

Psychotherapy Longitudinal Rotation:

The objective of this rotation is to understand principles of psychotherapy, apply this knowledge to delivery of various psychotherapeutic modalities and integrate the skills of psychotherapy into patient care.

Required Training Experiences Map:

Training Stage	Psychotherapeutic Modality	Requirement
Foundations PGY1	Formal Instruction in Psychotherapy Focus on CBT	
Foundations PGY2	Cognitive Behavioral Therapy (CBT)	Complete at least 1 CBT Case
Core PGY3	Dialectical Behavioral Therapy (DBT)	Complete at least 16 weeks of Group Therapy
	*Start Second CBT Case	
	*Start Psychodynamic Therapy	
Core PGY4	Motivational Interveiwing and/or Interpersonal Therapy (IPT)	
		Complete second CBT Case
		Complete case of Psychodynamic Therapy
TTP PGY5		Complete any requirements from previous stages

This rotation takes place longitudinally throughout residency, formal instruction on principles of psychotherapy starts in PGY1. Residents are expected to start delivering psychotherapy in PGY2 and complete delivery of psychotherapeutic modalities by the end of residency. Residents are expected to reach out to the rotation supervisor at the beginning of the year to be matched with a psychotherapy supervisor for cases other than DBT.

Residents are expected to see their psychotherapy patients during working hours, this is protected time during the rotation and the resident is expected to organize time with their home rotation supervisor. All supervisors are expected to facilitate allowing residents time off home rotation duties to complete the training requirements.

Residents are expected to complete the Psychotherapy log on Elentra signed off by their psychotherapy supervisor.

Possible EPA's mapped to this rotation:

1	FOD 5 Providing CBT psychotherapy for routine patients
2	COD 8 Delivering psychodynamic, group, and family psychotherapies
3	COD 9 Integrating psychotherapeutic interventions into regular patient care

Required Training Experiences (based on Royal College RTE documents):

Cognitive Behavioral Therapy

Residents are expected to apply foundational knowledge learned on principles of CBT to assess suitability, establish a professional relationship with the patient, and select and apply appropriate interventions aligned with the needs of the patient and the goals of CBT. Residents are expected to be competent in using CBT tools which may include: cognitive restructuring or reframing, exposure therapy, journaling and thought records, activity scheduling and behavioural activation, behavioural experiments, relaxation and stress reduction techniques, role playing, and/or successive approximation in different therapeutic environments at the end of this rotation.

Program Requirements:

- Complete first case by end of PGY2
- Complete second case by end of PGY4
- At least one of the cases must be an adult of low-moderate complexity (may be depression or anxiety, focus on one only with relevant tools/ skills for either depression or anxiety).
- Case must be a minimum of 8 sessions (8-16), tracked and verified by psychotherapy supervisor.
- Case completion to be logged on Elentra and signed by psychotherapy supervisor

CanMEDS Milestones:

1. ME 1.3 Apply knowledge of the principles of psychotherapy to patient care
2. ME 2.2 Assess patient suitability for psychotherapy
3. ME 3.1 Select and apply the CBT interventions appropriate for the presenting concern
4. COM 1.1 Establish a working relationship with patients demonstrating interest and empathy
5. COM 1.1 Establish and maintain a therapeutic alliance with uncomplicated patients
6. COM 1.5 Recognize potential boundary concerns or crossings and address them appropriately with the patient when relevant
7. ME 3.1 Use the common factors of psychotherapy in delivering therapy to patients (e.g., alliance, empathy, etc.)
8. COM 1.5 Accurately identify patient emotions, particularly sadness, anger, and fear and reflect the core feelings and key issues for the patient during the session
9. COL 1.3 Integrate the patient's perspective and context into the collaborative care plan
10. P 1.1 Exhibit appropriate professional behaviours
11. HA 1.1 Recognize, adapt, and respond to the patient's individual needs and issues

Psychodynamic Therapy

Residents are expected to apply foundational knowledge learned on principles of psychodynamic therapy to assess suitability, establish a professional relationship with the patient, and select and apply appropriate interventions aligned with the needs of the patient and the goals of psychodynamic therapy.

This includes identifying and empathizing with the patient, maintaining a collaborative relationship with the patient, fostering the therapeutic alliance, recognizing and repairing tensions or ruptures in the alliance, and adapting the psychotherapeutic intervention to the individual patient context (trauma, culture, spiritual, social, biological). And may also could include exploration of transference/ countertransference, interpretation, working through resistance, promoting insight, recognize maladaptive patterns and link to past experiences, recognize defenses, exploration of object relations, encouraging emotional expression

Program Requirements:

- Complete one case by end of PGY4 (residents are encouraged to start in PGY2)
 - Case must be a minimum of 100 hours (to be tracked and verified by psychotherapy supervisor)
 - Case completion to be logged on Elentra and signed by psychotherapy supervisor

Dialectical Behavioral Therapy

Residents are expected to apply foundational knowledge learned on principles of DBT to assess suitability, establish a professional relationship with the patient, and select and apply appropriate interventions aligned with the needs of the patient and the goals of DBT. This includes the delivery of individual and group therapy.

Residents are expected to practice establishing group norms, facilitating cohesion, exploring relational dynamics, managing conflict, using group feedback, facilitating group process, managing group dynamics

At the end of the rotation residents are expected to be competent in some of the key strategies of Dialectical Behavioural Therapy for patients with Borderline Personality Disorder and/ or emotional dysregulation.

Program Requirements:

- Complete 1 DBT group therapy course, may include individual therapy.
 - Must be a minimum of 16 sessions (to be tracked and verified by psychotherapy supervisor)
 - Case completion to be logged on Elentra and signed by psychotherapy supervisor

DBT Supervisors: Dr. Athari Hayat, Dr. Waleed Murad

Interpersonal Therapy (optional)

Residents are expected to apply foundational knowledge learned on principles of interpersonal therapy to assess suitability, establish a professional relationship with the patient, and select and apply appropriate interventions aligned with the needs of the patient and the goals of interpersonal therapy.

Residents are expected to use at identify a focus for therapy from role disputes, role transitions, interpersonal sensitivity or grief, follow IPT phase-specific clinical guidelines for treating patients in the contexts of interpersonal stressors, be able to conduct an interpersonal inventory and use communication analyses or role plays to help patients engage with supportive others, and utilize links between symptoms and interactions or problems aligned with the interpersonal focus of treatment in affect-focused therapeutic communications with the patient.

Requirements for completing IPT Case:

- Complete one (or more) IPT case
 - Case must be a minimum of 8 sessions (8-16), tracked and verified by psychotherapy supervisor.
 - Case completion to logged on Elentra and signed by psychotherapy supervisor

IPT Supervisor: Dr. Hamad AlSafi

Motivational Interviewing

Residents are expected to apply foundational knowledge learned on principles of Motivational Interviewing to assess readiness for change, establish a collaborative, person-centered professional relationship with the patient, and select and apply appropriate interventions aligned with the patient's stage of change and personal goals. Formal instruction on MI will be done in PGY4 and skills-based learning will take place during the Addictions rotation in PGY4.

Program Requirements:

- Foundational knowledge of MI Skills
- Complete 1 observation of applying motivational interviewing skills into patient care
- May be done during PGY4 Addictions rotation or oth



CanMEDS Milestones:

1. ME 1.3 Apply knowledge of the principles of psychotherapy to patient care
2. COL 1.3 Integrate the patient's perspective and context into the collaborative care plan
3. ME 3.4 Provide psychotherapeutic interventions
4. COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
5. COM 1.5 Establish boundaries as needed in emotional situations
6. COM 1.5 Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately
7. COM 1.1 Establish, repair when necessary, and maintain a therapeutic alliance with the patient
8. ME 1.6 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
9. ME 2.2 Assess patient response to psychotherapy
10. P 1.1 Exhibit appropriate professional behaviours
11. ME 2.4 Integrate the selected psychotherapy with other treatment modalities

Guidelines for Scheduling Psychotherapy Appointments:

1. Residents are provided with **protected time** to see their psychotherapy patients and must see their patients **during working hours** with staff (either home rotation supervisor or psychotherapy supervisor) available on site. The direct psychotherapy supervisor must be reachable by phone if not on site.
2. As per current Ministry of Health guidelines, all encounters must be in person and virtual patient-physician encounters are not permitted.
3. Residents are expected to see their patients at the same site as their rotation, ie no traveling to other sites/ KCMH to see patients.
4. Residents are expected to schedule their patients in a manner that does not disrupt learning at their home rotation (ie beginning or end of the day if preferred).
5. Residents **must see patients in the outpatient clinic with nursing support, a staff available and must document all encounters**. Seeing patients in educational spaces where no staff support is available is not permitted.
6. Supervision must be done during the same week with the psychotherapy supervisor. Supervision should ideally be done on Thursdays (academic days) to avoid disruption to rotation learning schedule.
7. Contacting patients using personal phones/ emails is not permitted. You may use hospital phones to schedule sessions with patients.
8. **Psychodynamic and CBT cases can be obtained from a patient roster with Dr. Athari Hayat at KCMH (Psychotherapy Department, First Floor)**. Cases must be screened/ reviewed with Dr. Talal Ali or with your psychotherapy supervisor.

Documentation:

1. Patient must be registered at home rotation site in under home rotation supervisor or psychotherapy supervisor if available (ie if you are on an outpatient rotation at Amiri Hospital, the patient will be registered under your supervisor's name at that hospital)
2. First note (assessment) is documented as a consult note.
3. Progress notes may be brief, using SOAP format, may include photocopies of homework in paper chart.

4. Writing Progress Notes:

Use of SOAP format is recommended (however if you don't use the SOAP format, please ensure that the following information is included in progress notes):

- Subjective
 - Content that the patient reports during the session (using quotation marks and paraphrases where appropriate), (*should not be speculative or interpretive).
 - Developments since last visit, response to therapy
- Objective
 - Pertinent mental status (may be brief but must contain information relevant to the process of the session and the patient's condition), must comment on presence or absence (and nature) of suicidal ideation/ homicidal ideation/ other safety concerns if present.
- Assessment
 - Diagnosis (if any) and themes, course / trajectory, response to treatment, safety concerns.
 - May include summation of physician's input (for example, even though the physician has been silent throughout the session he or she may record an analysis of the patient's ongoing issue, or can summarize what was communicated by the physician to patient during session).
- Plan
 - Therapy (type, total number of sessions if time-limited, frequency of appts, next appt), medications (*type and dosages of all medications, specify any changes), referrals, review of supervision (include supervisor's name).

5. Process Notes from supervision/psychotherapy sessions need to be securely stored, and are not part of the chart; process notes should not be recorded on the patient's chart; do not include any identifying data of the patient in the process/ supervision notes (no full names; for example initial of first name would be acceptable); they should be shredded at the end of each rotation.

6. Transitions; Transferring patients between sites when a resident and patient move to new site:

Due to the longitudinal nature of care in psychotherapy some times patients may travel with patients to new sites to continue therapy.

- However, to MOH catchment area regulations; patients can only be transferred to/ from home sites to KCMH.
- The patient must be agreeable to transfer. ***Ensure your patient knows about a potential transfer before starting therapy*** to avoid disruptions to patient care related to changing sites.
- If there is a change in supervisor; the patient needs to be informed who the new psychotherapy supervisor is and the first clinical encounter at the new hospital site has to be in person with the new supervisor.
- Before transferring to a new site; residents must complete a short summary of progress such as: themes discussed, changes in mental status/functioning/goals, and formulation, along with a plan that documents transfer of care (supervisor name and site).
- After transferring to a new site; residents must complete a short summary of progress from last hospital site, such as: themes discussed, changes in mental status/functioning/goals, and formulation, along with a plan that documents transfer of care (supervisor name and site).

7. Termination: (Termination)

A summary note of the nature and course of the therapy including (but not limited to the following):

- Progress made during therapy
- Discharge plans, if any (e.g. referral for long-term therapy after course of CBT, follow up with psychiatrist, etc)
- Patient's response to termination
- Mental status at time of termination
- Comment on patient's clinical status at time of termination (e.g. if being treated for MDD, if depression is in partial or full remission etc., including any relevant rating scores if relevant)

8. Forgotten or late entries, errors or omissions:

Residents must ensure to enter forgotten or late information at the earliest opportunity in the next available space in the chart – include the date and time the session was held AND the date the information was recorded

Additional comments may go in a separate entry (addendum) – **do not add to / remove from or alter a prior entry**

Corrections should still leave the erroneous information visible / retrievable

9. As with all documentation of medical records, please keep in mind that all charts are potentially shared charts. Do not add to or alter someone else's note.

10. Patient's right to view medical record:

- Patients have the right to view their chart if they so request; however, patients must make such requests through health records department
- If such a request arises it must be discussed with your supervisor prior to sharing the medical record.

Rotation Supervisors for CBT/ Psychodynamic Therapy:

Supervisor	Modality
Dr. Fadhel AlKhashawi	CBT/ Psychodynamic
Dr. Talal AlAli	CBT/ Psychodynamic
Dr. Hamad AlSafi	CBT/ IPT (1 resident each)
Dr. Noura AlNouri	CBT/ Psychodynamic (1 resident each)
Dr. Ammar AlSayegh	CBT/ Psychodynamic (1 resident each)
Dr. Ibrahim AlMazeedi	Psychodynamic (1 resident)
Dr. Shaima AlMahmood	CBT (1 resident)

Psychotherapy Rotation Coordinator: Dr. Talal AlAli