

Psychiatry

1. OVERVIEW

A one-month rotation with the staff psychiatrist, seeing and counseling patients on the psychiatric ward and assisting with consults in the hospital and the emergency room.

2. GOALS

The educational goal of the psychiatric rotation is to provide the transitional resident with didactic and practical experience which foster:

- a. Development of knowledge and ability to diagnose and manage or refer psychiatric disorders.
- b. The ability to use limited psychopharmacologic agents

3. OBJECTIVES

- a. **Patient Care:** By the completion of this rotation, the resident will demonstrate the skills necessary to:
 - i. Interview patients with possible psychiatric problems
 - ii. Carry out a mental status examination
 - iii. Perform differential diagnosis of psychiatric disorders
 - iv. Appropriately utilize limited psychotropic medications
 - v. Carry out appropriate crisis intervention procedures
 - vi. Evaluate suicidal potential
- b. **Medical Knowledge:** By the completion of this rotation, the resident will demonstrate knowledge related to a variety of mental health disorders
 - i. Demonstrate the understanding time limited psychotherapy
 - ii. Demonstrate the ability to know when to request psychiatric consultation
- c. **Practice-based learning:** Resident is expected to
 - i. Be able to evaluate own performance,
 - ii. Incorporate feedback into improvement activities;
 - iii. Effectively use technology to manage information for patient care and self-improvement.
- d. **Interpersonal and communication skills:** Resident is expected to:
 - i. Create and sustain a therapeutic and ethically sound relationship with patients.
 - ii. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
 - iii. Work effectively with others as a member of the psychiatric team.

- e. **Professionalism:** Resident is expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Resident is expected to:
 - i. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients; and a commitment to excellence and on-going professional development.
 - ii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
 - iii. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

- f. **Systems-based practice:** Resident is expected to:
 - i. Demonstrate understanding of how their patient care and other professional practices affect other health care professionals and the hospital.
 - ii. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
 - iii. Advocate for quality patient care and assist patients and families in dealing with the complexities of the system.

4 CLINICAL EXPERIENCE

The elective psychiatry rotation consists of four weeks on the Psychiatry service within Kern Medical Center. During that time, the resident will be exposed to general inpatient psychiatry, and by request, may spend an intensive period with the Crisis Intervention Unit in the Emergency Department. The resident will function as a member of the psychiatry service under direct supervision at all times and will receive instruction and experience in pertinent diagnostic and procedural skills

5. DIDACTIC COMPONENT

The resident will attend all scheduled psychiatry conferences and didactic presentations.

Resources

- Goldman LS, Wise TN & Brody DS (Eds) Psychiatry for Primary Care Physicians Chicago: American Medical Association, 1998
- Diagnostic and statistical manual of mental disorders, fourth edition: primary care version/ in collaboration with representatives of American Academy of Family Physicians. 1st ed. Washington, DC: American Psychiatric Association, c1995.
- Primary Care Clinics in Office Practice: Mental Health, Stuart, MR and Liberman JA III (Eds) 26 32 6/1999

- Stuart MR and Liberman JA III, The Fifteen-Minute Hour: Applied Psychology for the Primary Physician, 2nd Ed. Westport, CT Praeger, 1993

Web Sites

- American Psychiatric Association: www.psych.org
- American Psychological Association: www.apa.org
- he@lth; Mental Health Touches (Everyone): www.athealth.com
- Center for Advancement of Health: www.cfah.org/home.cfm
- Psychwatch.Com; The; Online Resource for Professionals in Psychology and Psychiatry: Psychwatch.Com; The; Online Resource for Professionals in Psychology and Psychiatry: www.psychwatch.com

6. RESPONSIBILITIES

a. Decision making

No significant decision making. Patients are seen with the staff psychiatrist and cases are discussed with him/her.

b. Planning

Done with the staff psychiatrist

c. Direct patient care

Evaluations are done only with the staff psychiatrist

d. Record keeping

Forms can be completed and notes be written, but only under direct supervision and approval by the staff psychiatrist.

e. Order writing

Orders can be written on the psychiatric ward only under direct supervision by the staff psychiatrist

f. Ongoing patient management

With the staff psychiatrist while the patient is on the psychiatric or hospital ward. Follow-up is arranged with outpatient psychiatrists as necessary.

7. SUPERVISION

Residents may be supervised by a psychiatric resident and/or a staff psychiatrist.

8. SCHEDULE

Monday through Friday, 8am – 5pm, weekdays, no holidays

9. DISTRIBUTION OF GOALS, OBJECTIVES

Goals and objectives are distributed at the beginning of the residency year. Copies are available in the office for review before the start of the rotation.

10. METHODS OF IMPLEMENTATION

One on one precepting

Faculty role modeling
Reading materials

11. FUNDAMENTAL CLINICAL SKILL

None

12. SENIOR RESIDENT CONTACT

Senior Psychiatric resident

13. VACATION

Residents may schedule vacation with the approval from the department and the transitional program director.

14. CALL RESPONSIBILITIES

None