

Clinical Rotation Structure Guidelines General Psychiatry Residency Program

Background

Workplace based learning is a central to preparing residents for independent practice. This learning occurs on clinical rotations across hospital partner sites for the Temerty Faculty of Medicine, University of Toronto.

Minimum requirements for clinical rotations are established by the Psychiatry Speciality Committee of the Royal College of Physicians and Surgeons of Canada – Psychiatry Training Experiences. This document articulates required, recommended, and optional training experiences. Each university/residency program can also define additional training requirements.

On July 1, 2020, all Canadian Psychiatry training programs launched Competence by Design (CBD). CBD is a hybrid of time and outcome-based learning. Aligned with the principles of CBD, all clinical rotations have both a minimum time-based component and outcomes/competencies that residents must fulfill with appropriate supervision.

The purpose of this document is to outline the clinical rotation structure for the General Psychiatry Residency Program alongside articulating principles to inform modifications to clinical rotations for specific streams of training that the residency program supports.

Any modifications in training must have the support of the Program Director, with guidance from the Psychiatry Residency Program Committee (PRPC) and input from any other subcommittees or working groups relevant to the proposed modifications.

Rotation Structure

Please see Psychiatry Training Experiences for RCPSC requirements

<https://www.royalcollege.ca/en/standards-and-accreditation/information-by-discipline>

PGY1 – Transition to Discipline (TTD) and Foundations of Discipline (FOD)

Psychiatry rotations

TTD - Ground School/Orientation to Residency Training

- 2 weeks lectures
- 2 weeks clinical experience (emergency psychiatry, inpatient, C-L Psychiatry) alongside required training – TIDES (Trauma Informed De-escalation Education for Safety and Self-Protection) and ACLS (Advanced Cardiovascular Life Support) Training

Addictions

C-L Psychiatry

Emergency Psychiatry x 2 blocks (one block CAMH, one block general hospital)

Personalized Learning Experience (PLEX)
PGY1 outpatient half-day experience

Required off-service rotations

Cognitive Neurology
Emergency Medicine
Family Medicine or Pediatrics
General Internal Medicine x 2 blocks
Neurology
Palliative Medicine

Please note: PGY1s are all assigned to a base general hospital site for off-service and psychiatry rotations. Residents are also assigned to a PGY1 outpatient half-day clinic site – this site is their “home” site for PGY2 rotations. This model was developed to decrease fragmentation in the residency program and to support residents’ success in the transition to PGY2.

PGY2 - FOD

6 months of:

Adult Inpatient Psychiatry
Adult Outpatient Psychiatry
Severe and Persistent Mental Illness longitudinal follow-up (defined as at least 6-months of follow-up) integrated into PGY2 rotations

Longitudinal experiences/rotations

After-hours coverage of Psychiatry Emergency Service
Psychotherapy

PGY3 – FOD and Core of Discipline (COD)

4 months of:

Child and Adolescent Psychiatry
Geriatric Psychiatry
Severe Mental Illness

Longitudinal experiences/rotations

After-hours coverage of Psychiatry Emergency Service
Psychotherapy

PGY4 – COD and early Transition to Practice (TTP)

Addictions – 3 months
C-L Psychiatry – 4 months
PLEX – 3 months
Underserved/Marginalized populations – 2 months

Longitudinal experiences/rotations

After-hours coverage of Psychiatry Emergency Service
Psychotherapy

PGY5 – Transition to Practice

Integrated Mental Health Care (IMHC) – 1 day per week
PLEX

Longitudinal experiences

After-hours coverage of Psychiatry Emergency Service
Psychotherapy either as PLEX or completing requirements

Required Forensic Psychiatry Rotation

Residents starting training as of July 1, 2025 will be required to complete 1 block (4 weeks) of Forensic Psychiatry anytime between PGY1-5. Opportunities to complete this rotation include:

- PGY1 PLEX
- PGY3 SMI – if assigned to CAMH
- PGY4 U/MPS or PLEX
- PGY5 PLEX

Rotation Structure and Specialized Streams

Modifications in training can be considered on case-by-case basis for specialized streams in the residency program. Proposals will be brought forward by residency program leadership for the stream and be considered by the Psychiatry Residency Program Committee (PRPC). PRPC's role is to provide guidance to the Program Director with regards to the integration of training requirements alongside meeting requirements for the stream.

Prepared by: Program Director

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Next review: 2028-29 academic year