

L06

A Third Year Program in Psychiatry for Family Doctors

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FACULTY DISCLOSURE

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

(list each conflict here)



CONFERENCE RESOURCES

Slides and handouts shared by our conference presenters are available on <https://www.integratedcareconference.com/> and on the conference mobile app.

All sessions will be recorded and posted to <https://integratedcarelearning.talentlms.com/> shortly following the conference.



LEARNING OBJECTIVES

At the conclusion of this session, the participant will be able to:

- Describe a PGY3 Program in Psychiatry for Family Doctors
- Identify the decisions behind choosing different types of rotations
- Describe the role of the PGY3 Mentor in the program



PGY3 Year in Psychiatry (in recent past)

- Ontario had re-entry program for family physicians, either graduating residents or physicians in the community
- Either for PGY3 year or full psychiatry residency
- Not available at this time

PGY3 Year in Psychiatry

- It involved payback to designated underserviced areas
- For 1 year of training, the Return of Service” (ROS) was one year
- For 3-5 years of training, the ROS was two years

PGY3 Year in Psychiatry

- At McMaster, graduating family medicine residents can now petition the family medicine department for PGY3 months in psychiatry
- Can be up to 12 months

PGY3 Year Goals

- Training of candidates from family medicine to provide primary psychiatric care
- Training of candidates to become a psychiatric resource to family physicians in an underserved area

PGY3 Year Goals

- As different communities have different needs, significant flexibility can be built into the PGY3 year
- Residents may know the community they wish to serve, and thus may choose certain areas of expertise, depending on the community
- Residents can also choose months based on their own interests, and areas they wish to become more skilled in

PGY3 Structure

- At McMaster, the PGY3 months are divided into one or two month blocks, along with some horizontal placements that may continue throughout the year

Proposed Blocks

- Emergency psychiatric service
- Could help family doctors who work in emergency departments

Proposed Blocks

- Addiction Studies
- Could involve both inpatient and outpatient placements
- In some communities, or based on resident interest, this could become a large part of the PGY3 months/year

Proposed Blocks

- Subspecialty clinics:
 - Affective Disorders clinic
 - Anxiety Disorders clinic
 - Psychotic Disorders clinic
- Exposure to treatment resistant cases
- Exposure to “state of the art” pharmacotherapy treatments
- Help them function as a resource to other family physicians, as well as increase their own skills

Proposed Blocks

- Several months in a general outpatient psychiatry clinic
- Deal mainly with referrals from family physicians
- Broad exposure to mental health issues
- Experience functioning as a resource to other family physicians

Proposed Blocks

- Elective months, e.g.
- Geriatric Psychiatry
- Child Psychiatry
- Rural Psychiatry
- Consultation-Liaison Psychiatry (learn about issues at the medical/psychiatric interface)

Longitudinal Exposures: Psychotherapy

- Ongoing psychotherapy supervision
- Focus on brief, focused, validated therapies, suitable for the primary care setting
- CBT---Mind Over Mood as resource
- IPT
- Solution focused therapy
- One half day per week

Longitudinal Exposures: “Collaborative Care”

- Working in one or more “collaborative care” family physician offices
- Allows candidates to work directly with family physicians in their offices
- Develop skills in providing both “direct” and “indirect” consultations, under the direction of a psychiatric mentor
- Work in the Hamilton FHT Collaborative Care Program

Longitudinal Exposures: “Collaborative Care”

- Cases seen/discussed represent ‘bread and butter’ family medicine issues
- Exposure to multi-disciplinary model of “collaborative care”, includes family doctors and counsellors and nurses
- Seen as major part of our program
- Perhaps one to two half days per week

PGY3 Mentor

- Incoming candidates assigned a “mentor”
- Can help organize the program before the resident comes
- Can act as troubleshooter” during the PGY3 months
- May also function as a clinical supervisor

PGY3 Mentor

- Would continue to be available to the candidates for a period of time after the PGY3 months/year, during the candidates transition to practice
- Phone, email, ZOOM
- Could also act as information resource for candidates who desire further CME initiatives in psychiatry

PGY3 – Other Issues

- Possible Certificate of Added Competence, e.g. currently exists for emergency care, palliative care
- I have gotten some resistance for this idea, as people fear it would take away from doing psychiatric care without this designation

SESSION EVALUATION

Use the CFHA mobile app to complete the evaluation for this session.



