

Rotation Objectives Mental Health

Every Family Medicine teaching site exposes their residents to mental health disorders through different clinical settings. You should expect to be exposed to pediatric and adult mental health in both outpatient and emergency settings.

CFPC Mental Health

Priority Topics

<http://www.cfpc.ca/uploadedFiles/Education/Priority%20Topics%20and%20Key%20Features.pdf>

- Depression
- Grief
- Suicide
- Anxiety
- Stress
- Crisis
- Schizophrenia
- Personality disorder
- Eating disorders
- Substance abuse
- Dementia
- Counselling
- Sleep
- Difficult patient
- Violent/Aggressive patient
- Behaviour
- Learning



Please consult this link to contextualize the following statements.

<https://choosingwiselycanada.org/psychiatry/>

1. Don't use atypical antipsychotics as a first-line intervention for insomnia in children and youth
2. Don't use SSRIs as the first-line intervention for mild to moderately depressed teen
3. Don't use atypical antipsychotics as a first-line intervention for Attention Deficit Hyperactivity Disorder (ADHD) with disruptive behaviour disorders.
4. Don't use psychostimulants as a first-line intervention in preschool children with ADHD.

5. Don't routinely use antipsychotics to treat primary insomnia in any age group.
6. Don't routinely order qualitative toxicology (urine drug screen) testing on all psychiatric patients presenting to emergency rooms.
7. Don't routinely use antidepressants as first-line treatment for mild or subsyndromal depressive symptoms in adults.
8. Don't routinely order brain neuroimaging (CT or MRI) in first episode psychoses in the absence of signs or symptoms suggestive of intracranial pathology.
9. Don't routinely continue benzodiazepines initiated during an acute care hospital admission without a careful review and plan of tapering and discontinuing, ideally prior to hospital discharge.
10. Don't routinely prescribe antidepressants as first-line treatment for depression comorbid with an active alcohol use disorder without first considering the possibility of a period of sobriety and subsequent reassessment for the persistence of depressive symptoms.
11. Don't routinely prescribe high-dose or combination antipsychotic treatment strategies in the treatment of schizophrenia.
12. Don't use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia.
13. Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia.

CanMEDS-Family Medicine 2017



CanMEDS-Family Medicine

http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/CanMEDS-Family-Medicine-2017-ENG.pdf

In some cases, these roles of been briefly edited or paraphrased to be more suited to the Mental Health clinical domain.

For the complete, unedited document:

Competencies particularly relevant to Mental Health are indicated in **blue**

Medical Expert

1. Performs a patient-centred clinical assessment and establishes a management plan

- Obtains pertinent information on history according to DSM-5 criteria to make accurate diagnoses
- Assessments must systematically assess for severity, including suicidality
- Recognizes that patients with mental illness often have comorbidities
- Manages complex co-existing clinical and contextual issues, both acute and chronic, often in conditions of uncertainty
- Balances disease management, disease prevention, and health promotion
- Demonstrate a relevant and reliable physical examination including the **mental status examination**
- Orders appropriate diagnostic tests interpret these tests accurately
- Performs a patient-centred clinical assessment in order to establish a management plan, based on the patient's perspective, context, and medical urgency

2. Establishes a care management plan, finding common ground

- **Non-Pharmacologic**
 - Recognize the importance of exercise in the treatment and prevention of mood and anxiety disorders
 - Know and apply basic principle of cognitive behavioural therapy (CBT)
 - Know how to counsel the principles of sleep hygiene in the primary treatment of insomnia
- **Pharmacologic**
 - Orders most appropriate pharmacologic treatments
 - Be able to initiate and if necessary, to augment the appropriate pharmacotherapy for mood, anxiety, psychotic, Attention Deficit disorders

3. Established plans for ongoing care and timely consultation when appropriate

4. Establishes an inclusive and culturally-safe practice environment

Communicator

1. Develops rapport, trust, and ethical therapeutic relationships with patients and their families

- Relationships should be characterized by understanding, trust, respect, honesty and compassion
- Ensures a physical environment for patient comfort, dignity, privacy, engagement, and safety
- Respects a patients' confidentiality, privacy and autonomy
- Listens carefully, and is attentive to patient's nonverbal communication

- 2. Elicits and synthesizes accurate and relevant information from, and perspectives of, patients and their families**
 - Gathers information about their symptoms, ideas, concerns, and expectations, and the full impact of their illness experience on their lives
 - Organises the interview in a logical sequence, attending to timing and keeping the interview on task while encouraging active patient participation
 - Explores the patient's personal life context, including cultural influences
 - Seeks and synthesized information from other sources, such as the patients' family and caregivers as appropriate (always considering patients' right to privacy and autonomy)
- 3. Explanations to patients are clear, accurate, and timely, while checking for patient understanding**
- 4. Discloses patient safety incidents to patients and their families accurately and appropriately**
- 5. Engages patients and their families in developing plans that reflect their health care needs, values and goals**
 - Non-judgemental, respectful
 - Respectful of diversity
- 6. Effectively addresses challenging communication issues:**
 - motivating behaviour changes,
 - delivering bad news,
 - addressing disagreements and emotionally charged situations
- 7. Provides therapeutic interventions through supportive and other counselling techniques**
- 8. Written documentation is timely, clear, and accurate**
9. Consultations to other colleagues is succinct but includes the relevant clinical information included

Collaborator

- 1. Works effectively with others in a collaborative, team-based model**
 - including nursing and administrative staff and consultants
- 2. Cultivates and maintains positive working environments**
- 3. Facilitates transitions in care**
 - Handover to colleagues during absences (leaves, vacations, rural rotations, and graduation)
 - Handover appropriately to on-call colleagues, and at the end of rotations

Leader

1. **Contributes to the improvement of comprehensive, continuity-based,** and patient-centred health care delivered in teams, organization, and systems
 - Applies Quality Improvement to contribute to improving systems of patient care
 - Promotes a culture of patient safety
 - Analyzes patient safety incidents
2. **Engages in the stewardship of health care resources**
 - Is aware of and practise according to Choosing Wisely Guidelines for psychiatry (as appropriate)

Health Advocate

1. **Responds to an individual patients' health needs by advocating with the patients within and beyond the clinical environment**
 - Recognizes when a patient has social, cultural, and/or physical causes of vulnerability (also called 'determinants of health')
 - Recognizes patient, community, and social assets/supports
 - Incorporates disease prevention, health promotions, and health surveillance into interactions with individuals
2. **Strives to be a resource to the community**

Scholar

1. **Demonstrates intellectual curiosity and is proactive in their ongoing learning**
 - Asks relevant clinical questions
 - Identifies opportunities for learning and improvement
 - Reflects upon their learning gaps and needs
 - Listens to and incorporates feedback
2. **Teaches junior learners**
 - Completes the online modules on *mycourses McGill* for teaching junior learners (Clinical Teaching, Interactive Lecturing, Technical Skills, Feedback, Role modelling)
 - Actively engages in opportunities during clinical rotations and Academic Half Day to teach colleagues and junior learners
3. **Integrates best available evidence into practice considering context, epidemiology or disease, comorbidity and the complexity of patients**

Professional

- 1. Demonstrates commitments to patients and colleagues through clinical excellence and high ethical standards**
 - Is honest
 - Is Respectful
 - Demonstrates compassion
 - Is on-time for clinics, call duties, academic teaching. When absences or delays are unavoidable, must:
 - i. Inform the necessary person (given at the orientation session) in a timely manner
 - ii. Be mindful of the impact on patient care
- 2. Demonstrates a commitment to physician health and well-being to foster optimal patient care**
- 3. Demonstrates commitment to reflective practice**
 - Demonstrates the ability to gather, interpret, and appropriately act on information about personal performance, knows ones' own limits, and seeks help when needed
 - Demonstrates awareness of self and understanding how one's attitudes, beliefs, assumptions, values, preferences, feelings, privilege, and perspective impact their practice
 - Reflects on practice events, especially critical incidents, to deepen self-knowledge and recognize when something needs to change and does it.

Updated April, 2018