

Afterhours Coverage On-call Experience:

The objective of this rotation is to experience after hours coverage and gain experience on how to manage acute psychiatric emergencies, master safety assessments and risk management, crisis interventions as appropriate through non pharmacological and pharmacological interventions.

This rotation takes place longitudinally throughout residency from PGY1-5.

During PGY1; residents on psychiatric rotations **must be paired with a on-call buddy (senior resident and above)**. Residents on off-service rotations will do call at that rotation (ie, when on neurology, will do neurology call etc).

During PGY2-5 all call shifts will take place at the Kuwait Center for Mental Health Psychiatric Emergency Department and include coverage of the psychiatric emergency department and inpatient units. Residents **who have completed the child psychiatry rotation** may also assist in covering the child inpatient units (this excludes PGY1 and 2).

Except for **PGY3 Residents on their child rotation;** while doing the child psychiatry rotation, residents will be doing call with the child psychiatry team which covers Child Consultation Liaison after-hours.

Program and MOH Expectations/Requirements:

- **All** residents (PGY1-5) **must** review all cases with the senior register covering the call shift.
- Residents are expected to do at least 4 call shifts per month to fulfill MOH requirements.

Mandatory Resident Notification Triggers

Residents are required to notify their attending physician immediately under specific clinical circumstances. Tutors must ensure trainees are thoroughly familiarized with these mandatory notification triggers:

Category	Mandatory Notification Trigger Event
Admissions & Visits	Patient admission to a facility/service; emergency department admission or urgent clinic visit.
Clinical Deterioration	Any significant deterioration in patient physical or mental status (e.g., acute psychosis, severe agitation, vital sign instability).
Diagnostic Uncertainty	Cases where diagnosis, management, or primary admitting service responsibility is in doubt.
High-Risk Encounters	Any clinical encounter with an acute safety concern (suicidality, harm to self, harm to others, agitated or aggressive patients, forensic patients)
Mental Health Act Forms	When filling in any mental health form (11, 13 etc)
Complex Decisions	Transfer to another hospital, end-of-life decisions, or complex ethical/medicolegal situations.
Discharge Planning	Prior to discharging a patient from emergency, inpatient, or ambulatory settings (unless pre-approved and documented).

Expected CANMEDS Milestones:

1. Perform and document trauma-informed emergency psychiatry assessments with attention to medical stability and risk assessment in the after-hours/limited resource context.
2. Address safety issues unique to the after-hours/on call setting including personal, patient, family, and other healthcare professionals.
3. Recognize clinical acuity (including risk for escalation) and prioritize safety, whilst balancing competing demands (disposition, flow) in the after-hours setting.
4. Assess and manage agitated patients, including trauma-informed verbal de-escalation and escalation of restraint, with implementation of least-restraint policies.
5. Apply mental health and capacity legislation in an emergency department of a schedule 1 facility.
6. Work within an interprofessional team to effectively integrate diverse perspectives and prevent, negotiate, and resolve conflict.
7. Integrate the social/structural determinants of mental health (e.g. immigration status, homelessness, food insecurity, marginalization, discrimination, access to resources) into emergency room assessments, including advocacy and collaboration with other healthcare professionals (social work involvement).
8. Recognize the limits of our expertise and appropriately engage with other services (e.g. medicine, referral to general hospital) toward safe care coordination and disposition.
9. Elicit and synthesize information and perspectives of patients, caregivers, colleagues, and other healthcare professionals to handover relevant clinical information.
10. Exhibit self-awareness and manage influences on personal well-being and professional performance through:
 - a. Attending to personal wellness and fatigue risk management in an after-hours or under-resourced setting
 - b. Demonstrating professional behaviours including reliability and responsibility in fulfilling assigned on-call duties, and appropriately informing colleagues when coverage is needed for illness or other unexpected events.

Relevant EPA's mapped to this rotation:

EPA Code	EPA Name	# of total required entrustments for EPA ₁
TTD 1	OBTAINING A PSYCHIATRIC HISTORY and mental status exam to inform the preliminary diagnostic impression for patients presenting with psychiatric disorders	3
TTD 2	COMMUNICATING CLINICAL ENCOUNTERS in oral and written/electronic form	3
FOD 2	PERFORMING PSYCHIATRIC ASSESSMENTS referencing a biopsychosocial approach, and developing basic differential diagnoses for patients with psychiatric disorders	6
FOD 3	Developing and implementing MANAGEMENT PLANS for patients with psychiatric presentations of low to medium complexity	6
FOD 4	Performing RISK ASSESSMENTS that inform the development of an acute safety plan for patients posing risk for harm to self or others	5
FOD 6	Integrating the FOUNDATIONAL principles and skills of PSYCHOPHARMACOLOGY into patient care	13

COD 1	Performing psychiatric assessments and developing COMPREHENSIVE treatment/management PLANS for adult patients	8
COD 2	Developing comprehensive biopsychosocial FORMULATIONS for patients across the lifespan	8
COD 5	Identifying, assessing, and managing EMERGENCY situations in psychiatric care across the lifespan	8
COD 6	Applying relevant legislation and LEGAL principles to clinical practice	6
COD 7	Integrating the principles and skills of PSYCHOPHARMACOLOGY in the assessment and management of patients with challenging presentations and comorbidities	10
COD 9	INTEGRATING PSYCHOTHERAPEUTIC INTERVENTIONS into regular patient care	2
COD 10	Managing SUBSTANCE USE DISORDERS for patients with concurrent psychiatric disorders	2
TTP 2	Providing SUPERVISION OF JUNIOR TRAINEES	4

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