Syllabus

Continuing Care Rotation

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I. Introduction

The six-month Continuing Care Rotation is a requirement both of the McGill Diploma Course and of the Royal College. In order to meet the standards of these two bodies, this syllabus defines those elements which constitute the Continuing Care Rotation at Douglas Hospital.

The rotation consists of supervised clinical work in both inpatient and outpatient settings, as well as didactic teaching. Topics to be covered include:

* assessment of chronic mental patients, including knowledge of criteria for admission into and discharge from inpatient units and rehabilitation facilities;
* treatment of chronic patients, including psychopharmacology, milieu treatments (including social learning approaches), group and individual therapies, and rehabilitation;
* working with families of the chronically mentally ill, and with their milieu (friends, landlords, foster parents, neighbours);
* learning team leadership skills under supervision, including assessment of team dynamics and morale.

A. Specific Guidelines (McGill Diploma Course)

The following specific guidelines on areas in which the resident should gain experience are taken from the "Report of the Committee for Evaluation of 'Continuing Care' Rotations available in the Department of Psychiatry at McGill University" (17 Apr 1986):

a. Assessment of rehabilitation potential in specific areas: self-care skills, activities of daily living, vocational skills, management of illness (eg keeping appointments, taking medications, following a diet, understanding the illness) and the impact of symptoms on rehabilitation potential. The emphasis is on function, however, and not symptoms.

b. Assessment of maintenance needs (environmental, interactional, pharmacological).

c. Visits to living quarters (foster homes, apartment, boarding home, family home, etc.).

d. Visits to and familiarization with occupational therapy, industrial, and creative therapy.

e. Visits to and familiarization with community resources, and understanding the role of the psychiatrist in relation to community resources. Clinical placements in these resources would be desirable experiences.

f. Participation in large and small group therapy with patients as leader or co-leader (eg small social skills group, large community meeting) and individual therapy.

g. Assessment of and interventions with families (Psychoeducational and traditional family therapy).

h. Pharmacotherapy of chronic illness.

i. Exposure to legal and governmental aspects of health care of chronic illness (eg disability pension, welfare, curatorship, lieutenant-governor's order, etc.).

j. Fostering of an insightful attitude regarding the resident's own feelings to continuing care and burnout.

k. Acquisition of knowledge of pertinent theoretical and practical literature in the field.

l. Participation in Continuing Care Rounds.

m. The resident should follow at least 5 patients in rehabilitation and at least 15 in maintenance care.

n. The resident should follow, for a minimum period of one year, one schizophrenic and one major affective disorder patient, even after the rotation is over, as one would follow a long term psychotherapy patient.

II. Mandatory Requirements (Douglas Hospital)

Given the above guidelines, the following are the specific requirements for the Rotation at Douglas Hospital. In order to successfully complete the rotation, a resident must have met these mandatory requirements. There are two divisions: the first includes areas common to all continuing care residents, including rehabilitation, work with families, didactic teaching, and long-term supportive psychotherapy; the second division has two streams, both of which include outpatient and inpatient areas.

A. Areas Common to All Continuing Care Residents

1. Rehabilitation

Rehabilitation training, supervision, visits, etc. will take place on Monday mornings, 8:30 am till noon.

a) Douglas Hospital Rehabilitation Program

The Rehabilitation Program of Douglas Hospital (Program Director: Dr. M. Messier) regroups a variety of services within and outside of the hospital, geared to the vocational and social skills rehabilitation of chronic mentally ill patients. During the six month rotation, residents will:

1. Participate in the rehabilitation assessment of at least five patients (ideally, these should be patients that the residents are following and have themselves referred to rehabilitation services).
2. Attend a minimum of two team meetings during which patients' progress is discussed.
3. Receive clinical supervision twice monthly (Dr. Messier).
4. Over the course of the 6 month rotation, spend a minimum of one half-day each in at least six of the following services. This involves meeting with staff, sitting in on client assessments where available, interviewing a client, and observing rehabilitation activities. The services are:
   * Douglas Radio Station (Dennis Delaney)
   * Rehab III (Genevieve Denis)
   * STRP Day Care (Grant Stevenson)
   * New Directions (Debra Thompson)
   * Creative Therapy (Joel Barg)
   * Durost Residence (Amparo Garcia)
   * Adult Education (Colin Tisshaw)
   * Zootherapy (Raymond Plouffe)
   * Horticultural Therapy (Jim Forde)

b) Other Rehabilitation Projects

Residents will also be making half-day visits to at least four rehabilitation projects not directly connected to Douglas Hospital, or programs at general hospitals in the McGill University network. These include:

* Project PAL (Mme M. Blanchard)
* Forward House
* Projet Suivi Communautaire
* Vantage Institute (Irwin Matlin)
* Montreal General Hospital (Dr. J. Waserman)
* Allan Memorial Institute (Dr. A. Fielding)
* Jewish General Hospital (Dr. V. Duff)
* Pointe St-Charles Clinic (Dr. P. Migneault)

2. Work with Families

a) Psychoeducation

During the rotation, the resident will be participating in psychoeducational activities directed at patients, their families, and at foster care proprietors.

A psycho-educational group for the families of chronic mental patients will be started during the rotation. Residents are expected to help in setting up and running these groups, which will meet in the evening, probably once every two weeks (Dr. Olders and social workers).

b) Family Interviews

When appropriate, families of both in- and outpatients should be interviewed by the resident, possibly in the context of a meeting involving other members of the treating team.

3. Didactic Teaching

a) Continuing Care Seminar

The Continuing Care Seminar (Drs. Olders, Messier, and others) is held once per week, on Wednesday mornings from 11:00 am to noon.

Three times each month, the Seminar will consist of sessions on specific topics, led by invited speakers. The topics and Seminar leaders may include:

1. organization of the Specialized Treatment Program (Dr. Callanan)
2. specialized treatments for chronic patients (Dr. Bloom)
3. Remotivation Therapy (Mr. Peter Steibelt)
4. Chaplaincy Services (Rev. John Matheson)
5. behavior modification programs (token economies) (Dr. Kachanoff)
6. organization of the Rehabilitation Program (Mr. R. Butt)
7. forensic and legal psychiatry (Dr. Callanan)
8. foster homes, pavilions, and supervised apartments (Ms. C. Hooper)
9. Ressources Alternatives (Dr. J. Boillat; Mme M. Blanchard; Dr. R. Tempier)
10. Vocational Rehabilitation Workshops (Mme Genevieve Denis)
11. curatorship, patient accounts, and the Social Service Trust Fund (Ms. Julia Bean)
12. psychosocial research (Céline Mercier)
13. Psychoeducation (Dr. Tempier & Mme Hélène Provencher)
14. "How to Work in Foreign Lands: médecin traitant vs consultant vs personne ressource" (Dr. P. Migneault)
15. Deinstitutionalization (Dr. R. Tempier)
16. Attitudes of the public towards the mentally ill (Dr. R. Tempier)

b) Journal Club

Once each month the seminar will consist of a Journal Club in which one of the residents will present an article or two. Residents will rotate presentations according to a predetermined schedule. The resident who is presenting is responsible for ensuring that copies of the article to be presented are in the hands of the other attendees, at least one week prior to the Journal Club. Please read the article(s) prior to the session. The topics to be covered during the six sessions are:

1. psychopharmacology (including the refractory patient)
2. rehabilitation (vocational and psychosocial)
3. deinstitutionalization (asylum, homelessness, community-based resources)
4. the young chronic mental patient (never-institutionalized patients; drug and alcohol abuse)
5. current research on etiology, genetics, biological findings, and the role of the family
6. psychosocial treatments (psychotherapy, milieu therapy, social learning environments).

4. Long-term supportive psychotherapy

Each Continuing Care Resident is expected to follow one chronic schizophrenic patient and one bipolar affective disorder patient in supportive psychotherapy. Residents will receive group supervision once every two weeks from Dr. Callanan, who will assign patients from his clinic.

B. Separate Streams

Outpatient and inpatient service settings in the Douglas Hospital Continuing Care Rotation are divided into two streams:

1. Stream A (francophone team)

Stream A, for bilingual or unilingual francophone residents, consists of community psychiatry with chronic patients under the supervision of Dr. R. Tempier.

Le stage se déroulera sur trois axes: suivi en clinique externe, soins de jour, liaison avec les ressources communautaires.

a) Le suivi en clinique externe

Le résident devra être impliqué dans le traitement d'une vingtaine de sujets psychotiques chroniques suivis à la clinique externe de Verdun; plus spécifiquement il devra évaluer ou réévaluer les plans de traitement, assurer les prescriptions

psychopharmacologiques et travailler en tandem avec les différentes intervenants de la clinique.

1. Consultations (mardi après-midi; 2 heures): évaluation et réévaluation des patients, thérapie du support, et pharmacothérapie.
2. Groupe-café ou Groupe-médicaments (mercredi matin; 2 heures): Réflexion et participation à une groupe de femmes psychotiques existant depuis 9 ans (groupe-café). Remise en route d'un groupe de jeunes schizophrènes (groupe médicaments). N.B. les 2 groupes se tiennent à Ville Emard.
3. Réunion d'équipe (jeudi après-midi; 1,5 heures): participation à la réunion d'équipe de Ville Emard.

b) Les activités de Soins de jour

Le résident devra co-animer au moins un groupe au Centre de Jour, participer à l'enseignement des patients et/ou familles (psychoéducation). Il devra être impliqué dans le suivi d'au moins 5 bénéficiaires de ce service.

1. Centre de jour (mercredi après-midi; 3 heures; à "l'Étape"): supervision de l'équipe avec Dr Tempier; participation à des activités de psychoeducation.
2. Daycare à Verdun: participation à activités day care par ex. «cuisinéducation».

c) Liaison avec les ressources communautaires

Il pourra exercer des activités de conseil, de support vis-à-vis du personnel et/ou participer à des activités avec la clientèle dans une ressource communautaire du milieu (par ex. CENTRAMI) et pourra visiter une majorité de ressources situées dans le sud-ouest (PAL, Action-Santé, Projet Suivi Communautaire, etc...). Il se sensibilisera au processus de la création de fonctionnement d'une ressource communautaire et pourrait assister à une séance de Comité Aviseur sur les Ressources Alternatives (CRSSS).

* CENTRAMI: activités et conseil et travail de liaison, comme personne-ressource.

2. Stream B (anglophone team)

Stream B is for bilingual or unilingual anglophone residents, who will work in both inpatient and outpatient settings.

a) Outpatient Setting - CPC Day Centre

The resident will be assigned to a Day Centre treatment program which provides rehabilitation and psychiatric followup to chronic outpatients. The Day Centre operates five days a week with a staff of two nurse clinicians (half-time); an occupational therapist; and a psychiatrist on a part-time basis (Dr. H. Olders). About 75 outpatients are treated, with group therapy, individual and group rehabilitation sessions, and sports and other recreational activities. About one-third of these patients are also followed psychiatrically in the Day Centre Clinic. The resident will attend Day Centre activities on Wednesday afternoons and Thursday Mornings. Responsibilities will include:

1. Running the Day Centre Clinic, together with a Nurse Clinician (Elvira Maddoo, N., or Eric Commerford, N.), for one and one-half hours once per week. Most clinic patients are on long-acting depot antipsychotic medication; lithium, carbamazepine, oral antipsychotics, and antiparkinsonian agents are also used. The emphasis is on monitoring patients for possible relapse, dealing with medication side effects (eg examining patients for tardive dyskinesia) and a supportive approach to maximize patient compliance. The resident is expected to follow at least 20 outpatients, who are seen at intervals of between two and twelve weeks.
2. Attend Day Centre Team Meetings once a week. Patients are discussed, as well as management of the Cay Centre.
3. Participate in the General Discussion Meeting (Day Centre members and staff) once weekly. This large group functions as a relatively democratic "Milieu" or Community meeting.
4. Run a Doctor's Group (supportive group psychotherapy) once weekly.
5. Be a co-trainer, together with a staff member (Eric Commerford, N.), in a Medication Management Group. This group teaches social skills, problem solving strategies, and medication basics to 5 or 6 clients, using a combination of videotaped instruction, role-playing, and videotaped feedback, in two, one and one-half hour sessions per week.
6. Receive clinical supervision once weekly (Dr. Olders).

b) Inpatient Setting - CTS

The resident will be assigned to an inpatient unit (Clinical Teaching Unit; Chief of Service: Dr. D. Bloom) on which chronic mental patients are treated. The Clinical Teaching Unit is an inpatient unit within the Specialized Treatment and Rehabilitation Program in which chronically mentally ill patients who need a structured, highly staffed treatment setting on a long-term basis are treated. The resident will be required to:

1. "Work up" (ie interview, review chart, diagnose, and prepare a treatment plan) and be responsible for the care of a minimum of 10 chronic inpatients (generally, the case load

at any time should be limited to 2 inpatients). When patient turnover is low, it may be necessary to transfer patients between staff physicians and residents so that 10 patients, (ie a new patient every 2 weeks) can be worked up and treated by the resident within a six month rotation.

2. Attend team rounds, at least during the time when the resident's patients are being discussed.
3. Receive clinical supervision once weekly (Dr. Bloom).

III. Program Feedback

There will be a feedback session at mid-term and at the end of the six-month rotation, in which residents will have the opportunity to help improve the Continuing Care Training Program by their constructive criticism.

IV. Annotated Bibliography

An annotated bibliography is currently (continuously) in preparation. Residents are requested to use it as a guide to reading, and to forward their assessments of articles, whether positive or negative, to Dr. Olders, for inclusion in the bibliography.

V. Optional Areas

The following are areas which residents are encouraged to participate in, to enhance the learning experience of the rotation. However, it is advisable to discuss possible involvement with clinical supervisors as well as the Coordinator of Continuing Care Training, to ensure that clinical responsibilities will not be compromised.

1. A research project; for example, an ongoing medication trial.
2. A short period (one or two days) at the beginning of the rotation, prior to assuming normal clinical responsibilities, during which the resident works as a "P.A.B." (Prćposé aux Bénéficiaires). For interested residents, an orientation can be arranged through nursing office.
3. Involvement in providing inservice education to nursing staff, for example on medication side effects.
4. Regular meetings with an academic supervisor, for residents wishing to undertake a personalized programme of study in continuing care, or to write a journal article.
5. Liaison groups for staff of inpatient units, led by Dr. J. O'Neil.
6. Soins continus en région éloignée: le résident pourra visiter l'expérience d'intégration dans la communauté que Dr. Tempier mène à Malartic, Abitibi (sous réserve d'acceptation et de paiement du transport).

VI. Time Requirements

Common Areas

ACTIVITY	HOURS / WEEK
Rehabilitation	
visits, assessments, etc	4
Work with Families	
psychoeducational seminars	2
Didactic Teaching	
Continuing Care Seminar	1
Long-term Supportive Psychotherapy	
Therapy	1
Group supervision	.5
TOTAL - COMMON AREAS	**8.5**

Stream A

Le suivi en clinique externe	
Consultations	2
Groupe-café ou Groupe-médicaments	2
Réunion d'équipe	1.5
clinical supervision	1
Les activités de Soins de jour	
Centre de jour ou Daycare Verdun	3
Liaison avec les ressources communautaires	
CENTRAMI	2
TOTAL - STREAM A	**11.5**

Stream B

CPC Day Care I	
Day Care Clinic	1.5
Team meetings	1.5
General Discussion Meeting	1
Doctor's Group	1
Medication Management Group	3
Clinical supervision	1
Inpatient Setting - CTS	
Patient care	1
Team rounds	1
Clinical supervision	.5
TOTAL - STREAM B	**11.5**

TOTAL: Common Areas Plus Stream A OR Stream B: 20 hours/week