

# Transition to Discipline (TtD) General Guide for Faculty & Senior Residents

This guide may be used in conjunction with the introductory manual,  
*[A Guide to CBME in the McMaster Psychiatry Postgraduate Program, June 16, 2020](#)*



July, 2020

---

## Overview

The Transition to Discipline Stage of Training will provide residents with an orientation to our program, the university, and the local health care system. It will also provide a review and assessment of the basic skills required to begin residency training in Psychiatry.

**“The secret to getting ahead, is getting started.”**

-Mark Twain

## Table of Contents

Topic	Page #
Contacts	3
Save the Date – Event to Welcome our Pgy1s	4
Objectives of the Transition to Discipline Stage	5
Rotation Design	6
TtD Classroom Part 1	6
Clinical Psychiatry Experiences	7
On-Call Experiences during TtD	8
TtD Classroom Part 2	8
Entrustable Professional Acts (EPAs)	9
General Expectations of Residents in TtD	13
Skill Expectations of Residents in TtD	13
General Expectations of Supervisors	14
Specific Supervisor Expectations	14
Appendix A - TtD EPA Evaluation Forms	15

## Contacts

Position	Name	Email	Phone
Program Director	Dr. JoAnn Corey	jcorey@stjoes.ca	905-522-1155 x39320
Program Administrator	Cheyenne Reid	creid@mcmaster.ca	905-522-1155 x36659
Program Assistant	Meaghan Duffy	duffym@mcmaster.ca	905-522-1155 x36809
WRC Regional Education Lead	Dr. Shuang Xu	shuangxumd@gmail.com	289-527-0095
WRC Program Administrator	Ashley Clark	clark1@mcmaster.ca	519-885-5426 x21143
TtD Classroom Coordinator	Dr. Sandra Westcott	sandra.westcott@medportal.ca	
TtD Classroom Faculty Supervisor	Dr. Laura Rosato	rosatol@hhsc.ca	
PES Medical Lead	Dr. Dave Fudge	dfudge@stjoes.ca	416-475-3738
Safety Chair	Dr. Jessica Vanderveen	jvanderv@stjoes.ca	

## Save the Date – Event to Welcome our Pgy1s



**We hope you can join us for this casual event, designed for our new residents to meet other residents and faculty within our department.**

## Objectives of the Transition to Discipline Stage

The objectives of the Transition to Discipline Stage of Training are for residents to:

1. Become oriented with the McMaster Psychiatry Postgraduate Program, its faculty & resources
2. Become oriented with CanMEDS roles
3. Become oriented with Competency Based Medical Education
4. Familiarize self with the local health care system
5. Gain training in the use of electronic medical record
6. Develop basic psychiatric interviewing skills including mental status exam and risk assessment
7. Develop skills in documentation and order writing
8. Become oriented with safety processes and policies relevant to healthcare workers, as well as safety strategies working within Psychiatry.
9. Become oriented to the psychiatric emergency service in which you will be working
10. Begin to develop skills in conducting emergency psychiatric assessments
11. Begin to develop de-escalation techniques
12. Gain knowledge of & begin to apply concepts of:
  - Institutional policies
  - Legislation relevant to the practice of Psychiatry in Ontario
  - De-escalation techniques
  - Diagnostic classification systems
  - History of Psychiatry
  - Psychiatric phenomenology
  - Stigma, marginalization & vulnerability
  - Cultural awareness
  - Appropriate use of social media & smart technology
  - Strategies for physician wellness

## Rotation Design

<b>Stage of Training</b>	<b>Transition to Discipline</b>		
<b>Block</b>	<b>1 &amp; 2</b>		
<b>Dates</b>	<b>July 2-12</b>	<b>July 13 - Aug. 14</b>	<b>Aug 17-24</b>
<b>Description</b>	<b>Classroom Part 1 (2 Wks)</b>	<b>Psych Clinical Experience (5 Weeks)</b>	<b>Classroom Part 2 (1 Wk)</b>

July 2 – 12, 2020

TtD Classroom Part 1

- The first two weeks of TtD Residents’ training will be “classroom based”. Sessions will include:

EMR Training	Basics of Psychiatric Interviewing	How to Present a Case
Intro to Mental Health Law	History of Psychiatry	Medical Clearance in the ER
Intro to Formulation	Management of Agitated Patients	Basic Note Writing
Basic Order Writing	Practical DBT Skills	Intro to EBM
Orientation to Program & Dept	Overview of Local MH Programs	CoVID Safety & Care
	Controversies in Psychiatry	

- Sessions will be primarily be completed via Zoom Videoconference due to pandemic conditions. A few small-group sessions will be run at St. Joseph’s Healthcare, West 5<sup>th</sup> Campus in Hamilton, and for our WRC residents, at sites within the Waterloo Regional Campus.
- TtD Residents will not be on call during the weeks of Classroom Part 1, to enable time for necessary training and orientation.

July 13 – August 14, 2020

Clinical Psychiatry Experiences

- During this time, residents will gain experience working in adult, psychiatric clinical services. This is an opportunity for them to:
  - observe clinical encounters
  - complete basic psychiatric assessments
  - complete documentation & order writing
  - develop basic differential diagnoses
  - develop initial management plans



**Hamilton Campus  
Residents**

- One 2-week and one 3-week placement
- Inpatient & Outpatient experiences
- [1/2 day/wk PES daytime shift](#)
- No post-call days away from rotation



**Waterloo Regional  
Campus Residents**

- 4 weeks inpatient experience
- 1-week emergency psych / SSU experience
- No post-call days

- **Dates Away from Core Rotation Placement:**

- Residents will have Academic Half-Day on **Wednesday afternoons**. They are expected to be on clinical placements on Wednesday mornings.
- All residents will be away from rotation on **July 16<sup>th</sup>** for CPI / Code White training
- Hamilton Residents will be away from their core rotation 1/2 day per week to train in PES

- Thank you for allowing the resident to observe you doing clinical assessments, and for taking the time to observe the resident completing clinical assessments.
- Some observations may be “indirect”, in that at your discretion, when safe to do so, residents may see some patients on their own and report back to you
- Please also provide feedback to residents on their documentation and order writing

(For expectations of placement supervisors, please refer to page 13.)

## July 24 – August 24, 2020

## On-Call Experiences during TtD

- Residents are expected to complete call shifts during TtD, however, will NOT be post-call during any of their classroom or clinical days
- At the beginning of the call shift, please:
  - Ask the resident about their prior experiences in emergency experiences. This will help inform your approach to their learning during the shift
  - Discuss opportunities to observe interview and/or documentation & complete EPA assessments.
- **Emergency Psychiatry evaluations will not be completed on TtD Residents as these experiences focus on orientation and development of foundational skills as assessed by TtD EPAs #1 & #2**

(For expectations of supervisors on-call, please refer to page 13)

## August 17 – 24, 2020

## TtD Classroom Part 2

- The last week of TtD will again be “classroom based”, as described above in TtD Classroom Part 1
- Hamilton residents will continue to gain experience in PES by joining the PES On-Call resident team. However, they are scheduled so as to not have any post-call days.

## Entrustable Professional Acts (EPAs)

By the end of the Transition to Discipline Stage, residents should have had the opportunity to demonstrate performance for the two Entrustable Professional Acts (EPAs) corresponding to this stage of training: TtD EPA #1 and TtD EPA #2 (see below)

**Assessment of an EPA should be documented using a Workplace Based Assessment form, located on MedSIS.**

For MedSIS Instructions for use on [Mobile Devices](#):

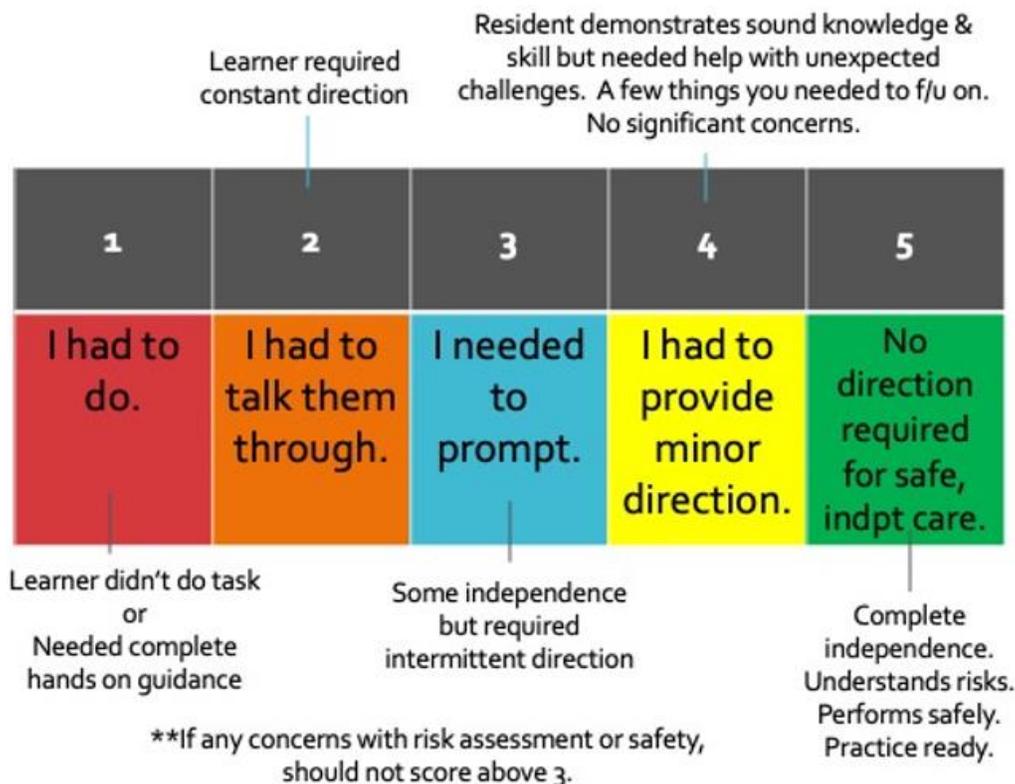
<https://healthsci.mcmaster.ca/medsis/training/cbme>

For MedSIS Instructions to Trigger a WBA on [Desktops](#):

[https://healthsci.mcmaster.ca/docs/librariesprovider30/training/pgme/students/how-to---trigger-on-demand-evaluations.pdf?sfvrsn=6667a62\\_2](https://healthsci.mcmaster.ca/docs/librariesprovider30/training/pgme/students/how-to---trigger-on-demand-evaluations.pdf?sfvrsn=6667a62_2)

(Examples of the Workplace Based Assessment forms for the Transition to Discipline EPAs can be found in Appendix A.)

The resident should be assessed on their EPA performance using the descriptors on the Entrustment Scale, indicated on the Workplace Based Assessment form.



IN ADVANCE of doing the clinical task that is to be assessed, please discuss with the resident:

- The EPA being observed
- Expectations of time duration of observed activity
- What they should do if they are not sure how to proceed

Assessments may involve direct or indirect observation depending on variables such as the task at hand, patient complexity, your comfort level, and resident skill.

Assessments should be followed by:

- In the moment, face to face verbal feedback
- Completion of the written, electronic Workplace Based Assessment\*\* form (WBA)

**\*\*WBAs should be completed even if completion of the task was rated less than a 4 or 5, in order to foster feedback and promote knowledge & skill development.**

**It is anticipated that it may take 2-3 attempts before a resident achieves a successful assessment.**

**Remember!** The most important part of the WBA is the **Feedback Section**

Elements of **feedback** for a TtD resident should include:

- Close time proximity to the completion of the task
- Identify any strengths demonstrated
- Identify 1 -2 specific areas for development with concrete examples
- Outline specific strategies for resident to improve those areas for development
- Explain reasoning for score on Entrustment Scale
- Explain what would increase their Entrustment Score to the next number

The 2 EPAs which residents must successfully complete during the Transition to Discipline stage are outlined on the next two pages.

## **TtD EPA #1**

### **Obtaining a psychiatric history, which includes a preliminary diagnostic impression for patients presenting with mental disorders.**

#### Key Features:

- This EPA verifies medical school skills of obtaining a psychiatric history and synthesizing information for diagnosis
- This includes clinical assessment skills, including a mental status examination and a focused physical/neurological exam if clinically indicated, and synthesizing a preliminary diagnostic impression in a patient of low complexity.
- This EPA may be observed in any psychiatry setting.

#### Assessment Plan:

- Direct observation by a psychiatrist/subspecialty psychiatrist, Core/TtP psychiatry/subspecialty (senior) psychiatry resident or fellow
- Use MedSIS Form. Form collects information on:
  - Case type: anxiety disorder; cognitive disorder; mood disorder; neurodevelopmental disorder; personality disorder; psychotic disorder; substance use disorder; other
- Collect 2 observations of achievement:
  - At least 2 different case types
  - At least 1 by psychiatrist

#### Relevant Milestones:

- 1. ME 1.3 Apply Diagnostic classification systems for common mental disorders**
- 2. ME 2.2. Perform a clinically relevant history including ID, HxPI and PastPsychHx**
3. ME 2.2 Perform a focused physical and/or neurological exam as clinically relevant
4. ME 2.2. Develop a specific differential diagnosis relevant to the patient's presentation
- 5. ME 2.2. Conduct a mental status examination**
- 6. ME 2.4. Develop an initial management plan for common patient presentations**
- 7. COM1.1 Convey empathy, respect, and compassion to facilitate trust & autonomy**
8. COM1.4 use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to the patient & family
9. COM 2.3 Seek & synthesize relevant information from other sources, including the patient's family, with the patient's consent
10. COM 4.1. Conduct an interview, demonstrating cultural awareness
- 11.P 1.1. Demonstrate awareness of the limits of one's own professional expertise**

## **TtD EPA #2**

### **Communicating clinical encounters in oral and written/electronic form.**

#### Key Features:

- This EPA includes presenting a case in a succinct and systematic manner, including all relevant details (such as mental status exam, issues of risk, information relevant to handover), and providing written/electronic documentation of the encounter and the management plan using a relevant structure and heading.
- This includes using appropriate psychiatric terms/phenomenology
- This EPA does not include developing the management plan.
- The observation of this EPA is based on an oral presentation of an assessment and review of written/electronic documentation.
- This EPA may be observed using a clinical patient encounter, a standardized patient, a recorded encounter, a written case or other formats.

#### Assessment Plan:

- Direct observation of verbal presentation and review of written/electronic communication observation by a psychiatrist/psychiatric subspecialist, Core/TtP psychiatry/subspecialty (senior) resident or fellow or other attending physician.
  - Note: entirety of patient encounter does not need to be observed to assess this EPA
- Use MedSIS Form. Form collects information on:
  - Portion observed (select all that apply): history, verbal presentation; written/electronic documentation
- Collect 2 observations of achievement:
  - At least 1 of each presentation format, verbal and written
  - At least 1 observation must be based on an interview that was observed
  - At least 1 by a psychiatrist

#### Relevant Milestones:

- 1. ME 2.2. Synthesize clinical information for presentation to supervisor**
- 2. COM 5.1 Document the mental status exam accurately**
- 3. COM 5.1 Document an accurate and up-to-date medication list**
- 4. COM 5.1 Document information about patients and their medical conditions**
- 5. COL 2.1. Convey information respectfully to referral source**
- 6. COM 5.1. Organize information in appropriate sections within an electronic or written medical record**
- 7. COL 3.1 Describe specific information required for safe handover during transitions in care**

## General Expectations of Residents in TtD

During the Transition to Discipline Stage of Training, residents are expected to:

- Attend all clinical days, unless ill.
  - Be punctual
  - Notify clinical supervisors of any days / times they will be absent, in advance of the absence whenever possible.
  - Be an active member of all clinical teams with which they are working
  - Be an active participant in their learning. Identify key topics of interest & personal learning objectives and take initiative in gaining knowledge & skill in those areas
  - Take shared responsibility in identifying opportunities for observation and feedback on EPAs
  - Be receptive to feedback & work to incorporate recommendations for knowledge & skill development
  - Demonstrate awareness of clinical responsibilities.
  - Complete documentation in a timely manner that provides effective communication and continuity in patient care.
  - Be aware of their limitations. Inform their supervisor whenever they are outside of their knowledge or skill level.
  - Do not take patient material home.
  - Conduct themselves in a professional manner, including use of social media & smart technology
  - Complete all evaluations in a timely manner
- 

## Skill Expectations of Residents in TtD

By the end of the Transition to Discipline Stage, a resident should be able to:

- Demonstrate understanding of key safety strategies in conducting psychiatric interviews
- Demonstrate understanding of the key components of a basic psychiatric interview
- Conduct a basic psychiatric assessment with a patient of low complexity
- Conduct a basic risk assessment
- Conduct a basic emergency psychiatric assessment
- Demonstrate understanding of the elements of a Mental Status Exam
- Provide a verbal case presentation for a patient of low complexity
- Document in written/electronic form, a psychiatric assessment including basic, initial DDx and initial steps in a management plan

## General Expectations of Supervisors\* during the Transition to Discipline Stage of Training

\*As senior residents will be supervising their junior colleagues on call, these expectations would also apply to senior residents in that role.

Supervisors are also encouraged to refer to the McMaster Postgraduate Medical Education document, [\*"Supervision of Clinical Activities of PGME Learners"\*](#)

During the Transition to Discipline Stage of Training, supervisors are expected to:

- Maintain sight of their role as physicians in providing the best possible patient care
- Always be available to the resident, in case of an urgent patient situation during regular work hours, including when providing indirect supervision.
- Actively engage residents in clinical activities and learning opportunities
- Take interest in residents' learning objectives. Discuss with the resident at the start of the placement their personal learning objectives.
- Take shared responsibility with residents to identify opportunities for observation and feedback including for EPA encounters.
- Regularly provide specific, actionable feedback to promote knowledge & skill development
- Allow the resident to attend all mandatory academic activities without guilt or fear of reprisal.
- Notify residents of any absences, as well as coverage arrangements
- Conduct themselves in a professional manner
- Complete all evaluations in a timely manner:
  - EPA Evaluations should be completed within one day of the encounter. (these expire after 1 week)

## Specific Supervisor Expectations:

Guidelines for supervisors to specific scenarios can be found in the following documents:

- [\*Guidelines for Faculty Supervising Psychiatry Residents in PES, Junior to Senior Residency, April 6, 2020\*](#)
- [\*Guidelines for Faculty Supervising Psychiatry Residents On Call, Oct.1, 2019\*](#)
- [\*McMaster Psychiatry PG Program, Guidelines for Pandemic Supervision, April 6, 2020\*](#)

# APPENDIX A

## Evaluation Forms for use in TtD

### Workplace Based Evaluation for TtD EPA #1

#### Transition to Discipline 1 - Psychiatric History

Learner: \_\_\_\_\_  
 Learning Program: \_\_\_\_\_  
 EPA Title: \_\_\_\_\_  
 Key Features: \_\_\_\_\_  
 EPA Stage: \_\_\_\_\_  
 Date Of Observation: \_\_\_\_\_

- This EPA verifies medical school skills of obtaining a psychiatric history and synthesizing information for diagnosis. <br>- This includes clinical assessment skills, including a mental status examination and a focused physical/neurological exam if clinically indicated, and synthesizing a preliminary diagnostic impression in a patient of low complexity. <br>- This EPA may be observed in any psychiatry setting.

Contextual Variables

Observer role

Case type

Additional Context Information:

4000 characters remaining

I had to do	I had to talk them through	I needed to prompt	I had to provide minor direction	I did not need to provide direction for safe and independent care
1	2	3	4	5

Based on this observation overall :

Milestones associated with this EPA:

	Not Observed	In Progress	Achieved
	1	2	3
Convey empathy, respect, and compassion to facilitate trust and autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply diagnostic classification systems for common mental disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct a mental status examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform a clinically relevant history including ID, HPI, and PPH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop an initial management plan for common patient presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate awareness of the limits of one's own professional expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback to Resident and Competence Committee:

4000 characters remaining

## Workplace Based Evaluation for TtD EPA #2

### Transition to Discipline 2 - Communicating Encounters

Learner: \_\_\_\_\_  
 Learning Program: \_\_\_\_\_  
 EPA Title: \_\_\_\_\_  
 Key Features: \_\_\_\_\_  
 EPA Stage: \_\_\_\_\_  
 Date Of Observation: \_\_\_\_\_

This EPA includes presenting a case in a succinct and systematic manner, including all relevant details (such as mental status exam, issues of risk, information relevant to handover), and providing written/electronic documentation of the encounter and the management plan using a relevant structure and headings. This includes using appropriate psychiatric terms/phenomenology

**Contextual Variables**

Observer role --Select--

Portion observed --Select--

**Additional Context Information:**

4000 characters remaining

	I had to do <b>1</b>	I had to talk them through <b>2</b>	I needed to prompt <b>3</b>	I had to provide minor direction <b>4</b>	I did not need to provide direction for safe and independent care <b>5</b>
--	-------------------------	--	--------------------------------	--	---

Based on this observation overall :

**Milestones associated with this EPA:**

	Not Observed	In Progress	Achieved
	1	2	3
Document an accurate and up-to-date medication list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthesize clinical information for presentation to supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document the mental status exam accurately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organize information in appropriate sections within an electronic or written medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe specific information required for safe handover during transitions in care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document information about patients and their medical conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Feedback to Resident and Competence Committee:**

4000 characters remaining