Postgraduate Psychiatry Elective Description

Department of Psychiatry

Last Updated: February 2018
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# RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Addiction Psychiatry

| SITE: | Surrey Memorial Hospital  
Creekside Detox  
Quibble Creek Sobering and Assessment Center  
Valley Oak Methadone Clinic |
| CITY: | Surrey, BC |
| HEALTH AUTHORITY: | Fraser Health |

**ELECTIVE CATEGORY:**  
(Select more than one category if applicable)  
Medical [X]  
Research [ ]  
Educational [ ]

| IN/OUT MIX: | 75% inpatient  
25% outpatient |
| SETTING: | |
| DURATION: | 1 month |

**ELECTIVE OWNER(S):**  
(Name, email, phone)  
Dr. Nickie Mathew  
nickie.mathew@fraserhealth.ca, (778) 822-7600

**ELECTIVE ON-SITE SUPERVISOR:**  
(Name, Site, Address)  
(Do NOT provide email or phone number)  
Dr. Nickie Mathew, Dr. Saman Miremadi, Dr. Nader Sharifi, Dr. Harris Lari, Dr. Marietta Van Den Berg, Crystal Allinott

**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 start with residents attending acute detox at Creekside where they will manage withdrawal of patients. These patients will then be followed throughout the week, so that residents can learn the progression of medically managed withdrawal.

Residents will also be part of the Substance Use Disorder Consult Liaison Team at Surrey Memorial Hospital throughout the week. On this team, they will learn how to manage Substance Use Disorders on an inpatient Consult Liaison Service.

Residents will rotate through the Rapid Access Clinic at Gateway Medical Centre as part of their Shared Care requirement. Psychiatrists receive direct referrals from General Practitioners for assessment and management of psychiatric issues in these patients.

Residents will attend the introduction to addiction services and basic skills group at Quibble Creek where they will learn how patients are introduced to the services in the area with provision of psycho-education regarding substance use disorders.

Residents will also have a chance to rotate through Valley Oak methadone clinic where they observe the assessment and management of methadone patients in an outpatient basis.

Residents will also attend addiction meetings and provide insight on patients to optimize care.

**OBJECTIVES:**
Medical Expert: To become a psychiatrist 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 Addiction Psychiatrist 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: Monthly Surrey Memorial Hospital Addiction meeting, personal project based on case supervision.

SPECIAL FEATURES:

DIRECT PATIENT CARE RESPONSIBILITIES:
1. Medical management of withdrawal of patients at Creekside, who will be followed throughout the week by the resident.
2. Residents will be expected to be part of the Substance Use Disorder Consult Liaison team at Surrey Memorial Hospital. They will be expected to learn how to assess and manage patients who are acutely intoxicated or withdrawing from substances, management of methadone and buprenorphine in a hospital setting for both pain and opioid use disorder, and arrangement of follow up care on discharge.
3. Attendance to the Tuesday morning introduction to addiction services and basic skills group at Quibble Creek where they will learn about services in the community for co-occurring disorders and help facilitate a group.
4. Attendance at the Valley Oak methadone clinic where they will learn how to assess, induce and manage patients on methadone.
5. Attendance to the Rapid Access Clinic at Gateway Medical Centre where they will assess and manage psychiatric issues from direct GP referrals as part of the Shared Care requirement.

NIGHT/WEEKEND CALL: SMH

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):
LOCATION: Surrey Memorial Hospital
TIME: 8:30 am
PERSON: Dr. Nickie Mathew
CONTACT: Dr. Nickie Mathew
PHONE: (778) 822-7600
EMAIL: nickie.mathew@fraserhealth.ca
### RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Addictions Medicine

**SITE:** Royal Columbian Hospital, and Inpatient Drug and Alcohol Treatment Centres within Fraser Health

**CITY:** New Westminster, BC

**HEALTH AUTHORITY:** Fraser Health

**ELECTIVE CATEGORY:**
- Medical
- Research
- Educational

**IN/OUT MIX:**
- 80% inpatient
- 20% methadone clinic and treatment centers

**SETTING:** Urban

**DURATION:** 3 months

**ELECTIVE OWNER(S):**
- Dr. Paul Sobey
- psobey@shaw.ca
- (604) 617 5619

**ELECTIVE ON-SITE SUPERVISOR:**
- Drs. Paul Sobey, John Koehn, Karen Shklanka and Sharon Vipler

**DESCRIPTION:** Addiction Medicine in both an Inpatient Consultation and Inpatient Treatment Setting

**OBJECTIVES:**
- Assessment of substance misusing patients admitted to hospital,
- Management of withdrawal and toxidromes,
- Intervention as a tool in substance misuse,
- Treatment triage tools as well as exposure to substance abuse treatment centres, methadone/suboxone clinic, detox center 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:**
- Consultant service only

**DIRECT PATIENT CARE RESPONSIBILITIES:**
- Site to be determined by Psychiatry PGE.

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):**

**LOCATION:** Royal Columbian Hospital

**TIME:**

**PERSON:** Contact Dr. Sobey in the week prior. He will send a rotation outline with contact information

**CONTACT:** Dr. Paul Sobey
**PHONE:** (604) 617 5619
**EMAIL:** psobey@shaw.ca
### RESIDENT ELECTIVE DESCRIPTION FORM

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<tr>
<th>ELECTIVE NAME:</th>
<th>Addictions Medicine</th>
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<td>SETTING:</td>
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<td>DURATION:</td>
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<td>ELECTIVE OWNER(S):</td>
<td>Dr. L. Hoeschen</td>
</tr>
<tr>
<td>Name, Email, Phone</td>
<td><a href="mailto:lawrence.hoeschen@vch.ca">lawrence.hoeschen@vch.ca</a>, (604) 244-5579</td>
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<td>ELECTIVE ON-SITE SUPERVISOR:</td>
<td>Multiple sites with no official supervisor on site. Regular reviews with elective supervisor, Dr. Hoeschen</td>
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<td>Name, Site, Address (DO NOT provide email or phone number)</td>
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**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:** 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**

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<th>ELECTIVE NAME:</th>
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<td>HOpe Centre</td>
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**ELECTIVE CATEGORY:**  
(Select more than one category if applicable)  
- Medical [x]  
- Research [ ]  
- Educational [ ]  

**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)  
Elisabeth Baerg Hall, MD, FRCPC  
ebhall@icloud.com  
604-984-5000  

**ELECTIVE ON-SITE SUPERVISOR:**  
Name, Site, Address  
(DO NOT provide email or phone number)  
Elisabeth Baerg Hall  
Vancouver Regional Adult ADHD Clinic  
HOpe Centre Outpatient Department  

**DESCRIPTION:**  
This part time rotation offers psychiatry residents an opportunity to improve their expertise in the diagnosis, medical management and psychotherapeutic treatment of adults with ADHD. Working in a shared care and short term treatment approach with the community-based family doctor, residents will be part of a team of nurses, psychiatrists and psychologists.  

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 learn about the varied presentations of ADHD throughout the lifespan. To appreciate the economic, social and personal ramifications for adults living with this neurodevelopmental disorder. To learn about managing co-morbid conditions such as depression, anxiety and substance abuse when individuals suffer from ADHD.  
  - Clinical Skills - To diagnose, treat and manage adult patients with ADHD including when co-morbid psychiatric conditions exist. To operate in a shared care environment, responding to the needs of family doctors in the ongoing management of these patients. To provide evidence-based individual and group psychotherapy for individuals with ADHD.  
- **Communicator** – to provide psychoeducation to patients and their family members about ADHD. To work with family doctors and assist them to properly manage their adult patients with ADHD.  
- **Collaborator** – to work with patients and their families in managing this disorder. To work with family doctors to provide effective collaborative care for these patients. To work on an interdisciplinary team in
a hospital setting. To work with other outpatient teams at HOpe Centre in the care of patients with ADHD and co-morbid conditions.

- **Manager** - to work with an interdisciplinary team within a busy outpatient department. To utilize appropriate leadership approaches to advance the work of the clinic and on behalf of patients. In the first year of clinic operation, the resident will learn about significant strategic interventions required in establishing a new clinic.

- **Health Advocate** - to appreciate the economic, personal, relationship and societal burden of living with ADHD. To learn about community-based advocacy for individuals with ADHD.

- **Scholar** – To help create, disseminate and apply knowledge of adult ADHD within the medical community by completing an educational 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 clinical research conducted by members of the clinic.

- **Professional** – To work collaboratively as part of an interdisciplinary team to manage patients with ADHD, their families and their medical, community-based physicians.

**ACADEMIC ACTIVITIES:**
Interdisciplinary clinic rounds.
Research involvement as available.
Knowledge translation project supervised by Dr. Baerg Hall
Weekly supervision and clinical teaching with Dr. Baerg Hall and other outpatient psychiatrists.
Other activities as negotiated by resident.

**SPECIAL FEATURES:**
This is a new demonstration clinic, which will be opening in April 2016. We will be accepting residents starting in September 2016. Joining us in the early stages of our clinic development will offer residents an opportunity to learn about leadership and logistics of clinic development in addition to working with a dynamic team.

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 the clinic comprehensive treatment program, providing individual and group medication management, and individual and group 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. Hall and other members of the clinical team.

**NIGHT/WEEKEND CALL:** As per PGE recommendation

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPlicable):**

| LOCATION: | HOpe Centre 1350 St. Andrews Ave, North Vancouver, |
| TIME: | Wednesdays or Thursdays |
| PERSON: | Dr. Elisabeth Hall |
| CONTACT: | Dr. Elisabeth Hall | PHONE: 604-984-5000 | EMAIL: ebhall@icloud.com |
RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME:  Child and Adolescent Outpatient Private Practice Elective

SITE:  
Three Story Clinic  
301-601 Broadway Ave

CITY:  
Vancouver, BC

HEALTH AUTHORITY:

ELECTIVE CATEGORY:  
(select more than one category if applicable)

Medical  
X Research  
Educational

IN/OUT MIX:  
Pure outpatient

SETTING:  
Office

DURATION:  
3-6 months  
1 day/week

ELECTIVE OWNER(S):  
(Dr. Muffy Greenaway
admin@threestoryclinic.com
604-618-7157

ELECTIVE ON-SITE SUPERVISOR:  
(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:  

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<td>Best suited for PGY4 and 5 as you will be responsible for the management of your own outpatient practice.</td>
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<td>NIGHT/WEEKEND CALL:</td>
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**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**

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<th>SETTING:</th>
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<td></td>
<td>Dr. Susan Lazar</td>
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<tr>
<td></td>
<td><a href="mailto:slazar@cw.bc.ca">slazar@cw.bc.ca</a>, (604) 875-2345 ext. 7411</td>
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<tr>
<td></td>
<td>Dr. Susan Lazar BC Children’s Hospital 4500 Oak Street</td>
</tr>
<tr>
<td></td>
<td>Vancouver, B.C. V6H 3N1</td>
</tr>
</tbody>
</table>

**DESCRIPTION:** Inpatient child psychiatry unit, age 5-12

**OBJECTIVES:** Assessment and treatment of complex psychiatric disorders in children, liaison with community for psychoeducation and ensuring transfer of care and reintegration to community placement and resources.

**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 appointments.

<table>
<thead>
<tr>
<th>NIGHT/WEEKEND CALL: (from dropdown)</th>
<th>Yes</th>
</tr>
</thead>
</table>

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):**

| LOCATION: | P1 Child inpatient unit BCCH |
| TIME:     |                              |
| PERSON:   | Dr. Susan Lazar, Medical Director |
| CONTACT:  | Dr. Susan Lazar, Medical Director |
| PHONE:    | (604) 875-2345 ext. 7411 |
| EMAIL:    | slazar@cw.bc.ca |
Elective:
Child Therapy

Location:
Richmond Hospital (Early Childhood Mental Health Program)

Supervisor:
Dr. Carolyn Steinberg

Time:
Flexible 3-6 months full or part-time
Assessment/week - 2
Caseload (full time) - 10

Maximum Number of Residents:
1 full time

Contact for Information:
Carolyn.Steinberg@vch.ca or (604) 278-9711 x 4254

Description of Rotation:
This elective is designed to further skills in therapeutic modalities useful for treating younger children and their families. Residents applying should have good assessment skills already. Skill development in therapy can be tailored to a resident’s particular area(s) of interest including psychodynamic play therapy, parent-child (infant) therapy and family therapy. Use, indications and integration of different modalities will be discussed. This is a hands-on experience. There will be ample opportunity to observe, be observed, do therapy and have supervision. This will be supplemented with reading.

The resident is welcome to participate in weekly Infant Mental Health Journal Club, team administrative and clinical conferences.

Learning Objectives:
1. This rotation is especially designed to establish and improve procedural skills in psychotherapeutic modalities (parent-child therapy, play therapy and family therapy). Indications for use, ethical considerations and legal implications will be discussed. Integration of these skills into practice and implications in consulting with other health providers help the resident develop as a medical expert.
2. As communicator in this rotation. The resident will improve skills in rapport, trust and therapeutic relationship development with children and families. They will learn to elicit relevant information in a therapy session, synthesize this and communicate with the child/family. They will learn to convey this when appropriate to other professionals and develop a common understanding of the issues and plans with professionals and families
3. They will develop clear communication about the therapy experience and maintain clear notes.
4. As part of an interdisciplinary team the resident as collaborator will work to achieve optimal patient care especially by participating in team activities.

5. As manager, the resident will participate in activities contributing to team effectiveness such as weekly business meetings, manage their time carefully, look at using therapeutic resources responsibly and assist in administration.

6. Especially with establishing skills in therapy, the resident will become more familiar with health determinants and have opportunity to advocate for their patients with various systems (e.g. school).

7. As a scholar, the resident will participate in ongoing learning; integrate this with new procedural skills as well as participating in facilitating learning of students. As a scholar, the resident will participate in weekly readings of journal articles; demonstrate critical evaluation and integration of new materials to practice.

8. As professional this rotation will also highlight the importance of maintenance of competence, consideration of ethical issues (e.g. privacy) and require highest commitment to professional behaviours in practice.

**Typical Week**

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday and Tuesday</td>
<td>New assessment</td>
<td>Therapy sessions, Supervision</td>
</tr>
<tr>
<td>Tuesday</td>
<td>noon</td>
<td>Weekly Infant Mental Health Journal Club</td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td>Team meeting, Staff relations group, Continuing case conferences (ongoing therapy presented to team by members)</td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td>Academic Day</td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td>Therapy sessions/supervision, Adult psychotherapy and supervision</td>
</tr>
</tbody>
</table>

(Resident has opportunity for multiple supervision and didactic teaching sessions per week).
Elective / Selective: **BC Psychosis Program** (chronic care or elective)

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.

- **Medical Expert**
  - Residents will
  - 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.

- **Knowledge**
  - Residents will learn pharmacotherapy options for treatment-resistant psychosis.
  - Gain skills in commencing and managing patients on clozapine.
  - Apply adjunctive therapies for clozapine-resistant patients including ECT.

- **Clinical Skills**
  - 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.

- **Communicator**
  - residents will further develop verbal and written communication skills with patients, family members, and other professionals.

- **Collaborator**
  - residents will
  - Promote collaboration among the treatment team.
  - Collaborate with referring agencies throughout the Province.

- **Manager**
  - residents will
  - Exercise leadership skills in a multidisciplinary team environment.
  - May have the opportunity to supervise fourth-year medical students.

- **Health Advocate**
  - 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 Timber Creek  
**SITE:** Timber Creek  
**CITY:** Surrey  
**HEALTH AUTHORITY:** Fraser Health

<table>
<thead>
<tr>
<th>ELECTIVE CATEGORY: (select more than one category if applicable)</th>
<th>Medical</th>
<th>Research</th>
<th>Educational</th>
<th>IN/OUT MIX:</th>
<th>Setting: Tertiary Care</th>
<th>DURATION: 2-3 Months</th>
</tr>
</thead>
</table>

**ELECTIVE OWNER(S):**  
(Name, email, phone)  
Dr. Ijaz Hussain  
jiaz.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):**

<table>
<thead>
<tr>
<th>LOCATION:</th>
<th>Timber Creek reception</th>
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</thead>
<tbody>
<tr>
<td>TIME:</td>
<td>08:30 am</td>
</tr>
<tr>
<td>PERSON:</td>
<td>Dr Ijaz Hussain</td>
</tr>
<tr>
<td>CONTACT:</td>
<td>PHONE: (604) 218-5214</td>
</tr>
<tr>
<td></td>
<td>EMAIL: <a href="mailto:ijaz.hussain@fraserhealth.ca">ijaz.hussain@fraserhealth.ca</a></td>
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</table>
### RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Chronic Pain

<table>
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<tr>
<th>SITE:</th>
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<th>HEALTH AUTHORITY:</th>
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<tbody>
<tr>
<td>SPH</td>
<td>Vancouver</td>
<td>Vancouver Coastal Health</td>
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<table>
<thead>
<tr>
<th>ELECTIVE CATEGORY: <em>(select more than one category if applicable)</em></th>
<th>IN/OUT MIX:</th>
<th>SETTING:</th>
<th>DURATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Inpatient mix</td>
<td>Teaching Hospital, St. Paul’s</td>
<td>1 month</td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Educational</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ELECTIVE OWNER(S):**
Name, Email, Phone
rshick@providencehealth.bc.ca

**ELECTIVE ON-SITE SUPERVISOR:**
Name, Site, Address
(DO NOT provide email or phone number)
R. Shick, 435-1081 Burrard Street, Vancouver, BC V7Z 1Y6

**DESCRIPTION:** chronic pain

**OBJECTIVES:** learn basic science and clinical management of chronic pain

**ACADEMIC ACTIVITIES:** regular tutorials weekly

**SPECIAL FEATURES:** inpatient unit and neuromodulation

**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):**

<table>
<thead>
<tr>
<th>LOCATION:</th>
<th>TIME:</th>
<th>PERSON:</th>
<th>CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Paul’s Hospital, Room 435 1081 Burrard Street</td>
<td>8:00am</td>
<td>R. Shick</td>
<td>PHONE: (604) 682-2344 loc. 62946 EMAIL: <a href="mailto:rshick@providencehealth.bc.ca">rshick@providencehealth.bc.ca</a></td>
</tr>
</tbody>
</table>
# RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Cognitive Behavioural Therapy  
**SITE:** Royal Columbian Hospital  
**CITY:** New Westminster  
**HEALTH AUTHORITY:** Fraser Health

<table>
<thead>
<tr>
<th>ELECTIVE CATEGORY: (select more than one category if applicable)</th>
<th>IN/OUT MIX:</th>
<th>SETTING:</th>
<th>DURATION:</th>
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<tbody>
<tr>
<td>Medical, Research, Educational</td>
<td>Outpatient</td>
<td>Hospital/community</td>
<td>4-8 months</td>
</tr>
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</table>

**ELECTIVE OWNER(S):** Gail Howell-Jones PhD, R.Psych  
Gail.howell-jones@fraserhealth.ca, (604) 520-4916

**ELECTIVE ON-SITE SUPERVISOR:** G. Howell-Jones PhD, R.Psych  
Royal Columbian Hospital 260 Sherbrooke St., 4th Floor NW V3L 3M2

**DESCRIPTION:** Individual and Group CBT/DBT

**LEARNING OBJECTIVES:**  
- Medical Expert  
  - Knowledge  
  - Clinical Skills  
- Communicator  
- Collaborator  
- Manager  
- Health Advocate  
- Scholar  
- Professional

**ACADEMIC ACTIVITIES:** Observe and co facilitate available CBT groups for Mixed Anxiety, depression, GAD, OCD, PPD and/or see individual patients for CBT for the same. May also have an opportunity to observe a perinatal IPT group, DBT skills training group or MBCT group but that will depend on availability.

**SPECIAL FEATURES:** May develop with supervisor a group for a specialized population if interest is there – e.g. Mindfulness for adolescents – again depending on room availability.

**DIRECT PATIENT CARE RESPONSIBILITIES:**  
Individual or group

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

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):**  
**LOCATION:** 4th floor Sherbrooke Centre  
**TIME:** TBD  
**PERSON:** Dr. G. Howell-Jones R. Psych  
**CONTACT:** As above  
**PHONE:** (604) 520-4916  
**EMAIL:** gail.howell-jones@fraserhealth.ca
Elective: Community Child Psychiatry

Location: Richmond Hospital (Richmond Early Childhood Mental Health Program)

Supervisor: Dr. Carolyn Steinberg

Time: Flexible 3-6 months
Assessments/week: 1
Caseload (full time): 5

Maximum Number of Residents: One

Contact for Information: Carolyn.Steinberg@vch.ca or (604) 278-9711 x4254

Description of Rotation:
This elective is designed to familiarize the resident with advocacy, communication management and collaboration skills so valuable to have for a career in community child psychiatry. Child residents applying should have good medical knowledge and clinical skills already but want to hone skills in the other CANMEDS areas. The elective can be tailored, depending on the resident’s interest to specific areas of skill development such as Health Advocacy, or be broad-based. The resident will have ample opportunity to explore health determinants and partner with the rich range of community service providers and cultural agencies that Richmond Early Childhood Mental Health Program collaborates with. The resident as well will develop a small caseload. The resident then can attend agency meetings and develop collaborative projects.

Learning Objectives:
1. As a medical expert, the resident will improve clinical assessment and treatment planning skills as well as procedural skills in parent-child psychotherapy. As an expert, the resident will use these skills to seek consultation from other community providers and provide same, arranging appropriate services for children and families.
2. This rotation is especially helpful in developing communication skills with community partners, both through shared care, mutual understanding, establishing rapport and effecting change through shared decision-making and dynamic understanding.
3. As collaborator, the resident will work with the extended team (public health, speech and language pathologists, Infant Development Program etc.) learning about a variety of services, collaborating and being part of a larger community team. Participation can include clinical work, education of others, integrating care, attending interprofessional meetings (REIN) and also...
participating in our team. Principals of group dynamics are integral. Opportunity will be given for leadership, for reflecting on resolving and preventing conflicts.

4. As manager, the resident will participate in weekly team meetings addressing effectiveness of the team allocation of resources.

5. As the resident develops their caseload, they will develop skills in managing health needs. Supervision focus will also address health determinants and develop links to address these with community organizations. There will be ample opportunity to study barriers to access and resources. In following health determinants, the resident will develop a community project to further promote health (maybe advocacy, public policy, identifying points of influence, etc.) with the view to reflecting on ethical and professional issues arising and conflict interest.

6. As a scholar, the resident will have time to research health determinants, public policy, systems of influence, facilitate their own and others’ learning as appropriate. Project may involve rounds, community lectures, and published articles. Resident will also participate in weekly Infant Mental Health Journal Club and be able to critically appraise articles and present findings.

7. This rotation provides the resident with a unique opportunity to integrate clinical skills, collaboration, and scholarly activity to the promotion of public good.

Example Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>AM and PM</td>
<td>new assessment and follow ups</td>
</tr>
<tr>
<td>Tuesday</td>
<td>AM</td>
<td>community partner meeting</td>
</tr>
<tr>
<td></td>
<td>noon</td>
<td>Journal Club</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>follow ups and supervision</td>
</tr>
<tr>
<td>Wednesday</td>
<td>AM</td>
<td>team meetings</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>community presentation/follow up</td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td>Academic Day</td>
</tr>
<tr>
<td>Friday</td>
<td>AM</td>
<td>New Assessment/follow up/supervision</td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Adult psychotherapy and supervision (off site)</td>
</tr>
</tbody>
</table>
RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Community Psychotherapy

SITE: 400 - 601 West Broadway
Vancouver, BC

CITY: Vancouver

HEALTH AUTHORITY: Private Practice

ELECTIVE CATEGORY:
(Select more than one category if applicable)

- Medical [X]
- Research [ ]
- Educational [ ]

IN/OUT MIX: 100% outpatient

SETTING: VanPsych

DURATION: 4 months

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 with 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):**

<table>
<thead>
<tr>
<th>LOCATION:</th>
<th>400 - 601 West Broadway Vancouver, BC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME:</td>
<td></td>
</tr>
<tr>
<td>PERSON:</td>
<td>Dr. Kyle Burns</td>
</tr>
<tr>
<td>CONTACT:</td>
<td>Dr. Kyle Burns</td>
</tr>
</tbody>
</table>
RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Complex Pain & Addictions

**SITE:** VGH  
**CITY:** Vancouver  
**HEALTH AUTHORITY:** VCHA

**ELECTIVE CATEGORY:**  
(Select more than one category if applicable)  
- Medical  
- Research  
- Educational  

**IN/OUT MIX:**  
100% In-patient

**SETTING:** In-patient

**DURATION:** At least one (1) month, more is negotiable

**ELECTIVE OWNER(S):**  
(Name, email, phone)  
Dr. M. Ceresney  
[dr_mceresney@shaw.ca](mailto:dr_mceresney@shaw.ca)  
Dr. P. Azar  
[PAzar@providencehealth.bc.ca](mailto: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  
8th 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:** 8th 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](mailto:dr_mceresney@shaw.ca)  
[PAzar@providencehealth.bc.ca](mailto:PAzar@providencehealth.bc.ca)
**ELECTIVE DESCRIPTION FORM**

<table>
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<tr>
<td>ELECTIVE CATEGORY: (select more than one category if applicable)</td>
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<table>
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<tr>
<th>ELECTIVE OWNER(S):</th>
<th>Andrea Chapman, <a href="mailto:achapman@cw.bc.ca">achapman@cw.bc.ca</a> (604) 875-2093</th>
</tr>
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<tbody>
<tr>
<td>Name, Email, Phone</td>
<td>Kelly Saran, <a href="mailto:ksaran@cw.bc.ca">ksaran@cw.bc.ca</a> (604) 875-2010</td>
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</tbody>
</table>

<table>
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<tr>
<th>ELECTIVE ON-SITE SUPERVISOR:</th>
<th>Andrea Chapman and Kelly Saran</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, Site, Address (DO NOT provide email or phone number)</td>
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<table>
<thead>
<tr>
<th>DESCRIPTION:</th>
<th>Consultation with children and youth on medical wards.</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>OBJECTIVES:</th>
<th></th>
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<table>
<thead>
<tr>
<th>ACADEMIC ACTIVITIES:</th>
<th>Attendance at multi-disciplinary rounds</th>
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</thead>
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<table>
<thead>
<tr>
<th>SPECIAL FEATURES:</th>
<th>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)</th>
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<table>
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<tr>
<th>DIRECT PATIENT CARE RESPONSIBILITIES:</th>
<th>yes</th>
</tr>
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<table>
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<tr>
<th>NIGHT/WEEKEND CALL:</th>
<th>BCCH</th>
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<tbody>
<tr>
<td>(from dropdown)</td>
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<table>
<thead>
<tr>
<th>REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION:</td>
<td>BCCH Mental Health Building – Dr. Chapman’s office P4 212</td>
</tr>
<tr>
<td>TIME:</td>
<td>9:00am</td>
</tr>
<tr>
<td>PERSON:</td>
<td>Andrea Chapman</td>
</tr>
<tr>
<td>CONTACT:</td>
<td>Andrea Chapman</td>
</tr>
<tr>
<td>PHONE:</td>
<td>(604) 875-2093</td>
</tr>
<tr>
<td>EMAIL:</td>
<td><a href="mailto:achapman@cw.bc.ca">achapman@cw.bc.ca</a></td>
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RESIDENT ELECTIVE DESCRIPTION FORM

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<th>ELECTIVE NAME: Consultation Liaison Psychiatry</th>
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<td>SITE: RCH</td>
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<tr>
<td>(select more than one category if applicable)</td>
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<table>
<thead>
<tr>
<th>ELECTIVE OWNER(S): Name, Email, Phone</th>
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<tbody>
<tr>
<td>Dr. Megan Roberts</td>
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<tr>
<td>Dr. Hema Joshi</td>
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<tr>
<th>ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address</th>
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<tr>
<td>As above</td>
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<td>(DO NOT provide email or phone number)</td>
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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
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.

The resident will maintain timely and comprehensive medical records.

**Collaborator**

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: RCH

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):
LOCATION: Office #407 – Sherbrooke Centre, RCH Dept of Psychiatry
PERSON: Drs. Roberts/Joshi
CONTACT: As above
PHONE: 
EMAIL: 
# RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Consultation Liaison Psychiatry

<table>
<thead>
<tr>
<th>SITE:</th>
<th>Richmond Hospital</th>
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<tbody>
<tr>
<td>CITY:</td>
<td>Richmond</td>
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<tr>
<td>HEALTH AUTHORITY:</td>
<td>Vancouver Coastal Health</td>
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</tbody>
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**ELECTIVE CATEGORY:**
- Medical
- Research
- Educational

**IN/OUT MIX:**
- Inpatient

**SETTING:**
- City

**DURATION:** 1-3 months or longer if part time

**ELECTIVE OWNER(S):**
Sheila Kegel
Sheila.Kegel@vch.ca, (604) 675-3975 (work)

**ELECTIVE ON-SITE SUPERVISOR:**
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):**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Department of Psychiatry main office, Westminster Building</th>
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<tbody>
<tr>
<td>TIME</td>
<td>09:00am</td>
</tr>
<tr>
<td>PERSON</td>
<td>Sheila Kegel</td>
</tr>
<tr>
<td>CONTACT</td>
<td></td>
</tr>
<tr>
<td>PHONE</td>
<td>(778) 926-5753</td>
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<td>EMAIL</td>
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# RESIDENT ELECTIVE DESCRIPTION FORM

<table>
<thead>
<tr>
<th>ELECTIVE NAME: Contemporary Psychodynamic Psychotherapy</th>
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<tbody>
<tr>
<td>SITE: 720-999 West Broadway</td>
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<tr>
<td>ELECTIVE CATEGORY: (select more than one category if applicable)</td>
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<tr>
<td>ELECTIVE OWNER(S): Name, Email, Phone</td>
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<td>ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)</td>
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**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:** 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
<table>
<thead>
<tr>
<th>ELECTIVE NAME: Cross-cultural Psychiatry</th>
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<tbody>
<tr>
<td>SITE: VGH-Community</td>
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<td>CITY: Vancouver</td>
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<td>HEALTH AUTHORITY: VCH</td>
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<td>ELECTIVE CATEGORY:</td>
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<tr>
<td>Medical ☑</td>
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<tr>
<td>Research □</td>
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<tr>
<td>Educational □</td>
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<tr>
<td>IN/OUT MIX: Inpatient</td>
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<tr>
<td>SETTING: Urban</td>
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<td>DURATION: 1 month</td>
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<tr>
<td>ELECTIVE OWNER(S):</td>
</tr>
<tr>
<td>Name, Email, Phone</td>
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<tr>
<td>Dr. Raj Raina, Dr. Soma Ganesan, <a href="mailto:soma.ganesan@vch.ca">soma.ganesan@vch.ca</a></td>
</tr>
<tr>
<td>ELECTIVE ON-SITE SUPERVISOR:</td>
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<tr>
<td>Dr. Soma Ganesan, Dr. Hiram Mok, Dr. Raj Raina</td>
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**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:** Site to be determined by Psychiatry PGE.

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):**

<table>
<thead>
<tr>
<th>LOCATION: VGH Department of Psychiatry</th>
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<tr>
<td>TIME:</td>
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<tr>
<td>PERSON: Pinky Bitanga, Dr. Soma Ganesan</td>
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<tr>
<td>CONTACT:</td>
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<tr>
<td>PHONE: (604) 875-4023</td>
</tr>
<tr>
<td>EMAIL: <a href="mailto:pinky.bitanga@vch.ca">pinky.bitanga@vch.ca</a></td>
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</table>
Elective / Selective: Developmental Disorders and Mental Health

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:

- Medical Expert
  - Knowledge
    - 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
  - 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
  • Critically appraise sources of medical information
  • Facilitate learning of patients, house staff/students and other health
professionals
• Contribute to development of new knowledge

Professional
• 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  
**SITE:** Surrey Memorial Hospital  
**CITY:** Surrey  
**HEALTH AUTHORITY:** Fraser Health Authority  

<table>
<thead>
<tr>
<th>ELECTIVE CATEGORY:</th>
<th>Medical</th>
<th>Research</th>
<th>Educational</th>
<th>IN/OUT MIX:</th>
<th>Outpatient</th>
<th>SETTING:</th>
<th>Hospital</th>
<th>DURATION:</th>
<th>6 Months minimum</th>
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</thead>
</table>

**ELECTIVE OWNER(S):**  
(Name, email, phone)  
Dr. Martina Smit  
Martina.smit@fraserhealth.ca  

**ELECTIVE ON-SITE SUPERVISOR:**  
(Name, Site, Address)  
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:** Downtown Eastside Integrated Care  
**SITE:** Heatley/Powell/Pender Clinic  
**CITY:** Vancouver  
**HEALTH AUTHORITY:** VCH  
**ELECTIVE CATEGORY:**  
(Select more than one category if applicable)  
- Medical  
- Research  
- Educational  
**IN/OUT MIX:** Outpatients  
**SETTING:**  
- Chronic care  
- Intensive case management  
**DURATION:** Six months  

**ELECTIVE OWNER(S):**  
(Name, email, phone)  
Dr Apu Chakraborty; achakraborty@providencehealth.bc.ca  
Cell: 604.786.6940  

**ELECTIVE ON-SITE SUPERVISOR:**  
Name, Site, Address  
(Do NOT provide email or phone number)  
Dr Apu Chakraborty  
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.  
**DIRECT PATIENT CARE RESPONSIBILITIES:** Assessment and follow-up of patients, all under clinical supervision and responsibility of Dr Chakraborty.  
**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:** Elika Hodania  
**CONTACT:**  
**PHONE:** 604.253.4401  
**EMAIL:** elika.hodania@vch.ca
Elective:
Early Childhood Mental Health and Developmental Child Psychiatry

Location:
Richmond Hospital (Richmond Early Childhood Mental Health Program)

Supervisor:
Dr. Carolyn Steinberg

Time:
Flexible 3-6 months full or part-time
Assessments/week: 2
Caseload (full time): 10

Maximum Number of Residents:
1 full time

Contact for Information:
Carolyn.Steinberg@vch.ca or 604-278-9711 x 4254

Description of Rotation:
This elective focuses on assessing, diagnosing, and treating children from 0-5 years of age with relational, behavioural and/or emotional problems. Children with a wide range of problems are seen with their families. Initially, the emphasis will be on skill building in assessment and formulation of cases. Depending on the resident’s time spent on site, and interest, teaching can include behaviour management (family and school), parent guidance, dyadic therapy, family therapy and psychodynamic play therapy. The resident will liaise with a variety of community partners, do preschool visits and be expected to participate in weekly Journal Club. The resident can be a part of weekly team business meetings and case conference.

Learning Objectives:
1. In this elective emphasis will be placed on Can MEDS roles acquiring medical knowledge, clinical skills and developing professionalism to provide excellence in patient-centred care. The resident will be expected to learn to do a thorough biopsychosocial assessment formulation and treatment plan for a child patient, demonstrates clerical problem solving, develop understanding of the origins of mental illness through interpreting historical information and readings through this development the resident will be able to implement an effective treatment plan, seek appropriate consultation of other health providers, arrange follow up and care.
2. Focus will also be on developing excellence in communication through development of rapport with children and families to accurately elicit and synthesize relevant information, come to a common understanding on problems and plans with families and colleagues and convey (oral and written) the information.
3. The resident will also be part of an interdisciplinary team and demonstrate ability to work collaboratively with other health professionals, participate in staff relations group learning about team dynamics and team problem prevention, identification, and resolution.

4. In this elective, the resident will have ample opportunity to work collaboratively with other organizations, set priorities and manage time, participate in committees and meetings.

5. As health advocate, the resident will improve skills in responding to family’s health needs and understand determinants of health.

6. As a scholar, this elective will provide ample opportunity for the resident to apply reflective learning in identifying formulating and communicating health determinants. There is much opportunity for critical learning through assigned reading, discussion, weekly journal club and case conferences. There will also be ample opportunity to facilitate patient and health professional learning.

7. As a professional, the resident will be expected to commit to ethical practice. Ample opportunity to address boundary issues with child patients and their families are provided. Through reflective supervision, the resident can learn balancing practice, maintaining physician health as well as commitment to life-long learning.

Schedule – Example

Monday and Tuesday
   AM - new assessments
   PM - follow up/supervision

Tuesday
   noon - Infant Mental Health Journal Club

Wednesday
   AM - team business meeting, staff relations and continuous case conference

Thursday
   Academic Day

Friday
   Follow up/supervision
   Off site psychotherapy and supervision

Note: Resident has opportunity to have multiple supervision sessions and didactic teaching per week dependent on need and caseload.
Early Psychosis Intervention (EPI) Program - 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 Westminster. 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 Westminster 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

<table>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<td>Cypress Lodge Tertiary</td>
<td>EPI</td>
<td>EPI</td>
<td>Academic Day</td>
<td>PTOP Program</td>
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<td>Inpatient Unit</td>
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<td>Psychotherapy</td>
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<td>EPI</td>
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<td>CBT for Psychosis</td>
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On Call cover as per the Royal Columbian Hospital resident 1st on call schedule.
**RESIDENT ELECTIVE DESCRIPTION FORM**

<table>
<thead>
<tr>
<th>ELECTIVE NAME:</th>
<th>Early Psychosis Intervention</th>
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<tbody>
<tr>
<td>SITE:</td>
<td>White Rock Mental Health</td>
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<tr>
<td>CITY:</td>
<td>White Rock</td>
</tr>
<tr>
<td>HEALTH AUTHORITY:</td>
<td>Fraser Health Authority</td>
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</tbody>
</table>

**ELECTIVE CATEGORY:**
(Select more than one category if applicable)
- Medical
- Research
- Educational

**IN/OUT MIX:**
Outpatient 1-2 days per week (Tuesday and Thursday)

**SETTING:**
Mental Health Team

**DURATION:**
6 months

**ELECTIVE OWNER(S):**
Dr. Jay Bondar
Jay.bondar@fraserhealth.ca

**ELECTIVE ON-SITE SUPERVISOR:**
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. |

| **REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):** Contact Dr. Bondar for first day reporting instructions |
| **LOCATION:** | 15521 Russell Avenue, Russell Annex, second floor |
| **TIME:** |
| **PERSON:** | Dr. Jay Bondar |
| **CONTACT:** | PHONE: 604-535-4500, ext. 757797 | EMAIL: Jay.bondar@fraserhealth.ca |
St. Paul's Hospital, Eating Disorders Program

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
**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
4. Develop an understanding of the skills necessary in treating eating disorders, including psychopharmacologic and psychotherapeutic treatments
5. 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.
**Rotation**: Elective in Undergraduate Medical Education Development

**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 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.

7. **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**

<table>
<thead>
<tr>
<th>ELECTIVE NAME: ECT</th>
<th>SITE: VGH and MSJ</th>
<th>CITY: Vancouver</th>
<th>HEALTH AUTHORITY: VCH (for VGH) and Providence (for MSJ)</th>
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<tbody>
<tr>
<td><strong>ELECTIVE CATEGORY:</strong> (select more than one category if applicable)</td>
<td>Medical</td>
<td>Research</td>
<td>Educational</td>
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<tr>
<td><strong>ELECTIVE OWNER(S):</strong> (Name, email, phone)</td>
<td>Dr. Caroline Gosselin</td>
<td><a href="mailto:caroline.gosselin@ubc.ca">caroline.gosselin@ubc.ca</a></td>
<td>604-875-4728 (VGH GPOT front desk)</td>
</tr>
<tr>
<td><strong>ELECTIVE ON-SITE SUPERVISOR:</strong> Name, Site, Address (DO NOT provide email or phone number)</td>
<td>Dr. Caroline Gosselin</td>
<td>Vancouver General Hospital, Centennial Pavilion, 5D</td>
<td>855 West 12th Avenue, Vancouver, BC V5Z 1M9</td>
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</table>

**DESCRIPTION:** Electroconvulsive Treatment for Adult and Geriatric Psychiatric Patients at VGH & MSJ

**LEARNING OBJECTIVES:**
- **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**

<table>
<thead>
<tr>
<th>Completion</th>
<th>Procedure Competencies</th>
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<tr>
<td>N/A</td>
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<tr>
<td><strong>A. Communication Skills (CanMEDS: Communicator)</strong></td>
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<td><strong>B. Pre-treatment Check-list (CanMEDS: Medical Expert)</strong></td>
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<td><strong>C. ECT Procedure (CanMEDS: Medical Expert)</strong></td>
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<td>i.e. adequate exposure of distal limbs</td>
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<tr>
<td>Demonstration of ability to utilize correct electrode placements for delivery of the ECT stimulus</td>
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<td>Demonstration of assurance that rubber bite block and protected jaw support is in place for all patients regardless of the state of dentition</td>
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<tr>
<td>Demonstration of ability to deliver the ECT stimulus</td>
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<td>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 prolonged seizure</td>
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**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 responsible psychiatrist, clinical laboratories, etc.) |
| 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

<table>
<thead>
<tr>
<th>ELECTIVE NAME:</th>
<th>Emotion Focused Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>SITE:</td>
<td>303-2902 W Broadway</td>
</tr>
<tr>
<td>CITY:</td>
<td>Vancouver</td>
</tr>
<tr>
<td>HEALTH AUTHORITY:</td>
<td></td>
</tr>
<tr>
<td>ELECTIVE CATEGORY:</td>
<td>Medical □ Research □ Educational ✗</td>
</tr>
<tr>
<td>IN/OUT MIX:</td>
<td>100% outpatient</td>
</tr>
<tr>
<td>SETTING:</td>
<td>VCH</td>
</tr>
<tr>
<td>DURATION:</td>
<td>11 Months Part-time</td>
</tr>
<tr>
<td>ELECTIVE OWNER(S):</td>
<td>Dr. Sherry De Rappard, <a href="mailto:sherryderappard@gmail.com">sherryderappard@gmail.com</a></td>
</tr>
<tr>
<td>ELECTIVE ON-SITE SUPERVISOR:</td>
<td>Dr. Sherry De Rappard 303-2902 W Broadway, Vancouver, BC, V6K 2G8</td>
</tr>
</tbody>
</table>

### 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**
  - The resident is expected to by 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

<table>
<thead>
<tr>
<th>REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOCATION:</strong> 303-2902 W Broadway</td>
</tr>
<tr>
<td><strong>PERSON:</strong> Dr. Sherry De Rappard</td>
</tr>
<tr>
<td><strong>CONTACT:</strong> Dr. Sherry De Rappard</td>
</tr>
<tr>
<td><strong>EMAIL:</strong> <a href="mailto:sherryderappard@gmail.com">sherryderappard@gmail.com</a></td>
</tr>
</tbody>
</table>
# RESIDENT ELECTIVE DESCRIPTION FORM

<table>
<thead>
<tr>
<th>ELECTIVE NAME:</th>
<th>First Nations Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>SITE:</td>
<td>Seabird Island (Agassiz) &amp; Sts’ailes (Harrison Mills)</td>
</tr>
<tr>
<td>CITY:</td>
<td>Chilliwack area</td>
</tr>
<tr>
<td>HEALTH AUTHORITY:</td>
<td>Fraser Health</td>
</tr>
<tr>
<td>ELECTIVE CATEGORY:</td>
<td>(select more than one category if applicable)</td>
</tr>
<tr>
<td>IN/OUT MIX:</td>
<td>Educational</td>
</tr>
<tr>
<td>SETTING:</td>
<td>Cross-cultural psychiatry</td>
</tr>
<tr>
<td>DURATION:</td>
<td>Seabird Island &amp; Sts’ailes</td>
</tr>
<tr>
<td></td>
<td>8 weeks (Fridays only)</td>
</tr>
</tbody>
</table>

**ELECTIVE OWNER(S):**  
(Name, email, phone)  
?

**ELECTIVE ON-SITE SUPERVISOR:** Name, Site, Address  
(Click 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

| SITE: | 1) Forensic Psychiatric Hospital 2) Regional Treatment Centre (Pacific) 3) Youth Forensic Psychiatric Services |
| CITY: | 1) Port Coquitlam 2) Abbotsford 3) Burnaby |
| HEALTH AUTHORITY: | 1) Forensic Psychiatric Services (PHSA) 2) Correctional Services of Canada 3) Youth Forensic Psychiatric Services |

### ELECTIVE CATEGORY:

| Select more than one category if applicable |
| Medical ☑ | Research |
| Educational ☑ |

### IN/OUT MIX:

Primarily inpatient for Forensic Psychiatric Services and Correctional Services of Canada; Youth Forensic Services will be about 40%/60% in/out mix.

### SETTING:

Forensic hospital; prison psychiatric unit and treatment centre; Youth remand unit and custody centres and outpatient clinics.

### DURATION:

Minimum one month. Resident may select up to two sites and spend two weeks at each site.

### ELECTIVE OWNER(S):

**Please copy all the elective owners on correspondence about this elective.**

- **Dr. Todd Tomita** (Correctional Psychiatry)  
  [todd.tomita@ubc.ca](mailto:todd.tomita@ubc.ca)

- **Dr. Andrew Kolchak** (Adult Forensic Psychiatry)  
  [Andrew.kolchak@forensic.bc.ca](mailto:Andrew.kolchak@forensic.bc.ca)

- **Dr. Kulwant Riar** (Youth Forensic Psychiatry)  
  [Kulwant.riar@ubc.ca](mailto:Kulwant.riar@ubc.ca)

### ELECTIVE ON-SITE SUPERVISOR:

<table>
<thead>
<tr>
<th>Name, Site, Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dr. Todd Tomita</strong>, Regional Treatment Centre (Pacific)</td>
</tr>
<tr>
<td><strong>Dr. Andrew Kolchak</strong>, Forensic Psychiatric Hospital</td>
</tr>
<tr>
<td><strong>Dr. Kulwant Riar</strong>, Youth Forensic Psychiatric Services</td>
</tr>
</tbody>
</table>

## DESCRIPTION:

The forensic psychiatry elective is intended to provide an introduction to the specialty. The resident may select up to two sites of forensic psychiatric practice: 1) Forensic Psychiatric Hospital, 2) Regional Treatment Centre (Pacific), or 3) Youth Forensic Psychiatric Services. The elective will be divided into either a single 4 week block or two 2 week blocks.

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

There will be opportunities to observe and participate in court-ordered forensic assessments in the Forensic Psychiatric Hospital remand units. There will be opportunities to observe and participate in violence risk assessments for probation services, the British Columbia Review Board and the Parole Board of Canada.

The elective will cover the basic principles of forensic report writing and the resident, if interested, will be given the opportunity to prepare mock forensic reports that will be reviewed by supervisors and feedback provided.

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

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>o <strong>Medical Expert</strong></td>
</tr>
<tr>
<td>▪ <strong>Knowledge</strong> – 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</td>
</tr>
<tr>
<td>▪ <strong>Clinical Skills</strong> – begin to develop skills and attitudes conducive to balancing provision of care with application of control measures to manage risk and public safety;</td>
</tr>
<tr>
<td>o <strong>Communicator</strong> – 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</td>
</tr>
<tr>
<td>o <strong>Collaborator</strong> – be able to participate in the interdisciplinary treatment team that is an integral component in forensic and correctional contexts.</td>
</tr>
<tr>
<td>o <strong>Manager</strong> - demonstrate an understanding of the need for judicious use of time and clinical resources in forensic and correctional treatment settings.</td>
</tr>
<tr>
<td>o <strong>Health Advocate</strong>-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.</td>
</tr>
<tr>
<td>o <strong>Scholar</strong> – 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.</td>
</tr>
<tr>
<td>o <strong>Professional</strong> – 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACADEMIC ACTIVITIES:</th>
<th>participation in ongoing PGY6 Forensic Psychiatry Program seminars one day per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL FEATURES:</td>
<td>Elective residents must apply for and receive formal security clearance at each training sites before the elective begins.</td>
</tr>
<tr>
<td>DIRECT PATIENT CARE RESPONSIBILITIES:</td>
<td>None</td>
</tr>
<tr>
<td>NIGHT/WEEKEND CALL:</td>
<td>Site to be determined by Psychiatry PGE.</td>
</tr>
</tbody>
</table>
Elective / Selective: Forensic Psychiatry
Location: Prince George Adult Forensic Clinic
Supervisor(s): Dr David William Morgan
Time: Full time (5 days per week)
Maximum # of Residents: 1
Contact for Information: Dr. Morgan (250-561-8060); dmorgan3@forensic.bc.ca

Description of Rotation:

Learning Objectives:

- Medical Expert

- Knowledge

  The resident will develop an understanding of the assessment, diagnosis and continuing care of mentally disordered offenders. This will include, but will not necessarily be limited to,
  an understanding and awareness of:

  - The DSM-IV-TR diagnostic system used to classify mental disorders which commonly present in forensic psychiatry, including personality disorders, addictions and sexual disorders,
  - The relationship of such disorders to offending behaviour,
  - Risk assessment, risk assessment tools and risk management, and why this is of importance,
  - Knowledge and understanding of the psychopharmacology of medications used in forensic psychiatry,
  - Awareness of the legal system and criminal law pertaining to psychiatry, including the legal tests for unfitness to stand trial and NCRMD; the test of mental capacity and it’s importance; medical negligence; and relevant case law,
  - The principles and importance of ethics,
  - Preparing medico-legal reports and expert witness testimony, and
  - Prison psychiatry.
• Clinical Skills

The resident will:

Conduct assessments of mentally disordered offenders in a variety of different settings,

Develop an understanding of the importance of physical, psychiatric, psychological, imaging and electrophysiological investigations in the assessment and management of a wide variety of disorders,

Learn to undertake a thorough risk assessment, identify key factors to optimize health and reduce offending, and prepare a detailed risk management and treatment plan,

Integrate and present a biopsychosocial assessment of a mentally disordered offender, including an understanding of how a particular patient’s mental disorder relates to their offending behaviour,

Develop a therapeutic relationship with mentally disordered offenders, including those suffering from severe personality disorders,

Maintain thorough, legible and detailed contemporaneous medical records,

Demonstrate appropriate knowledge and application of psychopharmacology, including assessment, prescription and monitoring of medications,

Demonstrate knowledge of drugs of abuse, their effects on mental state and their relationship to offending behaviour,

Prepare medicolegal reports by effectively synthesising large amounts of information into concise, clear and comprehensive reports to the court and review board, with appropriate opinion and recommendations,

Be aware of indications for, and limitations of, various forms of psychotherapy,

Manage reactions and countertransference to patients, and

Develop an awareness of the importance of personal safety, including de-escalation techniques.

• Communicator

The resident will:

Clearly convey, to all patients in their care, an accurate and coherent account of their diagnosis, their care plan and their prognosis,

Be able to accurately assess a patient’s mental capacity to consent to assessment or treatment,
Undertake psychoeducation to facilitate greater understanding, insight and awareness on the part of the patient,

Accurately assess a patient’s readiness and potential for change,

Accurately assess a patient’s weaknesses and strengths,

Identify and challenge cognitive distortions associated with offending,

Identify and reinforce appropriate coping strategies utilized by the patient,

Identify and attempt to change maladaptive coping strategies,

Be aware of and respect patient confidentiality at all times, yet at the same time developing an awareness of situations where confidentiality can ethically be broken,

Develop the ability to communicate, with other doctors, other professionals and other agencies, orally and in writing, important information in a clear and concise fashion,

Maintain contemporaneous medical records that are detailed, clear and comprehensive, and which maintain patient confidentiality, and

Communicate openly and clearly with supervising clinicians, and be aware of their limitations.

• **Collaborator**

  The resident will:

  Demonstrate the ability to work effectively as part of a multidisciplinary team,

  Consult effectively with other physicians, professionals and external agencies as appropriate,

  Demonstrate willingness and ability to teach and learn from colleagues, patients and other professionals, and

  Demonstrate an ability to facilitate learning of patients, Residents, students and other health professionals and contribute to development of new knowledge.

• **Manager**

  The resident will effectively plan the use of professional time by applying practice management principles which include:

  Planning a work schedule consistent with personal and professional goals and obligations, including consideration of service needs, teaching, administrative tasks and research,
Setting realistic priorities and using time effectively in order to optimize professional performance,

Coordinating the treatment team’s efforts by effectively using the varied skills of other health care professionals,

Demonstrating knowledge of important community resources for patients and the ability to direct patients to those resources, and

The resident will understand and make effective use of information technology in order to optimise patient care, lifelong learning and other activities.

• **Health advocate**

  The Resident will

  Demonstrate awareness of the importance of stigma in forensic psychiatry,

  Demonstrate awareness of structures of governance in forensic psychiatry and the law,

  Demonstrate awareness of the major regional, national and international advocacy groups active in forensic psychiatry and mental health more generally, and

  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, socioeconomics status, religion/spirituality, sexual orientation, country of origin, acculturation, language and disabilities, among other factors).

• **Scholar**

  The Resident will:

  Maintain and enhance professional activities through ongoing learning,

  Critically evaluate medical information and its sources, and apply this appropriately to practice decisions,

  Develop, implement and monitor a personal and continuing medical education strategy related to forensic psychiatry,

  Facilitate the learning of patients, students and health professionals through guidance, teaching and constructive feedback,

  Contribute to the development, dissemination, and/or translation of new knowledge and practices, and

  Demonstrate a capacity to generate self and other assessment tools such as SAQs, MCQs or OSCEs.
• Professional

The Resident will demonstrate:

Honesty and integrity,

Compassion,

A respect for diversity,

Collaborative, respectful and ethical patient relationships that demonstrate gender, cultural and spiritual awareness,

Responsibility, dependability, self-direction and punctuality,

Constructive use of supervision and feedback,

An awareness of both the importance and application of ethical principles,

An understanding and application of the regulations relating to patient access to their record in the context of their illness and offending behaviour, and

Awareness of personal limitations and a commitment to physician health and sustainable practice

Comments: More than 1 resident cannot be accommodated owing to a lack of office space.
**RESIDENT ELECTIVE DESCRIPTION FORM**

**ELECTIVE NAME:** General Adult Psychiatry

**SITE:** Abbotsford Regional Hospital (ARH)  
**CITY:** Abbotsford  
**HEALTH AUTHORITY:** Fraser Health

**ELECTIVE CATEGORY:** Medical  
(Select more than one category if applicable)

**IN/OUT MIX:** Inpatient/ER

**SETTING:** ARH – Emergency and inpatient unit  
**DURATION:** 2 months

**ELECTIVE OWNER(S):**  
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:** As above  
Abbotsford Regional Hospital

**DESCRIPTION:** An elective that provides a mix of Emergency psychiatry and inpatient psychiatry experience.

**LEARNING OBJECTIVES:**
- **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. On inpatient units, there will be the opportunity to follow patients throughout their admission, make any treatment changes and monitor their results.
  - **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, such as brief and supportive techniques.
o **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.

o **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.

o **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.

o **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.

o **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.

o **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.

<table>
<thead>
<tr>
<th>ACADEMIC ACTIVITIES:</th>
<th>Resident dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL FEATURES:</td>
<td>Opportunity to experience work with a multicultural and diverse patient population</td>
</tr>
<tr>
<td>DIRECT PATIENT CARE RESPONSIBILITIES:</td>
<td>As above. Patient care will be done in settings of the Emergency Department and inpatient unit.</td>
</tr>
<tr>
<td>NIGHT/WEEKEND CALL:</td>
<td>As per program requirements</td>
</tr>
<tr>
<td>REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):</td>
<td></td>
</tr>
<tr>
<td>LOCATION:</td>
<td>Abbotsford Regional Hospital TBD</td>
</tr>
<tr>
<td>TIME:</td>
<td></td>
</tr>
<tr>
<td>PERSON:</td>
<td></td>
</tr>
<tr>
<td>CONTACT:</td>
<td>PHONE:</td>
</tr>
</tbody>
</table>
# Resident Elective Description Form

**ELECTIVE NAME:** General Psychiatry - Inpatient Unit at Nanaimo Regional General Hospital

<table>
<thead>
<tr>
<th>SITE:</th>
<th>CITY:</th>
<th>HEALTH AUTHORITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nanaimo Regional General Hospital, 1200 Dufferin Cres, Nanaimo, BC V9S 2B7 Phone: 250-755-7691</td>
<td>Nanaimo, BC</td>
<td>Island Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELECTIVE CATEGORY:</th>
<th>IN/OUT MIX:</th>
<th>SETTING:</th>
<th>DURATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Research Educational</td>
<td>Inpatient</td>
<td>Inpatient unit</td>
<td>3 months June 1, 2017 to August 31, 2017</td>
</tr>
</tbody>
</table>

**ELECTIVE OWNER(S):**
Shelly Mark, aivanshelly.mark@

**ELECTIVE ON-SITE SUPERVISOR:**
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

### REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>NRGH Inpatient Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>8am</td>
</tr>
<tr>
<td>PERSON</td>
<td>Dr. Kehinde Oluyede</td>
</tr>
<tr>
<td>CONTACT</td>
<td>Dr. Kehinde Oluyede</td>
</tr>
<tr>
<td>PHONE</td>
<td>(250) 619-2950</td>
</tr>
<tr>
<td>EMAIL</td>
<td><a href="mailto:kehinde.oluyede@viha.ca">kehinde.oluyede@viha.ca</a></td>
</tr>
</tbody>
</table>
**ELECTIVE NAME:** General Outpatient and Inpatient Psychiatry Elective

**SITE:** Royal Columbian Hospital

**CITY:** New Westminster

**HEALTH AUTHORITY:** Fraserhealth

**ELECTIVE CATEGORY:** (select more than one category if applicable)
- Medical
- Research
- Educational X

**IN/OUT MIX:**
- 50% Inpatient
- 50% Outpatient

**SETTING:** Sherbrooke Centre

**DURATION:** Minimum 3 months

**ELECTIVE OWNER(S):**
Dr. Sarah Chan, sarah.chan@fraserhealth.ca, 604-520-4662

**ELECTIVE ON-SITE SUPERVISOR:**
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 Office Based Practice

<table>
<thead>
<tr>
<th>SITE:</th>
<th>CITY:</th>
<th>HEALTH AUTHORITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Office</td>
<td>South Surrey</td>
<td>Within the FHA catchment</td>
</tr>
</tbody>
</table>

**ELECTIVE CATEGORY:**
(Select more than one category if applicable)
- Medical
- Research
- Educational

<table>
<thead>
<tr>
<th>IN/OUT MIX:</th>
<th>SETTING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient/residential care</td>
<td>Office/residential care</td>
</tr>
</tbody>
</table>

**DURATION:** 1 month

**ELECTIVE OWNER(S):**

Dr. Kelly French  
240-5620 152nd Street, Surrey, BC  
778-571-4263

**ELECTIVE ON-SITE SUPERVISOR:** Dr. Kelly French

**DESCRIPTION:** 1 month geriatric psychiatry office based practice

**LEARNING OBJECTIVES:**
- **Medical Expert**
  - 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):**

<table>
<thead>
<tr>
<th>LOCATION:</th>
<th>TIME:</th>
<th>PERSON:</th>
<th>CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office address listed above</td>
<td>8:30am</td>
<td>Dr. Kelly French</td>
<td>PHONE: cell 604-999-4066  EMAIL: <a href="mailto:Kelly_m_french@hotmail.com">Kelly_m_french@hotmail.com</a></td>
</tr>
</tbody>
</table>
RESIDENT ELECTIVE DESCRIPTION FORM

<table>
<thead>
<tr>
<th>ELECTIVE NAME:</th>
<th>Inpatient/Outpatient Community Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>SITE:</td>
<td>Royal Inland Hospital</td>
</tr>
<tr>
<td>CITY:</td>
<td>Kamloops</td>
</tr>
<tr>
<td>HEALTH AUTHORITY:</td>
<td>Interior Health</td>
</tr>
<tr>
<td>ELECTIVE CATEGORY:</td>
<td>(select more than one category if applicable)</td>
</tr>
<tr>
<td></td>
<td>Medical</td>
</tr>
<tr>
<td></td>
<td>Research</td>
</tr>
<tr>
<td></td>
<td>Educational</td>
</tr>
<tr>
<td>IN/OUT MIX:</td>
<td>In/Out</td>
</tr>
<tr>
<td>SETTING:</td>
<td>Inpatient stabilization/acute ward</td>
</tr>
<tr>
<td></td>
<td>Outpatient ACT team</td>
</tr>
<tr>
<td>DURATION:</td>
<td>3 months</td>
</tr>
</tbody>
</table>

| ELECTIVE OWNER(S): | Dr Nataliya Grishin |
|                   | Nataliya.Grishin@interiorhealth.ca         |
|                   | 604-272-6991                  |

| ELECTIVE ON-SITE SUPERVISOR: | Dr Nataliya Grishin |
|                             | Royal Inland Hospital and Assertive Community Treatment Team |
|                             | 126 King St, Kamloops, BC |

| DESCRIPTION: | 2 days of inpatient psychiatry involving admission consults and management of acute patients requiring stabilization. 2 days of outpatient psychiatry through the ACT team involving long team treatment, stabilization and management of chronic patients of a vulnerable population. |

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Medical Expert</td>
</tr>
<tr>
<td>▪ Knowledge – Gain further understanding of a wide spectrum of acute psychiatric diagnoses, their clinical features, and medication/treatment strategies</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>o Communicator – Work as a team leader, communicate with interdisciplinary team members and other consultation services, psychoeducation delivery to the patients and their families</td>
</tr>
<tr>
<td>o 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</td>
</tr>
<tr>
<td>o Manager – Work alongside community psychiatrists to gain a wide skill pertaining to managing a community practice, leading a team, and running a virtual office</td>
</tr>
<tr>
<td>o 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</td>
</tr>
<tr>
<td>o Scholar – Continue self directed learning in preparation towards the Royal College Exam</td>
</tr>
<tr>
<td>o Professional – Work at a junior staff level to experience living and working as a professional in a mid sized community</td>
</tr>
</tbody>
</table>

| ACADEMIC ACTIVITIES: | Grand rounds and weekly neuropsych 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. |
**RESIDENT ELECTIVE DESCRIPTION FORM**

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

**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 6-9 months

**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:** 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

**SITE:** BCCH

**CITY:** Vancouver

**HEALTH AUTHORITY:** PHSABC

**ELECTIVE CATEGORY:**
- Medical [ ]
- Research [ ]
- Educational [x]

**IN/OUT MIX:** Outpatient

**SETTING:** Urban

**DURATION:** 6-12 months

**ELECTIVE OWNER(S):**
- Dr. Ron Braunstein
  - rbraunstein@cw.bc.ca
  - (604) 875-2345 ext 6590

**ELECTIVE ON-SITE SUPERVISOR:**
- 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:** 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
**RESIDENT ELECTIVE DESCRIPTION FORM**

<table>
<thead>
<tr>
<th><strong>ELECTIVE NAME:</strong></th>
<th>MBCT/Mindfulness Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SITE:</strong></td>
<td>BC Cancer Agency</td>
</tr>
<tr>
<td><strong>CITY:</strong></td>
<td>Vancouver</td>
</tr>
<tr>
<td><strong>HEALTH AUTHORITY:</strong></td>
<td>PHSA</td>
</tr>
<tr>
<td><strong>ELECTIVE CATEGORY:</strong></td>
<td>(select more than one category if applicable)</td>
</tr>
<tr>
<td></td>
<td>Medical [ ]</td>
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<tr>
<td></td>
<td>Research [ ]</td>
</tr>
<tr>
<td></td>
<td>Educational [ ]</td>
</tr>
<tr>
<td><strong>IN/OUT MIX:</strong></td>
<td>100 % outpatient</td>
</tr>
<tr>
<td><strong>SETTING:</strong></td>
<td>Hospital clinic</td>
</tr>
<tr>
<td><strong>DURATION:</strong></td>
<td>3 to 6 months</td>
</tr>
<tr>
<td><strong>ELECTIVE OWNER(S):</strong></td>
<td>Dr. Andrea Grabovac</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:agrabovac@bccancer.bc.ca">agrabovac@bccancer.bc.ca</a>, (604) 877-6000 ext 2812</td>
</tr>
<tr>
<td><strong>ELECTIVE ON-SITE SUPERVISOR:</strong></td>
<td>Andrea Grabovac, BCCA, Suite 552 600 West 10th Ave, Vancouver</td>
</tr>
</tbody>
</table>

**DESCRIPTION:** Providing MBCT to oncology patients in a 1:1 setting. Some general C/L outpatients as well; optional. Option to receive exposure to MiCBT as well.

**LEARNING OBJECTIVES:**
- Medical Expert
  - Knowledge
  - Clinical Skills
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional

**ACADEMIC ACTIVITIES:**

**SPECIAL FEATURES:**
Supervision for MBCT 1:1 cases, provided according to current MBCT certification standards. Option for supervision of personal practice as well.

**DIRECT PATIENT CARE RESPONSIBILITIES:**
New assessments, progress notes to GPs; follow-ups if seeing general C/L patients as well

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

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):**

<table>
<thead>
<tr>
<th><strong>LOCATION:</strong></th>
<th>Room 552  600 West 10th Ave. Vancouver BC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TIME:</strong></td>
<td>0830</td>
</tr>
<tr>
<td><strong>PERSON:</strong></td>
<td>Dr. Andrea Grabovac</td>
</tr>
<tr>
<td><strong>CONTACT:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PHONE:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>EMAIL:</strong></td>
<td><a href="mailto:agrabovac@bccancer.bc.ca">agrabovac@bccancer.bc.ca</a></td>
</tr>
</tbody>
</table>
# RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Inner City Youth Mental Health Program

<table>
<thead>
<tr>
<th>SITE:</th>
<th>CITY:</th>
<th>HEALTH AUTHORITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner City Youth Mental Health Program (ICYMHP)</td>
<td>Vancouver</td>
<td>Providence Health</td>
</tr>
</tbody>
</table>

**ELECTIVE CATEGORY:**
- Medical
- Research
- Educational

**IN/OUT MIX:** Outpatient mostly; some time spent at Renfrew house (inpatient/housing)

**SETTING:** Youth Mental Health Clinic

**DURATION:** Flexible, will be agreed upon with individual resident (e.g. 6 months)

**ELECTIVE OWNER(S):**
- Dr. Steven Mathias, Child and Adolescent Psychiatrist
  smathias@providencehealth.bc.ca, and
- Dr. Pouya Azar
  pazar@providencehealth.bc.ca
  604-806-8320

**ELECTIVE ON-SITE SUPERVISOR:**
- Dr. Steven Mathias, Dr. Pouya Azar, Dr. Dan Lin, Dr. Valentina Mendoza
  Inner City Youth Mental Health Program
  1260 Granville Street
  Vancouver, BC V6Z 1M4

**DESCRIPTION:**
The Inner City Youth Mental Health Program is a team of child and adolescent psychiatrists, psychiatrists, social workers, occupational therapist and psychiatric nurses providing treatment to youth with mental illness, substance use disorders and marginalized living situations.

**LEARNING OBJECTIVES/CANMEDS:**

**Medical Expert - Knowledge:**
- The resident doctor (‘resident’) will become familiar with assessing, diagnosing, and treating psychiatric illnesses in teens and 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 have an opportunity to work in a multidisciplinary team at the Inner City Youth Mental Health Program. The resident will be supervised by a child and adolescent psychiatrist, and psychiatrists and 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.

**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, and primary psychiatric conditions.
- The resident will develop a detailed understanding of general and specific psychopathology of young patients, including history taking/exploration and behavioural 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 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). A strong focus will be on diagnosis of complex psychiatric disorders in a young population, including concurrent psychiatric and substance use disorders and assessment for further differential diagnosis. This will include assessment for the indication of specific pharmacological treatments, including the initiation and follow-up of medication treatment, including the prevention and treatment of side effects.
- The resident will complete many supervised and documented initial assessments of highly complex young patients (age range 12-24, for some services 16-24) with psychiatric disorders, substance use disorders, and personality disorders with a focus on bio-psycho-social-spiritual issues in relation to the current diagnostic classification system, considering epidemiologic, transcultural, gender-related, and socioeconomic factors.
- 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 supportive therapy modalities, such as counseling, occupational therapy, recreational therapy, rehabilitation therapy, and behavioural therapy.
- The resident will engage in indirect therapy modalities such as behavioural modification of patients and their family members/support group members.
- The resident will gain an understanding of whether further medical assessments are required for individual patients, such as neurological, neuroradiological, and electrophysiological investigations.
- The resident will gain a detailed understanding of substance use disorders and concurrent disorders in an adolescent psychiatric population with a multitude of biopsychosocial risk factors. 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 develop an understanding of how to work in the framework of adolescent psychiatry, focusing on rehabilitation including liaising with external, non-medical services that are complementary to psychiatry, such as the Ministry of Children and Family Development, schools, and employers.

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 Inner City Youth Mental Health Team and other teams/care providers involved in the patient’s care.

Manager:
- The resident will focus on using his or her time effectively to balance patient care, education needs, supervision, and communication with the ICY-MH 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 ICH-MH team.

**ACADEMIC ACTIVITIES:**
- At ICYMHP no mandatory academic/research activities, but available if the resident is interested
- The resident is strongly encouraged to attend weekly psychiatry grand round presentations at Vancouver General Hospital and/or 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:**
Psychiatry service on-call, be determined by Psychiatry PGE, approx. 3-4 call shifts a month. No additional call for Inner City Youth

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Inner City Youth Mental Health Program 1260 Granville Street, Vancouver, BC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>Please email Amanda Trimble or Tricia Paquette at ICYMHP about one week before starting the rotation about starting time and other information</td>
</tr>
<tr>
<td>CONTACT:</td>
<td>Ms Amanda Trimble (or if away at this time alternatively Ms. Trisha Paquette)</td>
</tr>
<tr>
<td>PHONE:</td>
<td>email preferred</td>
</tr>
<tr>
<td>EMAIL:</td>
<td><a href="mailto:atrimble@providencehealth.bc.ca">atrimble@providencehealth.bc.ca</a> (<a href="mailto:tpaquette@providencehealth.bc.ca">tpaquette@providencehealth.bc.ca</a>)</td>
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**RESIDENT ELECTIVE DESCRIPTION FORM**

<table>
<thead>
<tr>
<th>ELECTIVE NAME: Military Psychiatry</th>
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</thead>
<tbody>
<tr>
<td>SITE: CFB Esquimalt - Operational Trauma Stress Support Center (OTSSC)</td>
</tr>
<tr>
<td>ELECTIVE CATEGORY: (select more than one category if applicable)</td>
</tr>
<tr>
<td>ELECTIVE OWNER(S): (Name, email, phone)</td>
</tr>
<tr>
<td>ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address</td>
</tr>
</tbody>
</table>

**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 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, Cognitive Processing Therapy and EMDR provided by PhD Clinical Psychologists who are trained and experienced in those treatment modalities. The resident can be introduced to Virtual Reality Exposure Therapy as well.
- 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:**
Dr. Ron Padua is a Medical Officer at the Canadian Armed Forces. Upon graduation from the UBC Psychiatry Residency Program he will be posted to one of the Operational Trauma Stress Injury Centers where he will assume the position of Clinical Leader of the multidisciplinary mental health team which works in strong collaboration with the primary care providers. During this elective, in addition to the clinical and academic activities outlined above, Dr. Padua will be introduced to the administrative duties of the Clinical Leader and he will be exposed to other responsibilities such as liaising with the Pacific Regional Surgeon and Chain of Command on mental health issues affecting the Fleet and the local Units.
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 3 new psychiatric assessments a week under the supervision of a Psychiatrist. The clinic conducts 4 diagnostic assessments a week 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:  
No on-call responsibilities/opportunities at OTSSC
If the Resident requires to do call it needs to be arranged through Psychiatry PGE

REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

| LOCATION:  | 1200 Colville Road Victoria BC – Clinic Annex |
| TIME:      | 09:30 on the first day, 04 July 2017 (the usual start time is 08:00) |
| PERSON:    | LCol Andrea Tuka MD FRCPC |
| CONTACT:   | e-mail | PHONE: 250-5086178 | EMAIL: andrea.tuka@forces.gc.ca |
RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Neuropsychiatry

<table>
<thead>
<tr>
<th>SITE:</th>
<th>CITY:</th>
<th>HEALTH AUTHORITY:</th>
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</thead>
<tbody>
<tr>
<td>UBC Hospital</td>
<td>Vancouver</td>
<td>VCH</td>
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</table>

<table>
<thead>
<tr>
<th>ELECTIVE CATEGORY: (select more than one category if applicable)</th>
<th>IN/OUT MIX:</th>
<th>SETTING:</th>
<th>DURATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical X Research Educational</td>
<td>50%/50%</td>
<td>Inpatient ward and supervisors’ offices; some on and off-site clinics</td>
<td>1 month for junior residents; 2-3 months for senior residents</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ELECTIVE OWNER(S): (Name, email, phone)</th>
<th>ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address (DO NOT provide email or phone number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Andrew Howard <a href="mailto:andrew.howard@vch.ca">andrew.howard@vch.ca</a>, (604) 822-7569</td>
<td>Dr. Andrew Howard</td>
</tr>
</tbody>
</table>

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, electrophysiologic 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.

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: Joyce Lacsamana (Dr. Howard’s assistant) should be contacted if no schedule/orientation package is received.
CONTACT: Joyce Lacsamana
PHONE: (604) 822-7921
EMAIL: drhsec@gmail.com
# RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Neurostimulation  
**SITE:** St Pauls Hospital, Mood Disorders Association of BC, UBC  
**CITY:** Vancouver  
**HEALTH AUTHORITY:** Vancouver Coastal Health/Providence Health

| ELECTIVE CATEGORY: | Medical  
| Educational  
| IN/OUT MIX: |  
| SETTING: |  
| DURATION: | 2 days a week for 6 months  

| ELECTIVE OWNER(S):  
| Dr Fidel Vila Rodriguez  
| fidel.vilarodriguez@ubc.ca  
| ELECTIVE ON-SITE SUPERVISOR:  
| 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. Be familiar with recent advances in research and evidence base for different indications. Become familiar with evaluating patients for and planning a course of treatment in an interdisciplinary clinic setting.

**ACADEMIC ACTIVITIES:**
The resident will be involved in scholar activities as part of the rotation which will include but not be limited to attending to research meetings, presentations, and research procedures.

**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). The resident will be encouraged to seek further scholar opportunities arising from her/his rotation in the form of a case report, literature review, or analyzing of existing data.

**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

<table>
<thead>
<tr>
<th>SITE:</th>
<th>CITY:</th>
<th>HEALTH AUTHORITY:</th>
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<tbody>
<tr>
<td>Vancouver General Hospital Epilepsy Clinic and/or BC Neuropsychiatry Program at UBC Hospital</td>
<td>Vancouver</td>
<td>Vancouver Coastal Health</td>
</tr>
</tbody>
</table>

**ELECTIVE CATEGORY:**
- Medical
- Research
- Educational

**IN/OUT MIX:** Outpatients (with possible inpatient component on seizure investigation unit and neuropsychiatry unit)

**SETTING:**
- Vancouver General Hospital Epilepsy Clinic and/or BC Neuropsychiatry Program at UBC Hospital

**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:**

This rotation may be configured towards addressing training needs for chronic care, shared care, psychotherapy and/or research.

Residents work within the neuropsychiatry of epilepsy service ([www.VINEclinic.ca](http://www.VINEclinic.ca) and [www.ShareNES.ca](http://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:
1. neuropsychiatric aspects of epilepsy or
2. non-epileptic seizures (conversion disorder/ functional neurological symptom disorder).
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 somatofor presentations (psychogenic non-epileptic seizures). Dr. Hassan also offers supervision for psychotherapy and research depending on interest.

**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 neuropsychiatically 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](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.

**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

**PERSON:** Dr. Islam Hassan

**EMAIL:** islam.hassan@ubc.ca
# RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Primary Care Psychiatry, Jim Pattison Outpatient Care and Surgery Centre

<table>
<thead>
<tr>
<th>SITE:</th>
<th>SMH - Jim Pattison</th>
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<tbody>
<tr>
<td>CITY:</td>
<td>Surrey</td>
</tr>
<tr>
<td>HEALTH AUTHORITY:</td>
<td>Fraser Health</td>
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**ELECTIVE CATEGORY:** (select more than one category if applicable)
- Medical
- Research
- Educational

**IN/OUT MIX:** 100% Outpatient

**SETTING:** Primary Care

**DURATION:** One Month

**ELECTIVE OWNER(S):**

<table>
<thead>
<tr>
<th>Name, Email, Phone</th>
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<tbody>
<tr>
<td>J. McCallaghan, Department of Psychiatry, SMH</td>
</tr>
<tr>
<td><a href="mailto:cobus.mccallaghan@fraserhealth.ca">cobus.mccallaghan@fraserhealth.ca</a></td>
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**ELECTIVE ON-SITE SUPERVISOR:**

<table>
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<tr>
<th>Name, Site, Address</th>
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<tbody>
<tr>
<td>J. McCallaghan  PCC JP</td>
</tr>
<tr>
<td>3rd Floor, 140th Steet, Surrey, BC V3T 0G9</td>
</tr>
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</table>

## DESCRIPTION:

Psychiatry in a primary care setting

## LEARNING OBJECTIVES:

- **Medical Expert**
  - Knowledge
  - Clinical Skills
- **Communicator**
- **Collaborator**
- **Manager**
- **Health Advocate**
- **Scholar**
- **Professional**

To provide specialist psychiatry services in a primary care setting. Team of nurse practitioners, clinical counselors, social workers, pharmacists, and managers.

## 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/WEEND CALL:

Site to be determined by Psychiatry PGE.

## REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):

**LOCATION:** PCC 3rd Floor JPOLSC

**TIME:** 09 hours

**PERSON:** J. McCallaghan

**CONTACT:**

<table>
<thead>
<tr>
<th>PHONE:</th>
<th>EMAIL:</th>
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<tbody>
<tr>
<td>(604) 728-0901</td>
<td><a href="mailto:cobus.mccallaghan@fraserhealth.ca">cobus.mccallaghan@fraserhealth.ca</a></td>
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Back To The Top
RESIDENT ELECTIVE DESCRIPTION FORM

<table>
<thead>
<tr>
<th>ELECTIVE NAME:</th>
<th>Psychiatric Genetic Counseling</th>
</tr>
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<tbody>
<tr>
<td>SITE:</td>
<td>C&amp;W</td>
</tr>
<tr>
<td>CITY:</td>
<td>Vancouver</td>
</tr>
<tr>
<td>HEALTH AUTHORITY:</td>
<td>PHSA</td>
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<tr>
<td>ELECTIVE CATEGORY:</td>
<td>(select more than one category if applicable)</td>
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<tr>
<td></td>
<td>Medical ☒, Research ☐, Educational ☐</td>
</tr>
<tr>
<td>IN/OUT MIX:</td>
<td>Mix</td>
</tr>
<tr>
<td>SETTING:</td>
<td>Urban</td>
</tr>
<tr>
<td>DURATION:</td>
<td>1 month or longitudinal for PGY5</td>
</tr>
<tr>
<td>ELECTIVE OWNER(S):</td>
<td>Dr. Jehannine Austin</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Jehannine.austin@ubc.ca">Jehannine.austin@ubc.ca</a>, (604) 875-2000 Ext. 5943</td>
</tr>
<tr>
<td>ELECTIVE ON-SITE SUPERVISOR:</td>
<td>Dr. Emily Morris, Dr. Angela Inglis, and Dr. Jehannine Austin</td>
</tr>
<tr>
<td></td>
<td>Name, Site, Address (DO NOT provide email or phone number)</td>
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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. Hillsides – 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, dieticians, 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 ≤ 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, physiatry 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 lifelong 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 a 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 contributor’s 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

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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

SITE: BCCA – Vancouver Cancer Center
CITY: Vancouver
HEALTH AUTHORITY: PHSA

ELECTIVE CATEGORY: (select more than one category if applicable)
Medical □
Research □
Educational □
IN/OUT MIX: 95% outpatient
SETTING: Outpatient hospital clinic
DURATION: 3 months or longer

ELECTIVE OWNER(S): (Name, email, phone)
Dr. Andrea Grabovac, agrabovac@bccancer.bc.ca, (604) 877-6000 ext 2812;
Dr. Alan Bates, alan.bates@bccancer.bc.ca, (604) 877-6000 ext 672488;
Dr. Elaine Drysdale, elaine.drysdale@vch.ca, (604) 877-6000 ext 672811;
Dr. Valentina Mendoza, vmendoza@providencehealth.bc.ca, (604) 877-6000 ext 672815

ELECTIVE ON-SITE SUPERVISOR: Name, Site, Address
(Do NOT provide email or phone number)
Dr. Elaine Drysdale (Wednesdays and Thursdays); Dr. Alan Bates (Fridays);
Dr. Andrea Grabovac (Mondays and/or Wednesdays); Dr. Valentina Mendoza (Tuesdays)

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.

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Suite 552 600 West 10th Avenue  Vancouver BC V5Z 4E6</th>
</tr>
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<tbody>
<tr>
<td>TIME</td>
<td>To be arranged with individual supervisors</td>
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<tr>
<td>PERSON</td>
<td>Contact individual supervisors depending on days you will be at BCCA</td>
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<tr>
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Psychotherapy Elective Program

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 neurobiopsychosocial 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  
Carolyn Steinberg, MD  
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:** Preventative Medicine

<table>
<thead>
<tr>
<th>SITE:</th>
<th>Fraser Health Public Health</th>
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<tr>
<td>CITY:</td>
<td>Surrey, BC</td>
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<td>HEALTH AUTHORITY:</td>
<td>Fraser Health</td>
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**ELECTIVE CATEGORY:**
- Medical
- Research
- Educational

**IN/OUT MIX:** N/A

**SETTING:**
Public Health Office

**DURATION:** 4 weeks

**ELECTIVE OWNER(S):**
Dr. Shovita Padhi, Medical Health Officer
Shovita.Padhi@fraserhealth.ca; (604) 930-5404 ext. 765762

**ELECTIVE ON-SITE SUPERVISOR:**
Dr. Shovita Padhi
Fraser Health Public Health Office, Central City Tower
#400 - 13450 102\(^{nd}\) Avenue
Surrey BC V3T 0H1

**DESCRIPTION:** Prevention of mental illness and addictions, and promotion of mental health

**LEARNING OBJECTIVES:**
- **Medical Expert**
  - Knowledge – Increase knowledge of methods and resources to prevent mental illness and addictions, and promote mental health in the community.
  - Clinical Skills – N/A
- **Communicator** – To communicate strategies effectively with team members and mental health stakeholders through both written and oral communication.
- **Collaborator** – To collaborate effectively with Medical Health Officers, nurses and others in the team to research and develop strategies to promote/improve mental wellbeing in the community.
- **Manager** – To properly manage time and resources to optimize learning and productivity.
  - To participate effectively in committees or meetings
- **Health Advocate** – To advocate for better community resources and to advocate for other factors such as urban planning, workplace environments, and school programs to promote mental health.
- **Scholar** – To improve literature search skills to be more efficient at finding high quality research and recommendations.
  - To facilitate the education of municipal officials, committee members of various upstream methods of mental health promotion/prevention.
- **Professional** – To demonstrate professional behavior when interacting with team members and others, and to provide ethical and sustainable recommendations for mental health promotion.

**ACADEMIC ACTIVITIES:** Academic half-days every Friday. Also, weekly teaching with Supervisor.

**SPECIAL FEATURES:** N/A

**DIRECT PATIENT CARE RESPONSIBILITIES:** N/A

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

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):**
| LOCATION: | Surrey Central City 13\(^{th}\) floor |
| TIME: | 8:30 am August 4\(^{th}\), 2015 |
| PERSON: | Shovita or Cecelia |
| CONTACT: | Dr. Shovita Padhi |
| PHONE: | (604) 930-5404 x 765762 |
| EMAIL: | shovita.padhi@fraserhealth.ca |
### RESIDENT ELECTIVE DESCRIPTION FORM

**ELECTIVE NAME:** Reproductive Mental Health  
**SITE:** BC Women’s & SPH  
**CITY:** Vancouver  
**HEALTH AUTHORITY:** PHSA

| ELECTIVE CATEGORY: | Medical ☒  
|                   | Research ☐  
|                   | Educational ☐  
| **IN/OUT MIX:** | Ambulatory  
| **SETTING:** | Urban  
| **DURATION:** | 1 month or more |

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<th><strong>ELECTIVE OWNER(S):</strong></th>
<th>Name, Email, Phone</th>
</tr>
</thead>
</table>

| **ELECTIVE ON-SITE SUPERVISOR:** | Dr. Deidre Ryan  
|                               | 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:** 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:**   | Fay Ferreira, Training Coordinator  
| **CONTACT:**  | Training Coordinator  
| **PHONE:**    | (604) 875-2000 ext 6482  
| **EMAIL:**    | fferreira@cw.bc.ca |
Elective/Selective: Reproductive Mental Health
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:
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.

- The resident will perform outpatient consultations and follow-up in collaborative/shared care setting
  - 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:
- Medical Expert
  - Knowledge
  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.
- Clinical Skills
  The resident will be able to perform a complete and appropriate psychiatric assessment of a patient.
  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.
  The resident will be able to develop and implement an effective management plan in collaboration with the patient and her family.
- Communicator
  Accurately elicit and synthesize relevant information and perspectives of patient, her family, and other professionals involved;
  Accurately convey relevant information to patient and her family, as well as to referrer or other professionals involved
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.

- **Collaborator**
  Effectively work with or involve other professionals as needed (social work; clinician for supportive therapy/CBT; MCFC; community agencies for support)

- **Manager**
  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

- **Health advocate**
  Psychoeducation of patients and families about reproductive mental health concerns (e.g. postpartum depression) and their long-term effects as significant public health issue.

- **Scholar**
  Critical appraisal of new data in this evolving field of psychiatry

- **Professional**
  Demonstrate commitment to the patients, profession, and society through ethical and sustainable practice.

**Comments:**

**Schedule/availability**

**Dr Bowering (RCH):** Tuesdays and Wednesdays 8h00-14h30

**Dr Saffy (JPOCSC/SMH):** Mon 9h00-12h30; Tues 8h30-12h00; Wednesday 13h00-14h30

Resident will be able to choose either one of the sites, or may split time between the two sites if desired.

*note: residents have education day (UBC) all day on Thursdays*
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:**
(select more than one category if applicable)
- Medical [x]
- Research [ ]
- Educational [ ]

**IN/OUT MIX:**
Outpatient primarily Optional inpatient/emergency consults

**SETTING:**
Outpatient clinic/mental health team

**DURATION:**
Flexible. 3-6 months ideal. Part time or full time.

**ELECTIVE OWNER(S):**
Drs Kathryn Wynn and Layne Harvey

**ELECTIVE ON-SITE SUPERVISOR:**
Drs Kathryn Wynn and Layne Harvey

**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 2nd 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

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| ELECTIVE CATEGORY: | Medical ☒  
Research ☐  
Educational ☒  |
| IN/OUT MIX: | Inpatient/ outpatient |
| SETTING: Psychiatry unit: | inpatient  
Mental Health Clinic: | Outpatient, nursing home |
| DURATION: | 4 weeks |

| ELECTIVE OWNER(S): | 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:
Being available for emergency consultations during weekdays 8 am to 6 pm. There is no on call psychiatry service at Powell River Hospital.

## REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):
LOCATION: Powell River General Hospital 4th floor inpatient unit.
<table>
<thead>
<tr>
<th><strong>TIME:</strong></th>
<th>8:30 am</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSON:</strong></td>
<td>Dr Saby Ramirez</td>
</tr>
</tbody>
</table>
Elective / Selective: Senior Resident Outpatient Psychiatry and Psychotherapy Elective

Location: St. Paul’s Hospital

Supervisor(s):
1. Psychodynamic psychotherapy:
   a. Dr. Stephen Kline
   b. Dr. Lacresha Hall
   c. Dr. David Heilbrunn

2. Brief Dynamic Psychotherapy
   a. Dr. Chris Gorman

3. Interpersonal Therapy/Shared Care
   a. Dr. Emiko Moniwa

4. Cognitive Therapy
   a. Dr. Dan Lin
   b. Dr. Adam Chodkiewicz
   c. Psychologists (3)

5. Dialectical Behaviour Skills
   a. Dr. Jennifer Wide

6. Motivational Interviewing
   a. Dr. Steve Mathias

7. Mindfulness Based Cognitive therapy
   a. Dr. Prema Laban

Time: 6 months, part-time or full time
Maximum # of Residents: 1
Contact for Information: Mr. Peter Keyes, Administrative Assistant, Department of Psychiatry, St. Paul’s Hospital, 604-806-8320

Description of Rotation: The Department of Psychiatry at St. Paul’s Hospital has for many years actively participated in the training of junior psychiatry residents within the Psychiatry Postgraduate Program at the University of British Columbia. Building upon the foundation of supportive therapeutic principles that residents are taught during their second and third postgraduate years of training, senior residents are eager to receive further teaching and supervision in specific psychotherapeutic modalities. However, senior residents have enjoyed relatively few opportunities to return to St. Paul’s to enhance their training during their PGY 4 and 5 years. As a result of a review and redesign outpatient psychiatric services at St. Paul’s Hospital, senior residents now have an opportunity to gain expertise in advanced interviewing skills.
complemented by exposure to various psychotherapeutic treatment modalities under the primary supervision of psychiatrists and psychologists, with involvement of a large interdisciplinary group of professionals.

1. The resident would be expected to see 3-5 new assessments per week (full time), under the supervision of a senior psychiatrist or as supervisor of a junior resident. The resident would have an opportunity to assess a wide variety of patients and refine their interview techniques in preparation for their qualifying exams.

2. The resident would assess prospective patients with a view to their suitability for, acceptance and appropriateness of specific psychotherapies.

3. The resident would have an opportunity to conduct group therapy in specific modalities together with an experienced co-therapist (psychiatrist or psychologist).

4. The resident would have an opportunity to work with a number of psychiatrists based on their interests. Members of the Department of Psychiatry would provide teaching and supervision in individual and/or group psychotherapy in various modalities (see above).

An individualized schedule will be created for each resident in concert with their supervisor(s) and the Physician Leader of the Outpatient Psychiatry Clinic. The Division Head of General Psychiatry and the Head of the Department will be available to assist in the process as needed.

Learning Objectives:

The resident will:

- have multiple opportunities to refine and advance their knowledge of interviewing skills
- have multiple opportunities to refine and advance their clinical interview skills
- communicate clearly verbally and in writing.
- have opportunities to present clinical case material in various rounds and meeting formats
- interact respectfully with all colleagues.
- have an opportunity to interact with interdisciplinary partners and gain an awareness of their role in psychiatric care delivery
- gain familiarity with processes involved in health care resource allocation and in managing a clinical service via attendance at weekly clinic meetings
- will have an opportunity to supervise junior residents in psychiatric interviewing
- will organize and host a lunch hour teaching session for junior residents and medical students on various psychotherapy topics
- advocate for appropriate treatment for his/her patients
- be responsible for presenting at a Departmental Grand Rounds once during their elective on a topic in psychotherapy.
- demonstrate punctuality, respect and ethical behaviour in their interactions with Departmental, Program and Hospital interdisciplinary teams.

Comments: According to the OBJECTIVES OF TRAINING IN PSYCHIATRY (2009) The Royal College of Physicians and Surgeons of Canada (RCPSC) requires that residents be exposed to
and be supervised in number of psychotherapeutic modalities. Specifically, the RCPSC states that residents should:

4.1.4. Demonstrate proficiency in assessing suitability for, prescribe and deliver appropriate psychological treatments including:
   Cognitive Behavioral
   Either Family or Group Therapy, and have working knowledge in the other (see 4.1.5.3)
   Psychodynamic
   Supportive

4.1.5. Demonstrate working knowledge in assessing suitability for, prescribe and deliver appropriate psychological treatments including:
   Behavioral
   Dialectic Behavior Therapy
   Either Family or Group Therapy, and have proficiency in the other (see 4.1.4.2)
   Interpersonal therapies

4.1.6. Demonstrate introductory knowledge in assessing suitability for prescribing and delivery of appropriate psychological treatments including:
   Brief psychodynamic psychotherapy
   Mindfulness training
   Motivational interviewing
   Relaxation
**RESIDENT ELECTIVE DESCRIPTION FORM**

<table>
<thead>
<tr>
<th>ELECTIVE NAME:</th>
<th>Sexual Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>SITE:</td>
<td>UBC Purdy Pavilion</td>
</tr>
<tr>
<td>CITY:</td>
<td>Vancouver</td>
</tr>
<tr>
<td>HEALTH AUTHORITY:</td>
<td>Vancouver Coastal Health</td>
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</tbody>
</table>

**ELECTIVE CATEGORY:**
(Select more than one category if applicable)
- Medical
- Research
- Educational

**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.
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:** Site to be determined by Psychiatry PGE.

**REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):**

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<tr>
<th>LOCATION</th>
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<tbody>
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<td>TIME</td>
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<tr>
<td>PERSON</td>
<td>Dr Rosemary Basson</td>
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</table>

**CONTACT:**

<table>
<thead>
<tr>
<th>PHONE</th>
<th>(604) 827 1323</th>
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<tbody>
<tr>
<td>EMAIL</td>
<td><a href="mailto:rosemary.basson@vch.ca">rosemary.basson@vch.ca</a></td>
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RESIDENT ELECTIVE DESCRIPTION FORM

ELECTIVE NAME: Shared Care – Community Based Rapid Access Clinic (RAC)

<table>
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<tr>
<th>SITE: New Westminster Mental Health and Substance Use Services (NWMHSUS)</th>
<th>CITY: New Westminster</th>
<th>HEALTH AUTHORITY: Fraser</th>
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<table>
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<tr>
<th>ELECTIVE CATEGORY:</th>
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<th>Research</th>
<th>Educational</th>
<th>IN/OUT MIX:</th>
<th>Outpatient</th>
<th>SETTING: Urban</th>
<th>DURATION: 3-6 months (1-2 days/week)</th>
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ELECTIVE OWNER(S): Dr. Charlena Chan, charlena.chan@fraserhealth.ca, 604-889-5472

ELECTIVE ON-SITE SUPERVISOR: Dr. Charlena Chan, NWMHSUS, 403 6th 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.

- **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.
  
  o **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.

<table>
<thead>
<tr>
<th>ACADEMIC ACTIVITIES:</th>
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<tbody>
<tr>
<td>None on site. Teaching rounds are available at Royal Columbian Hospital.</td>
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<tr>
<th>SPECIAL FEATURES:</th>
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<tr>
<td>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.</td>
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<tr>
<th>DIRECT PATIENT CARE RESPONSIBILITIES:</th>
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<tr>
<th>NIGHT/WEEKEND CALL:</th>
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<tr>
<td>Associated with Royal Columbian Hospital on-call roster.</td>
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<tr>
<th>REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):</th>
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<tr>
<td>LOCATION: New Westminster Mental Health and Substance Use Services 403 6th Street, New Westminster</td>
</tr>
<tr>
<td>TIME: 8:30am</td>
</tr>
<tr>
<td>PERSON: Dr. Charlena Chan</td>
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<tr>
<td>CONTACT:</td>
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RESIDENT ELECTIVE DESCRIPTION FORM

<table>
<thead>
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<th>ELECTIVE NAME:</th>
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<tr>
<td>SITE:</td>
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<td>HEALTH AUTHORITY:</td>
<td>Fraser</td>
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<tr>
<th>IN/OUT MIX:</th>
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<tr>
<th>SETTING:</th>
<th>Urban</th>
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<tr>
<th>DURATION:</th>
<th>3-6 months (1-2 days/week)</th>
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<tr>
<th>ELECTIVE OWNER(S):</th>
<th>Dr. Charlena Chan, <a href="mailto:charlena.chan@fraserhealth.ca">charlena.chan@fraserhealth.ca</a>, 604-889-5472</th>
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</table>

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<thead>
<tr>
<th>ELECTIVE ON-SITE SUPERVISOR:</th>
<th>Dr. Charlena Chan, Simon Fraser University, Maggie Benston Centre, Rm 0101</th>
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</table>

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/](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.

### 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](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 Elective at Youth Pregnancy and Parenting Program (YPPP)

<table>
<thead>
<tr>
<th>SITE:</th>
<th>CITY:</th>
<th>HEALTH AUTHORITY:</th>
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</thead>
<tbody>
<tr>
<td>Robert and Lily Lee Family Community Health Centre Ground floor, 1669 East Broadway, Vancouver BC</td>
<td>Vancouver</td>
<td>VCHA</td>
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</tbody>
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<tr>
<th>ELECTIVE CATEGORY:</th>
<th>IN/OUT MIX:</th>
<th>SETTING:</th>
<th>DURATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical  ☒</td>
<td>Outpatient</td>
<td>Community Health Centre</td>
<td>1 day/wk X 4 months Monday or Thursday</td>
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<tr>
<td>Research  ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational  ☒</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**ELECTIVE OWNER(S):**

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:**

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:**

**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 |
UBC Psychiatry Postgraduate Education – Vancouver Native Health Society Medical Clinic
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:
2. Goals and Objectives for Psychiatry Residents – Collaborative/Shared Care Psychiatry (UBC, 2011).

TEACHING PROGRAM

¹ This is a slightly modified version of the Fraser Health Authority’s comprehensive shared care rotation document.
A. MISSION
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. Triaging 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 Bowlsbey (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  
**SITE:** SPH / BCCA / MDA  
**CITY:** Vancouver  
**HEALTH AUTHORITY:** PHC / PHSA  
**ELECTIVE CATEGORY:** Medical  
**IN/OUT MIX:** 60 / 40  
**SETTING:** Outpatient clinics at SPH and BCCA.  
**DURATION:** 3 – 6 months

**ELECTIVE OWNER(S):** Dr. Alan Bates  
*alan.bates@bccancer.bc.ca, (604) 877-6000 ext. 672488*

**ELECTIVE ON-SITE SUPERVISOR:** Dr. Alan Bates  
*Psychiatry, 5th Floor  
BC Cancer Agency  
600 West 10th 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.
- **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.

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<thead>
<tr>
<th>ACADEMIC ACTIVITIES:</th>
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<tr>
<td>SPECIAL FEATURES:</td>
<td>see above</td>
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**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):**

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<tr>
<td>PERSON:</td>
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</tr>
<tr>
<td>CONTACT:</td>
<td>Dr. Alan Bates</td>
</tr>
<tr>
<td>PHONE:</td>
<td>(778) 870-5177</td>
</tr>
<tr>
<td>EMAIL:</td>
<td><a href="mailto:batesubc@gmail.com">batesubc@gmail.com</a></td>
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</table>
**RESIDENT ELECTIVE DESCRIPTION FORM**

**ELECTIVE NAME:** Somatoform Disorders: Voice Clinic & Epilepsy Clinic  
**SITE:** VGH  
**CITY:** Vancouver  
**HEALTH AUTHORITY:** Vancouver Coastal Health  
**ELECTIVE CATEGORY:**  
(Select more than one category if applicable)  
- Medical  
- Research  
- Educational  
**SHARED CARE**  
- Medical  
- Research  
- Educational  
**IN/OUT MIX:** Outpatient  
**SETTING:** Hospital  
**DURATION:** 6 MO preferred; 3 MO negotiable

**ELECTIVE OWNER(S):**  
Dr. Sheila Shoja  
sheilashoja@telus.net, (604) 445-7784

**ELECTIVE ON-SITE SUPERVISOR:**  
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  
**SITE:** UBCH  
**CITY:** Vancouver  
**HEALTH AUTHORITY:** VCHA  

**ELECTIVE CATEGORY:** (select more than one category if applicable)  
- Medical  
- Research  
- Educational  

**IN/OUT MIX:**  
100% Outpatient  

**SETTING:** Clinic  
**DURATION:** 6 months, part time  

**ELECTIVE OWNER(S):**  
Dr. M. Ceresney  
[dr_mceresney@shaw.ca](mailto:dr_mceresney@shaw.ca), (604) 822-7606  

**ELECTIVE ON-SITE SUPERVISOR:**  
Drs. Ceresney, Borowska, Randhawa, &/or Comey  

**DESCRIPTION:** 6 months part time outpatient experience in Sleep Medicine  

**LEARNING OBJECTIVES:** Will be reviewed with resident  
- Medical Expert  
  - 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:** Substance Disorders

**SITE:** VGH Inpatient – Concurrent Disorders Intervention Unit (CDIU)

**CITY:** Vancouver

**HEALTH AUTHORITY:** Vancouver Coastal Health

**ELECTIVE CATEGORY:**
- Medical
- Research
- Educational

**IN/OUT MIX:** 100% inpatient

**SETTING:** Inpatient ward

**DURATION:** 1-2 months

**ELECTIVE OWNER(S):**
Dr. Megan Sherwood and Dr. Maia Love
Sherwood@mail.ubc.ca; ward number (604) 875-4139

**ELECTIVE ON-SITE SUPERVISOR:**
All 6 inpatient psychiatrists at VGH: Dr. Maia Love, Dr. Megan Sherwood, Dr. Andrej Koczapski, Dr. Mark Pattison, Dr. Caroline Cho, Dr. Venu Karapareddy

**DESCRIPTION:** This is a flexible elective for senior residents (PGY4 or 5)

**LEARNING OBJECTIVES:**
- The primary focus will be for the resident to increase medical expert knowledge and clinical skills, particularly around diagnosis of substance withdrawal and moderate-severe substance use disorders in the context of psychosis, mood disorders, anxiety or trauma-related disorders. The substance use disorders are typically alcohol use, stimulant and polysubstance use disorders as well as nicotine. Family meetings and appropriate psycho-education of patients and families around substance use is woven into the rotation.
- Understanding the local resources and matching those to the particular patient is a key component in this rotation. This is a large and close-knit interdisciplinary team on CDIU and the resident would also aim to increase his or her skills as a communicator, collaborator, advocate and professional.
- With respect to scholarly activity, a list of recent key addictions articles from the American Board of Addiction Medicine will be provided to the resident to read. A once monthly journal club is being planned. Residents would also be expected to attend VGH Grand Rounds on Tuesday mornings.

**ACADEMIC ACTIVITIES:** As above

**SPECIAL FEATURES:**
Compensatory day off ward activities for any resident choosing to take the B.C. college methadone course. Time off service can be negotiated for any resident wishing to tour addiction resources in Vancouver and the lower mainland or attend an AA or Smart Recovery meeting as an observer. We can provide contacts for residents to set up tours of Insite, Burnaby Centre, various resources in the Downtown Eastside or others.

**DIRECT PATIENT CARE RESPONSIBILITIES:**
Residents can choose which patients they wish to follow. Residents are encouraged to join in the care of any patient for whom suboxone, methadone, naltrexone, disulfiram or acamprosate is being considered or started. Residents will usually be involved in the care of 2 patients per half day, with considerable autonomy but significant on ward supervision provided. All six psychiatrists are happy to be involved in teaching. Four of our six psychiatrists are American Board of Addiction Medicine diplomats and all have methadone licenses.

**NIGHT/WEEKEND CALL:** Site to be determined by Psychiatry PGE.
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<thead>
<tr>
<th>REPORTING INSTRUCTIONS FOR FIRST DAY (IF APPLICABLE):</th>
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<tbody>
<tr>
<td><strong>LOCATION:</strong> VGH ward W1, first floor Health Care Centre at 715 West 12&lt;sup&gt;th&lt;/sup&gt; Ave., Vancouver</td>
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<tr>
<td><strong>TIME:</strong> 9 am on the first day of rotation (usually a Monday); join ward rounds at 9 am just past the nursing station; meet supervisors at end of rounds at 10 am</td>
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<tr>
<td><strong>PERSON:</strong> Dr. Megan Sherwood/Dr. Maia Love</td>
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<tr>
<td><strong>CONTACT:</strong> Email preferred</td>
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</table>
**RESIDENT ELECTIVE DESCRIPTION FORM**

<table>
<thead>
<tr>
<th>ELECTIVE NAME:</th>
<th>Tertiary Geriatric Inpatient</th>
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<tbody>
<tr>
<td>SITE:</td>
<td>Parkview Tertiary Care facility</td>
</tr>
<tr>
<td>CITY:</td>
<td>Vancouver</td>
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<tr>
<td>HEALTH AUTHORITY:</td>
<td>Providence</td>
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<tr>
<td>ELECTIVE CATEGORY:</td>
<td>Medical</td>
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<tr>
<td>(select more than one category if applicable)</td>
<td>Inpatient</td>
</tr>
<tr>
<td>SETTING:</td>
<td>DURATION: 6 months, M,W,F mornings</td>
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<tr>
<td>ELECTIVE OWNER(S):</td>
<td>Dr. Musacchio, <a href="mailto:mafalda.musacchio@vch.ca">mafalda.musacchio@vch.ca</a></td>
</tr>
<tr>
<td>ELECTIVE ON-SITE SUPERVISOR:</td>
<td>Dr. Musacchio, Parkview at Youville Residence, 4950 Heather Street, Vancouver, BC, V5Z 3L9</td>
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**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:**

- **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
- **Communicator**
  - improve skills with families and patients with advanced dementia, as well as liaising with community resources
- **Collaborator**
  - develop skills working closely with multidisciplinary team
- **Manager**
  - improve skills directing multidisciplinary team and possible follow-up community resources
- **Health Advocate**
  - effectively advocate for the needs of the patients
- **Scholar**
  - seek out new information about dementia management from recent literature
- **Professional**
  - demonstrate respect, compassion, and sensitivity to patients and their families