



**General Psychiatry Residency Program
Rotation Structure Updates as of July 1, 2022**

The following rotation structure will be implemented in the residency program starting July 1, 2022:

PGY1 (TTD and FOD)

- TTD “Ground School” in July – 2 weeks didactic/orientation to program, 2 weeks “on-site” at hospital sites
- 5 blocks of Psychiatry rotations – CL, Addictions, Emergency Psychiatry x 2, PLEX (Personalized Learning Experience)
- 7 blocks of “Medicine in Psychiatry” or off-service rotations – no change from previous rotations (CTU x 2 blocks, Emergency Medicine, Family Medicine or Pediatrics, Palliat

PGY2 (FOD)

- 6-mo adult inpatient and adult outpatient psychiatry

PGY3 (FOD/COD)

2022-23

- 4-mo SMI (serious mental illness/previously SPMI – serious and persistent mental illness or CC – chronic care)
- 4-mo Geriatric Psychiatry
- 2-mo Emergency Psychiatry
- 1-mo Underserved/Marginalized Populations (U/MPS)
- 1-mo PLEX (residents can choose to do a second month of U/MPS or any other rotation of their choosing)

PGY3 (FOD/COD)

2023-24

- 4-mo Child and Adolescent Psychiatry
- 4-mo Geriatric Psychiatry
- 4-mo SMI

PGY4 (COD/TTP)

2022-23 and 2023-24 (for residents who completed 4-mo inpatient psychiatry and 2-mo addiction psychiatry in PGY2)

- 4-mo C-L psychiatry
- 2-mo Addictions
- 3-mo Inpatient Psychiatry
- 3-mo PLEX

2024-25

- 4-months C-L Psychiatry
- 2-months Underserved/Marginalized Populations Selective
- 3-months Addictions
- 3-months PLEX (in at least 1-month blocks)

Please note that PGY3 SMI and PGY4 C-L Psychiatry rotations have gone from 3 to 4-months to support a more robust educational experience with fulsome core teaching along with opportunities to develop team-based interdisciplinary relationships and decrease fragmentation across the program.

PGY5/Transition to Discipline (TTD)

No significant changes planned at this time. Education innovations to align with RC TTD required training experiences and formal instruction requirements are being stewarded by Dr. Michael Mak, TTD Curriculum Lead.

Decisions with regards to rotation structure as per the PRPC are informed by:

1. RCPSC required training experiences (RTE) which articulates the *minimum standards* that all 17 psychiatry residency programs across Canada must meet in order to prepare residents for unsupervised/independent practice aligned with societal needs.
2. Temerty Faculty of Medicine and Department of Psychiatry strategic priorities which are articulated via the Vice Dean, Medical Education & Associate Dean, PGME, and the Department of Psychiatry's Executive (Chair and Vice Chairs) with guidance from the Senior Advisory Committee (SAC), which includes our Psychiatrists-in-Chief across training sites.
3. A commitment to continuous improvement of educational experiences, to improve the residency program and ensure residents are prepared for independent practice via consideration of the following sources of feedback:
 - a. Learner experience feedback via Site Surveys, Rotation Evaluation Scores, resident focus groups conducted as a part of CBD implementation, as well as close collaboration with Resident Leadership (Chief Residents and PRAT co-presidents/vice-presidents). Please also note that there is robust resident representation at the PRPC by PRAT, Chief Residents, IMG Residents, and in future residents from our Indigenous Stream.
 - b. Faculty input from various committees/subcommittees/working groups including the Psychiatry Residency Program Committee, Postgraduate Education Advisory Committee, Curriculum Subcommittee, Assessment Subcommittee, Psychiatry Competence Subcommittee, and Resident Assessment and Support Subcommittee.
 - c. Program Evaluation Data – for example, the recent LAE Working Group and HSC Call Internal Review. The residency program's Program Evaluation Subcommittee will also be reformulated in the 2022-23 academic year.
4. Alignment of educational innovations and requirements with operational and patient care considerations as per the PICs, PG Site Directors, and Core Rotation Coordinators. With the implementation of any rotation or educational experience, the residency program must consider educational goals and objectives alongside site-based resources (e.g. office space, administrative support, availability of faculty supervisors).