

# **A THIRD YEAR PROGRAM IN PSYCHIATRY FOR FAMILY DOCTORS**

**12th Canadian Conference on  
Collaborative Mental Health Care**

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*No conflict of interest to disclose.*







# PGY 3 Year In Psychiatry

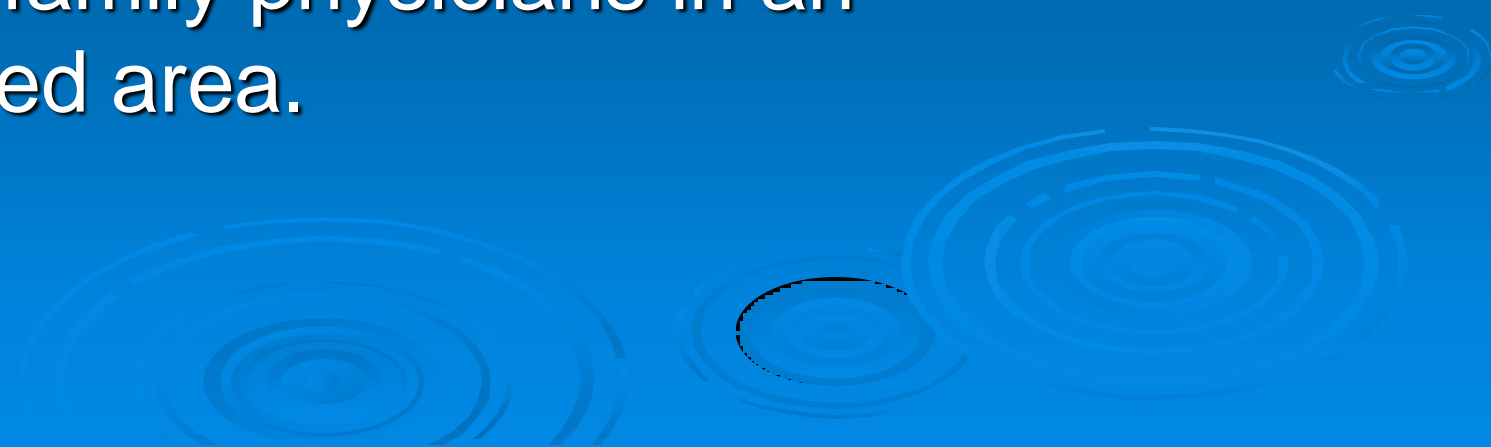
- Ontario has re-entry program for family physicians, either graduating residents or physicians in the community.
- Either for PGY3 year, or full psychiatry residency.

# PGY 3 Year In Psychiatry

- Involves 'payback' to designated underserviced areas.
- For 1-2 years of training, the "Return of Service" (ROS) is one year.
- For 3-5 years of training, the ROS is two years.



# 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 underserviced area.
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# PGY3 Year Goals

- As different communities have different needs, significant flexibility can be built into the PGY3 year.
- Physicians/residents may know the designated community they wish to serve before they embark on this program.



# PGY3 Structure

At McMaster, the PGY3 Year is divided into one or two month blocks, along with some horizontal placements that may continue throughout the year.



# Proposed Blocks

- Emergency psychiatric service, potentially linked to a short stay in-patient ward.
- Could help family doctors who work in emergency units and who cover in-patient beds.


# Proposed Blocks

- Addiction studies
- Could involve both inpatient and outpatient placements
- In some communities, if this is the main requirement, this could become a large part of the PGY3 Year.

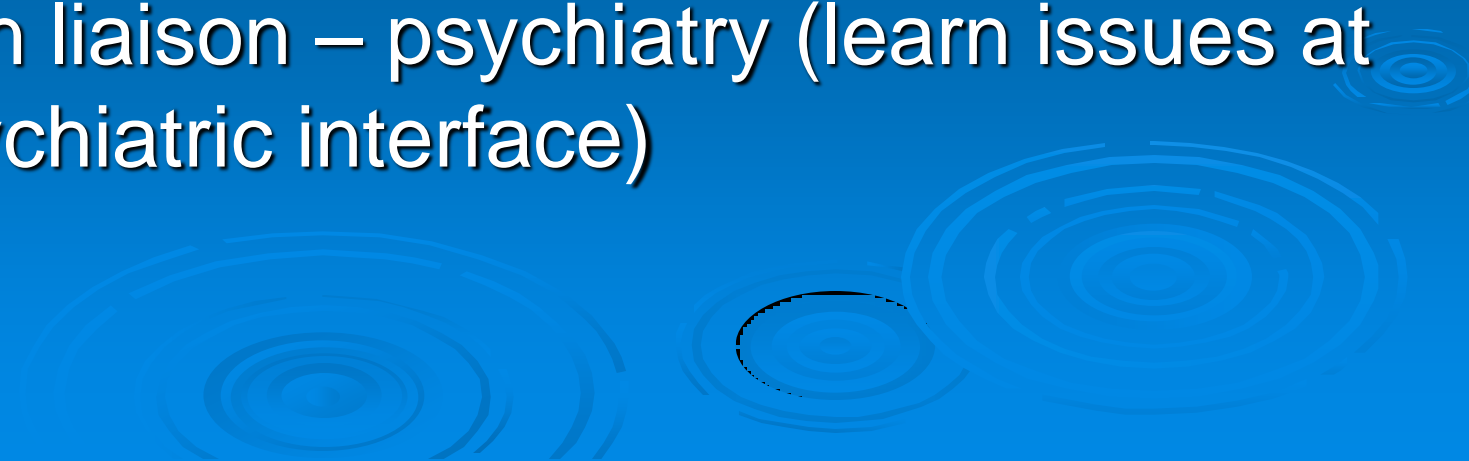
# Proposed Blocks

- 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 'resource' to other family physicians

# Proposed Blocks


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

- Elective months, e.g.,
  - Geriatric psychiatry
  - Child psychiatry
  - Transcultural psychiatry
  - Rural psychiatry
  - Consultation liaison – psychiatry (learn issues at medical/psychiatric interface)
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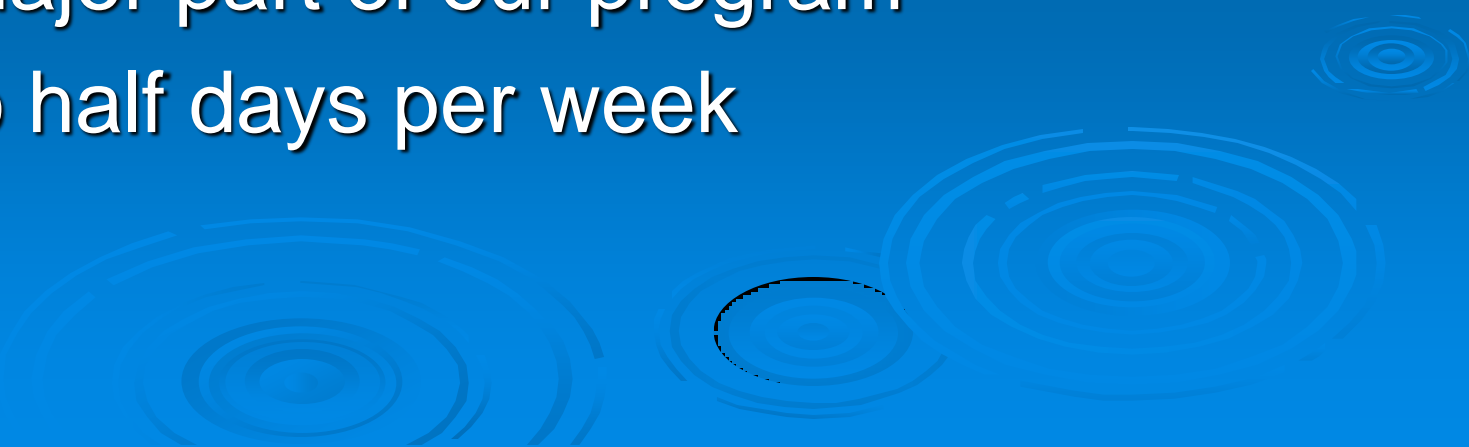
# Longitudinal Exposures: Psychotherapy

- 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
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# Longitudinal Exposures – “Collaborative Care”

- Working in several “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 guidance of a psychiatric mentor
- Work in the Hamilton-Wentworth 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’
  - Seen as a major part of our program
  - Perhaps two half days per week
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# PGY3 Administration

Development of the program should have an appropriate delegate from both the Family Medicine Department and the Psychiatry Department

# PGY3 - Mentor

- Incoming candidates assigned a 'mentor'
  - Can help organize the program before the resident comes
  - Can act as 'troubleshooter' during the PGY3 year
  - May also function as clinical supervisor
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# PGY3 - Mentor

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



# PGY3 - Other Issues

- ?Administrative course. Candidates may be called upon to help design programs for their community
- ?Certificate of added competence, e.g., family doctors who do a third year in emergency