

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.
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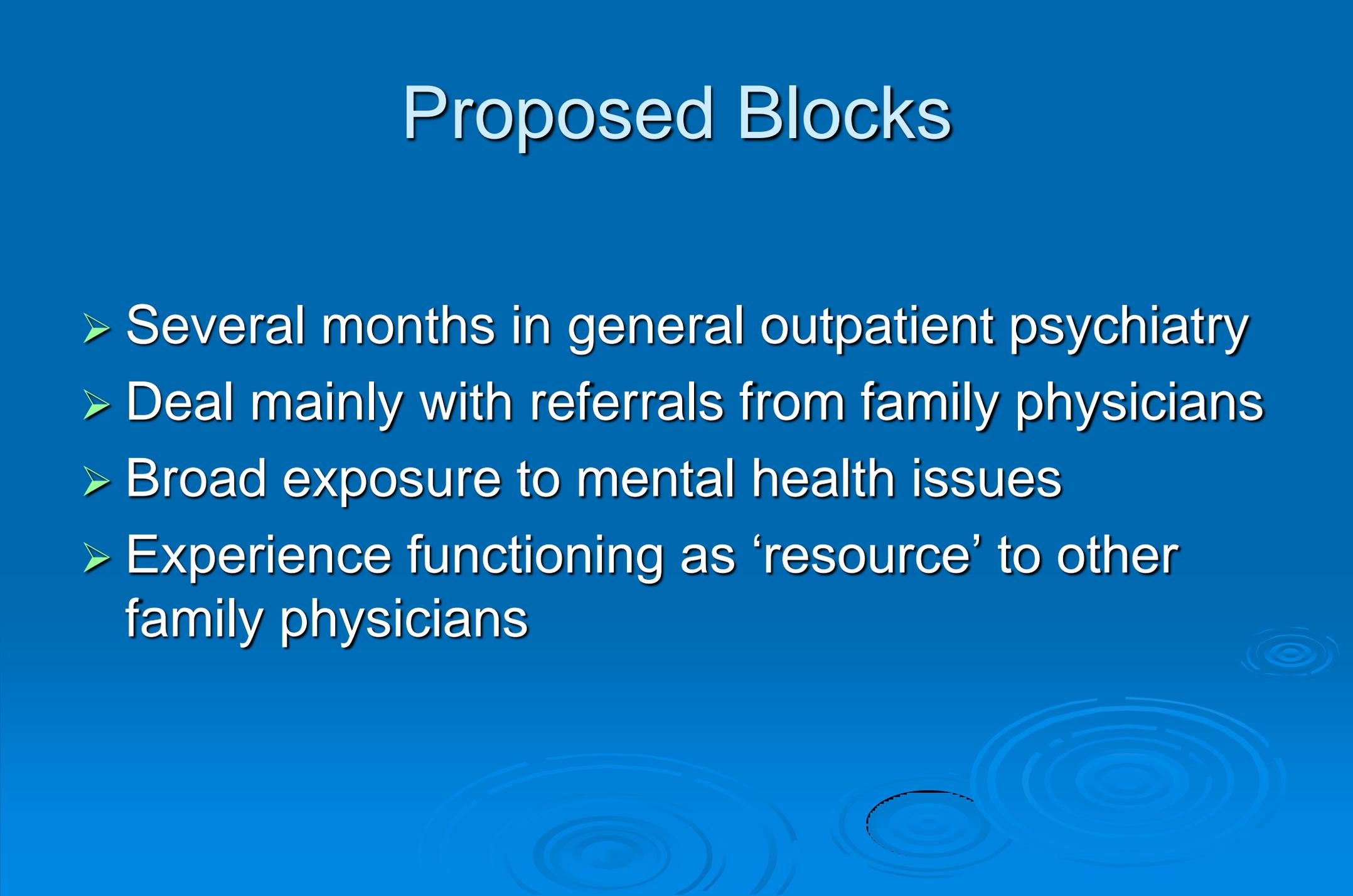
Proposed Blocks

- 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)

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