularly as it pertains to extended leave, and the Review Panel process
- Specialized bio-psycho-social management of treatment-refractory psychotic illness, including a psychosocial rehabilitation model of care
- Medication approaches to treatment of treatment-resistant psychosis, including clozapine
- Principles of CBT for psychosis and other psychotherapeutic approaches to patients with psychotic illness
- The phenomenology, epidemiology, etiology, course and common comorbidities of substance use disorders
- Treatment options for substance use disorders, including a bio-psycho-social approach to treatment and recovery

○ **Clinical Skills**

- Become proficient in efficiently and comprehensively assessing patients with severe and persistent mental illness, drawing upon multiple sources of collateral as appropriate, in both inpatient and outpatient settings
- Become proficient in formulating and implementing bio-psycho-social treatment plans for patients with severe and persistent mental illness, in both inpatient and outpatient settings
- Become proficient in assessment of patients detained under the Mental Health Act, and in determining appropriateness of discharge from hospital on Extended Leave
- Have the opportunity to observe and potentially participate in the review panel process for patients certified under the Mental Health Act
- Become proficient in skillful, informed, and appropriate safety assessments and safety planning for patients with chronic psychosis, chronic suicidality, or both
- Become proficient in appropriately prescribing a range of antipsychotic and moodstabilizing medications, including long-acting injectables and clozapine, as well as monitoring and managing the potential side effects of these
- Have the opportunity to learn and implement a variety of psychotherapeutic approaches to patients with psychotic illness, including CBT-P, compassion-focused therapy, and acceptance and commitment therapy
- Become proficient in efficiently and comprehensively assessing patients with substance use disorders, drawing upon multiple sources of collateral as appropriate, in both inpatient and outpatient settings
- Become proficient in formulating and implementing bio-psycho-social



treatment plans for patients with substance use disorders, in both inpatient and outpatient settings o Become proficient in prescribing a range of appropriate medications used in treatment for substance use disorders, including opiate agonist treatment (under supervision) o Have the opportunity to observe treatment in the i-OAT clinic

➤ **Communicator**

➤ Will be working with a wide variety of interdisciplinary staff, and communicating with patients and families about diagnoses and treatment plans. Will learn to communicate effectively and compassionately to optimize patient care.

➤ **Collaborator**

➤ Will be working as part of interdisciplinary teams both in and out of hospital. Expected to effectively collaborate with different medical services, multiple health care disciplines, and administrative staff in support of patient care

➤ **Manager**

➤ Will begin to assume leadership roles on interdisciplinary teams and during team meetings. Will become confident in ability to manage transitions in care and demonstrate ownership of patient care. Will manage patients with increasing independence appropriate to a senior resident level.

➤ **Health Advocate**

➤ Will become familiar with the challenges faced by the most marginalized patients in the health care system, and the systemic barriers facing which often require significant advocacy by their care providers and a broad bio-psycho-social approach to address their unique needs

➤ **Scholar**

➤ Will develop skills in critical analysis and ability to effectively research, understand, synthesize and apply evidence in under-studied areas of treatment without clear guidelines, such as in treatment-refractory schizophrenia

➤ **Professional**

➤

➤ Will develop standard of care and commitment to severely ill patients who are often highly challenging to work with, while maintaining awareness of and tending to self-care and resilience in the face of an imperfect health care system o Will consciously reflect upon ways to contribute to a culture of physician wellness, both for oneself and one’s colleagues, and will strive to implement these strategies in practice

ACADEMIC ACTIVITIES: Opportunity to complete the online training for methadone prescribing and complete observed hours for methadone licensing.

SPECIAL FEATURES: Opportunity to experience and provide care in both inpatient consultative settings and outpatient management for patients with substance use disorders. Opportunity to provide a shared care model via the consultative service working with other specialist teams in supporting patient care and recovery. Opportunity to complete observed methadone prescribing hours to attain methadone prescribing license via the outpatient services clinic.

DIRECT PATIENT CARE RESPONSIBILITIES: Will be responsible for providing consultative services and follow up management for admitted patients referred to the addiction medicine team, under the supervision of attending staff. Will work with the outpatient (urban health) clinic providing assessments and follow up management for patients with substance use disorders, under the supervision of attending staff.

NIGHT/WEEKEND CALL:

Call for addiction medicine team at frequency consistent with UBC Psychiatry Residency expectations
Home call, not in-house.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):



LOCATION:	Kelowna General Hospital, Addiction Medicine Office		
TIME:	9am		
PERSON:	Dr Ewelina Zaremba		
CONTACT:		PHONE:	EMAIL: Ewelina.zaremba@interiorhealth.ca



Kelowna – Consultation-Liaison Psychiatry

A. CANMEDS LEARNING OBJECTIVES

1. Medical Expert - Knowledge

Residents will have acquired an effective amount of information and understanding concerning:

- The phenomenology, epidemiology, etiology, course and comorbidities of psychopathological conditions acutely presenting in the general hospital setting
 - Delirium and dementia
 - Somatoform Disorders
 - Psychological factors affecting physical conditions
 - Adjustment Disorders with physical complaints
 - Problems related to intoxication, dependency, and withdrawal from alcohol and drugs
 - Depression associated with medical conditions
- The interaction of bio-psycho-social-cultural-spiritual factors involved in...
 - Etiology, prognosis and course of acute disorders, especially noting those factors that influence the presentation to the general hospital setting
 - The presentation of and/or the request for consultation in patients who are agitated, aggressive, and at risk of harm to themselves or others; endorsing suicidal ideation or those who have attempted suicide; under the influence of or those with a history of substance use and/or alcohol use disorder; in the midst of a behavioral, interpersonal or family crisis.
 - Death, dying, and grief
- The methods of consultation and the role of the psychiatrist in individual, community, or unit emergencies, trauma or crisis situations
- Health care regulations including legislation concerning the [Mental Health Act](#), the [Public Guardian and Trustee Act](#), [Health Care \(Consent\) and Care Facility \(Admission\) Act](#), [Adult Guardianship Act](#), and relevant sections of the Criminal Code of Canada
- Indicated psychopharmacological and/or biological (neuromodulation) intervention strategies in patients presenting with general internal medical and surgical comorbidities
- Psychotherapeutic and behavioral crisis intervention strategies
- Ethical considerations relevant to specific patients, including duty to warn, confidentiality, consent, capacity and others.
- Social and community resources available to patients, families, members of the multidisciplinary team in acute situations
- The principles of Quality Improvement and how they apply to the provision of patient care

2. Medical Expert - Skills

- Effective, efficient, and comprehensive crisis interviewing skills, using a variety of strategies which allow for the adequate collection of information while maintaining the therapeutic alliance
- Ability to collect and use alternative sources of information
- Appropriate selection and use of laboratory and other investigative techniques



- Appropriate and informed risk assessments in persons presenting with suicidality, violent behavior, abusive behavior towards themselves or others, and in those with illicit or prescribed substance use disorders and/or alcohol use disorder
- Actively contribute to the continuous improvement of healthcare quality and patient safety
 - Recognize and respond to harm from health care delivery, including patient safety incidents
 - Adopt strategies that promote patient safety and address contributing human and system factors
- Identify acute situations requiring acute general internal medical and psychiatric intervention- delirium and intoxication, toxic, and withdrawal states in the general hospital setting
- Diagnostic synthesis using a bio-psycho-social-cultural-spiritual framework
- Develop and implement an initial treatment plan from a holistic perspective
- Development and display of effective triage skills
- Recognize clinical situations requiring consultation and the expertise of other physician specialists
- Manage stress, remain calm and act in a timely manner
- Implement techniques of non-violent crisis intervention if indicated and when necessary
- Set appropriate limits and boundaries when indicated and with the appropriate persons- patients, family members, unit staff, other physicians, residents, students
- Maintain accurate, up to date and complete medical records
- Apply or recommend application of legislation including mental health certificates and/or other legal forms as required (ie: Form 4, Form 5)
- Demonstrate skill in assessing and treating patients from underserved, low-health-status populations.

3. Communicator

- Demonstrate an ability to listen effectively and communicate with patients and family an accurate and thorough explanation of the diagnosis, interventions indicated, treatment and anticipated prognosis
- In sharing health care information with patients and families, be able to disclose harmful patient safety incidents accurately and appropriately
- Engage patients and their families in developing plans that reflect the health care needs and goals of the patient. This entails assisting in the identification, access and use of information and communication technologies to support their care and manage their health
- Communicate effectively and in a timely manner via documenting and sharing written and/or electronic information about the medical encounter in order to optimize clinical decision making, respect patient safety, patient confidentiality and privacy, and enhance understanding
- Effectively convey pertinent information and opinions to members of the patient's multidisciplinary team which includes the Most Responsible Physician providing care

4. Collaborator

- Facilitate the continuity of safe patient care by determining when care should be transferred to another physician or health care professional



- Demonstrate safe handover of care, both verbal and written during a patient transition to a different health care team, setting, or stage of care
- Active contribution to team activities including patient follow up, provisions of second opinions, participating in conferences from those involving the CL Team itself to those of the medical surgical units to family meetings
- Demonstrate an ability and willingness to teach and learn from other colleagues and members of the interdisciplinary team
- Demonstrate an ability to work collaboratively with other members of the health care team, recognizing and respecting their roles and responsibilities
- Consult effectively with other health care professionals and physicians

5. Leader

Contribute to the improvement of health care delivery in teams, organizations and systems via applying the science of quality improvement to improving systems of patient care; contributing to a culture that promotes patient safety; and analyzing/discussing patient safety incidents to enhance the system of care.

- Engage in the stewardship of health care resources by allocating those resources for optimal care and applying evidence and management processes to achieve cost-appropriate care.
- Use health informatics (ie meditech, microblog) to improve the quality of patient care, optimize safety, and contribute to a culture that values life-long learning
- Demonstrate leadership in professional practice by coordinating the efforts of the treatment team; looking for opportunities to enhance services and outcomes; and modeling an ability to set realistic priorities and use time effectively in order to optimize professional performance
- Demonstrate an ability and willingness to direct patients to relevant community resources

6. Health Advocate

- Identify and understand the determinants of health affecting patients and hospital wards; responding in a role-appropriate fashion to the issues where advocacy for the patient and the hospital wards are appropriate
- Possess an awareness of major regional, national and international advocacy groups in mental health and psychiatric care
- Possess an awareness of governance structures in mental health and psychiatric care
- Work with and advocate for low-health-status populations.

7. Scholar

- Demonstrate an understanding of and a commitment to the need for continuous learning via developing and implementing an ongoing personal learning strategy
- Recognize the importance of evidence based medicine and demonstrate an ability to critically appraise the literature



- Support and contribute to a culture of learning and teaching by helping others learn through guidance and feedback, doing so whilst ensuring the safety of patients is maintained where learners are involved

8. Professional

- Demonstrate integrity, honesty, compassion and respect for diversity
- Fulfill medical, legal and professional obligations of a specialist
- Demonstrate a commitment to patient safety and quality improvement by recognizing and responding to social expectations in health care
- Demonstrate a commitment to patients by adhering to high ethical standards, exhibiting professional behaviors in the use of technology-enabled communication
- Demonstrate a commitment to physician health and well-being in order to foster optimal patient care. This includes:
 - Exhibiting self-awareness and managing influence on personal well-being and professional performance
 - Managing personal and professional demands for a sustainable practice throughout the physician life cycle
 - Promote a culture that recognizes, supports and responds to colleagues in need
 - Engage in collaborative and respectful patient relationships that demonstrate gender, spiritual and cultural awareness
 - Demonstrate flexibility and patience in the face of complex clinical and/or administrative situations
 - Respectful acceptance and constructive use of feedback and supervision
 - Awareness and application of ethical principles

B. ENABLING CIRCUMSTANCES

- Maximum education benefit is obtained when the resident receives feedback and supervision about a general hospital consultation in a timely fashion. Feedback should be specific, and suitable to the resident's level of training.
- Information about the outcome of a consultation in both the short and long term provides additional educational value and opportunity for self-appraisal
- Facilities with formal Consultation-Liaison teams offer additional training benefits and residents should spend most of their time training in such settings where possible
- Sites which offer the widest possible range of diagnoses over the age range should be utilized. Further, sites that have a full array of departments (general surgery, general and subspecialty medicine, subspecialty surgery, family medicine, obstetrics and gynecology) will ensure competency in all areas of consultation within the hospital setting

C. GENERAL DESCRIPTION AND TRAINING SITE

1. Site Description



- Kelowna General Hospital (KGH) offers medical care in the Central Okanagan, and is one of two tertiary hospitals operated by Interior Health. It is the region's main referral center offering a full range of services with approximately 400 beds and over 84,000 ED visits yearly.
- Adjacent to Kelowna General is the brand new Interior Heart & Surgical Centre (IHSC) which opened in 2015 and is BC's only cardiac critical care centre outside of Victoria and the Lower Mainland. IHSC is Kelowna General Hospital's principal surgical site and features; 9 specialized Operating Rooms created for Thoracic, Urology, Neurosurgery, Vascular, Plastics, Obstetrics/Gynecology, Ears Nose and Throat, Orthopedics, General and Trauma surgeries with 2 ORs dedicated to Cardiac.
- Our Centennial Building also recently opened and boasts an expanded emergency and ambulatory care department, larger operating rooms and a rooftop helipad. Academically, KGH is a teaching centre for the Southern Medical Program affiliated with UBC, but also hosts residency training programs for Family Medicine and Emergency Medicine.
- The hospital offers other specific services including: Acquired Brain Injury, Addictions, Adolescent Psychiatry, Palliative Care, Endocrinology, General Medicine, General Rehabilitation, Geriatric Medicine, Hematology, ICU, Neurology, Neuropsychiatry, Neurological Rehabilitation, Pediatrics, Sleep Disorders Services, and Telehealth.
- Psychiatric Consultation Liaison services are provided to all services within the hospital. The service runs from Monday to Friday with regular hours of 0800-1700. The average number of consults is 2-3 per day, with a range from 0-6. Patients are also followed up following initial consult as appropriate. It is expected for residents to complete around 80 consults during their 3 month rotation.

2. Preceptors

- Dr. J. Chin (James.Chin@interiorhealth.ca)
- Dr. J. Douziech
- Dr. R. Knebel

3. Standard Rotation Organization and Description

- One resident can generally be accommodated to the service at a time. Residents are assigned a primary preceptor who is responsible for administrative coordination and completion of the evaluations. Practically on a day-to-day basis, residents work under the supervision of the preceptor covering the CL psychiatry service for that day. Residents are assigned consultations, assess the patient, following which the assessment and treatment planning is discussed with the covering preceptor. As much as possible (and when time permits), residents are observed doing assessments (or observe preceptors completing assessments) to facilitate focused learning.

4. Generic Considerations

- Residents are assigned responsibility commensurate with their level of training and capabilities. Informal teaching occurs on the wards daily with all members of the team.



5. Call Requirements

- Residents will cover call at a frequency consistent with UBC Psychiatric Residency expectations.

6. Grand Rounds Requirements.

- Residents will participate in Grand Rounds consistent with UBC Psychiatric Residency expectations. Video-conferencing is available to facilitate these expectations. Alternatively, the resident can attend/participate in KGH Psychiatry Grand Rounds.



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Kelowna - Chronic Care and Addiction Medicine			
SITE: Kelowna General Hospital	CITY: Kelowna	HEALTH AUTHORITY: Interior Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: 50/50	SETTING: Kelowna General Hospital, Community Mental Health and Substance Use clinics	DURATION: 1-6 months
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Elizabeth Woodward (Elizabeth.Woodward@interiorhealth.ca)			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Elizabeth Woodward (Chronic Care Psychiatry), Dr. Mehrdad Habibi (Chronic Care Psychiatry and Addiction Psychiatry), Drs. Leslie Lappalainen and Ewelina Zaremba (Addiction Medicine)			

DESCRIPTION: Blended Chronic Care Psychiatry and Addiction Medicine rotation, in a busy community setting with a wide range of patient diagnosis and acuity.

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge: Residents will develop and refine their understanding of:**
 - The phenomenology, epidemiology, etiology, course and common comorbidities of severe and persistent mental illness, including schizophrenia, schizoaffective disorder, and bipolar disorder
 - The Mental Health Act, particularly as it pertains to extended leave, and the Review Panel process
 - Specialized bio-psycho-social management of treatment-refractory psychotic illness, including a psychosocial rehabilitation model of care
 - Medication approaches to treatment of treatment-resistant psychosis, including clozapine
 - Principles of CBT for psychosis and other psychotherapeutic approaches to patients with psychotic illness
 - The phenomenology, epidemiology, etiology, course and common comorbidities of substance use disorders
 - Treatment options for substance use disorders, including a bio-psycho-social approach to treatment and recovery
 - Principles of Opiate Agonist Therapy (OAT and i-OAT)
 - **Clinical Skills: Residents will**
 - Become proficient in efficiently and comprehensively assessing patients with severe and persistent mental illness, drawing upon multiple sources of collateral as appropriate, in both inpatient and outpatient settings



- Become proficient in formulating and implementing bio-psycho-social treatment plans for patients with severe and persistent mental illness, in both inpatient and outpatient settings
- Become proficient in assessment of patients detained under the Mental Health Act, and in determining appropriateness of discharge from hospital on Extended Leave
- Have the opportunity to observe and potentially participate in the review panel process for patients certified under the Mental Health Act
- Become proficient in skillful, informed, and appropriate safety assessments and safety planning for patients with chronic psychosis, chronic suicidality, or both
- Become proficient in appropriately prescribing a range of antipsychotic and mood-stabilizing medications, including long-acting injectables and clozapine, as well as monitoring and managing the potential side effects of these
- Have the opportunity to learn and implement a variety of psychotherapeutic approaches to patients with psychotic illness, including CBT-P, compassion-focused therapy, and acceptance and commitment therapy
- Become proficient in efficiently and comprehensively assessing patients with substance use disorders, drawing upon multiple sources of collateral as appropriate, in both inpatient and outpatient settings
- Become proficient in formulating and implementing bio-psycho-social treatment plans for patients with substance use disorders, in both inpatient and outpatient settings
- Become proficient in prescribing a range of appropriate medications used in treatment for substance use disorders, including opiate agonist treatment (under supervision)
- Have the opportunity to observe treatment in the i-OAT clinic
- **Communicator**
 - Will be working with a wide variety of interdisciplinary staff, and communicating with patients and families about diagnoses and treatment plans. Will learn to communicate effectively and compassionately to optimize patient care.
- **Collaborator**
 - Will be working as part of interdisciplinary teams both in and out of hospital. Expected to effectively collaborate with different medical services, multiple health care disciplines, and administrative staff in support of patient care
- **Manager**
 - Will begin to assume leadership roles on interdisciplinary teams and during team meetings. Will become confident in ability to manage transitions in care and demonstrate ownership of patient care. Will manage patients with increasing independence appropriate to a senior resident level.
- **Health Advocate**
 - Will become familiar with the challenges faced by the most marginalized patients in the health care system, and the systemic barriers facing which often require significant advocacy by their care providers and a broad bio-psycho-social approach to address their unique needs
- **Scholar**
 - Will develop skills in critical analysis and ability to effectively research, understand, synthesize and apply evidence in under-studied areas of treatment without clear guidelines, such as in treatment-refractory schizophrenia
- **Professional**
 - Will develop standard of care and commitment to severely ill patients who are often highly challenging to work with, while maintaining awareness of and tending to self-care and resilience in the face of an imperfect health care system
 - Will consciously reflect upon ways to contribute to a culture of physician wellness, both for oneself and one's colleagues, and will strive to implement these strategies in practice

ACADEMIC ACTIVITIES: Opportunity to research and present a relevant educational topic at monthly interdisciplinary ACSS rounds. Opportunity to attend monthly BC Psychosis rounds via teleconference.



<p>SPECIAL FEATURES: Broad exposure to severely mentally ill patients with diagnoses of treatment-resistant illness and complex comorbidities. Opportunity to work with ACT and ACSS interdisciplinary case management teams. Likely to have opportunities to start clozapine, participate in ECT treatment delivery, attend review panel hearings, make outreach visits to supportive living facilities, and attend i-OAT clinic.</p>	
<p>DIRECT PATIENT CARE RESPONSIBILITIES: Will be responsible for following and managing inpatient and outpatient care for chronic care patients as well as patients with substance use disorders, under the supervision of attending staff. Sample schedule would include 1 day per week working on the inpatient Addiction Medicine service completing consults and doing inpatient follow-ups, 1 day per week working with the outpatient Substance Use Disorders service and the OAT/i-OAT Clinic, and 2 days per week working in combined inpatient/outpatient Chronic Care Psychiatry. Alternatively, depending on length of elective, full-time weeks with Addiction Medicine service may precede or follow the Chronic Care portion of the elective.</p>	
<p>NIGHT/WEEKEND CALL:</p>	<p>Residents will cover call at a frequency consistent with UBC Psychiatric Residency expectations.</p> <p>Home call, not in-house. Supervisor is first call.</p>

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Kelowna General Hospital, McNair Unit		
TIME:	9am		
PERSON:	Dr Elizabeth Woodward		
CONTACT:		PHONE:	EMAIL: Elizabeth.woodward@interiorhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Kootenay Boundary Rural Inpatient Psychiatry elective			
Approved by Executive Committee:	November 12, 2020			
Last Reviewed & Updated:	November 12, 2020			
SITE: Kootenay Boundary Regional Hospital	CITY: Trail, BC	HEALTH AUTHORITY: Interior Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% inpatient	SETTING: Acute inpatient psychiatry	DURATION: 1-3 months (flexible)
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Carolyn Stark, MD, FRCPC Carolyn.Stark@medportal.ca 250-921-4835			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Carolyn Stark, MD, FRCPC Kootenay Boundary Regional Hospital 1200 Hospital Bench, Trail, BC, V1R 4M1			
DESCRIPTION: Elective opportunity in inpatient psychiatry on a Regional psychiatric unit serving the West Kootenay's including the communities of Rossland, Nelson, Trail, Nakusp, Grand Forks and Christina Lake. There will also be exposure to Emergency Psychiatry, Consultation-Liaison Psychiatry, Telepsychiatry, Geriatrics and Pediatric Psychiatry given that the service covers all of these domains in the hospital. An excellent opportunity to learn and practice generalist Psychiatry in a rural setting.				
LEARNING OBJECTIVES: All CanMEDS competencies will be targeted on this diverse, and very much generalist rotation. Residents will learn about the unique challenges of practicing in a rural setting, and will aim to manage complex inpatient patients with independence. <ul style="list-style-type: none"> ➤ Medical Expert <ul style="list-style-type: none"> ○ Knowledge ○ Clinical Skills ➤ Communicator ➤ Collaborator ➤ Manager ➤ Health Advocate ➤ Scholar ➤ Professional 				



ACADEMIC ACTIVITIES: The resident will be able to participate in our weekly rural rounds, and attend UBC Psychiatry and Neuropsychiatry rounds virtually. There are opportunities to attend and/or present at our academic rounds as well as morbidity and mortality rounds.	
SPECIAL FEATURES: Work in a beautiful rural setting with world class skiing, biking, and outdoor pursuits. At the same time enjoy complex and acute psychiatric cases, with a low call burden.	
DIRECT PATIENT CARE RESPONSIBILITIES: Management of 3-4 acute inpatients, in addition to cases in the ER/CL service.	
NIGHT/WEEKEND CALL:	Call will be 1/7. Overnight call to be managed by the Psychiatrist.

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Medical Education Elective (Vancouver-Fraser or IMP)			
SITE: Vancouver-Fraser or IMP	CITY: Flexible depending on supervisor chosen	HEALTH AUTHORITY: Vancouver Coastal Health (can also be done in Fraser Health)		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>	IN/OUT MIX: N/A	SETTING: Office	DURATION: 4-week block <u>or</u> longitudinal option (0.5 – 1 day per week)
ELECTIVE OWNER(S): (Name, email, phone)	Kathryn Fung, Kathryn.fung@vch.ca , 604-244-5237			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Variable options: - Marilyn Champagne, VFMP, 7000 Westminster Hwy, Richmond, BC. - Michael Cooper, IMP, PO Box 240226 RPO Broadmead, Victoria, BC.			

DESCRIPTION:

This medical education elective is intended for senior psychiatry residents (PGY 4-5) and subspecialty residents who wish to participate in medical education and develop their teaching skills. Direct supervision of Year 2 teaching sessions will occur and feedback will be provided.

The resident is expected to be a tutor for the MEDD 421 Psychiatry Clinical Skills program (Sep to Dec, VFMP; Sep to Nov, IMP). The program is a 3-part series with groups of approximately four to six Year 2 students. Sessions typically run on Wed and Fri afternoons. The first session ideally is done at DHCC (some exceptions possible), but the rest can be delivered at any site where space and volunteer patients are available. Note that the elective may start before September or end after November/December, however, it must include a minimum of 3 consecutive MEDD 421 Psychiatry Clinical Skills sessions/weeks.

MEDD 421 allows residents to assist students in developing psychiatry interview skills using standardized and real patients and introduce the mental status examination (MSE). If scheduling permits, the resident should also participate in the Year 3 small group teaching sessions at their supervisor's site. Students will anonymously provide feedback on the resident's teaching through one45. Summary teaching evaluation reports will be made available through the FoM Teacher Assessment Support Analyst, when there are a minimum of four completed teaching evaluation forms on file.

The resident will be responsible for advancing Undergraduate Education Committee (UGEC) and Postgraduate education projects and initiatives. The specific project will vary based on the UGEC and PGE need and the resident's interest. Examples of projects include:

- Creating and updating content for Entrada UGE psychiatry virtual patient/online modules
- Mapping existing multiple choice examination questions to clerkship objectives and reference materials
- Writing multiple choice examination questions to fill gaps in database
- Writing Objective Structure Clinical Examination (OSCE) cases for the PGY2-5 Mock OSCEs



LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge**
 - To apply current practice guidelines and evidence-based resources when creating/updating content for Entrada online modules, multiple-choice questions and Mock OSCE cases
 - **Clinical Skills**
 - To enhance teaching skills through direct observation of the resident’s teaching, primarily for MEDD 421 Psychiatry Clinical Skills
 - To apply various teaching techniques such as the One-Minute Preceptor or SNAPPS model to clinical encounters when supervising students
 - To develop skills in giving constructive or negative feedback to learners
- **Communicator**
 - To communicate effectively with medical students by providing observation and feedback of their mental status examinations (MSE) and patient/standardized patient interviews
- **Collaborator**
 - To collaborate with primary supervisor, Undergraduate Education Program Director, and Postgrad Program Director, and/or med IT to create an online educational module (project-dependent – may not apply to all electives); opportunity to work with UBC faculty with interests in medical education
- **Manager**
 - To demonstrate time-management skills so that project deliverables are completed by the end of the elective
- **Health Advocate**
 - N/A
- **Scholar**
 - To review current practice guidelines and other evidence-based resources used earlier in training
 - To develop skills in writing high-quality multiple-choice questions and OSCE cases
 - To create a teaching dossier that can be used for continuous professional development and a future clinical faculty appointment
- **Professional**
 - To demonstrate independence as a senior resident, including punctuality and positive modeling of the psychiatric profession during interactions with learners

ACADEMIC ACTIVITIES: (for block elective only)

- Grand rounds at on-site supervisor’s site
- Mandatory academic day sessions (all day Thursdays)
- Centre for Health Education Scholarship (CHES) academic sessions (Tuesday afternoons)

SPECIAL FEATURES:

Resident will construct a teaching dossier that can be used towards a future clinical faculty appointment

DIRECT PATIENT CARE RESPONSIBILITIES:

None. If supervisor has a medical student assigned to them, this can also be used as an opportunity to observe and educate on teaching skills in a clinical setting (but without responsibility for clinical care).

NIGHT/WEEKEND CALL:

None



Sample weekly block elective schedule:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
a.m.	Education project (self-directed)	Education project (self-directed)	Education project/teaching session prep	Academic day	Face-to-face with supervisor
p.m.	Education project (self-directed)	CHES academic session	MEDD 421 Psychiatry Clinical Skills	Academic day	MEDD 421 Psychiatry Clinical Skills

(Note: If longitudinal 0.5-1 day/week elective chosen, it needs to be done on Wednesday or Friday)

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):		
LOCATION:	To be determined based on primary supervisor.	
TIME:		
PERSON:		
CONTACT:	PHONE:	EMAIL:



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Mindfulness-integrated Cognitive Behavioural Therapy (MiCBT) Training			
SITE: independent of location	CITY: independent of location	HEALTH AUTHORITY: independent of location		
ELECTIVE CATEGORY: <small>(select more than one category if applicable)</small>	Medical <input type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>	IN/OUT MIX: 100% Outpatient	SETTING: Outpatient clinic setting at resident's location	DURATION: 1.5 days/week x 3 or 6 months (NB: there is some flexibility eg. Can be a 1 or 2 day/wk elective)
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Andrea Grabovac Andrea.grabovac@vch.ca 778-879-7837 (cel)			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Grabovac will be the therapy supervisor for the 3 to 5 MiCBT outpatients that the resident will be seeing during last 3 months of the rotation. However, as the majority of the training/supervision for this elective is online, all the resident's patients will need to have a most responsible physician (MRP) on site to oversee any non-MiCBT clinically urgent issues that may arise.			

DESCRIPTION: This **1.5 days/week, 3 or 6 month elective provides** a unique combination of intensive experiential learning:

During the first 3 months, residents will self-implement MiCBT, supported by an online supervision group that meets approximately weekly (10 sessions, 3 hrs each). See a more detailed description of the Foundation Course here: <https://www.mindfulness.net.au/training/mindfulness-training/micbt-foundation-course/>

During the second 3 months, residents implement MiCBT with 3 to 5 outpatients, supported by an online supervision group that meets approximately weekly (10 sessions, 2 hrs each). Find a more detailed description of the Applied Course here: (<https://www.mindfulness.net.au/training/mindfulness-training/micbt-applied-course/>).

Dr. Grabovac is also available to provide individual, in-person clinical supervision.

Note that residents have the option of taking only the first three months of the elective. The elective is regularly offered beginning in January of each year, with some options for alternative start dates, especially for those completing only the first three months (eg. September).



In addition to the above, the elective includes a minimum of 3 meetings (online or preferably in-person): at the beginning of elective, for formulation of specific personal and clinical goals for the elective; mid-way check-in and discussion of patient selection criteria; and at the end of elective, for reflection on the learning experience as well as evaluation.

The resident is responsible for organizing access to outpatients, EMR and a local MRP (in case of clinical urgencies/emergencies) for the 3 to 5 outpatients with whom they will be implementing MiCBT during the second 3 month period.

By the end of this elective, the resident will have had completed training to allow for competency in individual and group delivery of MiCBT.

NB: As this elective includes completion of requirements for MiCBT training, there are associated training costs. <http://www.mindfulness.net.au/micbt-certification>

LEARNING OBJECTIVES:

Please see the attached paper (Standardizing Training in MBIs in Canadian Psychiatry Postgraduate Programs: A Competency-Based Framework) for a more detailed description of learning objectives

NB: This MiCBT elective focuses on the italicized objectives, though many of the others are addressed as well.

(a) Core of discipline stage (all residents and psychiatrists)

Entrustable Professional Activity (EPA): Assess for suitability and prescribe an appropriate Mindfulness-Based Intervention (MBI)

Medical expert

- *Describe the basic psychological framework underlying MBIs and how mechanisms developed through mindfulness practice result in symptom reduction*
- Be aware of the evidence base regarding efficacy of MBIs in various clinical populations
- *Exercise appropriate patient selection for specific MBIs based on indications, contraindications, and alternate treatment options*
- *Inform patients about expected risks and benefits in the context of best evidence and guidelines*
- *Address common misconceptions about MBIs and possible barriers to participation*
- Recognize when personal values, biases, or perspectives may have an impact on assessment and influence either under- or over-prescription of MBIs

Health advocate

- Promote role of MBIs in self-management, relapse prevention, and maintaining wellness within and beyond



the clinical environment

(b) Advanced expertise–therapist stage (self-chosen residents and psychiatrists)

Entrustable Professional Activity (EPA): *Deliver a manualized MBI to individuals or groups for whom it is indicated, with fidelity to core aspects of mindfulness-based teaching (assumes core milestones are met)*

Medical expert: Perform a patient-centered clinical assessment and establish a management plan

- *Devise an individualized formulation for each patient, establishing a rationale for selection of an MBI as a treatment of choice*
- *Demonstrate an awareness of psychological frameworks underlying MBIs*
- *Identify specific target symptoms for each patient and outline the rationale for addressing individuals' target symptoms using theorized MBI mechanisms of action*
- *Obtain and document informed consent, including the rationale for, and mechanisms of, MBIs, and describe possible adverse effects*
- *Address common misconceptions about mindfulness that can become barriers to practice, such as expectation of specific outcomes (e.g., relaxation)*

Medical expert: Plan and perform therapies for the purpose of management

- *Guide MBI-specific mindfulness practices, languaging the instructions to integrate essential elements of practice, such as attentional placement, noting of specific characteristics of objects of attention, and attitudinal underpinnings*
- *Draw on personal mindfulness practice to exemplify present moment focus and attitudinal underpinnings of mindfulness practice (e.g., receptivity, equanimity, metacognitive awareness) through behavior and verbal and non-verbal communication, utilizing these processes to inform management of the needs of individuals and of the group*
- *Inquire on MBI-specific mindfulness practices, using an experiential focus to explore the direct experience of practice, reflect on this experience and apply learnings to daily life (i.e., the three layers of inquiry)*
- *Utilize participants' descriptions of mindfulness practice during inquiry to inform pacing and presentation of session content in guided practices and discussion*
- *Understand the integration of mindfulness techniques with cognitive-behavioral techniques, including psychoeducation and behavioral activation*
- *Foster the recognition and development of metacognitive awareness, guiding participants to practice meta-awareness, disidentification from internal experience, and reduced reactivity to thought content*
- *Discern between psychiatric symptoms and the arising of mental phenomena associated with meditation "side*



effects”

- Recognize when to seek supervision from a senior MBI teacher regarding occurrences beyond the limits of one’s expertise, such as management of specific MBI “side effects”
- Contribute to continuous quality improvement of MBIs and attention to patient safety
- Engage in learning and improvement through regular supervision and other means of reflecting on and assessing MBI facilitation skills

Communicator

- While embodying mindfulness skills, demonstrate ability to establish, repair when necessary, and maintain therapeutic alliance

Collaborator

- Recognize that MBIs are brief treatments in the context of chronic illnesses and negotiate overlapping and shared care responsibilities with clinical colleagues

Health advocate

- Facilitate MBIs with awareness of their role for self-management, relapse prevention, and maintaining wellness within and beyond the clinical environment

Scholar

- Maintain and expand knowledge and skill base through academic and clinically oriented training materials and regular supervision
- Use assessment and feedback, including from peers and mentors, to inform a professional enhancement plan for ongoing MBI learning



ACADEMIC ACTIVITIES:

SPECIAL FEATURES: completion of formal training requirements for MiCBT

DIRECT PATIENT CARE RESPONSIBILITIES: providing a 9 to 10 week MiCBT intervention to 3 to 5 outpatients with mild to moderate anxiety and/or depressive symptoms. Patient level of severity should be ‘non-acute’ to allow for optimal clinical learning conditions.

NIGHT/WEEKEND CALL:

As directed by the Program.



REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):		
LOCATION:	To be arranged	
TIME:		
PERSON:	Dr. Andrea Grabovac	
CONTACT:		PHONE: 778-879-7837 (cel/text) EMAIL: andrea.grabovac@vch.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Military Psychiatry (CFB Esquimalt Operational Trauma Stress Support Center)							
Last Reviewed/Update:	February 2024						
SITE: CFB Esquimalt - Operational Trauma Stress Support Center (OTSSC)	CITY: Victoria BC 1200 Colville Road						
HEALTH AUTHORITY: Canadian Armed Forces							
ELECTIVE CATEGORY: (select more than one category if applicable)	<table border="0"> <tr> <td>Medical</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Research</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Educational</td> <td><input type="checkbox"/></td> </tr> </table>	Medical	<input checked="" type="checkbox"/>	Research	<input type="checkbox"/>	Educational	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>						
Research	<input type="checkbox"/>						
Educational	<input type="checkbox"/>						
IN/OUT MIX: Out-patient only	SETTING: OTSSC						
DURATION: 2 months							
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Atlantis Minnings atlantis.minnings@forces.gc.ca tel:250-363-4122 option 3 for mental health						
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Main supervisor: Dr. Atlantis Minnings Psychiatrists: Dr. Janya Freer, Dr. Kim Hope, Dr. Jen Avery, Dr. Pauline Lysak and Dr. Magdalena Casagrande						

DESCRIPTION: Flexible elective for senior psychiatry residents – PGY4-5**LEARNING OBJECTIVES:**

- The main learning objective of this elective rotation is to familiarize the resident with the mental health issues of the Regular and Reserve Force members of the Canadian Armed Forces as well as the health service system supporting the needs of the service members. The resident will increase awareness of the complexity of the occupational aspects of Military Psychiatry that includes the unique service demands the service members face (e.g., deployments, combat experiences, in-garrison challenges) and the organizational needs of the Canadian Armed Forces. (e.g., operationally ready force, public health issues, training/resiliency).
- The resident can gain understanding of the process and the challenges of the transition from the Canadian Armed forces to the civilian life/work force and the available resources for continued mental health support.
- The resident can improve collaborative and communication skills as the multidisciplinary work involves different mental health disciplines, primary care services, community providers and families.
- The resident will be provided with educational resources and relevant publications related to military mental health topics both from Canadian and international authors.

ACADEMIC ACTIVITIES: As outlined above**SPECIAL FEATURES:**

- The resident can gain knowledge and skills in recognizing/diagnosing and managing operational stress injuries particularly PTSD and the related comorbid conditions in a multidisciplinary team setting. The resident can also be exposed to the evidence-based psychotherapeutic approaches such as Prolonged Exposure Therapy, and Cognitive Processing Therapy, who are trained and experienced in those treatment modalities.
- Working with a multidisciplinary team including social workers, mental health nurses, psychologists, primary care clinicians, and case managers.

DIRECT PATIENT CARE RESPONSIBILITIES:



- The resident first observes a number of diagnostic assessments – the referrals for diagnostic assessment are complex and the assessments have an occupational aspects as well - then can conduct the diagnostic interview under the supervision of one of the psychiatrists.
- The resident then can provide pharmacotherapy for patients he/she assessed or can join in the follow-up care of patients already being seen by one of the psychiatrists.
- The resident can conduct new psychiatric assessments a week under the supervision of a Psychiatrist. The clinic conducts diagnostic assessments by PhD Clinical Psychologists and the resident can also be involved in those.
- The residents have to collaborate with the patients’ Primary Care Clinicians, and if applicable, with Psychologists, Addiction Counsellors and Social Workers.
- The resident will attend/present on case reviews and multidisciplinary case conferences on weekly basis. Supervision is by Psychiatrists who have experience in teaching residents and enthusiastically interested in continuing.

NIGHT/WEEKEND CALL:	Determined by PGE Psychiatry
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	1200 Colville Road Victoria BC – Clinic Annex		
TIME:			
PERSON:	Dr. Atlantis Minnings, MD FRCPC		
CONTACT:	e-mail	PHONE: 250-363-7066	EMAIL: atlantis.minnings@forces.gc.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Neuropsychiatry (UBCH)			
SITE: UBC Hospital	CITY: Vancouver		HEALTH AUTHORITY: VCH	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical X Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: 50%/50%	SETTING: Inpatient ward and supervisors' offices; some on and off-site clinics	DURATION: 1-3 months depending on desired objectives (can potentially accommodate part time)
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Andrew Howard andrew.howard@vch.ca , (604) 822-7569			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Andrew Howard (and the clinicians of the BC Neuropsychiatry Program) UBC Hospital, Detwiller Pavilion			

DESCRIPTION: The resident will be exposed to a variety of psychosomatic conditions with functional neurological and non-neurological signs and symptoms, as well as neurological conditions with disturbance of affect, behavior, cognition, and/or perception, and will gain skills in assessing for brain dysfunction, including but not limited to specialized mental status examination, cognitive-intellectual screening tests at the bedside, an approach to recognizing abnormalities on neuroimaging, analyzing lab/urine/CSF data, and a minimum neurological screening examination appropriate for psychiatrists. In addition, senior residents will be given additional responsibilities in terms of assessing and recommending management for both inpatients and outpatients.

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge**
The resident will develop an understanding of the pathophysiology of common neurological conditions e.g. epilepsy, multiple sclerosis, traumatic brain injury, movement disorders (Huntington disease, Parkinson's disease, dystonia), autoimmune and paraneoplastic limbic encephalitis, brain tumours and the sequelae of their treatment, and stroke, and the associated psychiatric conditions and symptoms that result typically over the course of these conditions and the approach to managing these psychiatric conditions and symptoms.
The resident will understand the pathophysiology and management of somatoform and conversion disorders.
 - **Clinical Skills**
The resident will develop skills in the mental status examination specific to neuropsychiatry and to the assessment of patients with somatoform disorders, improve their skills on the neurological examination, and become more familiar with the interpretation of neuropsychological tests, neuroimaging, electrophysiological tests including EEG and EMG/NCS, lab/urine/CSF data.
- **Communicator**



The resident will enhance their abilities in assessing and managing patients directly, liaising with family members, referring physicians, other specialists, members of the multidisciplinary team, nursing staff, and community agency staff.

- **Collaborator**
The resident will work closely with members of the multidisciplinary team including SW, OT, PT, recreation therapists, other physicians and nursing staff.
- **Manager**
The resident will direct more junior members of the medical team as well as members of the multidisciplinary team.
- **Health Advocate**
The resident will be expected to learn about promoting preventative strategies as well as knowledge in the community to help patients with neurological conditions and somatoform disorders enhance their function and minimize their disability, as well as help reduce the stigma towards these conditions.
- **Scholar**
The resident will be expected to develop learning strategies to further their understanding of the conditions they are managing and teach other members of the medical and nursing team.
- **Professional**
The resident will be expected to be collegial, punctual, and appropriate with patients, family members, and members of the multidisciplinary team. The residents' will be expected to monitor themselves to ensure they are completing all expected duties outlines in the "Responsibilities of House Staff on the Neuropsychiatry Rotation" provided prior to the elective.

SPECIAL FEATURES: Research and academic opportunities depending on the interest of the resident will be made available. Senior residents will be expected to provide supervision to junior residents and medical students.

DIRECT PATIENT CARE RESPONSIBILITIES: All residents form part of the multidisciplinary inpatient team and depending on level of expertise will be directly involved in the assessment and management of inpatients. Outpatients will be independently assessed by senior residents with supervision by the neuropsychiatry staff. Junior residents will take more of an observer role in the outpatient clinics.

NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): A schedule for the rotation as well as an orientation package will be emailed to the resident within 1-2 weeks of starting the elective.

LOCATION:	UBC 1 West Detwiller Pavilion		
TIME:	08:30 (may vary depending on supervisor)		
PERSON:	Joanne Tettman (Dr. Howard's assistant) should be contacted if no schedule/orientation package is received.		
CONTACT:	Joanne Tettman	PHONE: (604) 822-7921	EMAIL: drhsec@gmail.com



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Neurostimulation (UBCH)		
SITE: St Pauls Hospital, Mood Disorders Association of BC, UBC		CITY: Vancouver	HEALTH AUTHORITY: Vancouver Coastal Health / Providence Health	
ELECTIVE CATEGORY: (select more than one category if applicable)		Medical Research Educational	IN/OUT MIX:	SETTING:
				DURATION: 2 days a week for 6 months
ELECTIVE OWNER(S): (Name, email, phone)		Dr Fidel Vila Rodriguez fidel.vilarodriguez@ubc.ca		
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		Dr Fidel Vila Rodriguez UBC Hospital; Detwiller Pavilion 2255 Wesbrook Mall		

DESCRIPTION:	
LEARNING OBJECTIVES:	
Be aware of indications and practical implications for using non invasive neurostimulation techniques in psychiatric patients. <u>Be familiar with recent advances in research and evidence base for different indications. Become familiar with evaluating</u>	
ACADEMIC ACTIVITIES:	
The resident will be involved in scholar activities as part of the rotation which will include	
SPECIAL FEATURES:	
During the 6-month elective the resident is expected to present a 1-hour talk on a topic of her/his choice that involves non-invasive neurostimulation therapies to the NINET lab (or any of the rounds happening at UBC/VGH).	
DIRECT PATIENT CARE RESPONSIBILITIES:	
The resident will be involved in initial assessments and follow up of patients considered or receiving NINETs.	
NIGHT/WEEKEND CALL:	As per PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:			
TIME:			
PERSON:			
CONTACT:		PHONE:	EMAIL:



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Neuropsychiatry of Epilepsy and Non-epileptic Seizures (VGH)	
SITE: Vancouver General Hospital Epilepsy Clinic and/or BC Neuropsychiatry Program at UBC Hospital		CITY: Vancouver	HEALTH AUTHORITY: Vancouver Coastal Health
ELECTIVE CATEGORY:		IN/OUT MIX:	SETTING:
Medical <input checked="" type="checkbox"/>	Research	Outpatients (with possible inpatient component on seizure investigation unit and neuropsychiatry unit)	Vancouver General Hospital Epilepsy Clinic and/or BC Neuropsychiatry Program at UBC Hospital
Educational			DURATION: At least one month – either part-time or full-time, but longer rotations are possible. Longer rotations can be configured towards addressing training needs for chronic care, shared care, psychotherapy and/or research. A research component is also possible in a one month rotation if full-time.
ELECTIVE OWNER(S):		Dr. Islam Hassan, Neuropsychiatrist, BC Neuropsychiatry Program and VGH Epilepsy Program islam.hassan@ubc.ca	
ELECTIVE ON-SITE SUPERVISOR:		Dr. Islam Hassan	
DESCRIPTION:			
<p>This rotation may be configured towards addressing training needs for chronic care, shared care, psychotherapy and/or research.</p> <p>Residents work within the neuropsychiatry of epilepsy service (www.VINEclinic.ca and www.ShareNES.ca) in collaboration between the BC Neuropsychiatry Program (province-wide tertiary neuropsychiatry service, based at UBC Hospital) and the province's only adult epilepsy program (at Vancouver General Hospital). Patients are referred for diagnosis and management of either:</p> <ol style="list-style-type: none"> 1. neuropsychiatric aspects of epilepsy or 2. non-epileptic seizures (conversion disorder/ functional neurological symptom disorder). <p>The neuropsychiatry of epilepsy offers excellent breadth and depth of exposure to the interplay of psychiatric and neurological presentations (seizures can arise in various settings such as post-traumatic epilepsy, post-stroke epilepsy, neurodevelopmental, neurodegenerative and autoimmune disorders) as well as the diagnosis and treatment of somatoform presentations (psychogenic non-epileptic seizures). Dr. Hassan also offers supervision for psychotherapy and research depending on interest.</p>			
LEARNING OBJECTIVES: This rotation is designed to be sensitive to residents' stage of training. The breadth of psychiatric presentations seen in the setting of epilepsy are expected to consolidate the skills of junior residents in the basics of psychiatric interviewing and diagnostic formulation. Senior residents are welcomed to exercise greater			



independence in performing assessments and formulating management plans, under staff neuropsychiatrist supervision. The presentations encountered offer ample exposure to neuropsychiatrically relevant aspects of clinical neurology, electrophysiology and neuroimaging, as well as advanced biopsychosocial formulation skills incorporating the broad array of neurological contributors described above.

The rotation also offers the opportunity to develop experience in psychotherapy for somatoform disorders (non-epileptic seizures) as well as neuropsychiatric aspects of epilepsy – with the possibility of longer-term supervision of psychotherapy.

Using the CANMEDS framework, beyond the roles of ‘medical expert’, ‘scholar’ and ‘health advocate’ which are pertinent to the description above, this rotation also particularly reinforces and nurtures the role of ‘communicator’, inasmuch as the sensitive communication of tailored diagnostic formulations to patients with non-epileptic seizures – and patients with a complex interplay of neurological and psychiatric issues - can have immense prognostic benefit. The interdisciplinary and multi-specialty nature of care for epilepsy and non-epileptic seizures also reinforces the role of ‘collaborator’.

ACADEMIC ACTIVITIES: A range of activities are included, with some quantitative and qualitative variability depending on whether the rotation is part-time or full-time. Beyond didactic education and supervised literature reviews, other activities include the availability of supervised research projects in the neuropsychiatry of epilepsy (<https://www.vchri.ca/researchers/islam-hassan>), and attendance of weekly UBC Neuropsychiatry Rounds and Neuroradiology Rounds.

DIRECT PATIENT CARE RESPONSIBILITIES: Diagnostic assessment and management of the above presentations as well as possible supervised psychotherapy based on interest, with a level of responsibility sensitive to residents’ stage of training as outlined above.

NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): Please contact Dr. Hassan by email to arrange

LOCATION:	Vancouver General Hospital Epilepsy Clinic and/or UBC Neuropsychiatry Program at UBC Hospital
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PERSON:	Dr. Islam Hassan
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EMAIL:	islam.hassan@ubc.ca
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RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Outpatient Perinatal Mental Health			
SITE: Vic General Hospital (from home during COVID)	CITY: Victoria	HEALTH AUTHORITY: VIHA		
Last Reviewed & Updated:	March 4, 2021			
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX:	SETTING: outpt	DURATION: Preferably longitudinal PT
	Research <input type="checkbox"/>			
	Educational <input checked="" type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Jasmina Kobiljski, Jasmina.kobiljski@viha.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Jasmina Kobiljski, Victoria General Hospital 1 Hospital Way, Victoria, BC V8Z 6R5			

DESCRIPTION: Residents will learn to manage psychiatric syndromes common in the perinatal period through outpatient assessments and follow-ups. There is opportunity to utilize various psychotherapies in follow-up care (e.g. CBT, MBCT, IPT, Supportive Psychotherapy). Residents will learn to treat common psychiatric illnesses in pregnancy and up to one year postpartum, recognizing biopsychosocial contributions. The residents will have an opportunity to build skills in communicating with patients, family members and other team members as appropriate. Opportunity to get exposure and practice in mindfulness based cognitive therapy depending on time and resident interest.

LEARNING OBJECTIVES:

- **Medical Expert** Obtain exposure and clinical experience in perinatal mental health. Focus on assessments, pt follow-up and treatment in a biopsychosocial context.
 - Knowledge
 - Clinical Skills
- **Communicator** Learn to convey information related to psychiatric medication use in pregnancy and lactation.
- **Collaborator** Work with patients, family members, primary care providers and obstetricians on patient treatment plans.
- **Manager** Manage the demands required to run a busy specialist outpatient psychiatric practice.
- **Health Advocate** Advocate for support and treatment of women's mental health during the reproductive years.
- **Scholar** Learn about the medication effects on the fetus and baby during lactation. Learn about the effects on the whole family of untreated mental health conditions in pregnancy and postpartum.
- **Professional** Engage with patients, family members, colleagues and allied health care staff in a professional manner.

ACADEMIC ACTIVITIES:

SPECIAL FEATURES: Option to learn about and obtain supervision for Mindfulness Based Cognitive Therapy

DIRECT PATIENT CARE RESPONSIBILITIES: Outpatient assessments and follow-ups. Documentation, questionnaire administration, medication px, referrals to other services as appropriate.

NIGHT/WEEKEND CALL: No



REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:			
TIME:	Elective available Monday and Friday only.		
PERSON:			
CONTACT:	Jasmina Kobiljski	PHONE:	EMAIL: jasmina.kobiljski@viha.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Primary Care Psychiatry (SMH - Jim Pattison Outpatient Care and Surgery Centre)			
SITE: SMH - Jim Pattison	CITY: Surrey		HEALTH AUTHORITY: Fraser Health	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% Outpatient	SETTING: Primary Care	DURATION: One Month
	Research <input type="checkbox"/>			
	Educational <input checked="" type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	J. McCallaghan, Department of Psychiatry, SMH cobus.mccallaghan@fraserhealth.ca , (604) 728-0901			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	J. McCallaghan PCC JP 3 rd Floor, 140 th Steet, Surrey, BC V3T 0G9			

DESCRIPTION: Psychiatry in a primary care setting
LEARNING OBJECTIVES: <ul style="list-style-type: none"> ○ Medical Expert <ul style="list-style-type: none"> ▪ Knowledge ▪ Clinical Skills To provide specialist psychiatry services in a primary care setting. Team of nurse practitioners, clinical counselors, social workers, pharmacists, and managers. ○ Communicator ○ Collaborator ○ Manager ○ Health Advocate ○ Scholar ○ Professional
ACADEMIC ACTIVITIES: Study evolution of Psychiatry problems over the life span.
SPECIAL FEATURES: Psychiatry in a primary care setting.



DIRECT PATIENT CARE RESPONSIBILITIES: Outpatient consultations.	
NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	PCC 3 rd Floor JPOLSC		
TIME:	09 hours		
PERSON:	J. McCallaghan		
CONTACT:		PHONE: (604) 728-0901	EMAIL: cobus.mccallaghan@fraserhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Psychiatric Genetic Counseling			
SITE: C&W	CITY: Vancouver	HEALTH AUTHORITY: PHSA		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Mix	SETTING: Urban	DURATION: 1 month or longitudinal for PGY5
	Research <input type="checkbox"/>			
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): Name, Email, Phone	Dr. Jehannine Austin Jehannine.austin@ubc.ca , (604) 875-2000 Ext. 5943			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Emily Morris, Dr. Angela Inglis, and Dr. Jehannine Austin			

DESCRIPTION: The Psychiatric Genetics Clinic is a specialist genetic counseling service for individuals with a mental illness and their family members. We provide genetic counseling about the causes of mental illness and help people and their families adapt to the condition in their family. Appointments include obtaining a detailed psychiatric family history from patients, providing information about the etiology of psychiatric conditions, and addressing questions about chances for other family members to develop a similar condition. The appointments also focus on addressing feelings of guilt and shame that often accompany psychiatric conditions and discussing factors to protect mental health going forward.

OBJECTIVES:

- 1) Understand the role of psychiatric genetic counseling in helping patients and their families.
- 2) Develop skills in explaining the complex etiologies of psychiatric conditions in lay language, and appreciating/addressing the psychosocial issues that arise.
- 3) Recognize patients that would benefit from psychiatric genetic counseling.
- 4) Understand the role of genetic testing in a general psychiatric population.

ACADEMIC ACTIVITIES: While spending time in the department of Medical Genetics, residents will have the opportunity to attend departmental patient review conferences and seminars.

SPECIAL FEATURES: The psychiatric genetic counseling clinic in Vancouver is the first clinic of this nature in the world and represents an area of psychiatry that is on the forefront of translating research into direct patient care.



DIRECT PATIENT CARE RESPONSIBILITIES: Residents will participate in genetic counseling patient appointments and patient follow-up.

NIGHT/WEEKEND CALL: Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION: To be decided between resident and elective owner

TIME: To be decided between resident and elective owner

PERSON: Dr. Jehannine Austin

CONTACT: **PHONE:** (604) 875-2000 Ext. 5943 **EMAIL:** jehannine.austin@ubc.ca



Postgraduate Psychiatry Education in Kamloops

The opportunities for postgraduate rotations in psychiatry in Kamloops are characterized by individualized supervision and program development in an environment of close collaboration with psychiatrists, other members of the mental health team, and other physicians across a spectrum of services from community based to tertiary in a small urban and rural environment.

With a strong neuroscience program and excellent secondary psychiatric system already in place, the development of a new tertiary mental health system for the Interior Health Authority, centered in Kamloops, creates a strong clinical and educational environment with several opportunities for rotations. The new tertiary mental health service has two primary sites for residency training in Kamloops:

1. South Hills - a 40 bed tertiary rehabilitation facility that has been open for 2 years provides psychosocial rehabilitation (PSR) based treatment programs for patients with severe and persistent mental illness referred from Riverview or other secondary and primary sites in the Interior Health Authority (IHA) in a modern, community integrated setting.
2. Hillside – a 44 bed tertiary adult and geriatric and neuropsychiatry facility that provides services to the IHA and the province as a whole, opened in January 2006.

Additionally, the tertiary service is building outreach capacity to support admission and discharge to the 2 facilities noted above, as well as to tertiary residential and rehabilitation beds throughout communities in the IHA.

At the secondary level, opportunities exist for residents to gain exposure to community psychiatry, inpatient psychiatry, and consultation liaison psychiatry for adult and geriatric patients across the spectrum from acute to chronic care. Outpatient and community experiences are also available in child and adolescent psychiatry. All rotations can be adapted for both senior and junior residents. Horizontal experiences are available in administrative psychiatry, forensic psychiatry, and neuropsychiatry.

Experienced residency supervisors are available and include:

1. Dr. Barb Prystawa – geriatric psychiatrist
2. Dr. Kurt Buller – adult psychiatrist, community and inpatient psychiatry
3. Dr. Ron Chale – forensic and general psychiatry
4. Dr. Carmen Molgat – tertiary and secondary adult psychiatry
5. Dr. Ike Nwachukwu – general adult psychiatry – community and inpatient
6. Dr. George Wiehahn – chronic care and rehabilitation – South Hills
7. Dr. Dele Odubote – chronic care and rehabilitation – South Hills
8. Dr. Amy Thibeault – chronic care and rehabilitation – South Hills
9. Dr. Sheik Hosenbocus – child and adolescent psychiatry
10. Dr. Lynn MacBeath – addictions and general adult psychiatry
11. Dr. Paul Dagg – tertiary adult psychiatry and neuropsychiatry
12. Dr. Carol Ward – tertiary geriatric psychiatry



During all rotations, residents will be assigned a primary supervisor, but will have access to multiple other supervisors for clinical teaching, horizontal exposure to specific areas of interest, exam preparation, and other academic activities, including videoconference rounds and local journal clubs. Residents are encouraged to develop individual objectives for their rotations based on their educational needs, available resources, and areas of interest.

Opportunities for involvement in research do exist, and this is encouraged and supported. Library resources are excellent with full access to a range of databases and search engines to support resident reading and literature review around cases. A regular monthly journal club is held that allows the resident to participate in ongoing education activities of the area psychiatrists, providing exposure to the maintenance of competence strategies of psychiatrists in smaller urban centres, and to the collaboration that exists in this area. The UBC Neuropsychiatry rounds are available via video-conference. Weekly family medicine rounds are also available for those with an interest in upgrading or maintaining awareness and knowledge of general medical issues.

Interested residents should contact:

Dr. Paul Dagg

Clinical Director, Tertiary Mental Health Service

250-314-2730

Paul.Dagg@interiorhealth.ca

Common Objectives for all Kamloops Based Rotations

The following objectives are common to all rotations, and refer to the applicable CanMEDS role.

1. Demonstrate awareness of the unique resource issues relevant to practice in a small urban area, with clients from rural and remote communities throughout the IHA and the rest of the province (Manager).
2. Collaborate effectively with a diverse range of treatment providers in multiple communities and treatment settings (Advocate, Professional)
3. Demonstrate respect for the contribution of all members of the health care team to the care of a patient (Professional)
4. Develop an approach to maintenance of competence issues in areas without direct access to academic health science centres (Scholar)
5. Effectively manage psychiatric emergencies after hours in a small urban area (Medical Expert, Manager)

Specific Rotations



Chronic Care and Rehabilitation Psychiatry

The resident will be expected to provide psychiatric consultation and follow-up to patients with chronic and persistent mental illness, and may elect to do this in an outpatient setting at the Mental Health Centre, as part of an inpatient psychosocial rehabilitation program at South Hills, or through their care in the tertiary inpatient facility at Hillside. Inpatient experiences will also be available for these patients when they are admitted to the inpatient unit of the Royal Inland Hospital. Community experiences could include involvement with the Adult Chronic Care Service, the Dual Diagnosis Assertive Community Team, the Community Residential Program (group homes and family care), and the Early Psychosis Program. The specific mix will depend on the resident's interest and educational needs, although the overall goal will be exposure to the care of these patients across a continuum of these services. Residents on longer rotations may have the opportunity to follow specific patients as they move through the different services listed above.

The resident will act during this time as a direct care provider while also acting as a consultant, supervisor of other health care providers, and educator for the multi-disciplinary staff of the various services, dependent on level of experience.

The rotation will provide exposure to a wide variety of long term mentally ill individuals in a small urban community, followed through a number of settings over a 3-6 month program, with the opportunity to interact with a multidisciplinary team including nurses, psychologists, social workers, occupational therapists, dietitians, like skills workers, and family physicians. Involvement with family members is also an integral component of the program.

The primary supervisor will provide a minimum of 2 hours per week of direct supervision as well as being available at all times in the event that urgent support is required. He/she will be responsible for monitoring the educational and clinical experience of the resident and their performance, completing appropriate evaluations with the input of other appropriate supervisors, and members of the health care team. Supervision will also be offered by other psychiatrists, based on availability and resident interest, and often far exceeds the minimum 2 hours per week.

In order to gain exposure to the management of psychiatric emergencies after hours in a small urban centre, the resident will provide on call services as part of the system where the resident is placed (tertiary or secondary) and based on the educational needs of the resident. The resident will function as primary psychiatric back up to the appropriate system, with a designated staff psychiatrist as back-up, which will include on site supervision as required.

Rotation Specific Objectives:

In addition to the standard objectives for rotations in chronic care and rehabilitation, the following objectives are specific to this rotation.

1. Medical Expert



- understand the roles of different levels of service provision and their appropriate utilization for those with severe and persistent mental illness
 - understand the impact of a small urban environment with restricted resources on this population
 - recognize their own limitations and make use of consultants and other members of the allied health team appropriately
2. Communicator
- develop appropriate rapport with patients with complex psychiatric illness
 - convey relevant information to families and patients with attention to their cognitive level, cultural issues, and relationship
 - communicate effectively with members of the mental health team across disciplines and throughout the system
3. Collaborator
- collaborate effectively with other treatment providers, recognizing appropriately each persons' role as it relates to their expertise and unique treatment setting
 - demonstrate a capacity to develop a PSR treatment plan with other members of the health care team
 - demonstrate the ability to understand and effectively resolve conflict with members of the treatment team and other involved health care providers
4. Manager
- effectively utilize resources for clients recognizing the limited resources available and the need to develop individualized solutions based on these resources
5. Advocate
- effectively advocate for the needs of their patients with respect to the diverse treatment systems and available resources
6. Scholar
- demonstrate effective teaching skills in formal and informal settings for members of the health care team
 -
7. Professional
- recognize and deal with boundary issues unique to a smaller community
 - demonstrate awareness of and respect for cultural issues in First Nations patients from diverse nations

Geriatric Psychiatry



The resident will have the opportunity to gain experience in evaluating and treating older patients (aged \pm 65 years) with psychiatric problems that are common in the elderly through their participation as a member of a multi-disciplinary team, and through direct supervision by a geriatric psychiatrist during new consultations, family meetings and team meetings.

The resident can gain exposure to a range of treatment settings and work as a member of a multi-disciplinary team. Treatment settings include community mental health, outreach to residential (long term care), acute inpatient (Royal Inland Hospital), consultation-liaison support to medical services, and tertiary inpatient (geriatric and neuropsychiatric) services. Collaboration with neurology, psychiatry and family medicine is a core part of the service delivery.

There are two geriatric psychiatrists, Dr. Barb Prystawa and Dr. Carol Ward available to provide supervision. A primary supervisor will be identified and provide a minimum of 2 hours of direct supervision a week. Further supervision may be provided by the other geriatric psychiatrist and other Kamloops psychiatrists in areas of interest and relevance for the resident.

The resident will act during this time as a direct care provider while also acting as a consultant, supervisor, and educator for the multi-disciplinary staff of the various services, dependent on level of experience.

In order to gain exposure to the management of psychiatric emergencies after hours in a small urban centre, the resident will provide on call services as part of the system where the resident is placed (tertiary or secondary) and based on the educational needs of the resident. The resident will function as primary psychiatric back up to the appropriate system, with a designated staff psychiatrist as back-up, which will include on site supervision as required.

Videoconference of neuropsychiatry rounds from UBC are available on a weekly basis. Additional teaching can be provided as required, as part of the primary supervisor(s) regular meetings with the resident.

Rotation length should be 3-6 months.

Rotation Specific Objectives

In addition to the standard objectives for rotations in geriatric psychiatry, the following objectives are specific to this rotation.

Medical expert

- Perform a complete assessment of a patient with an old age related psychiatric illness, utilizing the available sources of information, and communicating an appropriate treatment plan to all relevant health care providers, sensitive to the geographic and resource issues of a small urban centre and distributed referral base
- Be aware of the different community resources and services available for this population



Communicator

- Communicate clearly in writing and verbally to members of the health care team, the patient, and relevant family members assessment results, treatment plan and prognosis in a way that recognizes each persons role, and capacity for understanding, and recognizes the particular challenges of a distributed health care delivery system
- Demonstrate an ability to utilize appropriate information technology in order to optimize patient care

Collaborator

- Demonstrate an ability to work as a team member in a distributed health care site, flexibly altering roles as needed, according to the patients needs
- Contribute appropriately to interdisciplinary team meetings
- Identify and resolve conflicts that may arise amongst the health care team members, families, and different communities

Manager

- Balance appropriately the role of the physician as a health care provider for the immediate area, the authority, and the province, particularly with respect to tertiary beds by setting priorities and using time effectively in order to optimize professional performance
- Demonstrate awareness and appropriate utilization of limited health care resources in treatment planning, sensitive to the health care needs of the population

Advocate

- Appropriately advocate for the health care needs of the area, and demonstrate understanding of the role of the physician in a small urban area, with limited resources
- Effectively advocate for the needs of their patients with respect to the diverse treatment systems and available resources

Scholar

- Seek out teaching and new information from colleagues in a way that reflects ability to pursue life long learning in geriatric psychiatry in a more isolated setting without ready access to an academic health science centre
- Demonstrate effective teaching skills in formal and informal settings for members of the health care team

Professional



- Demonstrate appropriate cultural awareness of the various first nations in the area, and other regional cultures
- Recognize and deal with boundary issues unique to a smaller community

General Psychiatry

Rotations in general psychiatry are available with a broad range of experiences depending on the resident's level of training and educational needs. The resident can gain exposure to inpatient psychiatry on 1 South, the general psychiatric inpatient unit of the Royal Inland Hospital, or the two tertiary units described earlier, Hillside and South Hills. Within these settings, patient load can be customized further, so that for example in the Hillside facility; the resident could elect to work on the Acute Tertiary Psychiatry unit, in the Neuropsychiatry Unit or in the Geriatric Psychiatry Unit to a variable degree dependent on interest and need. Exposure to consultation-liaison psychiatry is available at the Royal Inland Hospital, a full service general hospital with a strong neurosciences group and an active family physician group. Community consultations are available in such diverse areas as forensic psychiatry, consultation to more remote communities through the tertiary system, or consultation to various community providers in the immediate area. The balance between inpatient and outpatient experience can be customized, based on the resident's needs and areas of interest.

Given the diversity of clinical settings available, the resident will gain a wide exposure to patients across the adult life span with a range of psychiatric illnesses. Working in a small urban area that is a referral centre for a scattered population, the resident will work as a direct care provider and consultant to other members of the health care delivery team. In particular, close collaboration with family physicians is emphasized as they play a major role in the mental health care of their patients.

Residents will be assigned one primary supervisor, which will largely depend on the area of clinical activity that will serve as their primary base. This supervisor will provide a minimum of 2 hours of direct supervision per week. As part of planning for this rotation, residents will need to discuss their individual goals ahead of time with their supervisors to ensure the appropriate match between their needs and the clinical setting and supervisor. Access to other supervisors will occur as part of day to day work, and will be encouraged as part of the potential enrichment available through a range of horizontal and more incidental experiences.

In order to gain exposure to the management of psychiatric emergencies after hours in a small urban centre, the resident will provide on call services as part of the system where the resident is placed (tertiary or secondary) and based on the educational needs of the resident. The resident will function as primary psychiatric back up to the appropriate system, with a designated staff psychiatrist as back-up, which will include on site supervision as required.

Rotations may vary in length but are generally 3-6 months. Extended rotations are available in general psychiatry but would likely involve more than one primary supervisor, and some differentiation from rotation to rotation based on the resident's needs.

Rotation Specific Objectives



In addition to the standard objectives for rotations in general adult psychiatry, the following objectives are specific to this rotation.

1. Medical expert

- Perform a complete assessment of a patient with a psychiatric illness, utilizing the available sources of information, and communicating an appropriate treatment plan to all relevant health care providers, sensitive to the geographic and resource issues of a small urban centre and distributed referral base

2. Communicator

- Demonstrate appropriate written and verbal communication to all members of the health care team with particular attention to the needs of the family doctor, and the challenges of the diverse communities in the area

3. Collaborator

- Collaborate effectively with all members of the health care team, with sensitivity to each contributors unique needs and strengths, and the regional issues that are relevant
- Identify and resolve conflicts that may arise amongst the health care team members, families, and different communities

4. Advocate

- Support other health care providers, including family physicians in their role as primary providers of mental health, in order to ensure that the needs of their patients are best met

5. Manager

- Demonstrate awareness and appropriate utilization of limited health care resources in treatment planning, sensitive to the health care needs of the population

6. Scholar

- Demonstrate an awareness of the resources necessary to maintain competence in a small centre, and utilize them appropriately

7. Professional



- Demonstrate appropriate cultural awareness of the various first nations in the area, and other regional cultures
- Recognize and deal with boundary issues unique to a smaller community

Child and Adolescent Psychiatry

This rotation is based in the community and the inpatient unit of the Royal Inland Hospital, supervised by Dr. Sheik Hosenbocus, previously the Director of Child and Adolescent Psychiatry Training at the University of Ottawa. The resident will get exposure to the unique challenges involved in providing psychiatric services to a wide catchment area (rural and urban) with scarce psychiatric resources.

The resident will be exposed to a wide range of patients from pre-schoolers to late adolescents in three different settings: an inpatient program, a crisis intervention day treatment program, and office based outpatient care. The resident will also provide consultation to the pediatric ward and emergency department of Royal Inland Hospital. Residents will see patients with a range of psychopathology from Disruptive Behaviour Disorders to Mood Disorders, and Early Psychoses, and will work closely with the supervisor and the multi-disciplinary team in providing diagnostic assessments, early interventions, and liaison to community providers and other physicians. The resident will work with a multi-modal approach to management given the limited available resources and will be involved in patient care from admission to discharge and subsequent follow-up. Treatment provided will include individual and family therapy, use of medications, social skills development, anger management, problem solving skills, parenting skills, behaviour management and cognitive behaviour therapy. Experience with family assessments and counseling will be provided through collaboration with an experienced social worker.

In the day treatment program, the resident will have the opportunity to act as a supervisor and educator to the multi-disciplinary staff depending on the resident's level of training and expertise. In the program the resident will learn how to assess and respond to acute crises from aggressive and violent behaviours to suicidal ideation and attempts. In the office setting the resident will work closely with the supervisor using an eclectic approach to management including individual therapy, family therapy, and medication.

The supervisor will provide a minimum of 2 hours of direct supervision per week as well as being readily available for support at other times. He will be responsible for monitoring the clinical and educational experience of the resident, and will complete relevant evaluations with input from other members of the multi-disciplinary team, especially with respect to the CanMEDS roles other than the Medical Expert.

On call services will be arranged depending on the resident's educational needs in conjunction with the Kamloops urgent response team for community interventions, and in the Emergency Department of the Royal Inland Hospital.

The rotation may be from 3-6 months in length and is also available part time. IT may not be available at all times during the year due to the supervisor's holidays.



Rotation Specific Objectives

1. Medical Expert

- Perform complete assessments of children and adolescents by assessing the interplay between primary psychopathology, genetic factors, environmental stresses and demands, family psychopathology, and previous abuse or trauma
- Be aware of, and effectively utilize Best Practice

2. Communicator

- Communicate effectively with patients and parents of diverse backgrounds including those from several different First Nations in order to build an effective therapeutic alliance
- Communicate effectively a management plan to physicians and other community providers

3. Collaborator

- Responds quickly to the needs of other service providers especially in crisis situations
- Able to work effectively with other service providers with attention to the best interests of the child

4. Manager

- Develops an effective management plan that is realistic with respect to available resources
- Demonstrate an ability to use resources effectively, encouraging and supporting community management as much as possible
- Avoid service duplication

5. Advocate

- Liaise with different community agencies in order to advocate for the special needs of the child and family at the school level and with different Ministries
- Attend conferences and meetings in order to advocate as necessary for the needs of children with mental illness

6. Scholar

- Use acquired expertise to teach other physicians at hospital rounds, community professionals at workshops, conferences and school professional development days

7. Professional

- Demonstrate respect towards other colleagues and service providers



- Develop and maintain healthy and appropriate boundaries with colleagues and patients

Horizontal or Part Time Experiences

These are clinical experiences available that can be added to any of the above existing rotations to allow a resident to broaden their exposure and meet additional educational needs. Access will depend on resident need, other educational objectives or requirements that may limit resident availability for these experiences, and supervisor availability. Supervisors for these experiences will provide a minimum of one additional hour of direct supervision per week related to these experiences. In addition to the experiences noted below, the full rotations noted above may be modified to serve as part time experiences as well, where possible.

Administrative Psychiatry

Working primarily with Dr. Paul Dagg, the Clinical director for Tertiary Mental health the resident will determine which administrative experiences are of greatest interest to them, and participate as an observer at relevant meetings with Dr. Dagg. A specific project will be determined at the start of the rotation for which the resident will take primary responsibility – this may include preparing a position paper, reviewing resources and benchmarks, or other activities dependent on the ongoing activities of the tertiary system, and the resident's interests. Exposure to literature on physician and health care leadership will be a part of the weekly supervision. Key objectives specific to this experience are noted below with reference to the appropriate CanMEDS competency.

1. Understand the role of a physician administrator in health care planning and delivery, with particular attention to the role of the physician as medical expert as it pertains to resource planning (Manager)
2. Demonstrate a capacity for collaboration with other administrators that recognizes each others strength and contributions (Collaborator)
3. Identify and resolve conflict with other stakeholders in the planning and delivery system (Collaborator)

Forensic Psychiatry

The primary supervisor for this experience will be Dr. Ron Chale. The resident will get exposure to the provision of psychiatric services to inmates at the Kamloops Regional Corrections Centre, and assessments at the request of the courts or of corrections. Key objectives specific to this experience are noted below with reference to the appropriate CanMEDS competency.

1. Understand issues of competency, assessment of criminal responsibility, and other medico-legal issues relevant to forensic psychiatry (Medical Expert, Professional)
2. Communicate effectively in writing the results of a forensic psychiatry assessment with particular attention to the role of the medical expert in providing an opinion (Communicator)



3. Demonstrate sensitivity to the differences between the health and corrections systems and their response to mental illness, as well as the role of the forensic psychiatrist as mediator within these two systems (Collaborator)



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Psycho-oncology (BC Cancer Agency Vancouver)			
SITE: BCCA – Vancouver Cancer Center	CITY: Vancouver	HEALTH AUTHORITY: PHSA		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 95% outpatient	SETTING: Outpatient hospital clinic	DURATION: 3 months or longer
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Alan Bates, alan.bates@bccancer.bc.ca , (604) 877-6000 ext 672488;			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Alan Bates (Fridays);			

DESCRIPTION: Outpatient C/L assessments and follow-ups; opportunity to utilize various psychotherapies in follow-up care (e.g. CBT, IPT, Mindfulness-Based Cognitive Therapy, Meaning Centered Psychotherapy, Supportive Psychotherapy)

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge:** Residents will learn to recognize and manage psychiatric syndromes that are common in oncology settings (e.g. steroid-induced psychosis, suicidal ideation and desire for hastened death, adjustment disorder, grief, “chemo-brain”, depression and anxiety in the context of cancer and its treatment).
 - **Clinical Skills:** Residents will learn to monitor for interactions between psychiatric illness and its treatment, and cancer and its management (e.g. medication interactions, physical symptoms of psychiatric medications, psychiatric symptoms of chemotherapy, changes in QTc). In addition to applying therapy modalities they may be more familiar with (e.g. CBT, IPT) in an oncology setting, there will also be opportunity to learn more novel therapy modalities including Mindfulness-Based Cognitive Therapy and Meaning Centered Psychotherapy.
- **Communicator:** Residents will learn to communicate with oncology teams as well as other members of Patient and Family Counseling in order to coordinate care for their patients.
- **Collaborator:** Residents will learn what psychosocial programs and supports are available through the BCCA and in the community to support patients with cancer, ensure their patients are well-educated about the available resources, and communicate with resource providers to coordinate care for their patients.



- **Manager:** Interested residents will have opportunity to ask supervisors about the “business” side of being an attending psychiatrist. They will also take responsibility for their own clinic schedule and work with the reception desk to book new and follow-up patients.
- **Health Advocate:** The oncology setting provides opportunity to not only provide education about management of psychiatric symptoms, but also to help patients work with their oncology teams and other resources to optimize management of their cancer.
- **Scholar:** Residents are expected to read around their cases and participate in academic rounds. There is no formal research requirement, but supervisors can provide guidance for projects like case reports and systematic reviews to interested residents. Opportunity to become involved in ongoing research projects may also be possible.
- **Professional:** Residents will practice a high standard of professionalism with patients, colleagues and support staff.

SPECIAL FEATURES: see above

DIRECT PATIENT CARE RESPONSIBILITIES: assessments, follow-ups, record keeping

NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Suite 552 600 West 10 th Avenue Vancouver BC V5Z 4E6		
TIME:	To be arranged with individual supervisors		
PERSON:	Contact individual supervisors depending on days you will be at BCCA		
CONTACT:	See above	PHONE: See above	EMAIL: See above



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Psych-oncology (BC Cancer Agency Victoria)			
SITE: BC Cancer Agency	CITY: Victoria BC	HEALTH AUTHORITY: VIHA		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> <input type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: Out-patient only	SETTING: Shared care	DURATION: 2 months
ELECTIVE OWNER(S): (Name, email, phone)	Jasmina Kobiljski MD FRCPC BSc Jasmina.Kobiljski@islandhealth.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	As above			

DESCRIPTION: Elective for Senior Psychiatry Residents – PGY4-5

LEARNING OBJECTIVES:

- The main leaning objective of this elective rotation is to familiarize the resident with the mental health issues of psychiatric patients facing a concurrent diagnosis of cancer, as well as the health service system supporting this population. The resident will increase awareness of the complexity of treating patients with a number of medical comorbidities and medications that interact with psychiatric treatments.
- The resident can gain knowledge and skills in diagnosing, differentiating and managing psychiatric disorders
- The resident can also be exposed to psychotherapies available to patients at BC Cancer
- The resident can improve collaborative and communication skills in a multidisciplinary team setting work involves different mental health disciplines, primary care services, community providers and families.
- The resident will be provided with educational resources and relevant publications related to cancer care and psychiatric illness

ACADEMIC ACTIVITIES: As outlined above

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES:

- The resident first will observe a diagnostic assessment and then can conduct subsequent diagnostic interviews under the supervision of Dr. Kobiljski
- The resident then can provide follow-up care of patients independently with supervision.
- The residents have to collaborate with the patients' Primary Care Clinicians, and if applicable, with Psychologists, Addiction Counsellors and Social Workers.
- The elective is carried out 1 day per week (Tuesdays)



NIGHT/WEEKEND CALL:	As per Program requirements

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	BC Cancer Agency, Victoria, BC		
TIME:			
PERSON:	Dr. J. Kobiljski		
CONTACT:	Jasmina.Kobiljski@islandhealth.ca	PHONE:	EMAIL:



Psychotherapy Elective Program (RH)

*In The Richmond Department of Psychiatry
(with Richmond Mental Health Outpatient Services)*

RATIONALE

The Richmond Hospital is a 200-bed community and teaching hospital within the Vancouver Coastal Health Authority. In the Department of Psychiatry, there are three main sites: The Inpatient Unit (Hospital Site), Outpatient Services (Hospital Site), and The Richmond Mental Health Team (community). The Outpatient Services include four components: (1) Psychiatric Outpatient Assessment Clinics (Mood and Anxiety, Women's Reproductive Health, Cross-Cultural Psychiatry, and Geriatric Psychiatry), (2) Interdisciplinary Group Treatment Programs for mood, anxiety, and personality disorders including a Day Treatment Program and various weekly psychotherapy groups, (3) Psychological Assessment and Individual Treatment for mood and anxiety disorders, and (4) Neuropsychological Assessments.

The Department of Psychiatry and the Outpatient Mental Health Services are committed to a neuro-biopsychosocial understanding of mental health disorders and treatment plans, as well as to a most responsible, suitable, and evidence-based treatment approach. Hence, a comprehensive assessment and treatment planning approach guides all patient care. All staff and psychotherapy elective candidates are expected to engage in complex and critical clinical evaluation when deciding on questions such as: Will group or individual treatment best meet this patient's needs? Will a pharmacological or psychological treatment or a combination of both be most effective? Will a more dynamic approach with an emphasis on developmental issues versus a more pragmatic here-and-now approach be most helpful? How can we evaluate treatment progress and outcome? Does the initial case formulation and treatment plan needs to be revised?

ELIGIBILITY

Candidates are psychiatry residents and clinical psychology interns. In exceptional cases, medical and master's level students may be considered.

OBJECTIVES

A Psychotherapy Elective Program can be requested as either a mandatory or an elective psychotherapy rotation. Candidates can expect a wide range of exposure to various theoretical orientations and assessment and treatment modalities including:

- Brief and long term individual and group psychotherapy (psychodynamic and psychoanalytically oriented)
- 10 – 16 week group and individual cognitive-behavioural therapy (CBT) for panic disorder, obsessive-compulsive disorder, social phobia, post-traumatic stress disorder, and depression (including group CBT for depressed Cantonese speaking patients)
- 16 week individual and group interpersonal psychotherapy (IPT) for adult and older adult depression
- Marital and family psychotherapy
- Child and adolescent psychotherapy
- General psychiatric and psychological assessments as well as specifics for psychotherapy



- Combining a psychometric and clinical judgment approach in assessment and treatment progress

DIDACTIC TEACHING

Candidates have the options of attending (1) monthly Grand Rounds, (2) monthly Psychotherapy Journal Club, (3) weekly Case Formulation and other Rounds including Education Site Director Rounds within the Department, (4) other relevant clinical rounds within VCH, and (5) time for library research and individually assigned readings.

TIME FRAME

Candidates can expect to spend a minimum of 3 months either part-time or full-time. Some candidates may spend considerably longer depending on specific rotation requirements and/or the candidate's interest in one or more specific areas. Advance planning and declaration of particular areas of interest are necessary in order to ensure a satisfying rotation given that most groups have specific start dates.

SUPERVISION and SUPERVISORS

Supervision will be tailored to the candidate's needs and interests as well as to individual supervisors' preferences. Each supervisor will be responsible for the training of the candidate including reviewing goals and monitoring progress. The candidate will receive a minimum of 1 hour scheduled, individual supervision per 1-4 hours of face-to-face client contact. Group supervision is encouraged as it is both constructive and efficient. A student may receive some or all of the following types of supervision: (1) Observation by candidate of staff/supervisor, (2) joint assessment/treatment, (3) observation by staff/supervisor of student, (4) candidate alone with planning and debriefing with supervisor (may use audio or video if appropriate and available), and (5) arms length supervision – the candidate carries a case load and goes over each case at regularly scheduled supervision sessions.

Psychiatrists in the Psychotherapy Elective will be expected to participate in the on-call roster.

The Richmond Department of Psychiatry is committed to excellence in teaching and supervision and all supervisors must be members of the UBC Department of Psychiatry Psychotherapy Program (Division of Behavioural Sciences).

PSYCHOTHERAPY SUPERVISORS

Jas Bhopal, MD
Abi Dahi, MD
Jamal Mirmiran, MD
David Rabin, MD
Richard Rosin, MD
Michael Shabbits, MD
Ingrid Söchting, Ph.D
Darren Thompson, MD

This list of supervisors will likely expand and also include members from other professional disciplines.



COORDINATORS

Interested students can obtain further information or apply by contacting

Abi Dahi, M.D., FRCPC, psychiatrist and clinical assistant professor, UBC

Telephone 604-244-5239

Fax 604-278-4819

Email abi.dahi@vch.ca

Ingrid Söchting, Ph.D., R.Psych, psychologist and clinical assistant professor, UBC

Telephone 604-278-9711 ext. 4610

Fax 604-244-5564

Email ingrid.sochting@vch.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	PSYCHOTHERAPY, GROUP INDIVIDUAL, MULTIMODAL, DBT, MENTALIZATION (Virtual)			
Approved/Last Reviewed:	October 14, 2021			
SITE: OUTPATIENT MENTAL HEALTH; Virtual group with Ft. St. John and Prince George on the Team's platform and Zoom.	CITY: Prince George	HEALTH AUTHORITY: Northern Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% OUTPATIENT	SETTING: TEAM BASED CARE	DURATION: 3-6 MONTHS
ELECTIVE OWNER(S): (Name, email, phone)	DR. BRENDA GRIFFITHS, brenda.griffiths@northernhealth.ca 1-778-257-4527			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	DR. BRENDA GRIFFITHS Dr. Pamela Jee Dr. Carolyn Jones			

DESCRIPTION:**WORK WEEK:**

Individual initial assessments with psychotherapeutic formulation, measurement scales and goal setting. The majority of the patient population will be gleaned from Personality Disorder Population with comorbidity in the Affect Anxiety and Addictions areas. The focus will be to familiarize the resident with both the current PD model in DSM-V and the alternative model of PD.

Weekly team meetings with the Community Acute Stabilization Team (CAST) including case consultation

Participation in team based learning under the supervision of Dr. Karin Ensinc (Mentalization Based Therapy), and Dr. Alex Chapman (Dialectic Behaviour Therapy) via Zoom from Quebec for MBT and Vancouver for DBT

Liason with primary care

case by case, where relevant co-meetings with patients, families and the therapist following at CAST.

Group therapy in modalities:

DBT

MBT

Individual therapy with supervision for ongoing care of patients that the resident has intaked and the members of the groups which they co-lead.

20 individual patients maximum depending on the rotation duration.

LEARNING OBJECTIVES:

- * **MEDICAL EXPERT**, to become a psychiatrist who is familiar with the approach to Personality Disorders, in both the DSM-5 current and Alternative models. Be familiar with measurements for progress during therapy and to be able to engage patients in the process with optimism
- * **COMMUNICATOR**, to be able to communicate with family and patients and therapists
- * **COLLABORATOR** to be able to collaborate across a number of services, including ER, Inpatient, primary care providers and multidisciplinary teams, family and patients.
- * **MANAGER**, to learn about the role of psychiatry in management and collaboration with team leads on service provision and triage.
- * **HEALTH ADVOCATE**: Assist in the process of de-stigmatization and installation of hope in the healthcare and family setting for patients with mental health diagnosis
- * **SCHOLAR**: Develop familiarity with the literature on group, individual therapy and personality disorder classification and formulation
- * **PROFESSIONAL**: Demonstrate respect across all members of the team and to encourage open communication and listening to all members of the team and the services connected with our team.

ACADEMIC ACTIVITIES: The resident will be expected to familiarize themselves with the basic literature surrounding the main modalities of therapy, Attachment theory as a background for MBT (Mentalization Based Therapy), and DBT (Dialectic Based Therapy)

SPECIAL FEATURES: There is the opportunity to participate in research in collaboration with Dr. Ensink at U Laval in relation to comparative benefits of Dialectic Behaviour Therapy and Mentalization Based Therapy

DIRECT PATIENT CARE RESPONSIBILITIES:

1. Co-therapist in multiple groups
2. Individual therapy for a population of ongoing patients
3. Initial assessments and formulation
4. Measurement based monitoring of patient progress.
5. documentation and communication with referral sources and co-therapists

Some of the groups are going to run into the evening (7:15pm) Call will have to be coordinated with this or some limited absence from group pre arranged

NIGHT/WEEKEND CALL: as per the usual requirement

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Northern Interior Health Unit		
TIME:	8:30 am		
PERSON:	Dr. Brenda Griffiths		
CONTACT:	Dr. Brenda Griffiths	PHONE: (778)-257-4527	EMAIL: brenda.griffiths@northernhealth.ca
ALTERNATIVE CONTACT	Jean Jarabek	PHONE: (250)-565-7426	



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Remote Coastal Psychiatry Clinic – Including Adult ADHD (HOpe Centre/ Virtual)			
Approved/ Last Reviewed:	January 12, 2023			
SITE: HOpe Centre / Virtual	CITY: North Vancouver	HEALTH AUTHORITY: VCH		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: Outpatient only	SETTING: HOpe Centre Outpatient	DURATION: One day weekly – minimum 3/12 or Two days weekly – minimum 2/12
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Betty Tang, MD, FRCPC Betty.Tang@vch.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Betty Tang Remote Coastal Psychiatry Clinic HOpe Centre Outpatient Department			

DESCRIPTION:

This part time rotation offers psychiatry residents an opportunity to improve their expertise in delivery of service to rural and outlying coastal areas of Vancouver Coastal Health. Traditionally, this population has been underserved with long waitlists and lack of resources. The psychiatry resident will hone their diagnostic assessment and medical / psychotherapeutic treatment of a variety of psychiatric disorders. In this underserved population, the clinical interface is via ZOOM videoconferencing, yet the variety of psychiatric disorders is extremely varied ranging from depression, bipolar disorder, anxiety disorder, to ADHD, autism, psychotic disorder. Working in a shared care and short term treatment approach with the community-based family doctor, in an under-resourced area, will be a valuable community experience. Dr. Tang specifically also has additional expertise in diagnosis and treatment of Adult ADHD.

Pitfalls and safety concerns in remote delivery of care will also be considered, and is another invaluable learning opportunity given the new technological advances, while still keeping front and centre patient experience and patient safety.

As we function within the HOpe Centre Outpatient Programs, residents can arrange for a full time rotation through other clinics.



LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge** – To appreciate the economic, social and personal ramifications for persons living in remote communities and experiencing mental health conditions. To learn about managing co-morbid conditions such as depression, anxiety substance abuse, bipolar disorder, ADHD, Autism Spectrum Disorder.
- **Clinical Skills** - To diagnose, treat and manage adult patients with psychiatric and co-morbid psychiatric conditions, acknowledging the limitations inherent in a remote community setting, and learning how to facilitate resource access appropriately. To operate in a shared care environment, responding to the needs of family doctors in the ongoing management of these patients.
- **Communicator** – to provide psychoeducation to patients and their family members about psychiatric disorders. To work with family doctors and assist them to properly manage their adult psychiatric patients.
- **Collaborator** – to work with patients and their families in managing psychiatric disorders. To work with family doctors to provide effective collaborative care for these patients. To engage with other interdisciplinary team members such as community social workers.
- **Manager** - To utilize appropriate leadership approaches to advance the work of the clinic and on behalf of patients.
- **Health Advocate**- to appreciate the economic, personal, relationship and societal burden of living with psychiatric disorder(s). To learn about community-based advocacy for individuals with psychiatric disorders.
- **Scholar** – To help create, disseminate and apply knowledge of adult psychiatric disorders within the medical community by completing an Quality Improvement project that will assist family doctors and other interested medical professionals to improve case finding and care. As available, the resident will have an opportunity to participate in ongoing Physician Quality Improvement conducted by members of the clinic.
- **Professional** – To work collaboratively to manage patients with psychiatric disorders, their families and their medical, community-based physicians.

ACADEMIC ACTIVITIES:

Quality Improvement involvement as available.

Weekly supervision and clinical teaching with Dr. Betty Tang and other outpatient psychiatrists.

Other activities as negotiated by resident.

SPECIAL FEATURES:

This is a new clinic, delivery of care is completely virtual in response to the long waitlists experienced by patients living in remote communities, starting first with Sechelt in September 2022, and hoping to expand to include other remote coastal communities such as Bella Bella, Squamish, and Whistler. We will be accepting residents starting in October 2022. Joining us in the early stages of our clinic development will offer residents an opportunity to learn about leadership and logistics of clinic development, as well as logistics around patient safety and timely delivery of remote virtual care.

This rotation is suitable for PGY 4 & 5 residents. After an initial training period, residents will have the opportunity to work independently in patient assessments. After the assessment phase, they will have an opportunity to follow a cohort of patients through their treatment, providing medication management, and individual psychotherapy.



This rotation can be combined with other outpatient clinics at HOpe Centre for a full time rotation of four to eight weeks. Current elective residents at HOpe Centre rotate through Assessment & Treatment Services, Stepping Stones, Home-Based Treatment, Magnolia House and Consultation Liason/ER.

DIRECT PATIENT CARE RESPONSIBILITIES:

As the resident demonstrates their understanding of this patient population, they will have an opportunity to work independently, with supervision by Dr. Tang and other members of the clinical team.

NIGHT/WEEKEND CALL:	As per PGE recommendation - SPH
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	HOpe Centre 1350 St. Andrews Ave, North Vancouver		
TIME:	Tuesdays, Wednesdays, or Thursdays		
PERSON:	Dr. Betty Tang		
CONTACT:	Dr. Betty Tang	PHONE:	EMAIL: Betty.Tang@vch.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Reproductive Mental Health (BCWH)			
SITE: BC Women's & SPH	CITY: Vancouver	HEALTH AUTHORITY: PHSA		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX:	SETTING:	DURATION:
	Research <input type="checkbox"/>	Ambulatory	Urban	1 month or more
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): Name, Email, Phone				
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Karen Rivera karen.rivera@cw.bc.ca Mental Health Building 4500 Oak Street Vancouver, BC V6H 3N1			

DESCRIPTION: This program offers a comprehensive knowledge of psychiatric disorders through pregnancy, post partum, perimenopause and premenstrum. Treatment issues specifically medication treatment and research related to it will be offered. Trainees will also be exposed to non pharmacological treatments, including individual and group therapies, through exposure to different members of our multi disciplinary team.

OBJECTIVES: 1. To increase the awareness of psychiatric disorders during the reproductive life cycle.
2. To be familiar with treatment of these complex disorders

ACADEMIC ACTIVITIES: Follow patients on the outpatient service and occasionally on the obstetrical in - patient units.

SPECIAL FEATURES: The only program in the Department of Psychiatry where an opportunity for exposure to these types of patients exist.

DIRECT PATIENT CARE RESPONSIBILITIES: Supervised by the designated supervisor.

NIGHT/WEEKEND CALL: (from dropdown) | Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Refer to schedule which will be provided ahead of time.		
TIME:	As above		
PERSON:	Krystina Tran, Training Coordinator		
CONTACT:	Training Coordinator	PHONE: 604 875 3543	EMAIL: Krystina.tran@phsa.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Reproductive Psychiatry (Richmond Hospital)			
SITE: Richmond Hospital , Seedlings for group	CITY: Richmond	HEALTH AUTHORITY: Vancouver Coastal Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: <input type="checkbox"/> Virtual <input type="checkbox"/> In-person <input checked="" type="checkbox"/> Mix	SETTING: Outpatient	DURATION: 3 months
ELECTIVE OWNER(S): Name, Email, Phone	Dr. Heather Donaldson			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Heather Donaldson Richmond Hospital, 2nd Floor Green Zone 7000 Westminster Highway, Richmond, BC, V6X 1A2			

DESCRIPTION: one new assessment per week with follow-up care of patients where appropriate, also opportunity to co-lead perinatal CBT group with supervisor and social worker
OBJECTIVES: Become familiar with history taking in reproductive psychiatry, 2. Become familiar with pharmacotherapy in reproductive psychiatry
ACADEMIC ACTIVITIES: can attend monthly virtual departmental psychiatry rounds (Wed AM)
SPECIAL FEATURES: option to co-lead perinatal CBT group (one in spring, April start and one in fall, Oct start)he only program in the Department of Psychiatry where an opportunity for exposure to these types of patients exist.
DIRECT PATIENT CARE RESPONSIBILITIES: assessments, follow-up care, documentation, option to do group therapy
NIGHT/WEEKEND CALL: (from dropdown) Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Richmond Hospital		
TIME:	To be determined		
PERSON:	Dr. Heather Donaldson		
CONTACT:	Training Coordinator	PHONE: 604 875 3543	EMAIL: heather.donaldson2@vch.ca



RESIDENT ELECTIVE DESCRIPTION FORM

Elective/Selective:	Reproductive Mental Health (RCH & SMH)
Location:	Royal Columbian Hospital (New Westminster) and/or JPOCSC/Surrey Memorial Hospital (Surrey)
Supervisor(s):	Drs. Tricia Bowering, Samantha Saffy and Kortney Witt
Time:	Flexible – minimum 3 months, quarter time; can be up to full time
Maximum # of Residents:	Up to 1 full time equivalent
Contact for Information:	Any one of supervisors listed above, by email: Tricia.Bowering@fraserhealth.ca Samantha.Saffy@fraserhealth.ca
Description of Rotation:	<p>Resident will be involved in clinical care of women with mental health concerns during or related to pregnancy and up to 1 year postpartum. Issues regularly considered include use of psychotropic medications vs other treatment options in pregnancy and breastfeeding, as well as assessing and addressing risks to mother and baby arising from psychiatric illness.</p> <ul style="list-style-type: none"> The resident will perform outpatient consultations and follow-up in collaborative/shared care setting <ul style="list-style-type: none"> Option: co-lead Group Medical Visits at JPOCSC Option: co-lead one of the various types of groups offered at each site, e.g. Perinatal Depression/Anxiety CBT group, Being Mom Group, Return to Work Group The resident will receive individual supervision 1 hour weekly, with supervisor sitting in on all initial assessments (at least at the start of the elective and ongoing depending on the level of training and experience of the resident) and available by phone or in person for discussing follow-ups. Participation in monthly journal club or grand rounds (usually coordinated with BC Women’s Hospital Reproductive MH)
Learning Objectives:	<ul style="list-style-type: none"> Medical Expert <ul style="list-style-type: none"> Knowledge Clinical Skills <p>The resident will develop awareness and appreciation of risks of untreated mental illness on pregnant women and new mothers, and their infants; as well as knowledge of risks and benefits of specific psychopharmacological interventions in this unique patient group.</p> <p>The resident will be able to perform a complete and appropriate psychiatric assessment of a patient.</p>



<ul style="list-style-type: none"> • Communicator • Collaborator • Manager • Health advocate • Scholar • Professional 	<p>The resident will be able to weigh risks and benefits of particular treatments in each individual patient’s case, and make recommendations based on this while taking the patient’s preferences into account.</p> <p>The resident will be able to develop and implement an effective management plan in collaboration with the patient and her family.</p> <p>Accurately elicit and synthesize relevant information and perspectives of patient, her family, and other professionals involved;</p> <p>Accurately convey relevant information to patient and her family, as well as to referrer or other professionals involved</p> <p>In particular, resident will be able to discuss with patient (and family if involved), in a way that is understandable, encourages discussion and participation in decision making, risks and benefits to mother/fetus/infant of treatment vs untreated illness.</p> <p>Effectively work with or involve other professionals as needed (social work; clinician for supportive therapy/CBT; MCFD; community agencies for support)</p> <p>Resident may have some exposure, if desired, to triage and managing large number of referrals to this clinic where many referrals are urgent or time sensitive</p> <p>Psychoeducation of patients and families about reproductive mental health concerns (e.g. postpartum depression) and their long-term effects as significant public health issue.</p> <p>Critical appraisal of new data in this evolving field of psychiatry</p> <p>Demonstrate commitment to the patients, profession, and society through ethical and sustainable practice.</p>
<p>Comments:</p>	<p>Schedule/availability</p> <p>Dr Bowering (RCH): Tuesdays and Wednesdays 8h00-14h30</p> <p>Dr Saffy (JPOCSC/SMH): Mon 9h00-12h30; Tues 8h30-12h00; Wednesday 13h00-14h30</p> <p>Resident will be able to choose either one of the sites, or may split time between the two sites if desired.</p> <p>*note: residents have education day (UBC) all day on Thursdays</p>



RESIDENT ELECTIVE DESCRIPTION FORM

Rotation:	Residential Addictions and PTSD Treatment (Homewood Ravensview)
Start / End Date:	September 30 th – December 31 st , 2019 @ 2 days per week January 1 st – July 24 th , 2020 @ 4 days per week
Where:	Homewood - Ravensview, 1515 McTavish Road, North Saanich
Supervisor:	Dr. Kiri Simms , Psychiatrist, Head of Academic Affairs Homewood-Ravensview; Clinical Instructor UBC 250-896-7082 kjsimms@homewoodhealth.com Dr. Lyn MacBeath , Psychiatrist, Medical Director, Homewood-Ravensview Clinical Instructor UBC 250 – 732-0598 LMacBeath@homewoodhealth.com
Elective Goals:	<ol style="list-style-type: none"> 3. Expand skills in leading treatment groups for patients with PTSD and complex dissociative disorders, and enhance and acquire clinical expertise in individual treatment for PTSD, both pharmacological and psychotherapeutic. Obtain training in a variety of evidence-based therapeutic modalities. 4. Expand skills in the treatment of Substance Use Disorders, and behavioural addictions, including education in British Columbia guidelines for treatment of those disorders (eg. Provincial Opioid Addiction Treatment Support Program, and Addiction Medicine Certificate). 5. Gain exposure to ongoing outcome research at Homewood Health, research in Substance Use and PTSD at the Homewood Research Institute in conjunction with McMaster University, and participate in new research opportunities as they become available at Ravensview.
Fulfillment of Elective Goals:	<ol style="list-style-type: none"> 3. I will participate in supervised clinical practice and training from October through December with a 2 day per week elective at Ravensview, seeing patients with concurrent disorders (PTSD, Substance Use and Behavioural Addictions) and providing treatment via individual therapy, group therapy, medication management, and the Medical Detox unit. This will expand to a 4 day elective from January 2020 until the end of residency. 4. I will take the Provincial Opioid Addiction Treatment Support Program and the Addiction Medicine Certificate Program. I will obtain further training in Cognitive Processing Therapy for PTSD, and other therapeutic modalities as approved by the Directors.
Fulfillment of CanMEDS Roles:	<ol style="list-style-type: none"> 1. <i>Medical Expert</i>: Through this elective I will gain specific knowledge and expertise in the psychiatric treatment of Substance Use Disorders and



	<p>behavioural addictions, as well as concurrent disorders, particularly PTSD and complex dissociative disorders. I will acquire clinical skill in pharmacological and psychotherapeutic management, take courses specific to these disciplines, and review and discuss current literature.</p> <ol style="list-style-type: none">2. <i>Communicator</i>: I will develop communication skills both with patients and with members of Ravensview's diverse multidisciplinary team. I will synthesize and communicate relevant information in the development of shared care plans, and will gain skill in nurturing and supporting a cohesive and healthy care team via debriefing and relationship building.3. <i>Collaborator</i>: This elective will involve continuous work with inter-professional healthcare teams.4. <i>Manager</i>: As part of this elective I will be in a leadership role within the care team, which includes, nurses, psychologists, therapists from various disciplines, and family physicians.5. <i>Health Advocate</i>: Patients come from a wide range of cultures and backgrounds, and require sensitive advocacy to promote inclusion, destigmatization, and community aftercare.6. <i>Scholar</i>: As part of this elective I will be extensively involved in psychoeducation with patients. I will also be in the position to facilitate learning of other health professionals, will regularly review and discuss literature pertinent to practice, and will have opportunities to implement research findings and participate in new research initiatives.7. <i>Professional</i>: I will continue to maintain high standards of ethical practice and high personal standards of professional behaviour.
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RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Rural / Community Psychiatry (Sechelt)			
SITE: Sechelt Hospital and Sumac Place Tertiary Rehabilitation	CITY: Sechelt	HEALTH AUTHORITY: Vancouver Coastal Health		
ELECTIVE CATEGORY: <small>(select more than one category if applicable)</small>	Medical <input checked="" type="checkbox"/>	IN/OUT MIX:	SETTING:	DURATION:
	Research <input type="checkbox"/>	Inpatients acute; outpatients; severe and persistent inpatients	Sechelt hospital in and outpatients;	Unspecified; as suggested by UBC
	Educational <input checked="" type="checkbox"/>			
ELECTIVE OWNER(S): <small>(Name, email, phone)</small>	Dr Marius Welgemoed; marius.welgemoed@vch.ca ; 604 989 0408 (mobile); 604 885 6101 (office); Dr Hendri Eksteen hendri.eksteen@vch.ca 6042120429; Dr Anthony Barale anthony.barale@vch.ca ; 6048650496			
ELECTIVE ON-SITE SUPERVISOR: <small>Name, Site, Address</small> <small>(DO NOT provide email or phone number)</small>	Dr Marius Welgemoed; Dr Hendri Eksteen; Dr Anthony Barale. Sechelt Hospital; 5542 Sunshine Coast Hwy, Sechelt, BC, V0N 3A0			

DESCRIPTION: CanMEDS Framework
<p>LEARNING OBJECTIVES: Knowledge and clinical skill by ongoing academic discussions and case</p> <ul style="list-style-type: none"> ➤ Medical Expert presentations after clinical assessments. Case studies with academic reflection. <ul style="list-style-type: none"> ○ Knowledge ○ Clinical Skills ➤ Communicator Communication and collaboration between psychiatric services, family ➤ Collaborator medicine, relevant specialties, patient and families. ➤ Manager Ongoing opportunity to observe and practice various management skills. ➤ Health Advocate Advocating for clients, broad clinical spectrum, including severe and persistent. ➤ Scholar Daily academic discussions, presentations, and weekly journal club. ➤ Professional Development of professional skills through accountability and ongoing development of standards of behavior.
ACADEMIC ACTIVITIES: Case studies; Journal Clubs; Clinical Presentations.
SPECIAL FEATURES: Sechelt is a rural site with a broad spectrum of psychiatric services. From acute care in ER to chronic care for severe and persistent mental illness at Sumac Rehabilitation. Inpatient and outpatient services, including an ECT program.
DIRECT PATIENT CARE RESPONSIBILITIES: Clinical assessments both in the emergency and out-patient setting, including the inpatient unit. Significant component of clinical work here included Liaison Psychiatry, as it is also a medical facility. Also accompanying psychiatrists during assessments.



NIGHT/WEEKEND CALL:	No after hour or weekend duties.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	Sechelt Hosptial; outpatient psychiatry.		
TIME:	8:30 AM		
PERSON:	Dr Marius Welgemoed		
CONTACT:	604 989 0408	PHONE: 604 989 0408	EMAIL: marius.welgemoed@vch.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Rural Community Outpatient Psychiatry, Sea to Sky Corridor (Squamish, Whistler, Pemberton)			
SITE: Sea to Sky Mental Health and Substance Use Services	CITY: Squamish, Whistler, Pemberton	HEALTH AUTHORITY: Vancouver Coastal Health		
ELECTIVE CATEGORY: <small>(select more than one category if applicable)</small>	Medical <input checked="" type="checkbox"/>	IN/OUT MIX:	SETTING:	DURATION:
	Research <input type="checkbox"/>	Outpatient primarily	Outpatient clinic/mental health team	Flexible. 3-6 months ideal. Part time or full time.
	Educational <input type="checkbox"/>	Optional inpatient/emergency consults		
ELECTIVE OWNER(S): <small>(Name, email, phone)</small>	Drs Kathryn Wynn and Layne Harvey Kathryn.wynn@vch.ca , phone 778-840-0109			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address <small>(DO NOT provide email or phone number)</small>	Drs Kathryn Wynn and Layne Harvey Sea to Sky Mental Health and Substance Use Services 38075 2 nd Ave, Squamish, BC			

DESCRIPTION:

This elective is an exciting opportunity to experience general community psychiatry practice in the breathtaking and action-packed sea-to-sky corridor. Highlights of this rural elective are:

- flexibility of rotation to meet resident's learning objectives
- enthusiastic teachers and multidisciplinary team
- ample opportunity for observed interviews and exam prep
- wide breadth and depth of psychiatric illness: mood and anxiety disorders, chronic and persistent mental illnesses (schizophrenia, bipolar I), personality disorders, substance use disorders
- treatment focus anchored in building strong therapeutic alliance and specific modalities ranging from medication management, individual psychotherapy, motivational interviewing and DBT and MBCT groups.
- optional geriatric psychiatry exposure with neurocognitive disorders (with optional geriatric psychiatry rounds),
- option for psychotherapy training and supervision (MBCT, CBT, MI, supportive-expressive therapy)



LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge** develop expertise around DSM criteria and the nuances or art of diagnoses, understand comorbidities and contributing psychosocial factors, develop understanding of longitudinal course of illness over the life span
 - **Clinical Skills** develop and hone interviewing skills including development of psychodynamic and motivational interviewing skills
- **Communicator** develop expertise in summarizing and communicating relevant info to family physicians, interdisciplinary team members and patients
- **Collaborator** residents will work closely with team nurses, counselors and OT/voc rehab when relevant; community context lends to shared care opportunities with family physicians
- **Manager** resident will be expected to be self-directed and assertive in determining learning objectives for the rotation, and supported to cultivate good time management skills and work/life balance. Participate in triaging and managing urgent response situations
- **Health Advocate** frequent opportunities to help address psychosocial recovery and participate in community mental health awareness and advocacy events
- **Scholar** opportunities for case reports, education presentations and teaching of medical students. Attend weekly videoconference VCH rounds.
- **Professional** resident will liaise with interdisciplinary team members, family physicians and community partners to optimize patient care. Opportunities to attend community medical staff meetings, team leadership meetings and learn from recent grad supervisors about transition to practice.

ACADEMIC ACTIVITIES: videoconferenced VCH rounds; weekly teaching and supervision with supervisors as well as ample informal teaching around cases; opportunities for interdisciplinary teaching and medical student teaching.

SPECIAL FEATURES: this elective offers flexibility to tailor resident’s experience to their particular objectives (i.e. focus on assessments and interviewing, focus on psychotherapy, focus on medication training etc); opportunities for rural outreach work in Pemberton and First Nations mental health; opportunities for participant observership in MBCT and DBT. Healthy balance of patient volume/exposure and personal development/balance.

DIRECT PATIENT CARE RESPONSIBILITIES: residents can expect to progress from observing to leading and conducting assessments. With both direct and indirect, residents can expect to be able to provide psychiatric follow up for medication management and short-term psychotherapy or supportive follow up. May have opportunities to participate in group facilitation depending on resident experience and interest.

NIGHT/WEEKEND CALL:

Site to be determined by Psychiatry PGE.



REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): Contact Dr Wynn at Kathryn.wynn@vch.ca or mobile 778-840-0109.

LOCATION:	Squamish Mental Health and Substance Use Services, 38075 2 nd Ave, Squamish, BC		
TIME:	(TBD). Days typically 9 – 4:30 in Squamish or Whistler depending on residents’ location/interests		
PERSON:	Drs Kathryn Wynn and Layne Harvey		
CONTACT:	Dr Wynn	PHONE: 778-840-0109	EMAIL: Kathryn.wynn@vch.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Rural Psychiatry (Comox Valley and Campbell River)			
SITE: Comox Valley	CITY: Courtenay	HEALTH AUTHORITY: Vancouver Island Health Authority		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Inpatient and Outpatient mix	SETTING: Inpatient and Outpatient Clinics	DURATION: 2 weeks to 6 months at 4 days per week
	Research <input type="checkbox"/>			
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Natalie Drouillard Natalie.Drouillard@islandhealth.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Natalie Drouillard			

DESCRIPTION: The resident will work on the inpatient unit, in outpatient clinics as well as in the emergency department. The resident will see adolescents, adults and geriatric patients and will gain a general knowledge of practicing in a smaller community as well as the services available in the Comox Valley and North Island.

LEARNING OBJECTIVES:

- **Medical Expert:** The resident will continue to expand skills and knowledge in managing patients with addictions, mood and anxiety disorders, schizophrenia, personality disorders and in child and youth/geriatric mental health in a rural area. There is an opportunity to participate in ECT.
- **Communicator:** The resident will communicate with a variety of service providers including other physicians and nurses on the inpatient unit and in the emergency department as well as social workers, family physicians, therapists and agencies in the community such as MCFD. The resident will also be communicating with patients and their families.
- **Collaborator:** Through communication with the various care providers listed above and families the resident will collaborate to ensure the best possible care for patients across a variety of settings. The resident will provide education for community and hospital physicians, MHSU staff, and families.
- **Manager:** As the resident builds a working knowledge of the resources available in the Comox Valley and Campbell he or she will be involved in helping patients connect with appropriate resources and in making triage decisions regarding inpatient versus outpatient care and follow up while on call.
- **Health Advocate:** The resident will have opportunities to reduce mental health stigma and improve mental health literacy through collaboration and communication with care providers and patients. The resident will also work with patients with First Nations heritage and have opportunities to learn more about providing care to people with different cultural backgrounds and helping them access the care they need.



- **Professional:** The resident will be expected to maintain ongoing professional standards as part of her practice though commitment to the health and well-being of individual patients and society though ethical practice, high personal standards of behavior, and accountability to the profession and society.

ACADEMIC ACTIVITIES: Monthly journal club (no journal club activities in July and August)

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES: The resident will be seeing and evaluating patients independently but will review management plans with the staff they are working with.

NIGHT/WEEKEND CALL:

The resident will work with a staff doing some evening and weekend call.

WEEKLY SCHEDULE

Note: When the primary supervisor is away resident will work with on call psychiatrist at either Comox Valley Hospital or Campbell River Hospital for the day. The rotation schedule will be decided based upon the learning goals of the particular resident.

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Rural Psychiatry (Powell River)			
SITE: Powell River General Hospital	CITY: Powell River	HEALTH AUTHORITY: Vancouver Coastal Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>	IN/OUT MIX: Inpatient/ outpatient	SETTING: Psychiatry unit: inpatient Mental Health Clinic: Outpatient, nursing home	DURATION: 4 weeks
ELECTIVE OWNER(S): Name, Email, Phone	Dr. Saby Ramirez Saby.Ramirez@vch.ca , (604) 485-300 Ext 4419			
ELECTIVE ON-SITE SUPERVISOR:	Dr. Saby Ramirez, Dr. Lili Kopala, and Dr. Stu Howard			

DESCRIPTION: General psychiatry in rural community. Seeing a variety of patients from adolescents to Seniors. Assessment and treatment of acute patients in the psychiatry unit. Assessment and management of Dementia patients with BPSD in the inpatient unit and in the nursing home. Electroconvulsive therapy. Provide one time psychiatry consults, management of chronic mental health patients. Management of patients with addictions. Psychotherapy including DBT group. Competency assessments in the medical unit. Consultation liaison in the medical unit (managing delirium etc.).

OBJECTIVES:

Medical Expert: To become a broad-based general psychiatrist.

Management of Health Care System: To work in partnership with community agencies (MCDF, Youth Mental Health, RCMP, School district etc.). Participate in hospital boards.

Communication skills: To enhance communication with the network of service providers. Telephone physician advice and communicate with colleagues in tertiary centers requesting advice, and transfer of patients.

Collaboration: To establish collaborative working relationship with family physician and other health care providers (shared care).

Scholar: Assess information in the web including Uptodate. Use of smartphones medical applications. Teleconference rounds. Journal reading, personal learning projects etc.

Health Advocate: To take an active role in reducing stigma and improving mental health literacy. To develop familiarity with the unique cultures and challenges of aboriginal communities.



ACADEMIC ACTIVITIES: rounds via teleconference (weekly neuropsychiatry rounds, monthly VCH Department rounds). CME for general practitioners etc.

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES: This will change accordingly to the year of residency. A senior psychiatry resident is expected to be working more independently.

NIGHT/WEEKEND CALL: (from dropdown)	Being available for emergency consultations during weekdays 8 am to 6 pm. There is no on call psychiatry service at Powell River Hospital.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Powell River General Hospital 4 th floor inpatient unit.
TIME:	8:30 am
PERSON:	Dr Saby Ramirez



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Sexual Medicine (UBCH)			
SITE: UBC Purdy Pavilion	CITY: Vancouver	HEALTH AUTHORITY: Vancouver Coastal Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX:	SETTING:	DURATION:
ELECTIVE OWNER(S): Name, Email, Phone				
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr Rosemary Basson Purdy Pavilion 2221 Wesbrook Mall			

DESCRIPTION:

The Resident will have synthesized an effective level of clinical knowledge relevant to psychiatry and sexual medicine including but not restricted to:

1. Current conceptualization of the human sexual response and supportive data.
2. Current uncertainties regarding definitions of sexual disorders noting the marked variability of sexual response among men and women and normative changes with age, relationship duration and culture as well as familiarity with studies showing discrepancy of patients' experience of "dysfunction" versus and ICD or DSM-IV diagnosis.
3. Etiology, symptoms and course of disorders of desire and arousal, erection, orgasm, ejaculation.
4. Etiology, symptoms of paraphilia.
5. Etiology, symptoms of gender identity dysphoria and disorder.
6. Symptoms, signs and course of vaginismus and provoked vestibulodynia (PVD) and to be aware of other causes of dyspareunia.
7. Knowledge of chronic pain physiology as applied to chronic sexual pain.
8. Knowledge of the role of lab-testing in sexual disorders.
9. Knowledge of need and timing of a physical examination.



10. Knowledge of sexual effects of psychotropic medications.
11. Applications of CBT and mindfulness to sexual therapy.
12. Knowledge of the principles and content of sexual therapy including sensate focus.
13. Knowledge of the role of hormonal supplementation for sexual dysfunctions in men and women.
14. Knowledge of the lack of correlation of testosterone activity (using sophisticated methods of measurement), and sexual desire in women.
15. To be familiar with the option of sperm retrieval and the basic menstrual cycle of female partners.
16. To be familiar with disorders of sexual differentiations including Androgen Insensitivity Syndrome, 5- α reductase deficiencies, Congenital Adrenal Hyperplasia, Klinefelter's Syndrome and Turner's Syndrome.

The Resident will be involved in some of the small group programs for the management of sexual disorders that are ongoing within the program, both from the clinical and the research aspects. He/She will also become familiar with other ongoing research within the program. The Resident will be responsible for at least one clinical rounds presentation on an aspect of sexual disorders that he/she has assessed and subsequently researched.

SPECIAL FEATURES: 6 months part time with view to joining the program part time after Residency i.e. subspecializing in sexual medicine. Due to our very limited staff, this is the focus of any elective.

DIRECT PATIENT CARE RESPONSIBILITIES: The Resident and Supervisors will assess and manage patients with a variety of sexual concerns, the Resident taking increasing responsibilities as the elective continues

NIGHT/WEEKEND CALL: (from dropdown)	Site to be determined by Psychiatry PGE.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Purdy pavilion		
TIME:	7:45 am		
PERSON:	Dr Rosemary Basson		
CONTACT:		PHONE: (604) 827 1323	EMAIL: rosemary.basson@vch.ca

DESCRIPTION FORM

ELECTIVE NAME:	Shared Care - Geriatric Psychiatry Consultation Liaison & Dementia Shared-Care Unit			
SITE: Surrey Memorial Hospital	CITY: Surrey	HEALTH AUTHORITY: Fraser Health		
ELECTIVE CATEGORY: <small>(select more than one category if applicable)</small>	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: 100% Inpatient	SETTING: Acute Medical Care	DURATION: 1-3 Months
ELECTIVE OWNER(S): <small>(Name, email, phone)</small>	Dr. Vincent Choong vincent.choong@ubc.ca 778-233-8060			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address <small>(DO NOT provide email or phone number)</small>	Dr. Vincent Choong N53 Medicine, Surrey Memorial Hospital 13750 96 Avenue, Surrey BC V3V 1Z2			

DESCRIPTION:

This elective offers a unique opportunity in the Lower Mainland involving a shared-care approach between geriatric psychiatry and hospitalist programs focusing on dementia care in acute hospital settings.

The program offers rotations in geriatric consultation liaison psychiatry and shared-care dementia unit every 2 weeks.

The shared-care dementia unit (North 53 Medicine) is a 26 bed locked unit staffed by medical RNs & LPNs, 2 full time social workers, occupational therapist, physiotherapist, rehab assistance and recreational therapist with additional external supports from pharmacy and home health liaison. Medical staffing comprises 3 hospitalists and 1 geriatric psychiatrist. The unit has a good working relationship with the hospitalist service, long term care facilities in the catchment area and with Fraser Health Authority's Older Adult Tertiary Mental Health (OATMH) program.

The unit was set up primarily to address the issues of excessive restraints used to manage patients with behavioural and psychological symptoms of dementia (BPSD) in acute hospital settings. N53 started out as a pilot project in 2016 and has been very successful in reducing the overall use of restraints in Surrey Memorial Hospital as N53 employs primarily non-pharmacological first-line intervention involving allied health input from occupational and recreational therapy.



Aside from the primary focus in managing BPSD, the unit is heavily invested in disposition care planning, advising FHA long-term care services of most appropriate discharge destinations.

The unit has 2 weekly rounds, of which geriatric psychiatry takes the lead on Thursday rounds.

A PGY-4 resident involved in this rotation is expected to participate in consultation psychiatry during on service identifying suitable patients to be transferred to N53 and provide continuing care alongside hospitalist service after.

This elective provides a unique opportunity in acquiring knowledge in the workings and functions of residential care systems, processes involved in long term care, deeper understanding of allied health's contribution (and at times limitations) to care planning. This is also an excellent opportunity for greater exposure to legal statutes such as the Health Care and Care Facilities Consent Act as well as the Adult Guardianship Act, and how they potentially interface with the Mental Health Act.

As part of the requirement of this rotation, the resident should be reasonably well-versed in general medicine and good knowledge of psychopharmacology as our patients often have multiple medical comorbidities.

Other opportunities include participating in family meeting discussions regarding diagnoses, management plans, disposition planning and OATMH intake meetings

Research opportunities are also available but not limited to psychotropic audits, quality improvement (QI) projects looking at falls, restraints and BPSD management.

LEARNING OBJECTIVES:

- Medical Expert: To gain competence in management of major neurocognitive disorders (MNCD) and associated behavioral and psychological symptoms of dementia (BPSD) via pharmacological and non-pharmacological modalities.
- Communicator: To communicate and provide psycho-education, supports to patients, families and caregivers regarding diagnoses, management plans and acknowledging the care complexity of this patient population.
- Collaborator: Co-ordinate care between the inpatient hospitalist medical teams, allied health care professionals specifically social work, occupational therapy, physiotherapy, rehab team and home health with respect to discharge care planning.
- Manager: Working alongside FHA management ensuring patient receiving optimal evidence-based care and support via resource procurement.
- Health Advocate: Raising awareness of MNCD and the frequency of BPSD symptoms within acute care setting.
- Scholar: Dissemination of knowledge via providing teaching to medical nursing staff, allied health and medical students.
- Professional: Empathic approach to patients and caregivers is inherent expectation of this elective discipline.

ACADEMIC ACTIVITIES: Ongoing audit and Quality Improvement initiatives

SPECIAL FEATURES: Blended geriatric liaison / dementia shared-care unit



DIRECT PATIENT CARE RESPONSIBILITIES: Residents will be involved in assessing patients with BPSD in ER, acute medical and surgical units determining their suitability for shared-care unit based on admission criteria and once admitted, provide longitudinal care gearing towards disposition planning.

NIGHT/WEEKEND CALL:	None
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	N53, Surrey Memorial Hospital		
TIME:	0845		
PERSON:	Message Dr. Choong directly		
CONTACT:	Dr. V Choong	PHONE: 778 233 8060	EMAIL: vincent.choong@ubc.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Shared Care – Community Based Rapid Access Clinic (RAC)			
SITE: New Westminster Mental Health and Substance Use Services (NWMHSUS)	CITY: New Westminster		HEALTH AUTHORITY: Fraser	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX:	SETTING:	DURATION:
	Research <input type="checkbox"/>	Outpatient	Urban	3-6 months (1-2 days/week)
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Charlena Chan, charlena.chan@fraserhealth.ca , 604-889-5472			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Charlena Chan, NWMHSUS, 403 6 th St, New Westminster			

DESCRIPTION:

The Rapid Access Clinic is a new model of shared care that was created to help meet the needs of family physicians requiring psychiatric consultation for their patients in a timely mannerism to facilitate delivery of care. The clinic was developed as part of the Fraser Health Physician Health Program (PHP), which consists of a number of modules and seminars to assist family physicians in providing long term care for their patients who have psychiatric disorders but do not require the intensive level of care and case management with a mental health team. This clinic accepts referrals directly from family physicians and provides one-time consultation services to assist in diagnostic clarification and treatment recommendations intended for the patient’s family physician to implement.

This elective is suitable for senior residents (preferably R5’s) who are interested in developing expertise in diagnostic assessment and treatment planning in an outpatient setting for adult patients that are often relatively well functioning in the community.

LEARNING OBJECTIVES:

- **Medical Expert**

- You will develop expertise in the diagnostic assessment for a variety of anxiety, mood, substance, and psychotic disorders utilizing a biopsychosocial approach to formulation.

- **Communicator**

- Patient psychoeducation will play an important role in this clinic, as patients are expected to work closely with their family physicians to implement multi-level treatment recommendations with informed consent.



<ul style="list-style-type: none"> ○ Collaborator -This elective is a shared care model in which patient management is delivered through a collaborative approach with family physicians in the community. ○ Manager -You will develop skills in managing your clinical and administrative duties independently with adequate on-site support and supervision. ○ Health Advocate -Patients will require advocacy in a number of domains related to their mental health, especially with seeking psychosocial interventions in an affordable mannerism. You will learn about the variety of community resources patients may seek to support their mental health and well-being. 	
ACADEMIC ACTIVITIES: None on site. Teaching rounds are available at Royal Columbian Hospital.	
SPECIAL FEATURES: This elective may also be combined with another part-time Shared Care elective (See Simon Fraser University – Shared Care/Student Health) to meet Royal College requirements.	
DIRECT PATIENT CARE RESPONSIBILITIES: Yes	
NIGHT/WEEKEND CALL:	Associated with Royal Columbian Hospital on-call roster.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	New Westminster Mental Health and Substance Use Services 403 6 th Street, New Westminster		
TIME:	8:30am		
PERSON:	Dr. Charlena Chan		
CONTACT:		PHONE: 604-889-5472	EMAIL: charlena.chan@fraserhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Shared Care at John Ruedy Clinic (formerly Immunodeficiency Clinic)			
SITE: Saint Paul's Hospital	CITY: Vancouver	HEALTH AUTHORITY: Providence		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% outpatient	SETTING: Hospital-based outpatient clinic	DURATION: Flexible – one to six months
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Simon Bow – SBow@providencehealth.bc.ca (604) 328-4161			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Simon Bow John Ruedy Clinic, St. Paul's Hospital, 1081 Burrard St., Vancouver, BC V6Z 1Y6			

DESCRIPTION:

The John Ruedy Clinic, formerly called the Immunodeficiency Clinic, is a comprehensive primary care and specialty clinic serving patients who have HIV. The clinic is staffed by an interdisciplinary team including family physicians, medical and psychiatric nurses, social workers, peer navigators, counsellors, psychiatrists and other specialists. Central to this clinic is our relationship with our primary care providers and interprofessional staff, and care of patients operates on a shared-care model.

Two psychiatrists retained by the clinic provide supervision of residents who wish to undertake an elective. Common clinical issues encountered include depressive, bipolar, anxiety, psychotic, substance use, sleep, sexual dysfunction, gender dysphoria, neurocognitive and personality disorders. A large number of patients come from disenfranchised backgrounds. The scope of care includes psychiatric assessment, initiation and maintenance of psychopharmacologic treatment, and time-limited psychotherapeutic techniques including elements of CBT, DBT, mindfulness and supportive therapy. There may also be opportunity to run a short-term therapy group during the course of the elective. There is an established contingency management group, and a new Mindfulness Based Stress Reduction group with Dr. Elefante. The resident may also propose to run a group of other modalities if interested.

Residents may undertake rotations of varying length from one to six months, as appropriate with their training requirements. Residents will have direct supervision with the psychiatrists as well as have the opportunity for independent work with supervisory support. Staff psychiatrists are onsite four days a week (except Fridays). Apart from clinical duties, residents may undertake scholarly activities through creating content for and presenting at departmental rounds.

LEARNING OBJECTIVES:**1. Medical Expert**

Knowledge – residents will solidify their diagnostic skills in this clinic that serves patients with various mental health diagnoses. They will also gain further knowledge regarding the mental health needs and treatment of patients with serious, chronic medical comorbidities (i.e., HIV). Continue to solidify expertise around DSM criteria and the nuances or art of diagnoses, understand comorbidities and contributing psychosocial factors, as well as knowledge of pharmacology as it applies specifically to this patient population.

Clinical Skills – residents will develop and hone interviewing skills, initiation and maintenance of medications, appropriate use of psychotherapeutic interventions.

2. Communicator – residents will develop expertise in summarizing and communicating relevant info to family physicians, interdisciplinary team members and patients



3. **Collaborator** – residents will work closely with interdisciplinary team at JRC in this shared-care elective.
4. **Manager** - residents will be expected to be self-directed and assertive in determining learning objectives for the rotation and supported to cultivate good time management skills and work/life balance.
5. **Health Advocate** – frequent opportunities to help address psychosocial recovery and participate in community mental health awareness and advocacy events.
6. **Scholar** – there will be opportunities for education presentations through HIV Care Rounds or as part of the SPH Department of Psychiatry Rounds.
7. **Professional** - residents will liaise with interdisciplinary team members, family physicians and community partners to optimize patient care. Opportunities to attend community medical staff meetings, team leadership meetings and learn from recent grad supervisors about transition to practice.

ACADEMIC ACTIVITIES: At discretion of resident

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES: As above

NIGHT/WEEKEND CALL:	As per UBC psychiatry residency policy; site dependent on where majority of clinical work done.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:			
TIME:			
PERSON:			
CONTACT:		PHONE:	EMAIL:

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Shared Care/ Student Health (Simon Fraser University)			
SITE: SFU Campus	CITY: Burnaby	HEALTH AUTHORITY: Fraser		
ELECTIVE CATEGORY: <small>(select more than one category if applicable)</small>	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: Outpatient	SETTING: Urban	DURATION: 3-6 months (1-2 days/week)
ELECTIVE OWNER(S): <small>(Name, email, phone)</small>	Dr. Charlena Chan, charlena.chan@fraserhealth.ca , 604-889-5472			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address <small>(DO NOT provide email or phone number)</small>	Dr. Charlena Chan, Simon Fraser University, Maggie Benston Centre, Rm 0101			

DESCRIPTION:

The SFU Psychiatry Clinic is located directly within the campus' Health and Counseling Centre (HCC) and exemplifies a model of shared care delivery for mental health services. The clinic services the SFU student population, with referrals from a variety of sources – including the clinic's family physicians, counselors, campus security, course instructors, student residence's coordinator, and the student disability centre. As well, the HCC often serves as the initial place of presentation for students in acute crisis seeking care.

Psychiatric consultations are provided to assist in diagnostic clarification, treatment recommendations, and facilitating registration with the campus' disability centre for academic accommodations. There are 8+ part time family physicians within this clinic that are well skilled in the pharmacological management of student mental health concerns. In addition, there is a mental health nurse, several psychologists and clinical counselors that provide psychological management through individual counseling and group psychotherapy. All documentation is through a shared EMR (Profile) between the psychiatrist, family physicians, psychologists, and counselors to ensure collaboration and continuity of care.

This elective is suitable for senior residents (preferably R5's) who are interested in developing diagnostic and management skills of young adults in an outpatient setting who are functioning at a high level in a post-secondary academic environment.

LEARNING OBJECTIVES:

- **Medical Expert**



-You will develop expertise in the diagnostic assessment for a variety of anxiety, mood, and psychotic disorders utilizing a biopsychosocial approach to formulation.

-You will be introduced to a number of clinical rating skills to facilitate diagnosis and symptom monitoring.

-The inherent demands of a post-secondary institution also present many opportunities to identify and support students with developing improved stress management and adaptive coping skills through psychotherapeutic interventions.

○ **Communicator**

-Patient psychoeducation will play an important role in this clinic, as students are often highly involved in learning about their diagnosis, differentials, treatment options, prognosis, and functional impact on their academic studies.

-You will also need to communicate with student's referral physician, counselors, and disability coordinators both verbally and in written form to ensure continuity of care

○ **Collaborator**

-This elective is a shared care model in which all patient management is delivered through a collaborative approach with family physicians, counselors, mental health nurse, and other identified campus third parties (i.e. disability coordinators, course instructors, etc.) with patient consent

○ **Manager**

-You will develop skills in managing your clinical and administrative duties independently with adequate on-site support and supervision.

○ **Health Advocate**

-Students will require advocacy in a number of domains related to their mental health including financial (student loans/bursaries), disability accommodations, course withdrawals/extensions, medication coverage, etc.

○ **Scholar**

-Specialized areas of knowledge for learning include adult ADHD, Autism Spectrum Disorder, Bipolar Type II, and complex PTSD.

ACADEMIC ACTIVITIES: Guest speakers are invited for in-service presentations every few months. This year we have had Dr's Kevin Kjernisted, Derryck Smith, and Candace Murray attend to speak on the topic of ADHD.

SPECIAL FEATURES:

<https://www.sfu.ca/students/health/>



HCC is a multi-disciplinary centre with a variety of groups, seminars, clubs, etc. that are available for students and will play a unique feature of your proposed management plan for addressing student’s mental health. New endeavors at this time include the Active Health Program (exercise program with personal trainer for students with depression) and ADHD Group Medical Visits (psychoeducation, medication review, and skills development modules.)

This elective may also be combined with another part-time Shared Care elective (See NWMHSUS Rapid Access Clinic Elective) to meet Royal College requirements.

DIRECT PATIENT CARE RESPONSIBILITIES: Yes

NIGHT/WEEKEND CALL:	Associated with Royal Columbian Hospital on-call roster.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	SFU, Maggie Benston Centre, Rm 0101 (bottom floor) https://www.sfu.ca/content/dam/sfu/students/health/pdf/HCSMap_with%20text.pdf		
TIME:	9:00am		
PERSON:	Dr. Charlena Chan		
CONTACT:		PHONE: 604-889-5472	EMAIL: charlena.chan@fraserhealth.ca



RESIDENT ELECTIVE DESCRIPTION FORM

Elective Name:	Shared Care – First Nations Virtual Psychiatry Services
Submitted by:	Marilyn Thorpe, BA, MD, FRCPC
Updated:	September 17, 2022
Rotation:	Shared Care Elective
Start / End Date:	<p>This rotation is a full day rotation (9-4) and cannot be done in a part day. It is best as a one or two day per week rotation and cannot be done as a full month.</p> <p>We have capacity for 6 residents days in a week.</p> <p>We require that the resident has completed an Indigenous training course (see below).</p>
Where:	This is a remote elective delivered solely through telepsychiatry.
Supervisor:	<p>Different psychiatrists work different days.</p> <p>Contact psychiatric lead, Dr. Marilyn Thorpe (drmarilynthorpe@gmail.com)</p>
Elective Goals:	<ol style="list-style-type: none"> To gain familiarity with delivering psychiatric care via telepsychiatry To gain exposure to the shared care model, particularly as it pertains to providing for underserved populations (Indigenous population) To appreciate the challenges Indigenous people face accessing and trusting health care providers.
Fulfillment of Elective Goals:	<ol style="list-style-type: none"> Patients can be referred by their family doctor, an FNP, counsellor, case manager and even self-referral allowing one to see a very wide variety of patients (16 years old and older) from all over the province and help with diagnosis, management, etc. Patients present with very complex needs in very compromising situations. This elective involves doing consults, and follow-ups as needed. It is possible to provide short term psychotherapy if the resident wishes.
Fulfillment of CanMEDS Roles:	<p>Two new consults are done in a day's shift as are follow ups.</p> <ol style="list-style-type: none"> <i>Medical Expert:</i> Through this elective the resident will gain specific expertise and skills in the provision of culturally sensitive psychiatric care. The resident will learn to adjust management plans when community resources are limited. <i>Communicator:</i> The resident will further develop communication skills through constant exposure to a variety of patients, families, and practitioners, requiring regular conveying and synthesizing of relevant information and the development of shared care plans. Likewise, one will learn to speak in more layman-friendly language. <i>Collaborator:</i> This elective will involve collaboration with community GPs and allied health as a means of developing the best possible care plan for patients being served. <i>Manager:</i> This elective will involve learning to manage patients in the context of their families and larger health care community. At times the resident will involve taking on a leadership role within this team to effectively direct care. <i>Health Advocate:</i> This elective will provide the opportunity to advocate for delivery of psychiatric care in remote BC communities. It also provides an opportunity to learn



	<p>how to approach frightened, traumatized patients. This allows the resident to be a more informed 'health advocate' moving forward.</p> <ol style="list-style-type: none">6. <i>Scholar</i>: The resident will be in the position to facilitate the learning of other health professionals, patients, and their families.7. <i>Professional</i>: The resident will maintain high standards of ethical practice and high personal standards of professional behaviour.
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Alternatives to Sany’as Training

1. VIHA 7 Generations

Indigenous Health Cultural Safety | Island Health

2. UofA Indigenous Canada MOOC

Indigenous Canada | University of Alberta (ualberta.ca)

3. Indigenous Perspectives Society Cultural Perspectives Course

Indigenous Perspectives Society (ipsociety.ca)

4. U of S – Role of Practitioners in Indigenous Wellness

<https://rehabscience.usask.ca/cers/courses/the-role-of-practitioners-in-indigenouwellness.php>

5. Indigenous Voices Online Learning Modules

<https://teaching.usask.ca/curriculum/indigenization.php#IndigenousVoicesProgram>

6. Cancer Care Ontario – Indigenous Relationship and Cultural Awareness

<https://www.cancercareontario.ca/en/resources-first-nations-inuit-metis/first-nationsinuit-metis-courses>

7. UBC 23/24

UBC 23 24 Indigenous Cultural Safety | Centre for Excellence in Indigenous Health



ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Shared Care – Richmond Mental Health Services		
SITE: Various GP offices within the city of Richmond		CITY: Richmond		HEALTH AUTHORITY: Vancouver Coastal Health
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/>	IN/OUT MIX: Outpatient		SETTING: Urban
ELECTIVE OWNER(S): (Name, email, phone)		Dr. Kenneth Heng, kenneth.heng@vch.ca , 604-244-5534		
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		Dr. Kenneth Heng, kenneth.heng@vch.ca Richmond Hospital (7000 Westminster Highway, Vancouver, BC, V6X 1A2)		

DESCRIPTION:

The Shared Care Psychiatry Service is one of the many programs offered by the Richmond Mental Health Services. There are currently 3 psychiatrists and over 15 family physicians participating in this service. Psychiatrists are assigned to certain clinics (ensuring continuity of care), and clinics are held on a regular schedule (e.g., every other Thursday, or every first and third Wednesday etc.). In this model, patients are referred directly by their family physicians for a consultation and possibly up to 3 follow-up visits. Patients typically present with mood, anxiety, and adjustment disorders. Once the psychiatrist has seen the patient, referrals to other services (either inside or outside of Richmond) can also be made. In keeping with the spirit of shared care, time is set aside to discuss the patient case with the family physicians. Residents who are involved in the program will see new consults and follow-ups with a high degree of independence, and will review with the preceptor directly on site.

Due to the schedules of the family physicians, the shared care service is only offered on some Wednesdays (4 days a month), Thursdays (2 days a month), and Fridays (2 days a month). For residents who are interested in using this rotation to fulfill their shared care requirements, a minimum of 3 months are recommended for a PGY-5 resident and 6 months are recommended for a PGY-4 resident. This can be readily combined with other rotations within Richmond (e.g., chronic care, non-core rotation consultation-liaison, addictions). Although all clinics are located along public transportation routes, having access to a vehicle is strongly recommended.

LEARNING OBJECTIVES:

- **Medical Expert**



<p>-You will develop expertise in the diagnostic assessment for a variety of anxiety, mood, substance, and psychotic disorders utilizing a biopsychosocial approach to formulation.</p> <ul style="list-style-type: none"> ○ Communicator -Patient psychoeducation will play an important role in this clinic, as patients are expected to work closely with their family physicians to implement multi-level treatment recommendations with informed consent. ○ Collaborator -This elective is a shared care model in which patient management is delivered through a collaborative approach with family physicians in the community. ○ Manager -You will develop skills in managing your clinical and administrative duties independently with adequate on-site support and supervision. ○ Health Advocate -Patients will require advocacy in a number of domains related to their mental health, especially with seeking psychosocial interventions in an affordable mannerism. You will learn about the variety of community resources patients may seek to support their mental health and well-being. 	
<p>ACADEMIC ACTIVITIES: None on site. Teaching rounds are available at Richmond Hospital. Opportunities to present at grand rounds and case formulation rounds are also available.</p>	
<p>SPECIAL FEATURES: This rotation may also be combined readily with other rotations within the Richmond Mental Health Services (e.g., chronic care, psychotherapy, addictions, non-core consultation liaison)</p>	
<p>DIRECT PATIENT CARE RESPONSIBILITIES: Yes</p>	
<p>NIGHT/WEEKEND CALL:</p>	<p>Associated with Richmond Hospital on-call roster.</p>

<p>REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):</p>		
<p>LOCATION:</p>	<p>Green Zone, Room 2005 (2nd floor) Richmond Hospital 7000 Westminster Highway</p>	
<p>TIME:</p>	<p>8:30am</p>	
<p>PERSON:</p>	<p>Dr. Kenneth Heng</p>	
<p>CONTACT:</p>	<p>PHONE: 604-244-5534</p>	<p>EMAIL: kenneth.heng@vch</p>



ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Shared Care - Youth Pregnancy and Parenting Program (YPPP)			
SITE: Robert and Lily Lee Family Community Health Centre Ground floor, 1669 East Broadway, Vancouver BC	CITY: Vancouver		HEALTH AUTHORITY: VCHA	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX:	SETTING:	DURATION:
	Research <input type="checkbox"/>	Outpatient	Community Health Centre	1 day/wk X 4 months Monday or Thursday
	Educational <input checked="" type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Deirdre Ryan, Reproductive Mental Health Program, BC Women's Hospital Email: dryan@cw.bc.ca Phone: 604 875 2025 Fay Ferreira, Training Coordinator. Email: fferreira@cw.bc.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Dimithra Hippola Robert and Lily Lee Family Community Health Centre 2nd floor 1669 East Broadway, Vancouver BC			

DESCRIPTION: The Youth Pregnancy and Parenting Program is a multidisciplinary program that supports marginalized pregnant and parenting teens and youth from early pregnancy until 18 months post partum. The program began in 2004. The clinic runs twice a week in the community at Robert and Lilly Lee Community Health Center on Commercial and Broadway and is a Vancouver Coastal Health clinic. All pregnant patients deliver at BC Women's Hospital and are followed at the clinic after delivery. The team includes family physicians (3), obstetricians (1), nurse practitioners, nursing (coordinator/nurse family partners/community health nurses), dieticians, addictions therapists, social work/housing support, mental health counselling, lactation support, and doulas.

There is a high rate of addictions, poverty, homelessness, school failure, abuse (physical/sexual/emotional) and trauma, incarceration, and complex mental health issues amongst the population seen. Many of the clients have social workers with VACFSS and the Ministry of Children and Families. Mental health problems are commonly seen in this population and include depression (prenatal and postpartum), anxiety, post traumatic stress disorder, psychosis, bipolar disorder, ADHD, learning disorders, self-harm behaviours, and phobias.

The addition of Reproductive Mental Health support to our team is via longitudinal psychiatry resident placements. The psychiatry resident is supported by the consulting reproductive psychiatrist on call at BC Women's for all consults seen. The resident would provide psychiatric consultation to both pregnant and parenting youth as well as connect patients



with mental health resources in the community. Referrals would be from various members of the YPPP team, but primarily the family physicians and obstetricians seeing the patients for prenatal and post partum care. Some clients may also be seeing or have seen CART, the mental health teams, inner city mental health outreach and BC Children's psychiatry prior to coming to the Youth Pregnancy and Parenting program.

Before each clinic (Mondays post partum clinic 11-3pm; Thursdays prenatal clinic 1-5pm), there is a team meeting to review patients and case conference difficult cases amongst the team.

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge:** The resident will become familiar with assessing, diagnosing and treating psychiatric illnesses in pregnant and postpartum teens and youth up to 24 years old with complicated psychosocial factors. The emphasis will be on creative problem solving in the context of difficult living situations and conditions. The resident will have an opportunity to work in a multidisciplinary team with a family physician, nurse coordinator and nurse practitioner. The resident will be supervised by a reproductive mental health psychiatrist and will become familiar with the complexities of pharmacological treatment in pregnant and breastfeeding young mothers.
 - **Clinical Skills:** The resident will develop specific skills necessary to form a therapeutic alliance and working relationship with young and expecting parents with concurrent disorders, complex psychosocial issues and primary psychiatric conditions.
- **Communicator:** The resident will gain experience in establishing rapport, communicating in an organized manner including clear and concise record keeping, providing information to the patient and referring health care providers.
- **Collaborator:** The resident will develop effective working relationships with other members of the YPPP team.
- **Manager:** The resident will focus on utilizing his or her time effectively to balance patient care, education needs, supervision and communication with the YPPP team members.
- **Health Advocate:** The resident will increase their awareness of determinants of health of young parents and advocate on their behalf for their health care and psychosocial needs. The focus will be on health promotion, awareness of how a psychiatric illness can affect the development of children and families and prevention as appropriate.
- **Scholar:** The resident will be encouraged to engage in self learning to expand their knowledge in screening, diagnosis and treatment of perinatal psychiatric illnesses in youth.
- **Professional:** The resident is expected to conduct themselves in a professional manner presenting for all of the assigned clinic dates and being a contributing member of the YPPP multidisciplinary team.

ACADEMIC ACTIVITIES: While participating in the YPPP program the residents are welcome to attend any Telehealth Academic Rounds available at the BCWH Reproductive Mental Health Program.



SPECIAL FEATURES: The resident will learn about special issues related to pharmacological and non-pharmacological treatment of psychiatric illnesses in young marginalized moms.

DIRECT PATIENT CARE RESPONSIBILITIES: The resident is responsible for assessment interviews and follow-up appointments of patients under the supervision of both Dr. Hippola and Dr. Ryan.

NIGHT/WEEKEND CALL: As per PGE Psychiatry.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Robert and Lily Lee Family Community Health Centre Ground floor 1669 East Broadway, Vancouver BC		
TIME:	11 am		
PERSON:	Karen Dunn, Nurse Coordinator		
CONTACT:	Karen Dunn	PHONE: 604-675-3983	EMAIL: yppp@vch.ca



Shared Care Vancouver Native Health Society Medical Clinic (VNHSC)

Collaborative/Shared Care Psychiatry Rotation

Context of collaborative care rotation: The Vancouver Native Health Society (VNHS) medical clinic, located in Vancouver's Downtown Eastside (DTES), was developed specifically to address the health care needs of Indigenous people living in this inner-city neighborhood. The clinic has over 5000 active patients, 60% of whom self-identify as Indigenous—approximately 80% have Indian Status, while 10% are Non-Status and 10% identify as Métis. Indigenous patients hail from communities across North America. Many patients have complex mental health and substance use problems, chronic pain, and other stigmatizing chronic health conditions, such as HIV/AIDS. The clinic strives to provide comprehensive, culturally safe primary care and access to integrated mental health services. Mental health services currently available at the clinic include mental health counselors, addictions counselors, and a psychiatrist. The clinic has also recently developed a partnership program with Indigenous Elders to promote cultural safety and improve provision of mental health care to Indigenous patients.

The overarching goal of this rotation is for residents to develop the necessary skills to work collaboratively with family physicians to provide effective psychiatric consultation and shared care for patients at the VNHS clinic. Residents will also provide short-term follow up and treatment, usually combining medications with psychosocial interventions in a framework of supportive psychotherapy. Patients referred for psychiatric treatment at VNHC typically have complex presentations, with multiple co-occurring psychiatric and medical conditions that are complicated by adverse social situations (e.g., poverty, unstable housing, multiple losses) rooted in the legacies of colonization and the historical oppression of Indigenous cultures. The resident will be expected to develop a working understand of cultural safety that will inform her approach to consultation and treatment.

The following is a description of the rotation objectives and clinical experience.¹

INTRODUCTION²

This document describes the core rotations in Collaborative/Shared Care Psychiatry at the Native Health Society Medical Clinic. The curriculum is in accordance with the following standards:

1. Objectives of Training in Psychiatry (RCPS, 2009).
2. Goals and Objectives for Psychiatry Residents – Collaborative/Shared Care Psychiatry (UBC, 2011).
3. Specialty Training Requirements in Psychiatry (RCPS, 2009).

TEACHING PROGRAM

A. MISSION

¹ This is a slightly modified version of the Fraser Health Authority's comprehensive shared care rotation document.



To help psychiatry residents learn the knowledge, skills, and attitudes necessary to assess and manage psychiatric disorders in adult patients in collaboration with primary care healthcare providers.

B. TRAINING REQUIREMENTS

In accordance with the 'Specialty Training Requirements in Psychiatry' (RCPSC, 2009), during the senior residency (PGY4 and 5), the resident will complete "12 months providing complex care to the expected volume and variety of adult patients in general psychiatric practice that includes...collaborative/shared care with family physicians, specialist physicians and other mental health professionals. This may be undertaken as a discrete rotation of no less than 2 months, or incorporated as a longitudinal experience of no less than the equivalent of 2 months duration."

C. EDUCATIONAL OBJECTIVES

Goals and Objectives for Psychiatry Residents – Collaborative/Shared Care Psychiatry (UBC, 2011):

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert

Definition:

As *Medical Experts*, Psychiatrists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient centered care....*Medical Expert* is the central physician role in the CanMEDS framework.

Key and Enabling Competencies: Psychiatrists are able to...

1. To develop skills required of a consultant in primary care
 - a. Conducting a clinical consultation
 - i. Defining the question
 - ii. Synthesizing previous findings / reports (available in the primary care chart)
 - iii. The verbal report
 - iv. The written report and making it relevant
 - v. Integrating other available information
 - vi. Developing a collaborative care plan
 - vii. Pro-active follow-up
 - viii. Developing a partnership with one or more primary care providers
 - ix. Triaging a request
 - x. Responding to what the consultee is looking for
 - xi. Determining / allocating roles and responsibilities
 - b. Offering comprehensive, integrated assessments, treatment plans and advice
 - c. Communicating effectively with primary care staff, patients and their families
 - d. Working in a non- traditional setting
 - e. Conducting a home visit (if indicated)
 - f. Integrating within a practice
 - g. Working as a team member
 - h. Availability in between sessions



- i. Managing time effectively
 - j. Medico-legal aspects of collaborative partnerships including liability
 - k. Discussing cases and advising on their management (without the person being seen)
 - i. Triageing a case and assessing its urgency
 - ii. Understanding what the family physician is asking / looking for
 - iii. Providing succinct advice
2. To learn about the potential role of primary care in a health care delivery system, including which problems can be treated effectively in primary care and which need to be referred to a mental health service

Communicator

Definition:

As *Communicators*, Psychiatrists effectively facilitate the doctor patient relationship and the dynamic exchanges that occur before, during and after the medical encounter. Psychiatrists enable patient centered therapeutic communication through shared decision making and effective dynamic interactions with patients, families, caregivers, other professionals, and other important individuals. The competencies for this role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care. This is a central skill relevant to the practice of Psychiatry, across the life span.

Key and Enabling Competencies: Psychiatrists are able to...

1. To assist in the management of a wide variety of clinical problems and populations as they present in the practice, including children, adults, seniors, families and couples, applying skills they have learnt in other rotations.
2. To communicate effectively about clinical and other matters with family physicians and other members of the primary care team
3. To communicate effectively, empathically and supportively with patients and families

Collaborator

Definition:

As *Collaborators*, Psychiatrists effectively work within a health care team to achieve optimal patient care. Psychiatrists work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. This is increasingly important in a modern multi-professional environment, where the goal of patient centered care is widely shared. It is therefore essential that Psychiatrists be able to collaborate effectively with patients and a multidisciplinary or interdisciplinary team of expert health professionals for the provision of optimal patient care, education and scholarship.

Key and Enabling Competencies: Psychiatrists are able to...

1. To learn from primary care providers about
 - a. How co-morbid mental health and physical problems present and are treated
 - b. How mental health problems are handled and why
 - c. Challenges and barriers when accessing the traditional mental health system
 - d. Challenges in introducing behavioural changes within the realities of primary care
 - e. How community services are being used
 - f. What problems family physicians find the most challenging and why
2. To apply these skills with working with other community settings such as community agencies

3. To develop collaborative treatment plans

Manager

Definition:

As *Managers*, Psychiatrists are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Psychiatrists are able to...

1. To develop skills in consulting to a system of care (i.e., addressing issues that are broader than those presented by an individual patient). This includes
 - a. Seeing primary care as a system of care and recognizing system / organizational issues that may interfere with patient care / outcomes (based upon the Wagner Chronic Care Model)
 - b. Being able to raise these issues with the primary care staff in a productive and collegial manner
 - c. Implementing models for improving care or redesigning specific aspects of the health delivery system, in partnership with the practice
 - d. Assessing unmet needs in a practice and looking at ways these could be met
 - e. Being able to map and discuss a process of care, identifying areas where it could be improved

Health Advocate

Definition:

As *Health Advocates*, Psychiatrists responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Key and Enabling Competencies: Psychiatrists are able to...

1. To understand and appreciate the needs and challenges of primary care
 - a. The prevalence of mental health problems in primary care
 - b. The role of the family physician and primary care in community health systems
 - c. The role of the family physician and primary care in providing mental health care
 - d. Looking after a population as well as individuals.
 - e. Referral patterns from to mental health services
 - f. Problems that can arise at the interface with mental health services
 - g. How mental health services do / could respond to the needs of primary care
 - h. The potential and opportunities in primary care for
 - i. Early detection
 - ii. Prevention of relapse
 - iii. Identifying individuals at risk
 - iv. Working with families
 - v. Health promotion
2. To bring the primary care perspectives to discussions and decisions being made with other mental health services / departments of psychiatry

Scholar

Definition:

As *Scholars*, Psychiatrists demonstrate a lifelong commitment to reflective learning, as well as the creation,



dissemination, application and translation of medical knowledge.

Key and Enabling Competencies: Psychiatrists are able to...

1. Maintain and enhance professional activities through ongoing learning
2. Critically evaluate information and its sources, and apply this appropriately to practice decisions
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate
4. Contribute to the development, dissemination, and translation of new knowledge and practices

Professional

Definition:

As *Professionals*, Psychiatrists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: Psychiatrists are able to...

To develop an identity as a psychiatrist by consulting to another discipline as a representative of the profession

D. CAPACITY

Longitudinal – 1 resident

E. CLINICAL EXPERIENCES

- 1 day per week X 12-16 weeks
- 1 new assessment will be scheduled per half day (this may be reduced to 1 new assessment per day depending on caseload and time required for follow-up appointments)
- The resident is encouraged to discuss cases directly with referring primary care physicians

F. FORMAL TEACHING

Teaching during this rotation will be informal and directly related to patient encounters.

G. SUPERVISION & FEEDBACK

1. Clinical responsibility. Clinical work by the resident will be supervised by the staff psychiatrist, who assumes clinical responsibility for all cases. If needed, follow up appointments will be scheduled directly with the supervisor.
2. Clinical supervision. The supervisor monitors the resident's performance, guides the acquisition of competencies, and is available to advice on professional development.
3. Scheduled supervision. The supervisor provides the resident with at least one hour of scheduled individual supervision and feedback per week, and one formal evaluation at the end of the rotation.
4. Feedback. The resident is encouraged to provide feedback regarding supervision and the VNHS shared care rotation.

H. EVALUATION



Formal evaluation of the resident is completed via the UBC Psychiatry In-Training Evaluation Report (ITER) for the rotation.

I. FACULTY

Dr. George Hadjipavlou (Psychiatrist)

Dr. David Tu (Family physician)

Dr. Glen Bowsbey (Family physician and medical director at the VNHS medical clinic)

J. CONTACT INFORMATION

Dr. George Hadjipavlou

Email: hadj@mail.ubc.ca

April 24, 2015



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Shared Care Outpatient Consultation Liaison Psychiatry (BC Cancer Agency)			
SITE: SPH / BCCA / MDA	CITY: Vancouver	HEALTH AUTHORITY: PHC / PHSA		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 60 / 40	SETTING: Outpatient clinics at SPH and BCCA.	DURATION: 3 – 6 months
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Alan Bates alan.bates@bccancer.bc.ca , (604) 877-6000 ext. 672488			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Alan Bates Psychiatry, 5 th Floor BC Cancer Agency 600 West 10 th Ave. V5Z 4E6			

DESCRIPTION:

The elective is a mixture of outpatient and inpatient Consultation-Liaison psychiatry. Only clinical work/training is required or expected, but Dr. Bates is also willing to provide supervision for any academic or research work residents might want to do during this elective (e.g. a case report or review paper). Residents can work with Dr. Bates anywhere from 1 to 4 days per week, depending on availability, with the days currently organized as follows:

Monday AM: Adult Cystic Fibrosis Outpatient Clinic, SPH

Monday PM: Adult Cystic Fibrosis Inpatients and Palliative Care Unit, SPH

Wednesday AM: Adult Cystic Fibrosis Outpatient Clinic, SPH

Wednesday PM: Group Medical Visit co-facilitated by Dr. Gorman and individual new patient assessment, MDABC

Thursday AM: Healthy Heart Program, SPH

Thursday PM: Adult Cystic Fibrosis Inpatients and Palliative Care Unit, SPH

Friday: Outpatient clinic, BCCA

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge:** Residents will learn approaches to management of mental illness tailored to Respiratory, Cardiac, and/or Cancer populations.
 - **Clinical Skills:** Residents will have opportunity to make medication changes in complex medical settings with particular attention paid to possible medication interactions and side effects. Residents will also have opportunity to learn aspects of Meaning Centered Psychotherapy if they work at the Cancer Agency.



<ul style="list-style-type: none"> ○ Communicator: Residents will improve skills in communicating with diverse medical teams during team rounds, through communication by phone, and during less formal interactions with various team members. ○ Collaborator: Outpatient CL provides opportunity to work in the same office as referring physicians and provide real-time collaborative care or shared care for complex patients. ○ Manager: Residents will be encouraged to manage their own patient schedules in collaboration with office staff. There will be opportunity to learn about billing and other “business” parts of medicine. ○ Health Advocate: Residents will learn to help patients improve mental health through improved physical health and vice versa. ○ Scholar: This elective will provide opportunity for residents to write a case study or review paper, or become involved in other forms of research. Creation of educational or clinical resources is another possible activity. ○ Professional: Residents will have opportunity to practice representing our specialty within other subspecialty clinics and being active participants in team rounds. 	
ACADEMIC ACTIVITIES: see above	
SPECIAL FEATURES: see above	
DIRECT PATIENT CARE RESPONSIBILITIES: Residents will start by seeing patients with Dr. Bates. Depending on their personal educational objectives, they may move on to seeing new and follow-up patients on their own (with Dr. Bates available for supervision). Residents will take responsibility for ordering appropriate medications, investigations, and lab tests and for following up on them.	
NIGHT/WEEKEND CALL:	Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:			
TIME:			
PERSON:			
CONTACT:	Dr. Alan Bates	PHONE: (778) 870-5177	EMAIL: batesubc@gmail.com

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Shared Care: Somatoform Disorders (VGH - Voice Clinic & Epilepsy Clinic)			
SITE: VGH	CITY: Vancouver	HEALTH AUTHORITY: Vancouver Coastal Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Outpatient	SETTING: Hospital	DURATION: 6 MO preferred; 3 MO negotiable
SHARED CARE	Research <input type="checkbox"/>			
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Sheila Shoja sheilashoja@telus.net , (604) 445-7784			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Sheila Shoja			

DESCRIPTION: This is a one day/ week elective (wed). The morning will consist of 1 -2 new assessments. The afternoons will be for follow up patients. There will be supervision time for discussing follow up patients. New assessments will be mostly referrals from the Voice Clinic but will also include referrals from the Epilepsy clinic.

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge:** model for understanding voice disorders. Learning about comorbid psychiatric disorders in epilepsy. Model for understanding pseudoseizures.
 - **Clinical Skills:** assessing for psychogenic factors in somatoform disorders. Delivering therapy in these disorders.
- **Communicator:** explaining models to patients so that they understand their conditions
- **Collaborator:** liaison with medical colleagues
- **Manager**
- **Health Advocate**
- **Scholar**
- **Professional**

ACADEMIC ACTIVITIES:

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES: new assessments, follow up outpatient appointments

NIGHT/WEEKEND CALL: To be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	8181-2775 Laurel St, Diamond Centre, VGH		
TIME:	Please contact me		
PERSON:	Sheila Shoja		
CONTACT:		PHONE: (604) 445-7784	EMAIL: sheilashoja@telus.net

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Sleep Disorders Program (UBCH)			
SITE: UBCH	CITY: Vancouver	HEALTH AUTHORITY: VCHA		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% Outpatient	SETTING: Clinic	DURATION: 6 months, part time
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Gurinder Grewal gurinder.grewal2@vch.ca , (604) 822-7606			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Drs. Yeung, Borowska, and/or Randhawa			

DESCRIPTION: 6 months part time outpatient experience in Sleep Medicine
LEARNING OBJECTIVES: Will be reviewed with resident <ul style="list-style-type: none"> ○ Medical Expert <ul style="list-style-type: none"> ▪ Knowledge ▪ Clinical Skills ○ Communicator ○ Collaborator ○ Manager ○ Health Advocate ○ Scholar ○ Professional
ACADEMIC ACTIVITIES: None
SPECIAL FEATURES: Some exposure to sleep study interpretation
DIRECT PATIENT CARE RESPONSIBILITIES: responsible for clinical follow-up of outpatients in clinic and associated dictation, etc.
NIGHT/WEEKEND CALL: Site to be determined by Psychiatry PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):		
LOCATION:	UBC Sleep Disorders Clinic G285 – 2211 Wesbrook Mall, Vancouver	
TIME:	TBA	
PERSON:		
CONTACT:	PHONE:	EMAIL:

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:		Sleep Medicine (Surrey)		
Approved/Last Reviewed: June 2023				
SITE: Surrey Sleep Clinic 9639 137a St #306, Surrey, BC V3V 0C6		CITY: Surrey		HEALTH AUTHORITY: Surrey Sleep clinic
ELECTIVE CATEGORY: (select more than one category if applicable)		Medical <input checked="" type="checkbox"/> Research <input type="checkbox"/> Educational <input checked="" type="checkbox"/>	IN/OUT MIX: Outpatient	SETTING: 9639 137a St #306, Surrey, BC V3V 0C6
ELECTIVE OWNER(S): (Name, email, phone)		Dr. Varinder Parmar Varinder.parmar@fraserhealth.ca Phone- 604-372-0133		
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)		Dr. Varinder Parmar Varinder.parmar@fraserhealth.ca 9639 137a St #306, Surrey, BC V3V 0C6 Dr Arvinder Minhas asminhas@shaw.ca 9639 137a St #306, Surrey, BC V3V 0C6		

DESCRIPTION:

Sleep Medicine is an emerging subspecialty that deals with variety of sleep disorders, including obstructive sleep apnea (in children and adults), insomnia (e.g. limit setting and psychophysiological insomnia), restless legs syndrome, narcolepsy and neurologic disorders that either affect sleep (e.g. seizure disorders, cerebrovascular accidents and neuromuscular disorders) or are diagnosed during sleep (e.g. REM sleep behavior disorder, central apnea syndromes). This subspecialty is unique in that it encompasses knowledge and techniques fundamental to many other specialties (i.e. Internal Medicine, Pulmonary and Critical Care Medicine, Neurology, Otolaryngology, Pediatrics, Psychiatry and Family Medicine).

In this elective in Sleep Medicine at Surrey Sleep clinic the residents and learners will have experience in evaluating patients referred for a variety of sleep disorders. Residents will learn how to take a detailed sleep history and physical and how to manage many of sleep disorders.

LEARNING OBJECTIVES:

Knowledge

Residents can learn to have an effective level of clinical knowledge (assessment, diagnosis and treatment) and understanding relevant to psychiatry and sleep medicine including but not restricted to Knowledge of the DSM- 5 classification of sleep disorders-

Insomnia Disorder, Sleep Apnea, Narcolepsy, Restless Legs Syndrome and Periodic Limb Movement Disorder, Circadian Rhythm Sleep-Wake Disorders including Advanced Sleep Phase and Delayed Sleep Phase Type, Parasomnias, REM Sleep Behaviour Disorder, Dyssomnias associated with Mood Disorders, Dyssomnias associated with Psychotic Disorders, Dyssomnias associated with Anxiety Disorder, Dyssomnias associated with Substance Use, Dyssomnias associated with GMC, Knowledge of the indications for polysomnography,



Knowledge of the core principles of CBT-I, Knowledge of the psychopharmacology of psycho-stimulants especially the indications, contraindications and precautions of their use, Knowledge of the psychopharmacology of sedative-hypnotics especially the indications, contraindications and precautions of their use, Knowledge of chronobiological interventions, especially the indications, contraindications and precautions of their use, Knowledge of the sleep related effects of commonly used psychiatric medications (anxiolytics, antidepressants, mood stabilizers and antipsychotics)

Clinical Skills

The Residents can learn to-

1. Conduct and organize an appropriate assessment interview.
2. Complete a comprehensive sleep history.
3. Interpret a sleep diary and make recommendations based on the findings.
4. Integrate and present a bio-psycho-social understanding of patients.
5. Develop and implement an integrated bio-psycho-social treatment plan.
6. Appropriately use psychiatric, psychological, medical, imaging and electrophysiological investigations for assessment and treatment of sleep disorders.
7. Demonstrate knowledge of substances of abuse including pharmacological action, signs and symptoms of toxicity, tolerance and withdrawal.
8. Assess for, prescribe, use and monitor appropriate pharmacological treatments for patients with sleep disorders.
9. Assess the appropriateness for using psychological interventions, specify the goals for that therapy and define the expected time frame to meet those goals.
10. Manage reactions and countertransference to patients.
11. Skill in providing supportive psychotherapy.
12. Skill in combining psychopharmacological and psychotherapeutic treatments.
13. Skill in administering CBT-I.
14. Develop, effect and record comprehensive treatment and discharge plans.
15. Record and maintain accurate and timely medical records for each patient seen.
16. Understand the role of positive airway pressure in the treatment of breathing-related sleep disorders.

COMMUNICATOR

The Residents can learn to convey to patients and others involved in their care, a timely, accurate, clear and coherent account of the diagnosis, treatment plans and prognosis in all clinical cases, including-

1. Education concerning the disorder and its prognosis.
2. The risks and benefits of the proposed treatment plan and its alternatives, including possible side effects of treatment.
3. The ability to assess a patient's current readiness for change.
4. The ability to identify and reinforce adaptive coping strategies utilized by the patient.
5. The ability to identify, confront and help change maladaptive coping strategies.
6. The ability to identify strategies for maximizing therapeutic outcomes.

COLLABORATOR

As Collaborators, the residents can work effectively with other health care professionals to provide safe, high- quality, patient-centred care.

The residents can learn to-

1. Demonstrate a willingness and ability to teach and learn from colleagues, students and patients
2. Demonstrate an ability to work collaboratively with other members of the health care team
3. Demonstrate an ability to facilitate learning of patients, Residents, students and other health professionals and



contribute to development of new knowledge.

4. Consult effectively with other physicians and health care professionals.

LEADER

As Leaders, residents can engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

The residents can learn to-

1. The use of the Sleep Laboratory for overnight sleep studies, the Multiple Sleep Latency Test and the Maintenance of Wakefulness Test.
2. The role of Level 3 (home based) sleep studies.
3. Other Laboratory testing.
4. Understand and make effective use of information technology to optimize patient care, lifelong learning and other activities.

HEALTH ADVOCATE

The residents in this rotation can learn to-

1. Demonstrate awareness of structures of governance in sleep medicine and mental health care.
2. Demonstrate awareness of the major regional, national and international advocacy groups active in sleep medicine and sleep health.
3. Promote understanding and respect for culturally diverse patients and colleagues as a whole person, including their cultural identity (as influenced by age, gender, race, ethnicity, socioeconomic status, religion/spirituality, sexual orientation, country of origin, acculturation, language and disabilities, among other factors)

SCHOLAR

The residents in this rotation can learn to-

1. Maintain and enhance professional activities through ongoing learning.
2. Critically evaluate medical information and its sources and apply this appropriately to practice decision.
3. Develop, implement and monitor a personal and continuing medical education strategy related to sleep and its disorders as it relates to Psychiatry.
4. Facilitate the learning of patients, students and health professionals through guidance, teaching and constructive feedback.
5. Contribute to the development, dissemination, and/or translation of new knowledge and practices.
6. Demonstrate a capacity to generate self and other assessment tools such as SAQs, MCQs or OSCEs

PROFESSIONAL

The residents in this rotation can learn to-

1. Demonstrate honesty and integrity, compassion, respect for diversity, responsibility, dependability, self-direction and punctuality.
2. Demonstrate collaborative, respectful and ethical patient relationships that demonstrate gender, cultural and spiritual awareness.

ACADEMIC ACTIVITIES: We can target the reading and education toward resident's interest and need

SPECIAL FEATURES: The resident, if interested, can learn to interpret sleep studies.

DIRECT PATIENT CARE RESPONSIBILITIES: Resident will be responsible for evaluating and managing patients in sleep clinic



NIGHT/WEEKEND CALL:	As per UBC residency policy; site dependent on where majority of clinical work done.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): Contact Dr. V Parmar		
LOCATION:	Surrey Sleep Clinic 9639 137a St #306, Surrey, BC V3V 0C6	
TIME:	Up to full-time, Mon-Fri depending on resident availability and interest (minimum: 1 half- day/week x 12 months) Clinic open to see patients 8:30am-4:30pm	
PERSON:	Dr. V Parmar	
CONTACT:	PHONE: 604-372-0133	EMAIL: Varinder.parmar@fraserhealth.ca

RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Tertiary Geriatric Inpatient (Parkview)			
SITE: Parkview Tertiary Care facility	CITY: Vancouver		HEALTH AUTHORITY: Providence	
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical	IN/OUT MIX: Inpatient	SETTING:	DURATION: 6 months, M,W,F mornings
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Musacchio, mafalda.musacchio@vch.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr. Musacchio, Parkview at Youville Residence, 4950 Heather Street Vancouver, BC, V5Z 3L9			

DESCRIPTION:

Part time elective to gain experience working with older adults with dementia and the associated behavioural/psychological sequelae in a tertiary care setting

LEARNING OBJECTIVES:

- o **Medical Expert**
 - Knowledge- become familiar with neuropsychiatric symptoms of dementia, including the pharmacological and supportive management of these
 - Clinical Skills- gain a greater understanding in identifying causes and contributors to behavioural changes
- o **Communicator-** improve skills with families and patients with advanced dementia, as well as liaising with community resources
- o **Collaborator-** develop skills working closely with multidisciplinary team
- o **Manager-** improve skills directing multidisciplinary team and possible follow-up community resources
- o **Health Advocate-** effectively advocate for the needs of the patients
- o **Scholar-** seek out new information about dementia management from recent literature
- o **Professional-** demonstrate respect, compassion, and sensitivity to patients and their families



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Toxicology (BCCDC)	
Approved / Last Reviewed (PGE office Use only): January 2024	
SITE: BCCDC	CITY: Vancouver HEALTH AUTHORITY: PHSA
ELECTIVE CATEGORY: <i>(select more than one category if applicable)</i>	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Research <input type="checkbox"/> Educational <input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-person <input type="checkbox"/> Mix
ELECTIVE OWNER(S): <i>(Name, email, phone)</i>	Dr. Jesse Godwin Administrative Assistant Contact: Rosa Li (rosa.li@bccdc.ca)
ELECTIVE ON-SITE SUPERVISOR: <i>(Name, Site, Address)</i> <i>* DO NOT provide email or phone number</i>	Dr. Jesse Godwin (UBC Department of Emergency Medicine) BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 Canada

DESCRIPTION:

1. Learn the pertinent aspects of the history and physical exam (including signs, symptoms, laboratory findings) relative to acute poisoning with particular emphasis on clinical recognition of major toxic syndromes (toxidromes)
2. Learn the pathophysiology and treatment of common therapeutic drug poisonings, drugs of abuse, natural toxins, and general household poisons
3. Recognize when psychiatric patients require higher level of care and/or collaboration with additional health care providers, such as medical teams or emergency physicians
4. Learn the use of adjunctive services, including the toxicology laboratory and poison center, in the management of acute poisonings
5. Participate in telephone shifts at the poison control center (in addition to regular psychiatry call)

LEARNING OBJECTIVES:

8. *Medical Expert:* Residents will gain expertise in toxicology.
9. *Communicator:* Residents will develop communication skills through exposure to a variety of medical teams, requiring regular conveying and synthesizing of relevant information.
10. *Collaborator:* Residents will work continuously with different health care providers in the development of shared care plans.
11. *Manager:* Residents will learn about the allocation of healthcare resources.
12. *Health Advocate:* Residents will develop health advocacy skills. They will learn about the determinants of health and the health needs of the community.
13. *Scholar:* Residents will be attending teaching sessions and will provide a presentation to other learners.
14. *Professional:* Residents will continue to maintain high standards of ethical practice and high personal standards of professional behavior.

ACADEMIC ACTIVITIES:

A toxicology presentation will be required as a part of this elective

SPECIAL FEATURES:

This elective is mostly in the form of classroom teaching

DIRECT PATIENT CARE RESPONSIBILITIES:

There will be occasional shifts at the poison control center



NIGHT/WEEKEND CALL:	VGH (regular psychiatry call)
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):			
LOCATION:	TBD		
TIME:	TBD		
PERSON:	Dr. Jesse Godwin		
CONTACT:	Rosa Li	PHONE:	EMAIL: Rosa.Li@bccdc.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Transference-focused Psychotherapy (TFP) and Personality Assessment					
Approved / Last Reviewed (PGE office Use only): August 2024					
SITE: Virtual – Personality Disorder BC		CITY: Virtual		HEALTH AUTHORITY: n/a (private practice)	
ELECTIVE CATEGORY: <i>(select more than one category if applicable)</i>	<input checked="" type="checkbox"/> Medical	<input checked="" type="checkbox"/> Virtual	IN/OUT MIX: 100% outpatient	SETTING: Private practice	DURATION: Flexible
	<input type="checkbox"/> Research	<input type="checkbox"/> In-person			
	<input checked="" type="checkbox"/> Educational	<input type="checkbox"/> Mix			
ELECTIVE OWNER(S): <i>(Name, email, phone)</i>		Connor Hawkins connorhawkins@personalitydisorderbc.ca			
ELECTIVE ON-SITE SUPERVISOR: <i>(Name, Site, Address)</i> <small>* DO NOT provide email or phone number</small>		Connor Hawkins (connorhawkins@personalitydisorderbc.ca) Robert Nathan (robertnathan@personalitydisorderbc.ca) Personality Disorder BC https://personalitydisorderbc.ca			

DESCRIPTION:

Transference-focused Psychotherapy (TFP) is an evidence-based twice-weekly psychodynamic psychotherapy for personality disorder, especially borderline personality disorder (BPD) and narcissistic personality disorder (NPD). Multiple randomized trials (Doering 2010 and Clarkin 2007) support its significant efficacy. A recent review of treatment options for BPD “What Works in the Treatment of Borderline Personality Disorder” (Choi-Kain 2017) lists TFP as one of five evidence-based “gold standard” treatments for BPD.

For more information on TFP please see:

<https://www.mcleanhospital.org/essential/TFP>

<https://istfp.org/about-tfp/about-transference-focused-psychotherapy-tfp/>

For more information on BPD from a TFP/ object relations perspective please see:

<https://istfp.org/about-tfp/about-borderline-personality-disorder/>

Given the longer-term nature of the treatment, to get the full educational experience it would be ideal if residents could commit to doing a year-long elective (one full day and one half day per week, or two half days per week). Alternative options could include a shorter-term elective that is more focused on reading about the theory and technique of TFP, watching videotape of selected encounters that highlight core TFP principles, as well as completing intensive structured personality assessments with patients. Especially at the more severe end of the spectrum, TFP strongly emphasizes the importance of a thorough assessment of personality structure (especially completing the STIPO-R) prior to proceeding into treatment contracting, and this can take between 3-5 hour-long appointments to complete.

Even if residents do not intend to include a significant amount of psychotherapy in their practice in the future, a deeper understanding of the psychodynamic contributions to personality dysfunction (especially



projective identification), and the skills gained with experience doing more intensive assessments of personality structure are transferable to many other settings, especially where personality disorder is highly prevalent (e.g. emergency room settings, on call etc.).

LEARNING OBJECTIVES:

- 1) Become familiar with the major different models of treatment for personality disorder, e.g. those that descend from the CBT tradition (DBT, schema focused) and those that descend from the psychodynamic tradition (TFP, MBT), and when one approach may be preferable to another.
- 2) Enhance skills for assessing personality pathology, including familiarity with major negative prognostic factors (e.g. antisocial traits, TBI etc)
- 3) Become familiar with an object relations model of personality disorder
- 4) Enhance skills around treatment planning for personality disorder, including familiarity with the major differences in the treatment frame for different modalities such as 24/7 access to phone coaching with DBT vs limiting intersession contact in TFP, or the structured activity requirement with TFP.
- 5) Become familiar with core TFP ideas, such as the importance of identifying the dominant object relations dyad in session, as well as the sequential progression of clarification, confrontation and interpretation.

ACADEMIC ACTIVITIES:

Assigned readings around TFP theory and technique, and watching tape of selected patient encounters that highlight key TFP principles.

SPECIAL FEATURES:

While TFP is an established therapy in other geographical areas, there are limited available opportunities to gain TFP experience in BC.

DIRECT PATIENT CARE RESPONSIBILITIES:

May vary depending on length of elective. At a minimum residents will complete one STIPO-R assessment of a preselected patient which can last between 3-5 one-hour appointments per patient at first. Patient care will be done virtually and recorded with the consent of the patient for review in supervision.

NIGHT/WEEKEND CALL:

Site to be determined by Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	Virtual (private practice)		
TIME:	Flexible, will be arranged on an individual basis		
PERSON:	Connor Hawkins		
CONTACT:	Connor Hawkins	PHONE: 604-329-0259 (cell)	EMAIL: connorhawkins@personalitydisorderbc.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Transition to Practice Elective for Senior Residents (Segal 5)			
Approved/Last Reviewed:	November 18, 2021			
SITE: Vancouver General Hospital Inpatient Unit: Segal 5 (Brief Intervention Unit)	CITY: Vancouver	HEALTH AUTHORITY: Vancouver Coastal		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical X Research Educational X	IN/OUT MIX: 100% Inpatient	SETTING: Segal 5 VGH	DURATION: Three months
ELECTIVE OWNER(S): (Name, email, phone)	Dr. Debra Miller debra.miller@vch.ca Dr. Megan Sherwood, megan.sherwood@vch.ca Ward phone 604-675-3740			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	All 8 Segal 5 Psychiatrists will participate in supervision, dependent on the particular interests of the resident. Our Psychiatrists are Drs. David Hutnyk, Debra Miller, Andrea Grabovac, Christy Taylor, Stacy Flannigan, Tyler Varnals, Lindsay Dodd and Megan Sherwood. Drs. Miller and Sherwood will coordinate details of the elective with residents. Address: 803 West 12 th Ave., Vancouver, BC, V5Z1N1			

DESCRIPTION:
This elective is aimed for PGY-4 or PGY-5 residents as part of transition to practice as staff Psychiatrists.
LEARNING OBJECTIVES:
The overall goal is for residents to solidify management of complex patients in a supported setting with Psychiatrists experienced in management of patients with Personality Disorders mixed with other diagnoses. More specifically in terms of CanMEDS goals:
<ol style="list-style-type: none"> 1. Medical expert: Function effectively as a consultant and expand subtle clinical knowledge. 2. Communicator: Elicit perspectives of patients and families; develop a shared plan and common understanding with families, patients, and interdisciplinary teams. 3. Collaborator: Participate in a large, well- functioning interdisciplinary team, respecting the expertise of a diverse group including nurses, family physician, Occupational Therapist, Social Worker, Art Therapist, Unit Coordinator, Psych worker and Peer Support Worker. 4. Health Advocate: Identify and advocate for improvements needed in patient care. 5. Leader: Manage time to integrate practice and personal life; contribute to a culture that promotes safety for patients, trainees and staff. 6. Scholar: Develop a personal learning plan; integrate evidence into decision making for complex patients and families. 7. Professional: Demonstrate high ethical standards; respect boundaries; deliver high quality care.
ACADEMIC ACTIVITIES:
Monthly Difficult Case Rounds; room for resident-directed projects and interests.



SPECIAL FEATURES:

All staff Psychiatrists have expertise in management of complex patients with Personality Disorders, but individual Psychiatrists also have additional expertise in consult liaison/psychosomatic medicine, substance use disorders, mood and sleep disorders, medico-legal issues, and mindfulness. Residents will have considerable input in selecting cases of interest. The ward also has a junior resident and two medical students so teaching opportunities exist.

DIRECT PATIENT CARE RESPONSIBILITIES:

Yes, with on-site, hands-on supervision. Usual hours 9 a m to 5 pm, 4 days per week.

NIGHT/WEEKEND CALL: As per PGE.

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	VGH-Segal Building Fifth Floor – multipurpose room; 803 West 12 th Ave., Vancouver		
TIME:	9 am		
PERSON:	Dr. Debra Miller or Dr. Megan Sherwood		
CONTACT:	As above	PHONE: 604-675-3740	EMAIL: debra.miller@vch.ca ; megan.sherwood@vch.ca



RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Trauma Psychiatry, Military and Policing (OSI Clinic)			
SITE: OSI Clinic	CITY: Vancouver		HEALTH AUTHORITY: VCH	
ELECTIVE CATEGORY: <small>(select more than one category if applicable)</small>	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: 100% outpatient	SETTING: Outpatient at the OSI Clinic	DURATION: 3-6 months or longer
ELECTIVE OWNER(S): <small>(Name, email, phone)</small>	Dr. George Hadjipavlou, Assoc. Clinical Professor, george.hadjipavlou@ubc.ca			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address <small>(DO NOT provide email or phone number)</small>	Dr. George Hadjipavlou, OSI Clinic, #570-2889 West 12 th Ave, Vancouver, BC V5M 4T5			

DESCRIPTION: Specialized Outpatient assessment and treatment and follow-ups for Veterans, CF and RCMP; tx of PTSD and the pharmacological and psychological management utilizing, CBT, CPT, PE and other therapies) There will also be the possibility of implementing EMDR through colleagues in the clinic.

LEARNING OBJECTIVES:

- **Medical Expert**
 - **Knowledge:** Residents will learn to recognize and manage psychiatric syndromes that are common in Veterans and police (PTSD, GAD, MDD, substance use disorders, cognitive damage 2ry to IED's and combat exposure, Pain disorders secondary to physical injuries, psychology of war and peace.
 - **Clinical Skills:** Residents will learn to monitor for interactions between trauma and psychiatric illnesses and their treatment. PTSD pharmacological management, Trauma symptoms and medications, medication interactions and sensitivity of veterans to medications. Trust and medications. Opportunity to learn EMDR from our colleagues. Risk of homicide and suicide in Veterans and RCMP
- **Communicator:** Residents will learn to communicate with a multidisciplinary team of physicians, nurses, psychologists and social workers, peer support workers as well as from family members. PTSD and Trauma is a family issue. Family couple therapy.
- **Collaborator:** Residents will learn what psychosocial programs and supports are available for Veterans and members of the RCMP. Peer support and peer support groups throughout the province. Opportunity to



travel to Victoria and see patients through satellite clinics including Kelowna and Prince George budget permitting.

- **Manager:** the ability to supervise students. Managerial skills while interacting with case managers from Veterans affairs.
- **Health Advocate:** To advocate for veterans for pensions and timely completion of forms that at times are 15 pages long. Be aware of Veteran Affairs compensation system. Learn about RCMP Health Services and consent and confidentiality. Release of information nuances, and its application to police forces.
- **Scholar:** participate in academic rounds and present on a topic of interest at OSI Clinic Rounds. There could be research possibilities and the BCOSI Clinic has a full research officer.
- **Professional:** Residents will practice a high standard of professionalism with Veterans and Police, their families, colleagues and support staff.

SPECIAL FEATURES: see above

DIRECT PATIENT CARE RESPONSIBILITIES: assessments, follow-ups, record keeping completion of Pension forms PEN 6248, RCMP certificates and forms

NIGHT/WEEKEND CALL:	No on call requirements
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

LOCATION:	#570 -2889 East 12 th Ave, Vancouver BC V5M 4T5
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TIME:	To be arranged with individual supervisors
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PERSON:	Contact Dr. George Hadjipavlou george.hadjipavlou@ubc.ca
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CONTACT:	See above	PHONE: See above	EMAIL: george.hadjipavlou@ubc.ca
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RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:	Virtual Mental Health and Substance Misuse service (Victoria/Nanaimo)			
SITE: Victoria- CARES Clinic Nanaimo-Brookes Landing	CITY: Victoria/ Nanaimo	HEALTH AUTHORITY: Island Health		
ELECTIVE CATEGORY: (select more than one category if applicable)	Medical <input checked="" type="checkbox"/>	IN/OUT MIX: Outpatients	SETTING: Out patient and community assessments and follow up	DURATION: 6 months
	Research <input checked="" type="checkbox"/>			
	Educational <input type="checkbox"/>			
ELECTIVE OWNER(S): (Name, email, phone)	Dr Sanjeet Pakrasi, Sanjeet.pakrasi@viha.ca , 2507974036			
ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)	Dr Sanjeet Pakrasi and Dr Vicki Roth (Victoria) Dr J Wiggers (Nanaimo)			

DESCRIPTION:
LEARNING OBJECTIVES:
<p>Learning to effectively use technology to conduct assessments and follow-up using videoconferencing facilities over a distance. Supporting a remote team and patient to manage complex mental health issues in the community setting.</p> <ul style="list-style-type: none"> ➤ Medical Expert <ul style="list-style-type: none"> ○ Knowledge- assessment of community dwelling patients and families remotely using videoconferencing ○ Clinical Skills- interpreting, assessing and making effective plans for managing patients remotely. Managing crisis remotely. Awareness of local resources to help develop plans. ➤ Communicator- learning to effectively communicate using technology that sometimes does not lend itself to communicating empathy and build trust. Using resources at the remote site to overcome these shortcomings. Learning to control interviews and assessments where eye contact is not reliable. Understanding the role of cameras to help develop effective eye contact. ➤ Collaborator- needs to collaborate with remote site, multidisciplinary team to effectively manage patients ➤ Manager- managing schedules and throughput in the virtual health clinic in collaboration with Virtual care team staff ➤ Health Advocate- advocating at the remote site and locally for greater access and early intervention using virtual care ➤ Scholar- reviewing and assessing effectiveness of services provided by virtual care (tools will be provided as will assistance to do audits and surveys)



- Professional- how to communicate professionally over distances, face to face when people are not in the room. Maintaining confidentiality at a distance where the remote location is not directly under resident’s control.

ACADEMIC ACTIVITIES: Depending upon the resident’s training aspirations, we can support a post up to half time over a period of 6 months. Residents may elect to train for less duration or less time per week depending upon vacancies.

Educational Supervision will be provided at 0.5 hours per 2.5 days by Dr Pakrasi

Clinical supervision will be either at Victoria or at the remote site by a UBC affiliated clinical teacher.

The post is supported by a full time Nurse Clinical Coordinator as well as clinicians at remote sites.

SPECIAL FEATURES: The trainee will be encouraged to develop and initiate novel ways of using Telehealth to improve access and quality of care within Adult Mental Health. They will have opportunities to trial the new device agnostic Telehealth platform being introduced by Island Health and pilot assessments and reviews within the community.

DIRECT PATIENT CARE RESPONSIBILITIES: Assessment and management of community dwelling patients and families referred for Out patient assessment and follow up to Psychiatric services across Island Health sites. Each clinic (4 hours) will consist of new assessments and review patients- either 2 new patients including time for clinical supervision and dictation, or a combination of new and review patients. Review patients may be booked for 30 -45 minutes depending on clinical need.

NIGHT/WEEKEND CALL:	There will be expectation to participate in the Resident on call rota.
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REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE): Dr Pakrasi is the point person for this post. There will be an introduction to Tele-psychiatry provided by the MHSU Telehealth Team to cover issues of consent, communications and administration/ booking. Site will depend on location of resident and may be provided remotely.

LOCATION:	
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TIME:	
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PERSON:	
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CONTACT:	
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PHONE:	
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