

Psychiatry Rotation

Introduction

This rotation is designed to give the house officer exposure to the diagnoses and management of psychiatric disorders pertinent to neurologists, and particularly behavioral neurology. This will include inpatient and outpatient evaluation and management in multiple areas of the Medical Center. It should become obvious to the house officer that these disciplines are inter-related, not only in terms of clinical presentation but also in terms of neurochemistry and neurobiology.

I. PATIENT CARE

1. Interview patients more skillfully, especially those with psychiatric disease.
2. Examine patients more skillfully.
3. Improve neurological localization skills.
4. Accurately diagnose psychiatric and behavioral disorders in the outpatient setting.
5. Improve understanding of cognitive therapy.
6. Appropriately recommend and interpret pertinent laboratory and imaging studies.

II. MEDICAL KNOWLEDGE

1. Improve basic knowledge base regarding psychiatric disease.
2. Expand knowledge of psychopharmacology and mechanisms of action and side effects of psychotropic medications.
3. Improve understanding of indications and utility of psychiatric interviewing.
4. Improve understanding of evaluation and diagnostic testing for dementia and neurobehavioral problems.
5. Expand knowledge of potential interventions to anticipate and prevent future complications relative to the patient's illness.
6. Access and critically evaluate current medical information and scientific evidence relevant to patient care.

III. PRACTICE-BASED LEARNING AND IMPROVEMENT

1. Identify and acknowledge gaps in personal knowledge and skills in the care of patients with psychiatric illness.
2. Develop and implement strategies for filling in gaps in knowledge and skills.

IV. INTERPERSONAL SKILLS AND COMMUNICATION

1. Communicate effectively with patients and families

2. Communicate effectively with physician colleagues at all levels, especially regarding effective written communications.
3. Communicate effectively with all ancillary care personnel involved in the care of the patient.
4. Present patient information concisely and clearly, verbally and in writing.
5. Teach colleagues and medical students effectively.

V. PROFESSIONALISM

1. Demonstrate respect, compassion and integrity when dealing with patients and families.
2. Demonstrate sensitivity and respect for patients' age, culture, race, gender and religious beliefs.
3. Demonstrate a commitment to ethical principles of providing or withholding care, patient confidentiality and informed consent, and business practices.
4. Demonstrate a commitment to carrying out professional duties including punctuality, reliability, chart maintenance and independent learning and professional development.
5. Demonstrate professional respects for superiors, colleagues, students and all members of the health care team.

VI. SYSTEMS-BASED PRACTICE

1. Understand and utilize the multidisciplinary resources necessary to care optimally for psychiatric patients in the outpatient setting.
2. Collaborate with other members of the health care team to assure comprehensive patient care.
3. Use evidence-based, cost-conscious strategies in the care of outpatients.
4. Understand the long-term consequences of patient care in relation to the individual's socioeconomic status.

DUTIES

- (1) Residents will be assigned for a one month rotation to the Psychiatry consultation/liaison (C/L) or inpatient service.
- (2) Residents will be assigned for one half day per week to an outpatient clinic (e.g., psychopharmacology clinic, intake clinic or telemedicine clinic) or other subspecialty clinic.
- (3) Residents are expected to be on service between 7:30 AM and 5:30 PM, to attend all scheduled educational activities (Psychiatry Didactics at Blazer Parkway from 12 Noon to 5:00 PM on Wednesdays and the Emergency Psychiatry Noon Conference on Fridays on 3 West) and to be on call for 3 weekdays and one

weekend day during the month. Call will be taken with a Psychiatry resident. Weekday call will be from 5-11 PM and weekend call will be from 8:00 AM – 11:00 PM on one Saturday or Sunday.

- (4) Residents are expected to consult on a variety of patients in the emergency room and in the hospital and to perform psychiatric evaluations independently with presentation to the attending and/or senior resident. Residents may have responsibility as the primary resident for the care of 1-2 consult/liaison patients transferred to 3 West.
- (5) Residents may not take vacation or Neurology night call while on this rotation.
- (6) Residents will be evaluated by the attending and given written and verbal feedback about their performance.
- (7) Residents may be assigned by the attending to make a presentation on a selected psychiatric topic or patient case during their rotation.
- (8) One to two weeks prior to the start of this rotation, residents should make contact with Tag Heister and the Psychiatry chief resident to discuss logistics for the month.
- (9) Residents may not switch their assigned Psychiatry month once this schedule has been established by Psychiatry and Neurology.
- (10) Residents will complete evaluations of the rotation at the end of the month. Residents should address any problems that might arise with the Psychiatry chief resident, their attending and/or the program director.