**TRAINING IN DEVELOPMENTAL DISABILITIES IN CANADIAN PSYCHIATRY RESIDENCY PROGRAMS**

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**Objectives:** Numerous studies have found that mental health in people with developmental disabilities is a significantly underserviced clinical area. Although the Royal College of Physicians and Surgeons of Canada (RCPSC) requires that “Patients with developmental delay across the life span, with or without comorbid psychiatric disorder, must be included” during training in the PGY 2 and PGY 3 years, the type and extent of this experience is not defined. The purpose of this study is to identify the similarities and differences in curricula related to developmental disabilities in Canadian Psychiatry Residency programs.

**Methods**: This study used a survey with 3 multipart questions. The surveys were sent to Psychiatry Residency directors at all 17 medical schools in Canada. It begins with a question asking participants to identify which University they work at. The identifying data was submitted separately from the 3 multipart questions, thus de-identifying each participant from their subsequent answers.

**Results:** All respondents report that some form of formal teaching happens in their programs specific to developmental disabilities.

The amount of time dedicated to teaching in developmental disabilities varies significantly, from 1 hour of didactic teaching all the way to 21 + hours of didactic teaching. The broad topics covered by each school vary significantly. Some focus on broad Intellectual Disability, some focus on specific diagnoses like Autism Spectrum Disorder, while others do not. Some focus didactic teaching on diagnosis and assessment, while others do not.

Only 5 schools require residents in the Psychiatry program to complete a rotation in developmental disabilities, while 12 report that electives are available. These required and elective rotations vary significantly in length, from 1 week to 52 weeks. All schools report that the faculty members and/or lecturers doing didactic teaching and supervising residents are either expert researchers in the field of developmental disabilities, or they are clinicians working with people with developmental disabilities.

Each school also differs in where in the patient lifespan rotations in developmental disabilities occur. Most schools report opportunities with exposure to both children and adults with developmental disabilities, but some schools only report rotations specific to developmental disabilities available in child psychiatry.

**Discussion/Conclusion:** The amount of time dedicated to training Psychiatry residents in Canada varies significantly in both didactic teaching and in clinical opportunities. Depending on at which school a resident completes their training, their exposure to people with developmental disabilities may be significantly different than a graduate from another Canadian Medical School. Differences in requirements may have a significant impact on skills, levels of confidence in treating this population, and quality of care for future psychiatrists working with people with developmental disabilities.

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