



Hamilton Postgraduate Psychiatry Training Program

Guidelines for Faculty Supervising Psychiatry Residents in the Psychiatric Emergency Service (PES) Junior to Senior Residency

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Introduction

The purpose of this document is to clarify supervisor roles within the PES as it pertains to safely supporting CanMEDS learning expectations for residents across the training continuum. This document should be used in tandem with the *McMaster Psychiatry Postgraduate Program Goals & Objectives for Residents in Emergency Psychiatry*, which more specifically outlines the knowledge and skills residents are working to consistently demonstrate by Pgy-5.

The nature of the emergency department creates a unique educational setting that is often marked by large patient volumes, diverse clinical presentations with associated acuity, high turnover, brief patient encounters, frequent interruptions, as well as divergent opinions about what constitutes “medical stability” prior to accepting psychiatric referrals. Understanding this context is essential in supporting residents in their learning across the training continuum within the PES.

Within the PES supervision structure, a teaching framework should be used that is similar to a clinical teaching unit (CTU) model. In this model, the medical care of the emergency psychiatry patient is the function of the team comprised of a supervising staff psychiatrist, resident(s), clinical clerks and allied health professionals. Specifically, the role of the emergency psychiatry supervisor is to:

1. Provide excellent, evidence-informed clinical care to patients within the PES
2. Teach evidence-informed emergency psychiatry to the resident using the CanMEDS framework, according to level of training
3. Role model excellence in provision of emergency psychiatric care
4. Work as an active member of the PES care team
5. Provide meaningful feedback for ongoing educational development

Role of the Supervisor in the PES:

- a) The faculty member on-call for PES is the Most Responsible Physician for every patient seen by residents on call in PES.
- b) Supervisors must be present in-person in PES for handover:
 - At 5pm on weekdays
 - At 9am on Sundays and Holidays
- c) Supervisors on the evening shifts (5-11pm) and Weekend/Holiday daytime shifts (9am-11pm) are expected to remain in person for a considerable portion of each shift with residents.
- d) While in house with the residents, supervisors are expected to be an active member of the PES team. This would include:
 - Assisting senior residents with creating a plan for managing the team, prioritizing cases and delegating tasks
 - Assisting with clinical assessments and care of patients including conducting some assessments themselves
 - Allowing residents to observe them assess patients, meet with families and conduct other aspects of patient care
 - Observing residents and medical students conduct all or portions of patient assessments
 - Reviewing cases with medical students and residents
 - Assisting with systems issues that may arise
- e) Supervisors coming on for the 11pm shift must at minimum call in to understand the current status of the department and hear about each of the patients in the department, as the Supervisor is now MRP.
- f) The Supervisor is expected to be available to the residents on-call at all times. At any time that a resident requests assistance, whether via telephone or in person, the supervisor must respond to that request expeditiously.
- g) Safety must remain a priority at all times. Supervisors are expected to ensure that residents with whom they are on call have been oriented to the safety features, processes and policies of the PES.
- h) At the beginning of each shift, the supervisor should clarify with each resident their:
 - Level of training
 - Clinical experiences to date
 - Understanding of tasks
 - Knowledge of how to deal with clinical scenarios, including when to ask for assistance
- i) Residents must review every case with the on-call psychiatrist before moving forward with the disposition plan. The level of detail reviewed should be appropriate for that required in an Emergency Psychiatry setting.

- j) Supervisors are expected to provide specific, actionable feedback to the residents on call.
- k) For CBME residents, it is expected that supervisors will complete EPA assessments during call shifts. Efforts should be made to identify to residents opportunities for EPA assessments, and completion of such assessments with observation and feedback. Residents have been encouraged to complete at least one EPA assessment per shift when possible.
- l) The amount of additional teaching provided during a call shift should bear in mind the acuity of the department and volume of patients to be assessed.
- m) Supervisors are to complete an evaluation of each of the Pgy2 – Pgy-5 residents after the call shift. This will be triggered once the resident has completed an evaluation of the faculty member and an email is sent to the faculty member when the evaluation is ready to be completed on MedSIS.

Suggested Supervision Strategies in PES:

Some important supervision strategies to focus on within a PES shift include the following:

1) Orientation to the PES shift:

- Introduce self to the residents and learners
- Determine year of training for each resident and students(s)
- Gain an understanding of residents' previous PES experience including roles and responsibilities
- Determine areas of interest for clerks and other undergraduate learners in order to support learning experiences that are relevant and engaging
- Assess the milieu in the PES with a particular emphasis on noting patients with acute psychiatric presentations
- Along with the senior resident, develop a work plan to assess and manage the patients in the PES at the time of handover. Develop a secondary plan to manage patient flow throughout the shift as well as overseeing teaching activities for junior learners

2) Supporting Learning for Senior Residents:

- With new senior residents (i.e., PGY3), support the resident in developing strategies to triage issues of acuity, manage patient volumes, and provide direction to other team members in the PES
- With PGY4-5's, observe residents in the role of "Leader/Manager" (i.e., leading handover, receiving referrals, triaging patients, assigning roles to the junior learners, managing patient flow, etc.) and provide feedback

- Observe senior residents interact with ED staff or administrative personnel, provide feedback regarding content and communication/collaborative skills. When needed (i.e., conflict arises which is not being resolved) or asked, intervene to provide support in these interactions.
- Direct observation of senior residents in their role as educator to junior residents/learners and provide feedback.
- Direct observation of resident conducting a formal handover
- Review of resident documentation

3) Supporting Learning for Junior Residents, including PGY1 residents:

- Direct observations of clinical interviewing
- Review of case presentations
- Clinical rationale for treatment planning, emergency intervention and disposition planning
- Discussion to support awareness of literature to support the above
- Review of written documentation
- Observe “practicing” of senior resident role at the end of PGY2; see description of “resident as manager” below

Expectations of Residents in PES

- a) When they are on call for PES, duties of residents only involve assessment and management of patients in PES. During those shifts, residents’ duties do not include assessment of patients on the ward or in clinics.
- b) All residents are expected to provide teaching to more junior learners on call. Senior residents are expected to supervise junior residents and medical students. Junior residents are expected to provide teaching to medical students.
- c) Residents in their final year of training should be treated as “junior consultants”, still working under the Most Responsible Physician (MRP) but usually with more indirectly observed supervision.

Residents are required to learn based on “graded responsibilities” which are outlined below. A resident would not be expected to demonstrate all of the Emergency Psychiatry competencies at the beginning of their PES training. However, by the end of their training, psychiatry residents should be consistently demonstrating competencies in the emergency psychiatry setting, thereby functioning at the level of a Junior Consultant.

Abilities will vary between residents based on prior training and experiences, level of confidence, the supervisor’s preference for involvement, the conditions of the PES at a particular point in time as well as the individual patient.

Supervisors should refer to the document *McMaster Psychiatry Postgraduate Program Goals & Objectives for Residents in Emergency Psychiatry*, found on Medportal, to familiarize themselves with expected learning outcomes in accordance with the CanMEDS framework. Below is a summary of expected competencies in Emergency Psychiatry, stratified by Pgy-Level.

CanMEDS ROLE	OVERVIEW of EXPECTED COMPTENCIES ACCORDING TO LEVEL OF TRAINING in EMERGENCY PSYCHIATRY		
	Junior; PGY1-2	Senior; PGY3 Note: PGY3’s take on the role of “Senior Resident” within PES	Senior; PGY4-5
1. Medical Expert	<p>Knowledge – awareness of classes of disorders; symptom complexes of MDD, BAD, Schizophrenia and Dementia; elements of a basic psychiatric history, Mental Status Exam and risk assessment specific to the emergency room setting</p> <p>Skills – ability to conduct a basic psychiatric emergency assessment including a basic risk assessment and mental status exam with a cooperative, verbal patient; document the above-mentioned assessment in a thorough and timely manner, with particular attention to risk factors and associated disposition planning</p> <p>Residents in this stage are beginning to become familiar with specific medications and related psychopharmacology pertaining to code white situations. Residents are becoming familiar with crisis</p>	<p>Knowledge – DSM 5 diagnostic criteria for an increasing number of disorders including Mood, Psychotic, Anxiety, Personality, and Substance-Use Disorders as well as Disorders commonly found in the Child and Adolescent and the Geriatric populations. Residents should also gain knowledge about common presentation for these populations in the emergency psychiatry setting. Residents are also gaining increasing knowledge in the theoretical basis of psychotherapeutic modalities, psychopharmacologic principles and medico-legal issues in the emergency room setting.</p> <p>Skills – Increasing confidence in their ability to conduct an emergency psychiatric consultation, intervene in a psychiatric emergency, conduct a risk assessment and mental status exam. These skills should be expanding to work with those with psychosis, children, adolescents and geriatric patients.</p>	<p>Knowledge – DSM 5 diagnostic criteria for less prevalent disorders including toxidromes and neuropsychiatric presentations of medical disorders. Solid knowledge of treatment guidelines and related position statements. Knowledge in the theoretical basis of more sophisticated psychotherapeutic modalities and pharmacotherapy related to the emergency room setting.</p> <p>Skills – Increasing sophistication in their ability to conduct an emergency psychiatric consultation, intervene in a psychiatric emergency, conduct a risk assessment and mental status exam. Showing increased initiative in managing team discussions and developing emergency treatment plans. Effective documentation should</p>

	<p>intervention and the mental health law as well as related documentation in the emergency setting.</p> <p>Residents are also developing knowledge and skills in management of various intoxication and withdrawal syndromes.</p>	<p>Documentation should still be increasingly thorough though more efficient as compared to PGY2, with attention paid to risk and medico-legal issues.</p>	<p>be expanding to succinct summaries relevant to the emergency setting, writing consultation letters as needed, and completion of forms for medico-legal purposes.</p>
2. Communicator	<p>Ability to engage cooperative patients; demonstrate active listening skills; show empathy; give a sequential history to a colleague/team member. Ability to provide an inclusive, coherent, organized patient presentation.</p>	<p>Increasing ability to engage less cooperative patients; engaging and providing information to families and caregivers. Communicating effectively as the PES team leader to the relevant junior physicians, medical students and team allied health professionals. Able to provide an increasingly efficient, succinct summary of the patient presentation to the supervisor.</p>	<p>Demonstrate ability to effectively teach patients, families, team members and learners, in a respectful manner, modifying language to the needs of the person involved. Demonstrates an ability to provide a succinct summary of the patient presentation to the PES with details suggestive of Junior Consultant abilities.</p>
3. Collaborator	<p>Good team working skills, recognizing their role as a team member.</p> <p>Acknowledges the importance of collaboration with other health care providers in the PES.</p>	<p>New responsibilities as a team leader in PES. Demonstrating an awareness of when to ask for help in the role of collaborator with other health care providers as well as taking on more initiative in collaborating with other health care providers in the PES</p>	<p>Leadership skills are increasingly refined in the PES such that the resident is liaising with administrative staff, other ER physicians and allied health members in the PES.</p>
4. Manager/Leader	<p>Have an organized approach to meeting clinical responsibilities, learner responsibilities and personal responsibilities within the PES.</p>	<p>As a new senior resident within PES, developing an organized approach to meeting clinical responsibilities (i.e., managing a team), their responsibilities as a learner (i.e., having read about important topics as a senior resident in PES) and personal responsibilities (i.e., showing increased ability to manage as a</p>	<p>Continue to have an organized approach to meeting clinical responsibilities as a team leader in PES, learner responsibilities and personal responsibilities; ability to manage effectively as a team leader. Awareness of systems affecting patients. Residents</p>

		team leader, particularly in assisting and organizing more junior learners in the PES). Increased awareness of systems affecting patients in the PES.	should be encouraged to be active in managing systems issues within the hospital which directly affect patient care, such as providing information to hospital administration or engaging in discussions where there are differences of opinion regarding medical stability.
5. Health Advocate	Development of awareness of systems factors that affect patients in the emergency department such as finances, housing, stigma, etc. Residents may begin to incorporate these aspects into treatment plans within the PES.	Increased awareness of systems factors that affect patients in the emergency department such as finances, housing, stigma, etc. regularly incorporating these aspects into team discussions and treatment plans within the PES. Residents should have an increased awareness of advocacy groups and community resources for individuals in the PES.	Awareness of systems factors that affect patients presenting to the emergency department, regularly incorporating these aspects into team discussions and treatment plans within the PES; awareness of advocacy groups and other community resources relevant to patient needs in the PES.
6. Scholar	Residents should be encouraged to ask questions and to seek out answers for questions arising from clinical situations within the PES. Recognize learning opportunities within the clinical experience. Accept feedback and demonstrate attempts to incorporate it.	Continuing to ask questions and to assist junior learners in developing scholarly questions. Take initiative in seeking out answers for questions arising from clinical situations in the PES; applying an evidence-based approach to interventions and subsequent their care plans. Those residents interested in participating in research relevant to PES should be encouraged to do so. Recognize learning opportunities within the clinical experience. Seek out feedback and demonstrate incorporation of feedback.	Showing dedication to and an approach for life-long learning within the PES. Awareness of emergency psychiatry literature and its application to assessment, treatment and disposition planning. Those residents interested in participating in research in emergency psychiatry should be encouraged to do so. Recognize learning opportunities within the clinical experience.

			Seek out feedback and demonstrate incorporation of feedback.
7. Professional	Punctual. Accountable. Respectful interactions with patients and colleagues. Appropriate use of hospital and university communication systems including email, medportal, etc. Seeking feedback, including identification of strengths and areas for improvement as well as demonstrating integration of feedback into performance.	Awareness of their new responsibility as Senior Residents and accountability as a professional in the PES. Role modeling for more junior learners. Seeking more specific feedback, including identification of strengths and areas for improvement. Demonstrating an ability to integrate feedback in a timely manner.	Conducting themselves as junior consultants in the PES, assuming responsibilities that come with being a professional. Seeking more specific feedback, about their skills as a junior consultant, including identification of strengths and areas for improvement. Demonstrating integration of feedback in a prompt manner.