

Postgraduate Psychiatry Education in Kamloops

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

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

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

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

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

Experienced residency supervisors are available and include:

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

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

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

Interested residents should contact:

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Common Objectives for all Kamloops Based Rotations

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

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

Specific Rotations

Chronic Care and Rehabilitation Psychiatry

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

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

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

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

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

Rotation Specific Objectives:

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

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

6. Scholar

- demonstrate effective teaching skills in formal and informal settings for members of the health care team

7. Professional

- recognize and deal with boundary issues unique to a smaller community
- demonstrate awareness of and respect for cultural issues in First Nations patients from diverse nations

Geriatric Psychiatry

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

The resident can gain exposure to a range of treatment settings and work as a member of a multi-disciplinary team. Treatment settings include community mental health, outreach to residential (long term care), acute inpatient (Royal Inland Hospital), consultation-liaison support to medical services, and tertiary inpatient (geriatric and neuropsychiatric) services. Collaboration with neurology, 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 life long learning in geriatric psychiatry in a more isolated setting without ready access to an academic health science centre
- Demonstrate effective teaching skills in formal and informal settings for members of the health care team

Professional

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

General Psychiatry

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

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

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

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

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

Rotation Specific Objectives

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

1. Medical expert
 - Perform a complete assessment of a patient with a psychiatric illness, utilizing the available sources of information, and communicating an appropriate treatment plan to all relevant health care providers, sensitive to the geographic and resource issues of a small urban centre and distributed referral base
2. Communicator
 - Demonstrate appropriate written and verbal communication to all members of the health care team with particular attention to the needs of the family doctor, and the challenges of the diverse communities in the area
3. Collaborator
 - Collaborate effectively with all members of the health care team, with sensitivity to each contributors unique needs and strengths, and the regional issues that are relevant
 - Identify and resolve conflicts that may arise amongst the health care team members, families, and different communities
4. Advocate
 - Support other health care providers, including family physicians in their role as primary providers of mental health, in order to ensure that the needs of their patients are best met
5. Manager
 - Demonstrate awareness and appropriate utilization of limited health care resources in treatment planning, sensitive to the health care needs of the population
6. Scholar
 - Demonstrate an awareness of the resources necessary to maintain competence in a small centre, and utilize them appropriately
7. Professional
 - Demonstrate appropriate cultural awareness of the various first nations in the area, and other regional cultures
 - Recognize and deal with boundary issues unique to a smaller community

Child and Adolescent Psychiatry

This rotation is based in the community and the inpatient unit of the Royal Inland Hospital, supervised by Dr. Sheik Hosenbocus, previously the Director of Child and Adolescent Psychiatry Training at the University of Ottawa. The resident will get exposure to the unique

challenges involved in providing psychiatric services to a wide catchment area (rural and urban) with scarce psychiatric resources.

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

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

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

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

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

Rotation Specific Objectives

1. Medical Expert

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

2. Communicator

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

3. Collaborator

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

4. Manager

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

5. Advocate

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

6. Scholar

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

7. Professional

- Demonstrate respect towards other colleagues and service providers
- Develop and maintain healthy and appropriate boundaries with colleagues and patients

Horizontal or Part Time Experiences

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

Administrative Psychiatry

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

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

Forensic Psychiatry

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

1. Understand issues of competency, assessment of criminal responsibility, and other medico-legal issues relevant to forensic psychiatry (Medical Expert, Professional)
2. Communicate effectively in writing the results of a forensic psychiatry assessment with particular attention to the role of the medical expert in providing an opinion (Communicator)
3. Demonstrate sensitivity to the differences between the health and corrections systems and their response to mental illness, as well as the role of the forensic psychiatrist as mediator within these two systems (Collaborator)