Section 2: Clinical Services Descriptions

Neurology - HMC
Family and Community Medicine – Good Samaritan Hospital
Emergency Medicine -HMC
Internal Medicine – Pinnacle/ Harrisburg Hospital
Pediatric Medicine -HMC
General Adult Psychiatry, Inpatient - PPI
Child and Adolescent Psychiatry, Inpatient- PPI
Consultation-Liaison Psychiatry – HMC
Adult Partial Hospitalization Program – PPI NE Drive
General Adult Psychiatry Outpatient Clinic – VA
Addictions Psychiatry – VA
Assertive Community Treatment Team
Sleep Disorders Clinic – HMC Sleep Lab
Administrative Psychiatry – HMC
Eating Disorders Clinic – HMC Briarcrest Square
Mood Disorders Clinic – PPI NE Drive
Longitudinal General Adult Psychiatry Outpatient Clinic – PPI NE Drive
Geriatric Psychiatry – VA
Electroconvulsive Therapy – PPI
General Adult Outpatient Psychiatry Clinic – PPI NE Drive
Clinical Electives (various sites)
Selective: Anxiety Disorders clinic – PPI NE Drive
Selective: C & A Psychiatry Outpatient Clinic - PPI

Neurology
Hershey Medical Center – Hershey, PA

I. Description

A. Neurology
B. This is a required two month rotation in the PGY-1 year
C. The faculty consists of board certified and board eligible neurologists on faculty at Hershey Medical Center.
D. Two months are spent on the consultation service. Training consists of consultation experience for the general hospital population by providing neurological consultation under the direct supervision of senior neurology residents and attendings. Residents attend scheduled neurology conferences (5-6 hours/week) as well as psychiatry didactics (one-half day per week).
E. The population of patients is approximately 60% female and 40% male. The majority of patients are White, but Hispanic, Asian and African-American patients are also represented. The age range of the patients is mainly adult through the geriatric age group and their diagnoses represent the full range of neurological disorders. Additionally, patients with medical and psychiatric comorbidity requiring complex treatment planning are managed. The types of treatment provided are diagnosis specific and represent state-of-the art neurological care one would see at an academic medical center.
F. Average case loads consist of 1-3 new cases and 1-3 follow-up cases per day on the consultation service.
G. All residents receive scheduled daily supervision for each patient, and this is provided by the neurology attending faculty and senior residents during morning report and bedside rounds. Additional supervision is provided as needed or on request.
H. Residents benefit from this intensive and broad neurological experience not only because of the clinical exposure, but also because of the opportunity to improve their neurology examination skills.

II. Goals and Objectives

Overall Goals: To understand the importance of neurologic illness in the fields of medicine and psychiatry, and to be able to recognize and treat neurological problems in patients who present with special problems for psychiatry.

Goals:

A. Acquisition of clinical knowledge

1. Understand common neurological disorders, recognizing characteristic symptoms within certain diagnostic categories and be able to discuss etiology, course and treatment principles. (MK)
2. Be able to discuss basic concepts in neuroanatomy. (MK)

B. Development of clinical skills

1. Be able to take a full history from a neurology patient, placing emphasis on those areas needed for proper diagnosis. (PC)
2. Be able to perform a complete neurological examination. (PC)
3. Be able to generate a differential diagnosis and devise a comprehensive initial treatment plan with attention to the psychological aspects of care. (PC)

4. Be able to work as a member of a consultative treatment team. (ICS)
5. Be able to communicate effectively with the patient's primary caregivers. (ICS)
6. Identify how psychiatric disorders interface with neurological disorders. (SBP)

C. Development of appropriate clinical attitude

1. Demonstrate empathy for the neurologically impaired patient by a thorough understanding of the illness and its impact on the patient's physical, psychological and social functioning. (P)
2. Demonstrate the attitude and skills needed for continued self education by showing evidence of outside reading. (PBL)
3. Be able to relate to patients and families as well as other members of the healthcare team with respect to professional integrity. (ICS)(P)
4. Demonstrate professionalism by being punctual and completing all assignments in a timely manner. (P)

Competency-Based Goals and Objectives

Medical Knowledge:

- Understand common neurological disorders, recognizing characteristic symptoms within certain diagnostic categories and be able to discuss etiology, course and treatment principles.
- Be able to discuss basic concepts in neuroanatomy.

Patient Care:

- Be able to take a full history from a neurology patient, placing emphasis on those areas needed for proper diagnosis.
- Be able to perform a complete neurological examination.
- Be able to generate a differential diagnosis and devise a comprehensive initial treatment plan with attention to the psychological aspects of care.

Interpersonal and Communications Skills:

- Be able to work as a member of a consultative treatment team.
- Be able to communicate effectively with the patient's primary caregivers.
- Document pertinent, concise, and organized histories and physicals, and progress notes.

Practice-Based Learning and Improvement:

- Demonstrate the attitude and skills needed for continued self education by showing evidence of outside reading.
- Utilize constructive feedback from formative and summative evaluations to improve performance.

Professionalism:

- Demonstrate empathy for the neurologically impaired patient by a thorough understanding of the illness and its impact on the patient's physical, psychological and social functioning.
- Be able to relate to patients and families as well as other members of the healthcare team with respect to professional integrity.
- Demonstrate professionalism by being punctual and completing all assignments in a timely manner.

Systems-Based Practice:

- Identify how psychiatric disorders interface with neurological disorders.
- Discuss how other health care providers and/or systems contribute to the overall care of the patient.
- Be able to effectively access providers/systems outside the hospital system to provide effective health care.
- Demonstrate the ability to make appropriate referrals to other services.

III. Supervision

During the neurology rotation, the resident rotates on the consultation neurology service where he/she is paired with a neurology resident. The psychiatry intern will perform the neurological consultation first and then review it with the attending neurologist and other members of the team. After discussion concerning differential diagnosis and treatment options, the team then returns to the patient's bedside to complete the consultation. This occurs during the same day. Thus, an attending physician is responsible for the daily supervision of neurology consultations.

Family and Community Medicine
Good Samaritan Hospital - Lebanon, PA

I. Description

A. Family and Community Medicine Inpatient Rotation
B. Required one month rotation for PGY-1, at Good Samaritan Hospital in Lebanon, PA.
C. Faculty consists of 5 full-time board certified family practitioners. Each faculty rounds 1 week of the month in the hospital with the inpatient team.
D. Residents are supervised by PGY-2 or 3 family practice residents and an attending physician on an inpatient service. Residents spend 3-4 hrs/week in family medicine education conferences in addition to scheduled psychiatry didactics/educational activities on Thursday mornings.
E. The clinical population is a diverse mix of socioeconomic and ethnic groups. The sexes are represented equally. Although primarily White, there is a significant minority of African-American and Hispanic patients represented. The diagnoses include a broad range typically seen in a community hospital such as pneumonia, COPD, cardiac disease, fluid and electrolyte abnormalities, infectious diseases, endocrine diseases, CNS disease, GI bleeding, neoplastic disease and associated syndromes, and chronic pain syndromes.
F. Average daily case load for residents is 4-5 patients as part of the treatment team. Maximum caseload is 8.
G. All residents are supervised by a senior resident and, in addition, a faculty member oversees the care of all patients. Rounds occur daily during regular duty hours. Both the senior resident and the attending are always available for consultation.

II. Goals and Objectives

Overall Goals: To expose the resident to a broad variety of illness, commonly seen in a community hospital inpatient family practice program, and to effectively diagnose and manage patients suffering from these common illnesses while giving special attention to important psychosocial aspects of the illness.

Goals:

A. Acquisition of clinical knowledge

1. Identify the basic components of a diagnostic assessment for the broad based range of problems confronting the family practice patient in the community hospital setting. (MK)
2. Be able to state the etiology and pathophysiology of a variety of common illnesses seen in a community hospital setting. (MK)
3. Understand the system of a general community hospital so one can function as part of that system later as a psychiatric consultant and appreciate when to refer a patient. (SBP)
4. Identify medical disorders displaying symptoms likely to be regarded as psychiatric and with psychiatric disorders displaying medical symptoms. (MK)

B. Development of clinical skills

1. Be able to perform a thorough patient assessment consisting of a chief complaint, history of present illness, past medical illness, psychosocial history and physical exam. (PC)
2. Be able to work effectively with the multidisciplinary team in order to perform appropriate assessment and treatment planning and systems coordination. (ICS)
3. Demonstrate skills in ordering and interpreting diagnostic studies and proper treatment for the most common family medicine disorders. (PC)

4. Recognize the importance of continuum of care and foster continuity of care in the family medicine patient by formulating appropriate discharge planning. (SBP)
5. Be able to present a clinical case during rounds to formulate a differential diagnosis and treatment plan. (PC)
6. Be able to provide education to the patient and/or family concerning the patient's diagnosis and treatment plan. (SBP)

C. Development of appropriate clinical attitude

1. Demonstrate the attitude and skills needed for continued self education by showing evidence of outside reading. (PBL)
2. Relate to patients and their families as well as other members of the healthcare team by demonstrating respect and professional integrity. (ICS)(P)
3. Demonstrate professionalism by being punctual and completing all assignments in a timely manner. (P)

Competency-Based Goals and Objectives

Medical Knowledge:

- Identify the basic components of a diagnostic assessment for the broad based range of problems confronting the family practice patient in the community hospital setting.
- Be able to state the etiology and pathophysiology of a variety of common illnesses seen in a community hospital setting.
- Identify medical disorders displaying symptoms likely to be regarded as psychiatric and with psychiatric disorders displaying medical symptoms.

Patient Care:

- Be able to perform a thorough patient assessment consisting of a chief complaint, history of present illness, past medical illness, psychosocial history and physical exam.
- Demonstrate skills in ordering and interpreting diagnostic studies and proper treatment for the most common family medicine disorders.
- Be able to present a clinical case during rounds to formulate a differential diagnosis and treatment plan.

Interpersonal and Communication Skills:

- Be able to work effectively with the multidisciplinary team in order to perform appropriate assessment and treatment planning and systems coordination.
- Relate to patients and their families as well as other members of the healthcare team by demonstrating respect and professional integrity.
- Document pertinent, concise, and organized history & physicals and progress notes.

Practice-Based Learning and Improvement:

- Demonstrate the attitude and skills needed for continued self education by showing evidence of outside reading.
- Utilize constructive feedback from formative and summative evaluations to improve performance.

Professionalism:

- Relate to patients and their families as well as other members of the healthcare team by demonstrating respect and professional integrity.
- Demonstrate professionalism by being punctual and completing all assignments in a timely manner.

Systems-Based Practice:

- Demonstrate understanding of the system of a general community hospital so one can function as part of that system later as a psychiatric consultant and appreciate when to refer a patient.
- Recognize the importance of continuum of care and foster continuity of care in the family medicine patient by formulating appropriate discharge planning.
- Be able to provide education to the patient and/or family concerning the patient's diagnosis and treatment plan.

III. Supervision

All residents are supervised by a senior resident and a faculty member who oversees the care of all patients. Supervision by the attending physician occurs formally on a daily basis during bedside rounds each morning. When on call, senior residents are always available in house to provide individual supervision. An attending back-up physician is always available.

Emergency Medicine
Hershey Medical Center – Hershey, PA

I. Description

A. Emergency Medicine
B. This rotation occurs in the PGY-1 year and is a required one month rotation at Penn State Hershey Medical Center
C. Faculty consists of 16 full-time board certified emergency medicine physicians. The emergency department is staffed 24 hours a day, 7 days a week. There are 56 hours/day of faculty coverage (i.e. 1-3 faculty present at any given time).
D. Teaching occurs at the bedside in the emergency department. Residents work 23 clinical shifts during their one month rotation. The shifts are 8 hours in length. Emergency medicine faculty are on duty and available at all times. The residents are excused to attend emergency medicine conferences on Tuesday mornings and psychiatry didactics on Thursday mornings.
E. The patient population in the emergency department is a cross section of all socio-economic classes and ages but is primarily White and middle class. Patients seen in the emergency department present with a full range of emergent conditions. The experience is predominately with medical evaluation and treatment.
F. Caseload per shift on average for the PGY-1 is 5-8 patients. Maximum caseload is 8.
G. There is a supervising emergency medicine faculty physician on duty in the emergency department 24-hours a day. Supervision occurs individually with each patient at the bedside.
H. This rotation provides exposure to a variety of medical and psychiatric conditions and consultants in an emergency setting.

II. Goals and Objectives

Overall Goals: To expose the resident to a broad variety of medical emergency conditions, and to effectively diagnose and manage patients suffering from medical emergencies.

Goals:

A. Acquisition of medical knowledge

1. Identify the basics of a diagnostic assessment for the broad based range of problems confronting the emergency room patient. (MK)
2. Be able to discuss the treatment of more common minor emergencies and know when to make referrals for the more complex problems. (MK)
3. Understand the system of the modern general emergency room located in a hospital so that one can function as part of that system later as a psychiatric consultant. (SBP)
4. Be able to identify issues in the medical clearance of psychiatric patients. (MK)
5. Be conversant with emergency disorders displaying symptoms likely to be regarded as psychiatric and with psychiatric disorders displaying medical symptoms. (MK)
6. Be cognizant of the nature of the interactions between psychiatric treatment and emergency room treatment. (MK)

B. Development of clinical skills

1. Be able to perform a thorough patient assessment including not only physical evaluation but also medical history and evaluation of economic, interpersonal, occupational and social function pertinent to the emergency room patient. (PC)

2. Be able to work effectively within a multi-disciplinary team in order to perform appropriate triage, assessment and treatment planning and systems coordination. (ICS)
3. Develop skills in diagnostic studies and proper application of proper treatment for most emergency room disorders. (PC)
4. Be able to diagnose common emergency medicine disorders and formulate an appropriate initial treatment plan. (PC)

C. Development of appropriate clinical attitude

1. Gain empathy for the emergency room patient by thoroughly understanding the illness and its impact on the patient's physical, psychological and social functioning. (P)
2. Treat patients and their families as well as other members of the healthcare team with compassion, respect and professional integrity. (P)

Competency-Based Goals and Objectives

Medical Knowledge:

- Identify the basics of a diagnostic assessment for the broad based range of problems confronting the emergency room patient.
- Be able to discuss the treatment of more common minor emergencies and know when to make referrals for the more complex problems.
- Be able to identify issues in the medical clearance of psychiatric patients.
- Be conversant with emergency disorders displaying symptoms likely to be regarded as psychiatric and with psychiatric disorders displaying medical symptoms.
- Be cognizant of the nature of the interactions between psychiatric treatment and emergency room treatment.

Patient Care:

- Be able to perform a thorough patient assessment including not only physical evaluation but also medical history and evaluation of economic, interpersonal, occupational and social function pertinent to the emergency room patient.
- Develop skills in diagnostic studies and proper application of proper treatment for most emergency room disorders.
- Be able to diagnose common emergency medicine disorders and formulate an appropriate initial treatment plan.

Interpersonal and Communications Skills:

- Be able to work effectively within a multi-disciplinary team in order to perform appropriate triage, assessment and treatment planning and systems coordination.
- Document pertinent, concise, and organized history & physicals, and progress notes.
- Explain the patient's illness to family using "layman's language" sensitively and accurately.

Practice-Based Learning and Improvement:

- Demonstrate outside reading concerning resident's patients and treatment.
- Utilize constructive feedback from formative and summative evaluations to improve performance.

Professionalism:

- Relate to patients, families, and other members of the health care team with compassion, respect, and integrity.
- Show appropriate empathy and appreciate the impact of an illness on a patient's physical, psychological, and social functioning.
- Complete medical record responsibility in a timely fashion.

Systems-Based Practice:

- Discuss how other health care providers and/or systems contribute to the overall care of the patient.
- Be able to effectively access providers/systems outside the hospital system to provide effective health care.
- Demonstrate the ability to make appropriate referrals to other services.

III. Supervision

There is a supervising emergency medicine faculty physician on duty in the emergency department 24-hours a day. Supervision occurs individually with each patient at bedside.

Internal Medicine
Pinnacle Health System Harrisburg Hospital - Harrisburg, PA

I. Description

A. Internal Medicine Rotation
B. This is a required two month rotation in the PGY-1 year.
C. The internal medicine faculty consists of board certified internists affiliated with the Pinnacle Health System in Harrisburg, PA.
D. During the internal medicine rotation, the interns spend two months learning the skills of medical diagnosis and treatment in an inpatient setting. Training is provided by direct supervision by senior residents and attending physicians at the time of patient care and scheduled attending rounds. Residents are expected to attend the morning report, lectures and grand rounds specific to the internal medicine department. The medicine training affords the interns the skills required by a physician and gives them experience in evaluating and treating problems which they will most likely encounter in the general practice of psychiatry as well.
E. The patient population is approximately 60% female and 40% male. The majority of patients are White, but Hispanic and African-American cultures are well represented. Additionally, patients of Dutch and German descent are seen. The age of patients seen ranges from adolescent to geriatric age groups, but many are age 50 and above. The full range of problems in internal medicine is encountered. Treatment is diagnosis-specific and represents state-of-the-art care in internal medicine. Not only is proper medical treatment emphasized; thorough and proficient diagnostic skills are also emphasized.
F. The average caseload for a resident consists of 7-12 inpatients. The team has a maximum case load of 18.
G. The resident receives daily supervision from senior residents and an attending who is assigned to provide clinical patient care and education for residents and students. Rounds occur during regular duty hours.
H. Care has been taken to provide the psychiatry resident with the optimal internal medicine experience. This is ensured by making each intern an active member of the medicine team in patient care and other service specific educational endeavors.

II. Goals and Objectives

Overall Goals: To expose the resident to a broad variety of medical disorders encountered in medical practice, and to acquire the knowledge for the diagnosis and treatment of these disorders.

Goals:

A. Acquisition of clinical knowledge

1. Describe the basics of a diagnostic assessment for the broad-based range of problems confronting internal medicine. (MK)
2. Be able to explain how to treat routine medical problems and know when to make referrals for the more complex problems. (MK)
3. Understand the system of the modern general hospital so that one can function as part of that system later as a psychiatric consultant. (SBP)
4. Be able to identify medical concerns in psychiatric patients and vice versa. (MK)
6. Understand how a serious illness will affect the entire family system. (SBP)
7. Be conversant with medical disorders displaying symptoms likely to be regarded as psychiatric and with psychiatric disorders displaying medical symptoms. (MK)

8. Be cognizant of the nature of the interactions between psychiatric treatments and medical/surgical treatments. (MK)

B. Development of clinical skills

1. Be able to perform a thorough patient assessment, including not only physical evaluations, but also a medical history and evaluation of economic, interpersonal, occupational and social functioning. (PC)
2. Be able to work effectively within an interdisciplinary team in order to do complex assessment, complete treatment planning and systems coordination. (ICS)
3. Become proficient in the management of medications in the medically ill patient. (PC)
4. Develop skills in the use of diagnostic studies and the application of proper treatment for most medical disorders.
5. Be able to provide basic life support techniques as evidenced by knowing the technique of cardiopulmonary resuscitation [CPR]. (PC)
6. Diagnose common medical disorders and formulate appropriate initial treatment plans. (PC)

C. Development of appropriate clinical attitude

1. Become comfortable in working with multidisciplinary personnel whose areas of expertise are necessary for the complete treatment of medically ill patients. (ICS)
2. Gain empathy for the medically ill patient by thoroughly understanding the illness and its impact on the patient's physical, psychological, and social functioning. (P)
3. Relate to patients and their families, as well as other members of the health care team with compassion, respect and professional integrity. (P)

Competency-Based Goals and Objectives

Medical Knowledge:

- Describe the basics of a diagnostic assessment for the broad-based range of problems confronting internal medicine.
- Be able to explain how to treat routine medical problems and know when to make referrals for the more complex problems.
- Be able to identify medical concerns in psychiatric patients and vice versa.
- Be conversant with medical disorders displaying symptoms likely to be regarded as psychiatric and with psychiatric disorders displaying medical symptoms.
- Be cognizant of the nature of the interactions between psychiatric treatments and medical/surgical treatments.

Patient Care:

- Be able to perform a thorough patient assessment, including not only physical evaluations, but also a medical history and evaluation of economic, interpersonal, occupational and social functioning.
- Become proficient in the management of medications in the medically ill patient.
- Be able to provide basic life support techniques as evidenced by knowing the technique of cardiopulmonary resuscitation [CPR].
- Diagnose common medical disorders and formulate appropriate initial treatment plans.

Interpersonal and Communications Skills:

- Be able to work effectively within an interdisciplinary team in order to do complex assessment, complete treatment planning and systems coordination.
- Document pertinent, concise, and organized histories and physicals, and progress notes.
- Explain the patient's illness to family using "layman's language" sensitively and accurately.

Practice-Based Learning and Improvement:

- Demonstrate outside reading about illnesses pertinent to the resident's patient caseload.
- Utilize constructive feedback from formative and summative evaluations to improve performance.

Professionalism:

- Relate to patients, families, and other members of the health care team with compassion, respect, and integrity.
- Show appropriate empathy and appreciate the impact of an illness on a patient's physical, psychological, and social functioning.
- Complete medical record responsibility in a timely fashion.

Systems-Based Practice:

- Discuss how other health care providers and/or systems contribute to the overall care of the patient.
- Be able to effectively access providers/systems outside the hospital system to provide effective health care.
- Demonstrate the ability to make appropriate referrals to other services.

III. Supervision

All residents are supervised by a senior resident and a faculty member who oversees the care of all patients. Supervision by the attending physician occurs formally on a daily basis during bedside rounds each morning. When on call, senior residents are always available in house to provide individual supervision. An attending back-up physician is always available.

Pediatric Medicine Rotation
Hershey Medical Center – Hershey, PA

I. Description

A. Pediatric Medicine

B. This is a two month alternative to the required internal medicine rotation in the PGY-1 year.

C. The pediatric medicine faculty consists of board certified pediatricians affiliated with the Pediatrics residency program at Hershey Medical Center.

D. During the pediatrics rotation, the interns spend one month in the inpatient setting and one month in the outpatient pediatric clinic at Hope Drive to learn the skills of medical diagnosis and treatment. Training is provided by direct supervision by senior residents and attending physicians at the time of patient care and scheduled attending rounds. Residents are expected to attend morning report, lectures and grand rounds specific to the Pediatrics Department during the inpatient portion of the rotation. Treatment is diagnosis-specific and represents state-of-the-art care in pediatric medicine. Not only is proper medical treatment emphasized; thorough and proficient diagnostic skills are also emphasized. The pediatrics training gives residents experience in evaluating and treating problems which they will most likely encounter in the general practice of psychiatry, as well as child and adolescent psychiatry.

E. Patients' ages range from birth to age 21**.** The regional demographics are a preponderance of Caucasians, but Hispanics and African-Americans are well represented. People of Asian descent are in the minority. The full range of problems in pediatric medicine is encountered; diagnoses can range from the common childhood illnesses requiring admission to those pediatric patients with unusual diagnostic challenges. However, as the main provider of inpatient pediatric care for the south central region of Pennsylvania, the volume and variety of patients is large - there are up to 30,000 annual visits to University Pediatrics Associates at 35 Hope Drive. In addition, with the full array of pediatric specialists available at Penn State for consultation, many of the patients admitted to the general inpatient service are transferred from outside hospitals for general inpatient and specialty care. .

F. Average caseloads: During each half day clinic session, residents will see 6 - 12 patients. During the inpatient portion of the rotation the residents see 5 - 10 patients per day. Residents in both settings will see a wide range of illnesses and injuries. Because the pediatric office is the medical home for many children with special needs and chronic illnesses, residents also encounter these children when they present with acute illnesses or injuries.

G. Each session of acute clinic is supervised by a board certified pediatrician. The resident receives individual supervision from the senior pediatric resident and/ or the pediatric faculty member assigned to the acute clinic for that session. In the hospital the resident receives daily supervision from senior residents and an attending who is assigned to provide clinical patient care and education for residents and students. Rounds occur during regular duty hours.

H. Care has been taken to provide the psychiatry resident with the optimal pediatric medicine experience. This is ensured by making each intern an active member of the medicine team in patient care and other service specific educational endeavors. Residents are required to complete an observed patient encounter and achieve a set minimum score on a written exam to pass the rotation.

II. Goals and Objectives

General Pediatrics Inpatient Service

Competency 1: Patient Care

Goal 1: Evaluate and manage, with specialty consultation if indicated, common signs and symptoms associated with acute conditions requiring hospitalization by conducting accurate medical interviews and performing detailed physical examinations. These may include:

A. Common signs and symptoms:

General: Acute life-threatening event (ALTE), constitutional symptoms, hypothermia, excessive crying, failure to thrive, fatigue, fever without localizing signs, hypothermia, weight loss.
Cardiorespiratory: Apnea, chest pain, cough, cyanosis, dyspnea, heart murmur, hemoptysis, hypertension, hypotension, inadequate respiratory effort, rhythm disturbance, shock, shortness of breath, stridor, syncope, tachypnea, respiratory failure, wheezing.
Dermatologic: Ecchymoses, edema, petechiae, purpura, rashes, urticaria.
EENT: Acute visual changes, conjunctival injection, edema, epistaxis, hoarseness, nasal discharge, stridor, trauma.
Endocrine: Heat/cold intolerance, polydipsia, polyuria.
GI/Nutrition/Fluids: Abdominal masses or distention, abdominal pain, ascites, dehydration, diarrhea, dysphagia, hematemesis, inadequate intake, jaundice, melena, rectal bleeding, regurgitation, vomiting.
Genitourinary/Renal: Change in urine color, dysuria, edema, hematuria, oliguria, scrotal mass or edema.
GYN: Abnormal vaginal bleeding, pelvic pain, vaginal discharge.
Hematologic/Oncologic: Abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor.
Musculoskeletal: Arthritis/arthralgia, bone and soft tissue trauma, limb pain, limp.
Neurologic: Ataxia, coma, delirium, diplopia, headache, hypotonia, head trauma, lethargy, seizure, vertigo, weakness.
Psychiatric/Psychosocial: Acute psychosis, child abuse or neglect, conversion symptoms, depression, suicide attempt.

B. Common pediatric conditions requiring inpatient treatment:

General: Failure to thrive, fever of unknown origin
Allergy/Immunology: Acute drug allergies/reactions, anaphylaxis, immunodeficiencies, including graft vs. host disease, recurrent pneumonia, serum sickness, severe angioedema.
Cardiovascular: Bacterial endocarditis, cardiomyopathy, congenital heart disease, congestive heart failure, Kawasaki disease, myocarditis, rheumatic fever.
Endocrine: Diabetes (including diabetic ketoacidosis), electrolyte disturbances secondary to underlying endocrine disease.
GI/Nutritional: appendicitis, bleeding, cholangitis, complications of inflammatory bowel disease, complications of liver transplantation, cystic fibrosis, gastroenteritis (with/without dehydration), gastroesophageal reflux, hepatic dysfunction (including alpha-1-antitrypson disease), bowel obstruction, pancreatitis, severe malnutrition.
GU/Renal: Electrolyte and acid-base disturbances, glomerulonephritis, hemolytic-uremic syndrome, nephrotic syndrome, urinary tract infection/pyelonephritis. Gynecologic: Genital trauma, pelvic inflammatory disease, sexual assault.

Hematologic/Oncologic: Abdominal and mediastinal mass, common malignancies, fever and neutropenia, thrombocytopenia, severe anemia, tumor lysis syndrome, vaso-occlusive crises and other complications of sickle cell disease.

Infectious Disease: Cellulitis (including periorbital and orbital), cervical adenitis, dental abscess with complications, encephalitis, HIV, infections in immunocompromised hosts, laryngotracheobronchitis, late presentation of congenital infections (CMV, syphilis, tuberculosis, abscesses), line infection, meningitis (bacterial or viral), osteomyelitis, pneumonia (viral or bacterial), sepsis/bacteremia (including newborns), septic arthritis, tuberculosis.

Pharmacology/Toxicology: Common drug poisoning or overdose, dose adjustment for special conditions or serum drug levels.

Neurology: Acute neurologic conditions (acute cerebellar ataxia, Guillain Barre syndrome, movement disorders), developmental delay with acute medical conditions, seizures, shunt infections.

Respiratory: Airway obstruction, asthma exacerbation, bacterial tracheitis, bronchiolitis, croup, cystic fibrosis, epiglottitis.

Rheumatologic: Henoch Schonlein purpura (HSP), juvenile rheumatoid arthritis (JRA), systemic lupus erythematosus (SLE).

Surgery: Pre- and post-op consultation and evaluation of surgical patients (general, ENT, orthopedics, urology, neurosurgical, etc.), special needs of technology-dependent children (blocked trachea, gastric tube dysfunction).

Goal 2: Demonstrate proficiency in data review and compilation of information for the development of appropriate differential diagnosis, treatment plan and subsequent work-up. Perform common medical procedures essential to the scope of general pediatric practice. Demonstrate an understanding of the common diagnostic and screening tests and imaging studies used in the inpatient setting. Explain their indications and limitations (using sensitivity, specificity, positive predictive value, negative predictive value, false-positive and negative results, and likelihood ratios). Interpret data utilizing age-appropriate normal ranges.

Common laboratory and imaging studies:

- CBC with differential, platelet count, RBC indices.
- Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate.
- Renal function tests.
- Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin).
- Serologic tests for infection (e.g., hepatitis, HIV).
- C-reactive protein, erythrocyte sedimentation rate.
- Therapeutic drug concentrations.
- Coagulation studies.
- Arterial, capillary, and venous blood gases.
- Detection of bacterial, viral, and fungal pathogens.
- Urinalysis.
- Cerebrospinal fluid analysis.
- Gram stain.
- Stool studies.
- Other fluid studies (e.g. pleural fluid, joint fluid).
- Electrocardiogram.
- Plain radiographs of the chest, extremities, abdomen, skull, sinuses
- Other imaging techniques such as CT, MRI, angiography, ultrasound, nuclear scans, and contrast studies (interpretation not expected).
- Echocardiogram.

Goal 3: Understand physiologic monitoring and technology used in the inpatient setting. Discuss their indications, contraindications and complications. Identify those patients requiring continuous monitoring. Demonstrate appropriate age-specific technique for vital sign monitoring. Perform common medical procedures essential to the scope of general pediatric practice. Demonstrate universal precautions in the care of all patients.

Common monitoring and treatment techniques and technology-dependent patient needs:

- Monitoring of temperature, blood pressure, heart rate, respirations.
- Cardiac monitoring.
- Pulse oximetry.
- Universal precautions.
- Nasogastric tube placement.
- Administration of nebulized medication.
- Injury, wound and burn care.
- Oxygen delivery systems.
- I.V. fluids.
- I.V. pharmacotherapy (antibiotics, antiepileptics, etc.).
- Transfusion therapy.
- Tracheostomy.
- Chronic mechanical ventilation.
- Chronic parenteral nutrition (HAL).
- Gastrostomy tube for feedings.
- Permanent central venous catheter

Competency 2: Medical Knowledge

Goal: Demonstrate knowledge of basic and clinical sciences as well as the ability to apply this knowledge to patient care. Demonstrate an analytical approach to patient triage, clinical problem solving and resourceful knowledge acquisition. Junior residents will add to their knowledge base through self-directed learning and senior resident guidance, while assuming primary role for patient care.

Competency 3: Practice-based learning and improvement

Goal: Evaluate their own performance and incorporate constructive feedback into their professional improvement. Demonstrate critical analysis of scientific data and utilize technology to improve their patient care practices. Analyze practice experience and incorporate practice-based improvement utilizing practice-based improvement activities, which may include:.

- Root cause analysis
- Interdisciplinary meetings
- Journal club
- Information technology

Competency 4: Interpersonal/communication skills

Goal: Establish effective therapeutic relationships with both patients and families and participate in teaming and information exchange with patients, families, and professional associates. Demonstrate accurate and legible medical record keeping.

Competency 5: Professionalism

Goal: Demonstrate a commitment to professional behavior, through adherence to ethical principles, fulfillment of professional responsibilities and sensitivity to a diverse patient population. The junior resident will demonstrate respect, integrity, compassion and commitment to excellence. Residents will always consider the needs of their patients, families, and colleagues.

Competency 6: System-based Practice

Goal: Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively utilize system resources to provide optimal care. Effectively use systematic approaches to reduce errors and improve patient care.

Pediatric Outpatient Rotation

Competency 1: Patient Care

Competency 2: Medical Knowledge

Competency 4: Practice-based Learning and Improvement:

Goal 1: Provide family centered care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply the knowledge in patient care. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

Goal 2: Be able to evaluate and manage common signs and symptoms and common conditions associated with the practice of pediatrics in the primary care pediatric outpatient department.

1. General: fatigue, fever, weight loss, weight gain, dental caries, sleep disturbance, somatic complaints, excessive crying

2. Allergy/Immunology: Allergic rhinitis, angioedema, asthma, food allergies, recurrent infections, serum sickness, urticaria

3. Cardiovascular: Bacterial endocarditis, cardiomyopathy, congenital heart disease, congestive heart failure, heart murmurs, Kawasaki Disease, palpitations, rheumatic fever, chest pain, costochondritis, cyanosis

4. Dermatology: Abscess, acne, atopic dermatitis, cellulitis, impetigo, molluscum, tinea, verruca vulgaris, Fifth's Disease, roseola, hand-foot-mouth disease, herpangina, erythema nodosum, erythema multiforme, erythema toxicum, erythema migrans, ecchymoses, petechiae, purpura, urticaria

5. EENT: Conjunctival changes, eye/ear discharge, ear/eye/throat pain,

epistaxis, nasal/ocular foreign body, hoarseness, stridor

6. Endocrine/Metabolic: Diabetes mellitus, diabetes insipidus, hypothyroidism, gynecomastia, hyperthyroidism, precocious or delayed puberty, polyuria, polydipsia, heat or cold intolerance, hyper/otension

7. GI: Appendicitis, melena, hematochezia, constipation, encopresis, foreign body ingestion, gastroenteritis, GERD, infectious and noninfectious hepatitis, inflammatory bowel disease, pancreatitis, abdominal pain, abdominal mass, hematemesis, melena, hematochezia, hyperbiliurubinemia, umbilical cord care, failure to thrive

8. GU/Renal: Electrolyte and acid/base disturbance, eneuresis, glomerulonephritis, hematuria, Henoch Schoenlein Purpura, nephritic syndrome, obstructive uropathy, UTI/pyelonephritis, dysuria, edema, urinary frequency, urinary urgency, oliguria, scrotal pain, scrotal mass, GU trauma

9. GYN: Genital trauma, labial adhesion, PID, vaginal discharge, abnormal vaginal bleeding, vaginal foreign body, pelvic/genital pain

10. Heme/Onc: Abdominal and mediastinal mass, anemia, hemoglobinopathy, leukocytosis, neutropenia, thrombocytopenia, abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, pallor

11. Infectious Disease: Cellulitis, cervical adenitis, dental abscess, laryngotracheobronchitis, otitis media, otitis externa, periorbital and orbital cellulites, pharyngitis, upper respiratory infections, pneumonia, sinusitis, myocarditis, gastroenteritis, hepatitis, UTI, septic arthritis, osteomyelitis, bacteremia, sepsis

12. Musculskeletal: Fracture, sprain, strain, growing pains, limp, radial head subluxation, arthritis, arthralgia, intoeing

13. Pharmacology/Toxicology: Common poisonings, ingestions

14. Neurologic: Seizure, acute change in mental status, ataxia, diplopia, headache, hearing or vision change, gait disturbance, hypotonia, lethargy, tremor, vertigo, weakness, head or spine trauma

15. Pulmonary: Asthma, laryngotracheobronchtitis, epiglottitis, pneumonia, sinusitis, tracheitis, bronchiolitis, recurrent pulmonary infections, tachypnea, dyspnea, respiratory failure, shortness of breath, stridor, wheezing, apnea, ALTE

16. Psychologic/Psychiatric: Acute psychosis, anxiety, behavioral concerns, conversion symptoms, depression, suicide attempt, suspected child abuse or neglect, violence

Goal 3: Diagnostic Testing: utilize common diagnostic tests and imaging studies in the outpatient department.

1. Be able to:
    a. Explain the indications for and limitations for each study
    b. Know or be able to locate age appropriate normal ranges
    c. Apply knowledge of each diagnostic test properties including sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios

    d. Recognize cost and utilization issues
    e. Interpret the results in the context of the specific patient
    f. Discuss therapeutic options for correction of abnormalities
2. Use appropriately the common laboratory studies in the outpatient setting
    a. CBC, differential, platelets, RBC indices
    b. Electrolytes, glucose, calcium, magnesium, phosphate
    c. BUN, creatinine
    d. AST, ALT, GGT, bilirubin, coags, albumin
    e. Serologic test for infection (e.g. – HIV, hepatitis, EBV)
    f. CRP, ESR
    g. Neonatal screens, lead level
    h. Wet preps – fungal, pinworms
    i. Stool cultures, O+P, fecal leukocytes, c. difficile toxin
    j. Thyroid function tests
    k. Urinalysis, urine culture (and method by which urine is obtained)
    l. Gram stain, blood culture,
    m. CSF, CSF culture

3. Use the common imaging, diagnostic, radiologic studies when indicated
    a. Plain films of chest, extremities, abdomen, sinuses
    b. CT, MRI, angiography, ultrasound, nuclear scans, contrast studies
    c. EKG, echo
    d. PPD, anergy panel

Goal 4: Monitoring: understand how to use the physiologic monitoring and special technology in the primary care pediatric outpatient department, including issues specific to care of the chronically ill child

1. Demonstrate understanding of the monitoring techniques and special treatments commonly used in the pediatric outpatient department
    a. Discuss indications, contraindications, complications
    b. Demonstrate proper use of the technique or treatment of children of varying ages
    c. Interpret results of monitoring based on method used, age, clinical situation
        i. Cardiac monitoring (heart rate, rhythm)
        ii. Apnea/Bradycardia monitoring (apnea)
        iii. Pulse oximetry (oxygen saturation)
        iv. Repeated assessment of heart rate, respiratory rate, blood pressure, temperature (be able to identify age appropriate values)
2. Recognize normal and abnormal findings at tracheostomy, gastrostomy, ileostomy, colostomy or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered

Goal 5: Therapeutic Modalities: Understand/demonstrate how to use the following therapeutic modalities as they are appropriate in the outpatient setting

1. Universal precautions
2. Hand washing between patients
3. Isolation techniques
4. Administration of nebulized medication
5. Injury, wound, burn care
6. Oxygen delivery systems

7. Intramuscular, subcutaneous, intradermal injections
8. Silver nitrate application
9. Fluorescein testing of eye
10. Dermabond application
11. Suture removal
12. Incision and drainage of superficial abscess
13. Bladder catheterization
14. Foreign body removal (ear, nose, subcutaneous)
15. IV placement
16. Liquid nitrogen for molluscum/verruca
17. Lumbar puncture
18. Peak flow meter technique
19. Nursemaid's elbow reduction
20. Throat swab
21. Skin scraping
22. Venipuncture

Competency 3: Professionalism

Competency 5: Systems-Based Practice

Competency 6: Interpersonal and Communication Skills

Goal 1: Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity. Understand how to practice quality health care and advocate for patients within the context of the health care system.

Goal 2: Maintain standards of professional performance while working in outpatient setting

1. Use logical and appropriate clinical approach to the care of outpatients, applying principles of evidence based decision making and problem solving
2. Provide sensitive support to patients and families in the outpatient setting
3. Demonstrate a commitment to acquiring the base of knowledge needed for the care of children in the general ambulatory setting
4. Know and/or access medical information efficiently, evaluate it critically, and apply it to outpatient care appropriately
5. Communicate and work effectively with health professionals, specialists and providers who refer patients to you, both as primary care provider and as consulting pediatrician
6. Develop effective teaching strategies for teaching students, colleagues, other professionals as well as lay persons
7. Maintain accurate, legible, timely and legally appropriate medical records in the pediatric outpatient department
8. Demonstrate knowledge, skills and attitudes needed for continuous self assessment
9. Use scientific methods and evidence to investigate, evaluate and improve one's patient care practice in the outpatient setting
10. Demonstrate a commitment to carrying out professional responsibilities, adhering to ethical and legal principles, and remaining sensitive to diversity while providing care in the outpatient setting
11. Understand key aspects of outpatient health care systems, including cost control, billing and reimbursement in the outpatient setting

12. When providing care, consider cost and resource allocation without compromising quality of care
13. Recognize the limits of one's own knowledge and expertise and take steps to avoid medical error

III. Supervision

There will be one observed patient encounter during this rotation; a sample of the evaluation form will be distributed at the start of the rotation. The evaluation for this is level specific. Residents will need to pass this evaluation to pass the rotation. Residents will be expected to repeat the evaluation until a passing grade is obtained. Discussion with the attending and feedback for the evaluation should occur following the encounter as well as at the end of the rotation.

A multiple choice "take-home" exam following the guidelines of the Penn State College of Medicine Honor Code will be administered in the last week of the rotation. It will be graded, and results will be passed along to the Residency Director. Passing score for interns is $\geq$ 65% correct. Results should be available by the end-of-the-rotation feedback session. If unable to achieve a passing score, remediation on the questions missed will be offered, and the test can be retaken.

Finally, during the outpatient component there will be one ½ day on which parents will be asked to evaluate the resident's performance. The information will be provided to the resident for his/her own personal benefit, and will not be used in the grading for this rotation.

General Adult Psychiatry Inpatient
Pennsylvania Psychiatric Institute – Harrisburg, PA

I. Description

A. General Adult Psychiatry Inpatient

B. Required six month 1.0 FTE rotation in the PGY-1 year, 2 month 1.0 FTE rotation in the PGY-2 year, optional additional 2 mos. PGY-2 year.

C. The faculty consists of six full time psychiatrists as well as six full time social workers who function as care coordinators, and three full time therapists. The psychiatry faculty and residents also work with consultants.

D. On the adult inpatient unit, education is promoted by maintaining a variety of psychiatrists on the unit. Supervision and teaching are provided through modeling on attending rounds at the time of patient interaction, as well as didactic presentations and Q & A sessions. A weekly case conference is held on Tuesday mornings. Residents attend 3-4 hours of didactics/educational programs per week on Thursday mornings. This includes lectures, journal club, evidence-based scholarly presentation, case conferences, and grand rounds.

E. Patients from ages 16 through the geriatric age group are represented. The majority of patients are White, but Hispanic, Asian, and African-American cultures are represented. All acute Axis I and many Axis II diagnoses are seen. Some of the patients also are medically ill. Treatment modalities include pharmacotherapy as well as individual, family, milieu, and group therapies. Cognitive behavioral therapy and behavioral treatments are also utilized. The inpatient rotation has a busy electroconvulsive therapy (ECT) consult service.

F. An average resident's caseload consists of 8 patients. A representative sample might include: one or two depressed/suicidal patients, a patient with borderline personality disorder, one or two patients each with schizophrenia, bipolar disorder, an eating disorder, drug and alcohol- related disorders, anxiety/OCD disorder, dementia and delirium.

G. Attending supervision occurs daily during morning rounds and additionally as needed throughout the day. Residents also have one hour of individual and 1 hour of group (case conference) supervision weekly.

II. Goals and Objectives

Overall Goal: The resident will establish a basic and sufficient foundation of knowledge and practice skills on which to build future development in psychiatric education.

Goals:

A. Acquisition of clinical knowledge

(Level 1)

1. Recognize the diagnostic criteria for all the major mental disorders except those usually first diagnosed in infancy, childhood or adolescence. (MK)
2. Become familiar with the multiple treatment modalities that are employed for these disorders and recognize which are the most efficacious. (MK)
3. Learn the risk factors for suicide and the management of acute suicide risk. (MK)
4. Learn the management of acute psychosis, agitation, and aggression toward self or others. (PC)
5. Learn the basic theoretical principles and techniques for family therapy. (MK)

(Level 2)
1. Demonstrate the competencies of Level 1.
2. Learn the management of sub-acute and chronic suicide risk. (MK, PC)
3. Learn the management of psychosis in the acute setting and the transition to outpatient care. (MK, PC)
4. Develop an appreciation of the outpatient care resources available. (SBP)

B. Development of clinical skills

(Level 1)
1. Learn how to do a diagnostic interview, develop a differential diagnosis and an initial treatment plan. (PC)
2. Develop basic prescribing skills and be able to explain medication choices. (PC)
3. Be able to manage psychiatric emergencies including acute agitation, aggression, suicidal urges. (PC)
4. Demonstrate basic techniques of family therapy interventions. (PC)
5. Learn appropriate chart documentation. (ICS)

(Level 2)
1. Demonstrate the competencies of Level 1.
2. Manage the transition to outpatient care, including demonstrating an ability to utilize available resources based on patient need. (PC, SBP)
3. Demonstrate more advanced techniques of family therapy. (PC)

C. Development of appropriate clinical attitude

(Level 1)
1. Demonstrate respect for all patients through appropriate and professional interactions. (P)
2. Demonstrate professionalism in general conduct. (P)
3. Maintain appropriate boundaries with patients and staff. (P)
4. Appreciate the dynamics of family interactions and demonstrate respect for the contributions of family members to the recovery of the patient. (MK)
5. Demonstrate knowledge of the importance of confidentiality and its limitations. (P)

(Level 2)
1 Demonstrate the competencies of Level 1.
2 Appreciate the dynamics of doctor-patient relationships in an involuntary setting. (P, PC)

Objectives:

Goal: Recognize the diagnostic criteria for all the major mental disorders except those usually first diagnosed in infancy, childhood or adolescence.

Goal: Become familiar with the multiple treatment modalities that are employed for these disorders and recognize which are the most efficacious.

Goal: Learn how to do a diagnostic interview, develop a differential diagnosis and an initial treatment plan.

Objectives:

(Levels 1 and 2)

1. Perform a comprehensive patient interview including demonstrating a full mental status exam. (MK, PC)
2. Compose a thorough psychiatric evaluation incorporating a review of records, patient interview, and utilization of a collateral source to include a full differential diagnosis and treatment plan incorporating a systems approach. (MK, PC, ICS)

Goal: Develop basic prescribing skills and be able to explain medication choices.

Objectives:

(Levels 1 and 2)
1. Demonstrate familiarity with psychopharmacologic agents (antipsychotics, mood stabilizers, antidepressants, anti-anxiety agents, sedative/hypnotics) by identifying indications for use, dosages, routes of administration, side effects, interactions with other medications, metabolism, and the impact of age and co-occurring physical conditions on these. (MK, PC, ICS)

(Level 2)
1. Write appropriate prescriptions at discharge. (ICS, PC)

Goal: Learn risk factors for suicide and the management of suicide risk.

Goal: Learn the management of acute psychosis, agitation, and aggression toward self or others.

Goal: Be able to manage psychiatric emergencies including acute agitation, aggression, suicidal urges.

Goal: Learn the management of acute and chronic suicide risk. (Level 2)

Goal: Learn the management of psychosis in the acute setting and the transition to outpatient care. (Level 2)

Objectives:

(Levels 1 and 2)
1. Cite at least one clinical example from rotation experience and propose appropriate management. (PBL, PC)
2. Summarize the appropriate steps to take for each condition. (MK, SBP, PC)
3. Demonstrate an intervention in at least one of these conditions. (PC, ICS)

` (Level 2)
1. Identify and document the specific outpatient treatment needs for 2 individuals, including at least one potential barrier to care for each. Provide one potential solution for each barrier. (SBP, PC, PBI)
2. Develop a suicide risk assessment and outpatient management plan for one patient who will be discharged. (PC, SBP)

Goal: Manage the transition to outpatient care, including demonstrating an ability to utilize available resources based on patient need. (Level 2)

Goal: Develop an appreciation of the outpatient care resources available. (Level 2)

Objectives:

(Level 2)
1. Identify and document the specific outpatient treatment needs for 2 individuals, including at least one potential barrier to care for each. Provide one potential solution for each barrier. (SBP, PC, PBI)

Goal: Demonstrate basic techniques of family therapy interventions. (Level 1)
Demonstrate more advanced techniques of family therapy. (Level 2)

Goal: Appreciate the dynamics of family interactions and demonstrate respect for the contributions of family members to the recovery of the patient. (Levels 1 and 2)

Objectives:

(Level 1)
1. Participate in an observed family session. (MK, ICS, P, PC)
2. Regularly attend family therapy didactic lectures. (MK, P)

(Levels 1 and 2)
1. Regularly attend scheduled family sessions for resident's assigned patients. (P, PC)

(Level 2)
1. Utilize techniques while conducting an observed family session. (MK, ICS, P, PC)

Goal: Learn appropriate chart documentation.

Objectives:

(Levels 1 and 2)
1. Integrate current EMR (electronic medical record) technology in information retrieval and charting. (SBP, PC, ICS)
2. Progress notes, admission workups, and discharge summaries to be legible, coherent, comprehensive and written in a timely manner. (ICS, P, PC)
3. All assigned patients will have documentation consistent with HMC charting policies. (P, ICS, PC)

Goal: Demonstrate knowledge of the importance of confidentiality and its limitations.

Objectives:

(Levels 1 and 2)
1. No violations of confidentiality policies. (P, PC)
2. List at least 3 PA-specific accepted exceptions to confidentiality. (MK, SBP)

Goal: Demonstrate professionalism in general conduct.

Goal: Demonstrate respect for all patients through appropriate and professional interactions.

Goal: Maintain appropriate boundaries with patients and staff.

Objectives:

(Levels 1 and 2)
1. Complete assigned tasks in a timely manner. (P, PC)
2. Be punctual and have at least 95% attendance. (P)
3. Demonstrate respectful interaction during patient contacts. (P, ICS, PC)
4. Demonstrate appropriate chart documentation. (ICS, PC, P)
5. Utilize a consistently professional demeanor. (P)

Goal: Appreciate the dynamics of doctor-patient relationships in an involuntary setting. (Level 2)

Objective:

(Level 2)
1. Identify and discuss with supervisor 1) in advance: potential reactions to involuntary commitment and 2) (for one specific patient) the impact involuntary commitment had on the doctor-patient relationship. (PC, MK, ICS)
2. Demonstrate empathy regarding the sequelae of involuntary commitment (P)

Goals (G) and Objectives by Competency

Medical Knowledge:

- Demonstrate familiarity with psychopharmacologic agents (antipsychotics, mood stabilizers, antidepressants, anti-anxiety agents, sedative/hypnotics) by identifying indications for use, dosages, routes of administration, side effects, interactions with other medications, metabolism, and the impact of age and co-occurring physical conditions on these.
- Acute agitation, aggression, suicidal urges: Summarize the appropriate steps to take for each condition.
- Learn basic theoretical principles and techniques for family therapy.
- List at least 3 PA-specific accepted exceptions to confidentiality.
- List the indications for ECT.
- Recognize the diagnostic criteria for all the major mental disorders except those usually first diagnosed in infancy, childhood or adolescence. (G)
- Become familiar with the multiple treatment modalities that are employed for these disorders and recognize which are the most efficacious. (G)
- Learn risk factors for suicide and the management of suicide risk. (G)
- Appreciate the dynamics of family interactions /demonstrate respect for the contributions of family members to the recovery of the patient. (G)
- Learn the management of sub-acute and chronic suicide risk. (G) (Level 2)
- Learn the management of psychosis in the acute setting and the transition to outpatient care. (G) (Level 2)
- Identify and discuss with supervisor 1) in advance: potential reactions to involuntary commitment and 2) (for one specific patient) the impact involuntary commitment had on the doctor-patient relationship. (Level 2)

Patient Care:

- Demonstrate an intervention in at least one of these conditions: acute agitation, aggression, suicidal urges.
- Perform a comprehensive patient interview including demonstrating a full mental status exam.

- Compose a thorough psychiatric evaluation incorporating a review of records, patient interview, and utilization of a collateral source to include a full differential diagnosis and treatment plan.
- Demonstrate familiarity with psychopharmacologic agents (antipsychotics, mood stabilizers, antidepressants, anti-anxiety agents, sedative/hypnotics) by identifying indications for use, dosages, routes of administration, side effects, interactions with other medications, metabolism, and the impact of age and co-occurring physical conditions on these.
- Cite at least one clinical example of a psychiatric emergency from rotation experience and propose appropriate management.
- Progress notes, admission workups, and discharge summaries to be legible, coherent, comprehensive and written in a timely manner.
- All assigned patients will have documentation consistent with HMC charting policies.
- Be able to prepare a patient for ECT.
- Learn the management of acute psychosis, agitation, and aggression toward self or others. (G)
- Learn how to do a diagnostic interview, develop a differential diagnosis and an initial treatment plan.(G)
- Develop basic prescribing skills and be able to explain medication choices. (G)
- Be able to manage psychiatric emergencies including acute agitation, aggression, suicidal urges. (G)
- Demonstrate basic techniques of family therapy interventions.(G)
- Demonstrate more advanced techniques of family therapy. (G) (Level 2)
- Learn the management of sub-acute and chronic suicide risk. (Level 2)
- Learn the management of psychosis in the acute setting and the transition to outpatient care. (G) (Level 2)
- Manage the transition to outpatient care, including demonstrating an ability to utilize available resources based on patient need. (G) (Level 2)
- Identify and discuss with supervisor 1) in advance: potential reactions to involuntary commitment and 2) (for one specific patient) the impact involuntary commitment had on the doctor-patient relationship. (Level 2)
- Appreciate the dynamics of doctor-patient relationships in an involuntary setting. (G) (Level 2)
- Identify and document the specific outpatient treatment needs for 2 individuals, including at least one potential barrier to care for each. Provide one potential solution for each barrier. (Level 2)

Interpersonal and Communication Skills:

- Demonstrate basic techniques of family therapy interventions.
- Progress notes, admission workups, and discharge summaries to be legible, coherent, comprehensive and written in a timely manner.
- Compose a thorough psychiatric evaluation incorporating a review of records, patient interview, and utilization of a collateral source to include a full differential diagnosis and treatment plan incorporating a systems approach.
- All assigned patients will have documentation consistent with HMC charting policies.
- Learn/ demonstrate appropriate chart documentation.
- Identify and discuss with supervisor 1) in advance: potential reactions to involuntary commitment and 2) (for one specific patient) the impact involuntary commitment had on the doctor-patient relationship. (Level 2)

Practice-Based Learning and Improvement:

- Cite at least one clinical example of a psychiatric emergency from rotation experience and propose appropriate management.
- Demonstrate evidence of outside reading during patient care.

- Identify and document the specific outpatient treatment needs for 2 individuals, including at least one potential barrier to care for each. Provide one potential solution for each barrier. (Level 2)

Professionalism:

- Demonstrate professionalism in general conduct. (G)
- Appreciate the dynamics of family interactions/demonstrate respect for the contributions of family members to the recovery of the patient.
- Demonstrate knowledge of the importance of confidentiality and its limitations. (G)
- No violations of confidentiality policies.
- Complete assigned tasks in a timely manner.
- Be punctual and have at least 95% attendance.
- Utilize a consistently professional demeanor.
- Demonstrate respect for all patients through appropriate and professional interactions.(G)
- Maintain appropriate boundaries with patients and staff.(G)
- Demonstrate empathy regarding the sequelae of involuntary commitment. (Level 2)
- Appreciate the dynamics of doctor-patient relationships in an involuntary setting. (G) (Level 2)

Systems-Based Practice:

- Demonstrate the ability to propose an appropriate discharge plan that shows understanding of community/private mental health systems.
- Develop an appreciation of the outpatient care resources available. (Level 2)
- Manage the transition to outpatient care, including demonstrating an ability to utilize available resources based on patient need. (G) (Level 2)
- Identify and document the specific outpatient treatment needs for 2 individuals, including at least one potential barrier to care for each. Provide one potential solution for each barrier. (Level 2)

III. Supervision

The resident is assigned to the service of a faculty member, who may supervise one or two residents at a time, and who sees patients daily (Mon-Fri) with the resident for management rounds where they discuss the ongoing treatment. This faculty member also reviews the residents' notes and orders and is responsible for reviewing, proofing, and approving history & physical and discharge summaries and all correspondence leaving the hospital. The faculty member is assigned specifically to the inpatient unit and is available throughout the day for consultations with the residents and to interview and observe resident interviews of new patients or for complications. The residents have their didactic lecture series geared to their educational level, but there is also a weekly didactic seminar specifically for the residents on the rotation covering a variety of pertinent practical topics.

Child and Adolescent Psychiatry Inpatient
Pennsylvania Psychiatric Institute – Harrisburg, PA

I. Description

A. Child and Adolescent Psychiatry Inpatient
B. Required 2-month FTE rotation occurring in the PGY-2 year.
C. Faculty consists of two full-time child and adolescent psychiatrists, 1 full-time psychologist, 2 full-time social workers
D. Education occurs under direct supervision spending six to eight hours per week in formal attending rounds. During these rounds patients are interviewed and discussed with the treatment team. An attending is available to provide additional supervision as needed and supervision for initial evaluations. Another 4 to 5 hours per week of supervision also occurs at the time of parent counseling and family therapy. Residents attend 3-4 hours of didactics/educational programs per week on Thursday mornings. This includes lectures, journal club, evidence-based scholarly presentation, case conferences, and grand rounds. In addition, there is a 90 minute case conference every Tuesday morning for all inpatient residents and child & adolescent cases are represented after every 4 weeks. Faculty is always available for consultations; case loads are carefully monitored and controlled for both breadth and variety of experience.
E. Age range is 4-17 years, with the majority of patients in the range of 12-15. The population is approximately 50% male and 50% female. 80% of the patients are White, 10% African-American, 8% Hispanic, and 2% Asian. All socioeconomic groups are represented. The most common DSM-IV diagnoses are oppositional defiant disorder, ADHD, Mood disorders, PTSD, eating disorders, autism, parent/child relational problems, as well as anxiety disorders. This program also works in close collaboration with the eating disorder program in the Department of Adolescent Medicine at Hershey Medical Center.
F. The inpatient caseload for a resident consists of four to eight patients. Residents are expected to see each patient for individual psychotherapy and medication management. In addition, residents actively manage each child's case through frequent contact with parents, telephone contact with outpatient providers, and agency personnel. Family issues are often addressed in therapy. Residents may also sit in on CBT groups and have the option to be a group facilitator.
G. In addition to the ongoing supervision listed above, all residents have required individual supervision once weekly for inpatient related issues. Additional supervision is available on an optional basis.
H. The unit follows the collaborative problem-solving approach based on the principals of CBT and has been able to minimize the use of restraints and seclusion.

II. Goals and Objectives

Overall Goal: To provide competent psychiatric care to child and adolescent patients in an inpatient setting.

Goals:

A. Acquisition of clinical knowledge

1. Appreciate the structure of a comprehensive psychiatric evaluation for the child and adolescent patient and understand how this differs from the adult patient psychiatric evaluation. (MK)
2. Become familiar with the DSM-IV criteria for psychiatric diagnoses commonly found in the child and adolescent population, particularly mood disorders and behavioral

disorders. (MK)

3. Understand psychosocial implications of the child and adolescent period in relation to the human life cycle and its unique challenges. (MK)
4. Know the principles of both psychopharmacologic and psychotherapeutic interventions effective in treating mental illness in the young. (MK)
5. Understand the ways in which medical/neurologic disorders can affect the diagnosis, treatment and management of psychiatric disorders in the child and adolescent population. (MK)
6. Appreciate the complex array of social and health systems that affect care in the child and adolescent population. (SBP)

B. Development of clinical skills

1. Be able to use common psychopharmacologic agents in the child and adolescent population, particularly concerning their indications, dosing and side effects. (PC)
2. Communicate effectively with patients and their families that present to an inpatient setting. (ICS)
3. Be effective in exchanging information with other professionals and ancillary staff. (ICS)
4. Make informed decisions about diagnostic and therapeutic interventions for this population of children and adolescents with mood and behavioral disorders. (PC)
5. Become adequate at performing a mental status exam with this population noting the differences from older psychiatric populations. (PC)

C. Development of appropriate clinical attitude

1. Demonstrate professionalism in behavior. (P)
2. Demonstrate a commitment to ethical principles involved in informed consent and patient confidentiality. (P)

Objectives:

Goal: Appreciate the structure of a comprehensive psychiatric evaluation for the child and adolescent patient and understand how this differs from the adult patient psychiatric evaluation.

Goal: Understand psychosocial implications of the child and adolescent period in relation to the human life cycle and its unique challenges.

Goal: Appreciate the complex array of social and health systems that affect care in the child and adolescent population.

Goal: Make informed decisions about diagnostic and therapeutic interventions for this population of children and adolescents with mood and behavioral disorders.

Goal: Become adequate at performing a mental status exam with this population noting the differences from older psychiatric populations.

Objective:

Perform a comprehensive psychiatric evaluation on the child and adolescent patient through a review of records, patient interview, and interview of family/other supports. Then, based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan and be able to carry it out. (MK, PC, SBP, ICS)

Goal: Become familiar with the DSM-IV criteria for psychiatric diagnoses commonly found in the child and adolescent population, particularly mood disorders and behavioral disorders.

Goal: Know the principles of both psychopharmacologic and psychotherapeutic interventions effective in treating mental illness in the young.

Goal: Be able to use common psychopharmacologic agents in the child and adolescent population, particularly concerning their indications, dosing and side effects.

Goal: Communicate effectively with patients and their families that present to an inpatient setting.

Goal: Demonstrate professionalism in behavior

Objectives:

1. Demonstrate respect, compassion, and integrity. (P)
2. Be punctual and have at least 95% attendance. (P)
3. Maintain timely and orderly medical records and review of charts. (P, ICS)

Goal: Demonstrate a commitment to ethical principles involved in informed consent and patient confidentiality.

Objectives:

1. Demonstrate proficiency in obtaining informed consent for treatment or a procedure from the appropriate person either during direct observation by an attending or on video, and through role play. (ICS, SBP, PC, P)
2. No violations of HMC's confidentiality policy (P, SBP, PC)

Competency-Based Goals and Objectives

Medical Knowledge:

- Appreciate the structure of a comprehensive psychiatric evaluation for the child and adolescent patient and understand how this differs from the adult patient psychiatric evaluation.
- Become familiar with the DSM-IV criteria for psychiatric diagnoses commonly found in the child and adolescent population, particularly mood disorders and behavioral disorders.
- Understand psychosocial implications of the child and adolescent period in relation to the human life cycle and its unique challenges.
- Know the principles of both psychopharmacologic and psychotherapeutic interventions effective in treating mental illness in the young.
- Understand the ways in which medical/neurologic disorders can affect the diagnosis, treatment and management of psychiatric disorders in the child and adolescent population.

Patient Care:

- Perform a comprehensive psychiatric evaluation on the child and adolescent patient through a review of records, patient interview and interview of family/other supports. Then, based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan and be able to carry it out.
- Demonstrate proficiency in obtaining informed consent for treatment or a procedure from the

appropriate person either during direct observation by an attending or on video, and through role play.
- Become aware of and to be able to use common psychopharmacologic agents in the child and adolescent population, particularly concerning their indications, dosing and side effects.
- Make informed decisions about diagnostic and therapeutic interventions for this population of children and adolescents with mood and behavioral disorders.
- Become adequate at performing a mental status exam with this population noting the differences from older psychiatric populations.

Interpersonal and Communication Skills:

- Maintain timely and orderly medical records and review of charts.
- Communicate effectively with patients and their families that present to an inpatient setting.

Practice-Based Learning and Improvement:

- Demonstrate the attitude and skills needed for continued self-education by showing evidence of outside reading.

Professionalism:

- No (un-remediated) deficiencies noted on 360 degree survey.
- Demonstrate respect, compassion, and integrity.
- Be punctual and have at least 95% attendance.
- Demonstrate a commitment to ethical principles involved in informed consent and patient confidentiality.

Systems-Based Practice:

- Appreciate the complex array of social and health systems that affect care in the child and adolescent population.

III. Supervision

On the child and adolescent psychiatry inpatient unit, the resident works closely with the attending psychiatrist. Every patient on the unit is seen, examined, and evaluated by both the resident and the attending psychiatrist. Teaching occurs regularly on patient rounds. As there is only one resident performing in a block at a time, this allows for close interaction between the attending supervisor and resident. Individual supervision and teaching is given on each case seen. Faculty is available for consultation at all times.

Consultation-Liaison Psychiatry
Hershey Medical Center – Hershey, PA

I. Description

A. Consultation-Liaison Psychiatry
B. This is a required 4-6 month 0.85 FTE rotation occurring during the PGY -2 year.
C. The primary faculty for this service consists of one full-time board-certified psychiatrist with additional certification in Psychosomatic Medicine and also Forensic Psychiatry, and one full-time board certified psychiatrist with additional certification in Child and Adolescent Psychiatry.
D. Resident education is accomplished through direct supervision (individual and group) during the evaluation and care of the patient and daily rounds which include discussions with the attending. Topics chosen are relevant to clinical issues presenting during the rotation, including differential diagnosis, management and treatment issues and discussion of forensic issues relevant to case load. The resident is required to present a differential diagnosis and defend it. The evaluation and treatment follow the bio-psycho-social model of psychiatric care. The supervisory experience is further enhanced by interactions with medical colleagues on the various services present within the hospital. Additional supervision is provided as needed or requested. The resident lecture schedule and other teaching experiences provide topics which further complement the consultation-liaison experience. Residents attend 3-4 hours of didactics/educational programs per week on Thursday mornings. This includes lectures, journal club, evidence-based scholarly presentation, case conferences, and grand rounds. Consultation topics are addressed in the resident didactic series.
E. The patient population includes adults of all ages including geriatric adults. The patient population is approximately 50% female and 50% male. The patients are predominantly White (85%) with Hispanic (5%), Asian, African-American (7%) populations also represented. All socioeconomic groups are part of the educational experience. The consultation population provides an extremely rich experience for residents, including routine organ pre-transplantation evaluations, epilepsy monitoring unit patients, trauma service patients, as well as all other surgical, medical and other subspecialty units. The consult/liaison service provides direct and on-going psychiatric patient care to the general hospital population. Delirium is among the most common diagnoses seen, with mood, anxiety, adjustment, and somatoform disorders also well represented. Residents often see cases involving competency issues and receive training in this and other forensic psychiatry topics. Treatment, pharmacotherapy, supportive therapy, and staff education follows the team approach and is coordinated with the care of the primary service. Treatments employed include crisis intervention, psychopharmacology and supportive therapies.
F. An average caseload for each resident consists of one or two new evaluations daily (range 6-14 per week) plus as-needed follow up of existing patients (maximum caseload 8).
G. Supervision occurs daily in both individual and group settings during duty hours. Residents have individual and/or group supervision for each and every patient they evaluate. This supervision includes faculty evaluation of every new referral.
H. Residents are strongly encouraged to supervise and teach medical students. Additional training in drug and alcohol disorders occurs during this rotation.

II. Goals and Objectives

Overall Goal: To become proficient in the psychiatric assessment and treatment of the medically ill.

Goals:

A. Acquisition of clinical knowledge

1. Appreciate the psychiatric presentation of medical conditions and the medical presentation of psychiatric conditions. (MK)
2. Understand the psychiatric complications of and psychological reactions to medical conditions and treatments. (MK)
3. Understand medical complications of psychiatric conditions or treatment. (MK)
4. Become familiar with co-morbid medical and psychiatric conditions. (MK)
5. Understand the role of a psychiatric consultant in the general hospital and emergency department system. (MK, SBP)

B. Development of clinical skills

1. Demonstrate clinical decisions that are reinforced by the practice of evidence-based medicine. (PC)
2. Effectively exchange information with patients, their families, referring sources and hospital staff in a thoughtful, organized and professional manner. (PC, ICS, SBP)

C. Development of appropriate clinical attitude

1. Demonstrate professionalism. (P)

Objectives:

Goal: Appreciate the psychiatric presentation of medical conditions and the medical presentation of psychiatric conditions.

Goal: Understand the psychiatric complications of and psychological reactions to medical conditions and treatments.

Objective:

The resident will perform at least one assessment that addresses each of these areas and will document the pertinent issues in the consultation report. (MK, PC, ICS)

Goal: Appreciate the psychiatric presentation of medical conditions and the medical presentation of psychiatric conditions. (MK)

Goal: Understand the psychiatric complications of and psychological reactions to medical conditions and treatments. (MK)

Goal: Understand medical complications of psychiatric conditions or treatment. (MK)

Goal: Become familiar with co-morbid medical and psychiatric conditions. (MK)

Goal: Understand the role of a psychiatric consultant in the general hospital and emergency department system. (SBP)

Goal: Demonstrate clinical decisions that are reinforced by the practice of evidence-based medicine. (PBL)

Objective:

The resident will cite at least one recent journal article pertinent to the care of a patient during the rotation. (MK, SBP, PBL)

Goal: Effectively exchange information with patients, their families, referring sources and hospital staff in a thoughtful, organized and professional manner.

Objectives:

1. Resident documentation will be clear, concise and legible. (ICS)
2. Residents will respond to consult requests and complete their evaluations and notes in a timely manner. (P, PC, ICS)

Goal: Residents will demonstrate professionalism.

Objectives:

1. Complete assigned tasks in a timely manner. (PC, P)
2. Be punctual and have at least 95% attendance. (P)
3. Demonstrate respectful interaction during patient contacts. (P, PC, ICS)
4. Demonstrate adherence to ethical principles, including facilitating patient care and placing patients care above personal convenience. (P, PC, SBP)

Competency-Based Goals and Objectives

Medical Knowledge:

- Understand the issues that are important in the assessment that addresses each of these areas: psychiatric presentation of medical conditions; the medical presentation of psychiatric conditions; psychiatric complications of and psychological reactions to medical conditions and treatments; and will document the pertinent issues in the consultation report.
- Become familiar with co-morbid medical and psychiatric conditions.
- Understand the process to utilize and reference evidence-based strategies and treatments in formulating treatment recommendations.
- Describe the role of a psychiatric consultant in the general hospital and emergency department system.

Patient Care:

- Demonstrate the ability to perform a psychiatric consultation on a patient on a medical/surgical service.
- Perform at least one assessment that addresses each of these areas: psychiatric presentation of medical conditions; the medical presentation of psychiatric conditions; psychiatric complications of and psychological reactions to medical conditions and treatments; and will document the pertinent issues in the consultation report. Delirium, depression, somatization, and adjustment disordered patients (at least 1 of each) should be evaluated.
- Utilize and reference evidence-based strategies and treatments in formulating treatment recommendations.
- Perform at least one determination of competency on a patient and submit a formal write-up.
- Effectively exchange information with patients, their families, referring sources and hospital staff in a thoughtful, organized and professional manner.

Interpersonal and Communications Skills:

- Documentation will be clear, concise and legible.
- Respond to consult requests and complete their evaluations and notes in a timely manner.
- Effectively exchange information with patients, their families, referring sources and hospital staff in a thoughtful, organized and professional manner.

Practice-Based Learning and Improvement:

- Utilize and reference evidence-based strategies and treatments in formulating treatment recommendations by using and citing the recent scientific literature.

Professionalism:

- Respond to consult requests and complete their evaluations and notes in a timely manner.
- Complete assigned tasks in a timely manner.
- Demonstrate respectful interaction during patient contacts.
- Demonstrate adherence to ethical principles, including facilitating patient care and placing patients care above personal convenience.

Systems-Based Practice:

- Demonstrate the ability to work with other medical services and community mental health services in providing appropriate patient care.
- Understand the role of a psychiatric consultant in the general hospital and emergency department system.
- Effectively exchange information with patients, their families, referring sources and hospital staff in a thoughtful, organized and professional manner.

III. Supervision

Typically, two residents will be on the Consultation/Liaison service, in addition to one to three medical students. Consultations are called into the department office or to the residents on call. Residents then evaluate the patient, integrating their psychiatric and medical problems into the diagnostic formulation and treatment planning. Each case is then discussed with the supervising attending physician of the Consultation/Liaison service in person in a group setting with the rest of the Consultation/Liaison team. Using a bio-psycho-social model, a diagnostic formulation and treatment plan are devised. Each patient is then seen by the treatment team and attending psychiatrist where further interview is conducted. The diagnosis and treatment plan is then formalized and presented to the consulting service in a written form with input from both resident and attending. Direct discussion with the patient's medical treatment team often occurs as well.

Adult Partial Hospitalization Program
Pennsylvania Psychiatric Institute – Hershey, PA

I. Description

A. Adult Partial Hospitalization Program
B. Required 2-month full- time rotation occurring in the PGY-2 year of training.
C. Faculty consists of one full-time psychiatrist who serves as medical director and other psychiatrists who serve as backup/consultants. Three full time social workers also work with the residents.
D. Residents also attend 3-4 hours of didactics/educational programs per week on Thursday mornings. This includes lectures, journal club, evidence-based scholarly presentation, case conferences, and grand rounds.
E. Clinic population consists of approximately 60% female and 40% male; 85% White, 10% African-American, and 5% other (Asian American and Hispanic). Patient ages range from 18 and up with the majority of patients between the ages of 20 and 55. A wide variety of clinical diagnoses are seen but mostly mood disorders, anxiety disorders, and personality disorders. Residents train in a setting that is used as an alternative to inpatient hospitalization. Patients are referred from inpatient hospitalization, from the emergency department and from outpatient settings. Residents are involved in goal planning and are encouraged to assume leadership roles on a multidisciplinary team. Types of treatment include crisis intervention and stabilization, psychopharmacology, cognitive behavioral therapy, and group and individual psychotherapy.
F. An average caseload consists of 5-10 patients (10 maximum) seen 1-2 times weekly for individual psychotherapy/medication management, family sessions as needed, and group therapy sessions (including a resident-run psycho-education group) per week. In addition, residents will perform two to four psychiatric intake evaluations per week.
G. All residents have weekly individual supervision and participate in a group clinical case conference three times per week. Informal supervision is provided on site on an as-needed basis throughout the week.
H. Emphasis is placed on psychiatric leadership skills in a multidisciplinary team setting, and on evaluation, goal planning, psychopharmacological treatment, cognitive behavioral methods, and referral to outpatient settings.

II. Goals and Objectives

Overall goal: To expose the resident to a broad variety of psychiatric problems seem in the care of the patient in a sub-acute situation, become competent in the evaluation of the sub-acute patient including diagnosis and treatment plan, become better able to communicate and work closely with a multidisciplinary treatment team, and better understand the role of partial hospital in a mental health care setting.

Goals:

A. Acquisition of clinical knowledge

1. Demonstrate familiarity with the major psychiatric disorders commonly seen in an outpatient sub-acute setting, including DSM-IV criteria, prognosis and effective treatment strategies. (MK)
2. Know the use of psychotropic medications such as antidepressants, anxiolytics, and mood stabilizers in this patient population. (MK)
3. Learn introductory principles of cognitive behavioral therapy (CBT), and use of CBT in this patient population. (MK)
4. Know the principles of successful interview techniques with the sub-acute patient. (MK)

B. Development of clinical skills

1. Be able to perform the components of a comprehensive psychiatric evaluation, including assessment and treatment plan. (PC)
2. Become adept at the effective use of psychotropic agents. (PC)
3. Enhance abilities to convey relevant clinical information to other members of the healthcare team. (ICS, SBP)

C. Development of appropriate clinical attitudes

1. Model professionalism in patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members. (P)
2. Demonstrate respect, compassion, and responsibility to patients and members of the health care team. (P)
3. Adhere to patient confidentiality. (P)
4. Show sensitivity to culture, gender, age, ethnicity, and sexual orientation. (P)

Objectives:

Goal: Demonstrate familiarity with the major psychiatric disorders commonly seen in an outpatient sub-acute setting, including DSM criteria, prognosis and effective treatment strategies.

Goal: Be able to perform the components of a comprehensive psychiatric evaluation, including assessment and treatment plan.

Goal: Know the principles of successful interview techniques with the sub-acute patient.

Goal: Show sensitivity to culture, gender, age, ethnicity, and sexual orientation.

Objectives:

1. Perform a comprehensive psychiatric evaluation through a review of records, patient interview and interview of family/other supports. (MK, PC, ICS)
2. Based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan pertinent to the patient's community. (MK, PC, SBP)

Goal: Become adept at the effective use of psychotropic agents.

Goal: Know the use of psychotropic medications such as antidepressants, anxiolytics, and mood stabilizers in this patient population.

Objective:

Demonstrate familiarity with psychopharmacologic agents (antipsychotics, mood stabilizers, antidepressants, anti-anxiety agents, sedative/hypnotics) by identifying indications for use, dosages, routes of administration, side effects, interactions with other medications, metabolism, and the impact of age and co-occurring physical conditions. (MK)

Goal: Enhance abilities to convey relevant clinical information to other members of the healthcare team.

Goal: Model professionalism in patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members.

Objectives:

1. Complete assigned tasks in a timely manner. (P)
2. Demonstrate appropriate chart documentation.
   a. Integrate current EMR (electronic medical record) technology in information retrieval and charting. (SBP, ICS, PBL)
   b. Progress notes, admission workups, and discharge summaries to be legible, coherent, comprehensive and written in a timely manner. (P, ICS)
   c. All assigned patients will have documentation consistent with appropriate hospital (PPI, HMC) location's charting policies. (ICS, P, SBP)
3. Utilize a consistently professional demeanor. (P)

Goal: Demonstrate respect, compassion, and responsibility to patients and members of the health care team.

Objective:

Be punctual and have at least 95% attendance. (P)

Goal: Adhere to patient confidentiality.

Objective:

No violation of confidentiality polices. (P, PC)

Competency-Based Goals and Objectives

Medical Knowledge:

- Demonstrate familiarity with the major psychiatric disorders commonly seen in an outpatient sub-acute setting, including DSM criteria, prognosis and effective treatment strategies.
- Demonstrate familiarity with psychopharmacologic agents (antipsychotics, mood stabilizers, antidepressants, anti-anxiety agents, sedative/hypnotics) by identifying indications for use, dosages, routes of administration, side effects, interactions with other medications, metabolism, and the impact of age and co-occurring physical conditions on these, as demonstrated by a score of 70% or greater on objective test.
- Know the principles of successful interview techniques with the sub-acute patient.

Patient Care:

- Perform a comprehensive psychiatric evaluation through a review of records, patient interview and interview of family/other supports.
- Based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan pertinent to the patient's community.
- Perform a comprehensive psychiatric evaluation through a review of records, patient interview and interview of family/other supports.

- Be able to perform the components of a comprehensive psychiatric evaluation, including assessment and treatment plan.
- Become adept at the effective use of psychotropic agents.

Interpersonal and Communications Skills:

- Integrate current EMR (electronic medical record) technology in information retrieval and charting.
- Progress notes, admission workups, and discharge summaries to be legible, coherent, comprehensive and written in a timely manner.
- Enhance abilities to convey relevant clinical information to other members of the healthcare team.
- All assigned patients will have documentation consistent with appropriate hospital (PPI, HMC) location's charting policies.

Practice-Based Learning and Improvement:

- Demonstrate evidence of outside reading during patient care activities.

Professionalism:

- Complete assigned tasks in a timely manner.
- Be punctual and have at least 95% attendance.
- Model professionalism in patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members.
- Adhere to patient confidentiality.
- All assigned patients will have documentation consistent with appropriate hospital (PPI, HMC) location's charting policies.

Systems-Based Practice:

- Based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan pertinent to the patient's community offerings especially as it pertains to discharge planning.
- All assigned patients will have documentation consistent with appropriate hospital (PPI, HMC) location's charting policies

III. Supervision

The faculty attending supervisor is on-site and provides individual and group supervision through discussion of each case during a treatment team meeting as well as supervision of each individual patient evaluation.

General Adult Psychiatry Outpatient Clinic
Veteran's Affairs Medical Center – Lebanon, PA and Camp Hill, PA

I. Description

A. VAMC General Adult Psychiatry Outpatient Clinic

B. This is a required rotation 1.2 FTE (1 day per week for 6 consecutive months) in the PGY 3 or 4 year. Patients are seen in the ambulatory outpatient psychiatry clinics at Lebanon VA Medical Center (VAMC) main campus on Fridays and Camp Hill CBOC clinic on Tuesdays.

C. Faculty consists of two full time board certified adult psychiatrists. Additionally, residents have the opportunity to work with other psychiatrists, psychologists, physician assistants, and administrative and clerical staff responsible for clinical operations.

D. Residents are supervised in their daily case work by Behavioral Health & Science Department full time faculty who see all new patients and discuss follow up patients with the resident on an on-going basis.

E. The clinical population is predominantly lower-middle class and about 90% male and a growing female patient population; 90% white, 5% black and 5% other various ethnicities; all ages from 21 on, with the majority age 45 to 65, approximately 44% geriatric individuals; approximately 30-40% diagnosed with depression, 30- 40% with anxiety disorders and PTSD, and the rest with psychotic disorders, substance use disorders, personality disorders, attention deficit disorder, impulse control disorder, other types of mood disorders, traumatic brain injury, cognitive disorders, etc. The clinical population is mainly from the Vietnam, Korean, or Gulf War conflicts, or the Operation Iraqi Freedom and Operation Enduring Freedom campaigns. The majority of the patients' treatment involves psychopharmacologic intervention, crisis intervention, and therapy including evidence based psychotherapy. Referrals to the inpatient psychiatric unit, memory disorder clinic, neurology, poly-trauma/TBI team, specialty clinics, primary care, suicide prevention team, post-traumatic stress disorder clinical team, social work services, etc., are available.

F. Residents on average will initially follow their attendings' schedules and see 1-3 new and 5-7 follow-up patients per day; later on several consultations will be rolled in to the residents' schedule. New patients are usually scheduled for 60 minute visits, and follow-up visits for 30 minutes.

G. All new intakes will be discussed and seen individually with the attending assigned to the respective clinic; all follow up patients will be individually discussed with, and if need be, seen by the attending.

H. Residents gain significant experience in psychopathology and psychopharmacology in American Veteran patient populations.

II. Goals and Objectives

Overall Goal: Residents will become adept at diagnosing and treating veterans in a general outpatient VA clinic.

Goals:

A. Acquisition of clinical knowledge

1. Identify the most common types of psychiatric illnesses seen in a VA outpatient facility. (MK)
2. Identify steps one can take in order to improve the medical and/or psychosocial condition of veterans from a systems based perspective. (MK)

B. Development of clinical skills

1. Demonstrate an ability to perform a bio-psycho-social psychiatric evaluation of the patient in a VA clinic. (PC)
2. Demonstrate an ability to identify co-existing drug and alcohol problems in a patient with primary psychiatric complaints. (PC)
3. Demonstrate the ability to provide effective psychotherapeutic and psychopharmacologic interventions to a patient in a VA clinic. (PC)

C. Development of appropriate clinical attitudes

1. Explain how stigma interferes with delivering appropriate psychiatric care. (PC)

Objectives:

Goal: Identify the most common types of psychiatric illnesses seen in a VA outpatient facility.

Objective:

Resident will be able to list the 3 most common types of psychiatric illnesses seen in a VA outpatient facility. (SBP, MK, PBL)

Goal: Identify steps one can take in order to improve the medical and/or psychosocial condition of veterans from a systems based perspective.

Objectives:

1. Residents will incorporate assessments of available supports into their social histories. (PC, SBP)
2. Potential factors contributing to relapse/ recidivism will be identified. (PC, SBP)

Goal: Demonstrate ability to perform a bio-psycho-social psychiatric evaluation of the patient in a VA clinic.

Objectives:

1. Perform a comprehensive patient interview including demonstrating a full mental status exam. (MK, PC)
2. Compose a thorough psychiatric evaluation incorporating a review of records, patient interview, and utilization of a collateral source to include a full differential diagnosis and treatment plan incorporating a systems approach. (MK, PC, ICS)

Goal: Demonstrate ability to identify co-existing drug and alcohol problems in a patient with primary psychiatric complaints.

Objectives:

1. All psychiatric evaluations will contain a detailed assessment of substance use. (MK, PC)
2. Be able to identify psychological correlates of substance use in supervision discussion. (MK, ICS)

Goal: Demonstrate ability to provide effective psychotherapeutic and psychopharmacologic interventions to a patient in a VA.

Objectives:

1. Demonstrate familiarity with psychopharmacologic agents (antipsychotics, mood stabilizers, antidepressants, anti-anxiety agents, sedative/hypnotics) by identifying indications for use, dosages, routes of administration, side effects, interactions with other medications, metabolism, and the impact of age and co-occurring physical conditions on these. (MK, PC, ICS)
2. Summarize the appropriate steps to take for each condition. (MK, SBP, PC)
3. Resident will demonstrate competent use of applicable technique via discussion with supervisor or observed interaction. (MK, PC, ICS)
4. Lab work will be ordered appropriately as per current practice guidelines. (SBP, PC, MK)

Goal: Explain how stigma interferes with delivering appropriate psychiatric care.

Objectives:

1. Cite at least one example where stigma against psychiatry has impacted a patient's care. (MK, P, SBP)
2. Construct at least one intervention to reduce the impact of stigma. (PC, P, SBP)

Competency-Based Goals and Objectives

Medical Knowledge:

- Demonstrate familiarity with psychopharmacologic agents (antipsychotics, mood stabilizers, antidepressants, anti-anxiety agents, sedative/hypnotics) by identifying indications for use, dosages, routes of administration, side effects, interactions with other medications, metabolism, and the impact of age and co-occurring physical conditions on these.
- List the DSM-IV criteria for PTSD.
- Be able to list the 3 most common types of psychiatric illnesses seen in a VA outpatient facility.
- Identify steps one can take in order to improve the medical and/or psychosocial condition of veterans from a systems based perspective

Patient Care:

- Incorporate assessments of available supports into their social histories.
- Identify potential barriers to therapy and discuss with the supervisor for each case.
- Identify potential factors contributing to relapse/recidivism.
- Perform a comprehensive patient interview including demonstrating a full mental status exam.
- Compose a thorough psychiatric evaluation incorporating a review of records, patient interview, and utilization of a collateral source to include a full differential diagnosis and treatment plan incorporating a systems approach.
- Demonstrate appropriate use of psychopharmacologic agents (antipsychotics, mood stabilizers, antidepressants, anti-anxiety agents, sedative/hypnotics) by identifying indications for use, dosages, routes of administration, side effects, interactions with other medications, metabolism, and the impact of age and co-occurring physical conditions on these.
- Lab work will be ordered appropriately as per current practice guidelines.

Interpersonal and Communication Skills:

- Identify potential barriers to therapy and discuss with the supervisor for each case.
- Demonstrate competent use of applicable technique via discussion with supervisor or observed interaction.

Practice-Based Learning and Improvement:

- Demonstrate evidence of outside reading.

Professionalism:

- No unexcused absences.
- Maintain appropriate boundaries.

Systems-Based Practice:

- Demonstrate understanding of the VA administration structure and how it interfaces with community services.

III. Supervision

All new intakes will be discussed and seen with the attending assigned to the respective clinic. All follow-up patients will be discussed with, and if needed, seen by the attending supervisor. Time for individual case discussion will be allotted.

Addictions Psychiatry
Veteran's Affairs Medical Center – Lebanon, PA and Camp Hill, PA

I. Description

A. Addictions Psychiatry

B. This is a required 1.2 month FTE rotation in the PGY-3 or 4 year. Over a 6 month period 2 residents are assigned for 1 day per week to the Lebanon VA Hospital System, spending 3 months each at Lebanon VA Medical Center Substance Abuse Residential Rehabilitation Program (SAARTP) and at the Camp Hill VA Outpatient Clinic.

C. Clinical faculty consists of one full-time and one part-time psychiatrist and one doctorate-level psychologist.

D. Resident education is provided through individual supervision during the course of patient care. Specific instruction on psychotherapeutic intervention, motivational interviewing, and related topics are given. Residents also attend 3-4 hours of didactic education programs per week on Thursday mornings. This includes lectures, journal club, evidence-based scholarly presentation, case conference, and grand rounds.

E. At the Lebanon VA Hospital the clinic population is predominantly lower to lower-middle class and about 5% are female and 95% male; 45% African-American, 45% White, 10% other various ethnicities; all ages from 18 on, with the majority aged 45 to 55, approximately 15% geriatric individuals. Diagnoses: approximately 75% depression and/or anxiety, 40% posttraumatic stress, 20% psychosis, 15% organicity, and 100% substance dependence. Psychiatric residents each week may spend up to one hour in a multidisciplinary treatment team meeting, up to 5 hours performing intake evaluations for new admissions, and actively participate in follow-up sessions. Residents will gain experience in working with patients with co-occurring psychiatric disorders and drug & alcohol abuse/dependence. Experience with individual/group therapy and prescribing medications to treat addictions (i.e. naltrexone, acamprosate and buprenorphine) will be provided.

F. At the Lebanon VA Hospital, each day residents will evaluate up to 3 new patients (new patients are typically scheduled for 90 minute evaluations) with the mental health professionals, and meet with two to three patients for individual therapy sessions lasting 45 to 50 minutes utilizing brief, supportive or cognitive-behavioral modalities. At the Camp Hill VA Outpatient Clinic, the resident works closely with the attending treating co-occurring clients in initial evaluations (up to 3) and follow-up sessions (up to 10).

G. Residents also obtain experience in working with individuals with drug and alcohol problems during the rotations on the Adult Inpatient Unit (co-occurring illness), Consultation/Liaison Service (management of drug withdrawal and intoxication; trauma consults), and Outpatient Clinic experience (co-occurring illness).

II. Goals and Objectives

Overall Goal: To increase the ability to recognize and treat conditions in the full spectrum of substance abuse/ dependence.

Goals:

A. Acquisition of clinical knowledge

1. Know the major substance use disorders commonly seen in outpatient and inpatient settings, including DSM criteria, prognosis and effective treatment strategies. (MK)
2. Know the signs and symptoms of intoxication/ withdrawal and abuse for a variety of substances. (MK, PC)

3. Demonstrate the use of rational prescribing for medication-seeking and potentially medication-abusing patients. (MK, PC)
4. Know the principles of successful interview techniques with the evasive patient. (MK, PC)
5. Learn strategies to promote compliance and reduce relapse. (MK, SBP)
6. Understand the delivery of mental health care to this patient population, along with knowledge of public and private systems of care. (MK, SBP)

B. Development of clinical skills

1. Perform thorough psychiatric evaluations. (PC)
2. Manage withdrawal symptoms. (PC)
3. Effectively use psychotropic agents. (PC)
4. Use interpersonal skills that facilitate effective treatment with patients, families, and team members, including the promotion of abstinence. (PC, ICS)
5. Master appropriate documentation. (P)
6. Enhance ability to convey relevant clinical information to other members of the healthcare team. (ICS)
7. Demonstrate the ability to obtain appropriate knowledge from multiple sources. (SBP, ICS)

C. Development of appropriate clinical attitudes

1. Demonstrate responsibility for patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members. (P, ICS)
2. Demonstrate respect, compassion, and responsibility to patients and members of the health care team. (P)
3. Heighten the awareness and recognition of drug and alcohol comorbidity in the psychiatric patient population. (SBP)
4. Show sensitivity to culture, gender, age, ethnicity, and sexual orientation. (P)
5. Recognize the role of stigma in treating this patient population. (P)
6. Adhere to patient confidentiality. (P)

Objectives:

Goal: Know the major substance use disorders commonly seen in outpatient and inpatient settings, including DSM criteria, prognosis and effective treatment strategies.

Goal: Know the signs and symptoms of intoxication/ withdrawal and abuse for a variety of substances.

<u>Objectives</u>:

1. List the DSM-IV criteria for alcohol/substance abuse and dependence.
2. Outline principles of two types of psychotherapy for addiction.
3. Understand criteria used for approving organ transplantation in patients with a substance use history.
4. List the pertinent steps for detoxification of alcohol, benzodiazepines, and opiates.
5. Identify the signs and symptoms of intoxication/ withdrawal and abuse for a variety of substances.

Goal: Know the major substance use disorders commonly seen in outpatient and inpatient settings, including DSM criteria, prognosis and effective treatment strategies.

Goal: Know the signs and symptoms of intoxication/ withdrawal and abuse for a variety of substances.

Goal: Heighten the awareness and recognition of drug and alcohol comorbidity in the psychiatric patient population.

Goal: Know the principles of successful interview techniques with the evasive patient.

Goal: Demonstrate the ability to obtain appropriate knowledge from multiple sources.

Goal: Perform thorough psychiatric evaluations.

<u>Objectives</u>:

1. Perform complete drug and alcohol histories for all new patients. (PC)
2. Perform psychiatric assessments that incorporate external sources and clinical observations in addition to patient reports. (PC, MK)
3. Perform and document a comprehensive psychiatric evaluation, including mental status exam, differential diagnoses, psychosocial assessment and treatment plan. (MK, PC, ICS, SBP)
4. Utilize at least one drug withdrawal rating scale and one self- report instrument (MK, PC, PBL)
5. Identify psychological correlates of substance use in supervision discussion. (MK, ICS)

Goal: Learn strategies to promote compliance and reduce relapse.

Goal: Understand the delivery of mental health care to this patient population, along with knowledge of public and private systems of care.

<u>Objectives</u>:

1. Identify potential risk factors for relapse for all clients seen. (MK, SBP)
2. Determine at least one intervention that could improve chances for maintaining compliance. (PC, PBL)
3. Be able to list at least two treatment options available for persons in the community. (MK, SBP, PC).

Goal: Manage withdrawal symptoms.

Goal: Demonstrate adequate knowledge of the use of rational prescribing for medication-seeking and potentially medication-abusing patients.

Goal: Effectively use psychotropic agents.

<u>Objectives</u>: during management of inpatient detoxification

1. List pharmacotherapy options suitable for the patient’s diagnoses. (MK, PC, ICS)
2. Medication choices and doses will conform to best practices. (PBL, PC, MK)
3. Describe to supervisor the pertinent lab tests needed. (PC, MK)
4. Perform exams and lab work as indicated. (PC, MK)

Goal: Demonstrate adequate knowledge of the principles of successful interview techniques with the evasive patient.

Goal: Use interpersonal skills that facilitate effective treatment with patients, families, and team members, including the promotion of abstinence.

Objectives:

1. Make at least one empathic statement during each clinical encounter. (P, ICS)
2. Identify with a supervisor at least one technique for overcoming resistance and demonstrate its use with a patient. (MK, PC, ICS)
3. Determine at least one intervention that could improve chances for maintaining compliance (PC, PBL)

Goal: Demonstrate respect, compassion, and responsibility to patients and members of the health care team.

Goal: Show sensitivity to culture, gender, age, ethnicity, and sexual orientation.

Objectives:

1. Make at least one empathic statement during each clinical encounter. (P, ICS)
2. Identify feelings to the supervisor as they arise and discuss potential impact on provision of treatment. (PC, P, ICS, PBL)

Goal: Master appropriate documentation.

Objective:

All sessions will be documented legibly within 24 hours and contain the required elements as specified in clinic or hospital policy. (ICS, P, SBP, PC)

Goal: Adhere to patient confidentiality.

Objective:

No violation of confidentiality policies.(P, PC)

Goal: Demonstrate the ability to obtain appropriate knowledge from multiple sources

Objective:

Demonstrate evidence of outside reading on a patient during the rotation. (PBL, P)

Goal: Enhance ability to convey relevant clinical information to other members of the healthcare team.

Goal: Demonstrate responsibility for patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members.

Goal: Demonstrate the ability to obtain appropriate knowledge from multiple sources.

Objective:

Participate in a treatment team meeting in developing care plans for at least 2 patients. (ICS, SBP, P, PC)

Goal: Demonstrate responsibility for patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members.

Objectives:

1. No unexcused absences (P)
2. Attendance at all scheduled team meetings (P)
3. Adherence to session timelines (P, PC)
4. Prompt return of phone calls. (P, PC)

Goal: Recognize the role of stigma in treating this patient population.

Objectives:

1. Cite at least one example where stigma against the substance abusing person has impacted a patient's care. (MK, P, SBP)
2. Construct at least one intervention to reduce the impact of stigma. (PC, P, SBP)
3. Identify feelings to the supervisor as they arise and discuss potential impact on provision of treatment. (PC, P, ICS, PBL)

Competency-Based Goals and Objectives

Medical Knowledge:

- List the DSM-IV criteria for alcohol/substance abuse and dependence.
- Outline principles of two types of psychotherapy for addiction.
- Understand criteria used for approving organ transplantation in patients with a substance use history.
- List the pertinent steps for detoxification of alcohol, benzodiazepines, and opiates.
- Identify the signs and symptoms of intoxication/ withdrawal and abuse for a variety of substances.
- Perform psychiatric or psychological assessments that incorporate external sources and clinical observations in addition to patient reports.
- Perform and document a comprehensive psychiatric evaluation, including mental status exam, differential diagnoses, psychosocial assessment and treatment plan
- Utilize at least one drug withdrawal rating scale and one self- report instrument
- Identify psychological correlates of substance use in supervision discussion.
- Identify potential risk factors for relapse for all clients seen.
- Be able to list at least two treatment options available for persons in the community
- List pharmacotherapy options suitable for the patient's diagnoses
- Medication choices and doses will conform to best practices
- Describe to supervisor the pertinent lab tests needed.
- Perform exams and lab work as indicated
- Identify with a supervisor at least one technique for overcoming resistance and demonstrate its use with a patient.
- Cite at least one example where stigma against the substance abusing person has impacted a patient's care.
- Demonstrate the use of rational prescribing for medication-seeking and potentially medication-abusing patients.
- Demonstrate adequate knowledge of the principles of successful interview techniques with the evasive patient.

Patient Care:

- Perform complete drug and alcohol histories for all new patients.
- Perform psychiatric or psychological assessments that incorporate external sources and clinical observations in addition to patient reports.
- Perform and document a comprehensive psychiatric evaluation, including mental status exam, differential diagnoses, psychosocial assessment and treatment plan
- Utilize at least one drug withdrawal rating scale and one self- report instrument
- Determine at least one intervention that could improve chances for maintaining compliance.
- Be able to list at least two treatment options available for persons in the community
- List pharmacotherapy options suitable for the patient's diagnoses
- Medication choices and doses will conform to best practices.
- Describe to supervisor the pertinent lab tests needed.
- Perform exams and lab work as indicated
- Identify with a supervisor at least one technique for overcoming resistance and demonstrate its use with a patient.
- Identify feelings to the supervisor as they arise and discuss potential impact on provision of treatment
- All sessions will be documented legibly within 24 hours and contain the required elements as specified in clinic or hospital policy
- No violation of confidentiality policies
- Participate in a treatment team meeting in developing care plans for at least 2 patients.
- Adherence to session timelines
- Prompt return of phone calls
- Construct at least one intervention to reduce the impact of stigma.
- Demonstrate the ability to perform inpatient detoxification.
- Demonstrate the ability to follow an inpatient receiving psychological intervention (individual, group, family).
- Demonstrate the ability to use rational prescribing for medication-seeking and potentially medication-abusing patients.
- Demonstrate the ability to manage withdrawal symptoms.
- Use interpersonal skills that facilitate effective treatment with patients, families, and team members, including the promotion of abstinence.

Interpersonal and Communications Skills:

- Perform and document a comprehensive psychiatric evaluation, including mental status exam, differential diagnoses, psychosocial assessment and treatment plan
- Identify psychological correlates of substance use in supervision discussion.
- List pharmacotherapy options suitable for the patient's diagnoses
- Make at least one empathic statement during each clinical encounter.
- Identify with a supervisor at least one technique for overcoming resistance and demonstrate its use with a patient.
- Identify feelings to the supervisor as they arise and discuss potential impact on provision of treatment.
- All sessions will be documented legibly within 24 hours and contain the required elements as specified in clinic or hospital policy.
- Participate in a treatment team meeting in developing care plans for at least 2 patients.
- Identify psychological correlates of substance use in supervision discussion.
- Enhance ability to convey relevant clinical information to other members of the healthcare team.

Practice-Based Learning and Improvement:

- Utilize at least one drug withdrawal rating scale and one self- report instrument
- Determine at least one intervention that could improve chances for maintaining compliance.
- Medication choices and doses will conform to best practices.
- Identify feelings to the supervisor as they arise and discuss potential impact on provision of treatment.
- Demonstrate evidence of outside reading on a patient during the rotation.

Professionalism:

- Make at least one empathic statement during each clinical encounter.
- Identify feelings to the supervisor as they arise and discuss potential impact on provision of treatment.
- All sessions will be documented legibly within 24 hours and contain the required elements as specified in clinic or hospital policy
- Adhere to patient confidentiality. (No violation of confidentiality policies)
- No unexcused absences.
- Attendance at all scheduled team meetings.
- Adherence to session timelines
- Prompt return of phone calls
- Cite at least one example where stigma against the substance abusing person has impacted a patient's care.
- Construct at least one intervention to reduce the impact of stigma.
- Demonstrate evidence of outside reading on a patient during the rotation
- Demonstrate responsibility for patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members.

Systems-Based Practice:

- Perform and document a comprehensive psychiatric evaluation, including mental status exam, differential diagnoses, psychosocial assessment and treatment plan
- Identify potential risk factors for relapse for all clients seen
- Be able to list at least two treatment options available for persons in the community.
- All sessions will be documented legibly within 24 hours and contain the required elements as specified in clinic or hospital policy
- Cite at least one example where stigma against the substance abusing person has impacted a patient's care.
- Construct at least one intervention to reduce the impact of stigma.
- Strategies to promote compliance and reduce relapse.
- An understanding of the delivery of mental health care to this patient population, along with knowledge of public and private systems of care.
- Demonstrate the ability to obtain appropriate knowledge from multiple sources.
- Heighten the awareness and recognition of drug and alcohol comorbidity in the psychiatric patient population.

III. Supervision

This rotation occurs at the Lebanon VA Hospital and the Camp Hill VA Community Clinic. The resident is individually supervised on each new patient seen. Many patients are also seen by the faculty supervisor at the time of evaluation/follow-up. Faculty supervision is available at all times. Specific details of supervision can be found in the individual Program Letters of Agreement (PLA) for each site and rotation.

Assertive Community Treatment Team
NHS - Harrisburg, PA

I. Description

A. Assertive Community Treatment Team
B. Required 3 month, one day/ week rotation during PGY-3 or 4 year of residency
C. Faculty consists of the psychiatrist under contract with ACTT who is responsible for evaluations, assessments, medication monitoring, and clinical consultations. This psychiatrist has a clinical faculty appointment at Penn State Hershey. Residents also interact with the team leader, nurses and case managers but they do not have assigned teaching roles.
D. The day begins with morning report which provides opportunities for learning. Once per week the entire team meets for an hour to discuss a specific mental health topic. Faculty is present for the evaluations of patients and discussion afterwards.
E. This program is designed to serve adults, 18 years of age or older, who have a serious and persistent mental illness in conjunction with but not limited to one of the following conditions:
   - Substantial past or current involvement with the criminal justice system that is in some way related to the cycle of illness
   - Homelessness or at-risk status for homelessness
   - Dually diagnosed mental illness and mental retardation, or mental illness and substance abuse

   Case mix: 50/50 male/female, 100% are 20-65 years of age, 40% white, 40% African American, 15% Hispanic, 5% Asian. All are in the low socio-economic group.
F. Average daily case load is 8 patients. Maximum is 10. Case descriptions are consistent with the case mix described above.
G. The resident and the attending psychiatrist typically spend the last hour of each day in individual supervision.
H. The ACTT Program is intended for "high need" consumers in Dauphin County who cannot be served effectively through conventional clinic-based services. The ACT team provides the following services: supportive counseling, case management, concrete services, assessments and evaluation, 24/7 mobile crisis assessment and intervention, nursing, medication administration, monitoring and documentation, medical education and case management, obtaining the basic necessities of education, basic life skills, therapy, group therapy, support and training as well as development and support of social and relationship networks. Services are targeted at those who have been unsuccessful in more traditional mental health services and utilize a rehabilitative and recovery approach with a strong treatment team orientation. The residents participate in the evaluation and treatment of individuals with severe and persistent mental illness in more non-traditional (i.e., not office- based) settings which include in-home visits or assessment in community centers.

II. Goals and Objectives

Overall Goal: Become adept at working with a multidisciplinary treatment team to provide clinical service to individuals with serious and persistent mental illness in a community setting.

Goals:

A. Acquisition of clinical knowledge

1. Demonstrate adequate knowledge of the major disorders commonly seen in this setting, including DSM criteria, prognosis and effective treatment strategies. (MK)
2. Learn the use of psychotropic medications for treatment resistant schizophrenia. (MK)
3. Develop an understanding of the delivery of mental health care via the recovery model. (SBP)
4. Increase knowledge of public systems of care. (SBP)

B. Development of clinical skills

1. Participate in the role of the psychiatrist on an assertive community treatment team. (ICS)
2. Increase skill in performing psychiatric evaluations on patients with serious and persistent mental illness. (PC)
3. Perform community outreach with a mobile psychiatric unit. (PC)
4. Utilize pharmacotherapy, at least one form of psychotherapy, and crisis intervention with chronic patients. (PC)

C. Development of appropriate clinical attitudes

1. Demonstrate responsibility for patient care, including appropriate clinical responsiveness and documentation and coordination with other team members. (P)
2. Develop and demonstrate increased empathy for the persistently and seriously mentally ill. (P)
3. Show sensitivity to culture, gender, age, ethnicity, and sexual orientation. (P)
4. Increase interpersonal skills for developing cohesion on a community treatment team. (ICS)
5. Develop a greater understanding of the role which transference and counter-transference plays in the treatment of co-occurring mental health and substance abuse disorders. (MK)

Objectives:

Goal: Demonstrate adequate knowledge of the major disorders commonly seen in this setting, including DSM criteria, prognosis and effective treatment strategies.

Objectives:

1. List the differential diagnosis of psychosis. (MK)
2. State placement options available in the community for patients in mental health crisis. (MK)
3. Perform a complete psychiatric evaluation and based on the results develop a differential diagnosis and an appropriate treatment plan pertinent to the patient’s setting. (MK, PC. SBP)

Goal: Learn the use of psychotropic medications for treatment resistant schizophrenia.

Objective:

List pharmacotherapy options for treatment-resistant schizophrenia. (MK)

Goal: Develop an understanding of the delivery of mental health care via the recovery model.

Objective:

Describe the recovery model in mental health care vs. the medical model. (MK, SBP)

Goal: Increase knowledge of public systems of care.

Objective:

State placement options available in the community for patients in mental health crisis. (MK, SBP)

Goal: Participate in the role of the psychiatrist on an assertive community treatment team.

Goal: Increase interpersonal skills for developing cohesion on a community treatment team.

Objectives:

1. Participate in treatment team meetings in developing the treatment plan for at least 2 patients. (ICS, SBP, P, PC)
2. Lead the treatment team meeting in developing the treatment plan for at least one patient. (ICS, SBP, P, PC)

Goal: Increase skill in performing psychiatric evaluations on patients with serious and persistent mental illness. (CS)

Objectives:

1. Perform a comprehensive geriatric psychiatric evaluation through a review of records/ collateral information and patient interview. (MK, PC)
2. Based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan pertinent to the patient's community. (MK, SBP, PC, P, ICS)

Goal: Perform community outreach with a mobile psychiatric unit.

Goal: Demonstrate responsibility for patient care, including appropriate clinical responsiveness and documentation and coordination with other team members.

Objectives:

1. No unexcused absences. (P)
2. Documentation as per program guidelines. (P, ICS)

Goal: Utilize pharmacotherapy, at least one form of psychotherapy, and crisis intervention with chronic patients. (CS)

Objective:

Demonstrate with a patient or discuss with a supervisor at least one principle of the above listed interventions. (MK, PC, ICS)

Goal: Develop and demonstrate increased empathy for the persistently and seriously mentally ill.

Goal: Show sensitivity to culture, gender, age, ethnicity, and sexual orientation.

Objective:

Make at least one empathic statement during each clinical encounter. (P)

Goal: Develop a greater understanding of the role which transference and counter-transference plays in the treatment of co-occurring mental health and substance abuse disorders.

Objective:

Review this in discussion with supervisor. (MK)

Competency-Based Goals and Objectives

Medical Knowledge:

- Construct a differential diagnosis of psychosis.
- State placement options available in the community for patients in mental health crisis.
- List pharmacotherapy options for treatment-resistant schizophrenia.
- Describe the recovery model in mental health care vs. the medical model,
- Review role which transference and counter-transference play in the treatment of co-occurring mental health and substance abuse disorders in discussion with supervisor.
- Discuss with a supervisor at least one principle of pharmacotherapy, psychotherapy, and crisis intervention.

Patient Care:

- Outline appropriate pharmacotherapy options, demonstrate psychotherapy technique to supervisor, perform a crisis intervention.
- Perform a complete psychiatric evaluation and based on the results develop a differential diagnosis and an appropriate treatment plan pertinent to the patient's setting.
- Lead the treatment team meeting in developing the treatment plan for at least one patient.
- Based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan pertinent to the patient's community.
- Perform community outreach with a mobile psychiatric unit.
- Utilize pharmacotherapy, at least one form of psychotherapy, and crisis intervention with chronic patients.

Interpersonal and Communications Skills:

- Participate in treatment team meetings in developing the treatment plan for at least 2 patients.
- Lead the treatment team meeting in developing the treatment plan for at least one patient.
- Documentation as per program guidelines.
- Participate in the role of the psychiatrist on an assertive community treatment team.
- Increase interpersonal skills for developing cohesion on a community treatment team.

Practice-Based Learning and Improvement:

- Demonstrate evidence of outside reading during patient care activities.

Professionalism:

- No unexcused absences.
- Make at least one empathic statement during each clinical encounter.
- Develop and demonstrate increased empathy for the persistently and seriously mentally ill.
- Show sensitivity to culture, gender, age, ethnicity, and sexual orientation.

Systems-Based Practice:

- State placement options available in the community for patients in mental health crisis.
- Participate in treatment team meetings in developing the treatment plan for at least 2 patients.
- Based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan pertinent to the patient's community.
- Increase knowledge of public systems of care.

III. Supervision

The attending physician will supervise the resident on every patient both by discussing the case and personally examining the patient in the presence of the resident. New patients will be interviewed by the resident in the presence of the attending and the case will be discussed and a treatment plan formulated following the interview.

Sleep Disorders Clinic
Hershey Medical Center Sleep Lab – Hershey, PA

I. Description

A. Sleep Disorders Clinic

B. Optional rotation one day per week for three months occurring in the PGY-3 or 4 year. Faculty consists of two full time psychiatrists who are also sleep specialists and a nurse practitioner. Additionally, three other sleep specialists with primary pulmonary critical care background are in the clinic.

C. The main educational method used in this rotation is patient centered. Patients are initially seen by the resident and then the resident discusses the case with the attending sleep specialist. After the initial discussion, both the attending and the resident examine the patient together to clarify or obtain any new relevant clinical history as well as to reassess the physical examination findings originally reported by the resident. Subsequently the resident and attending together formulate a management plan. In addition, the resident is provided with extensive reading material mainly from peer reviewed scientific journals on diagnosis and treatment of major sleep disorders.

D. Clinic population is predominantly Caucasian; however, Hispanics, African-Americans and Asian populations are also represented. The age of the population ranges from 13 to 85 years in the adult sleep clinic and 2 – 18 years in the pediatric sleep clinic. Most are from lower middle class; however, other social economic categories are also represented. About 60% are males and 40% are females. The residents are exposed to a wide variety of sleep disorder conditions including Sleep Disordered Breathing, Insomnia, Circadian Rhythm Sleep Disorders, Restless Leg Syndrome and Periodic Limb Movement Disorder, Hypersomnias, Narcolepsy and various REM and NREM Parasomnias. Common treatments learned by the residents are use of Positive Airway Pressure (PAP) therapy for sleep apnea, pharmacological medications to treat sleep disorders, behavioral methods (stimulus control and sleep restriction) and other supportive methods useful in management of sleep disorders.

E. Average case load consists of up to 3 new patients in a ½ day of clinic.

F. The residents are supervised on every patient that they examine. Additionally the residents have the opportunity to interact and discuss their reading material or other relevant educational aspects with the attending.

II. Goals and Objectives

Overall Goal: To develop the necessary knowledge, skills, and professional attitude important in the approach of patients with sleep disorders in the outpatient clinic.

Goals:

A. Acquisition of clinical knowledge

1. Develop a focused knowledge of common sleep disorders:
   a. Insomnia including circadian rhythm sleep disorders.
   b. Obstructive and central sleep apnea.
   c. Restless legs syndrome and periodic limb movement disorder.
   d. Narcolepsy and other hyper-somnolence disorders.
   e. Parasomnias.

2. Learn about the neuro-pharmacology of commonly prescribed medications to treat sleep disorders that affect sleep and other treatment modalities to treat sleep apnea such as positive airway pressure.
3. Recognize the interrelation between sleep disturbances and systemic diseases.
4. Integrate patient information and medical knowledge, developing critical thinking skills with emphasis on appropriate application of diagnostic testing and treatment of specific patient situations.

B. Development of clinical skills

1. Be able to do a comprehensive sleep evaluation.
2. Effectively exchange information with patients, their families, other health professionals and ancillary personnel in a polite, efficient, and professional manner.
3. Demonstrate clinical decisions that are reinforced by the practice of evidence-based medicine.

C. Development of appropriate clinical attitudes

1. Demonstrate professionalism.

Objectives:

Goal: Develop a focused knowledge of common sleep disorders.

<u>Objectives</u>:

1. Be able to list DSM-IV criteria for the above-indicated conditions. (MK, ICS)
2. The resident will be able to perform comprehensive clinical sleep evaluations with patient interview, sleep laboratory testing, other pertinent laboratory tests, review of old records, and interview of family/other support and will be able to synthesize appropriate differential diagnosis and come up with a reasonable management plan for common sleep disorders. (MK, PC, ICS)

Goal: Integrate patient information and medical knowledge, developing critical thinking skills with emphasis on appropriate application of diagnostic testing and treatment of specific patient situations.

Goal: Recognize the interrelation between sleep disturbances and systemic diseases.

Goal: Be able to do a comprehensive sleep evaluation.

<u>Objective</u>:

Compose an evaluation comprising history, mental and physical examination and include appropriate diagnostic assessments and management plan. (PC, MK, ICS, PBL)

Goal: Effectively exchange information with patients, their families, other health professionals and ancillary personnel in a polite, efficient, and professional manner.

Objective:

Resident will be able to formulate and communicate with patients and families about their diagnostic assessment and management plan in lay terms and exchange care plans with other physicians and care providers either verbally or via letter/note. Residents will also document their evaluation summaries clearly but concisely and in timely manner. (ICS, P, PC)

Goal: Learn about the neuro-pharmacology of commonly prescribed medications and drugs that affect sleep.

Objective:

Residents will demonstrate understanding of commonly prescribed medications affecting sleep through their discussions pertaining to clinical sleep evaluations and management plans with the attendings. (MK. ICS)

Goal: Demonstrate clinical decisions that are reinforced by the practice of evidence-based medicine.

Objective:

Residents will investigate and evaluate their own patient care experiences pertaining to sleep evaluations with appraisal and assimilation of current scientific evidence. (PBL)

Goal: Demonstrate professionalism.

Objectives:

1. Complete assigned tasks in a timely manner. (P)
2. Be punctual and have at least 95% attendance. (P)
3. Demonstrate respectful interaction during patient contacts. (P, PC)
4. Maintain appropriate boundaries during patient contacts. (P, PC, ICS)

Competency-Based Goals and Objectives:

Medical Knowledge:

- Be able to list DSM-IV criteria for common sleep disorders.
- Perform comprehensive clinical sleep evaluations with patient interview, sleep laboratory testing, other pertinent laboratory tests, review of old records, and interview of family/other supports and synthesize appropriate differential diagnosis and come up with a reasonable management plan for common sleep disorders.
- Demonstrate understanding of commonly prescribed medications affecting sleep through discussions pertaining to clinical sleep evaluations and management plans with the attendings.

Patient Care:

- Compose an evaluation comprising history, mental and physical examination and include appropriate diagnostic assessments and management plan.
- Perform comprehensive clinical sleep evaluations with patient interview, sleep laboratory testing, other pertinent laboratory tests, review of old records, and interview of family/other supports and synthesize appropriate differential diagnosis and come up with a reasonable management plan for common sleep disorders.

Interpersonal and Communications Skills:

- Formulate and communicate with patients and families about their diagnostic assessment and management plan in lay terms and exchange care plans with other physicians and care providers either verbally or via letter/note. Residents will also document their evaluation summaries clearly but concisely and in timely manner.
- Maintain appropriate boundaries during patient contacts
- Demonstrate respectful interaction during patient contacts.

Practice-Based Learning and Improvement:

- Residents will investigate and evaluate their own patient care experiences pertaining to sleep evaluations with appraisal and assimilation of current scientific evidence.
- Compose an evaluation comprising history, mental and physical examination and include appropriate diagnostic assessments and management plan.

Professionalism:

- Complete assigned tasks in a timely manner.
- Demonstrate respectful interaction during patient contacts.
- Maintain appropriate boundaries during patient contacts.

III. Supervision

A. The attending sleep physician will supervise the resident on every patient both by discussing the case and personally examining the patient in the presence of the resident.

B. Didactic Lectures (will be incorporated into general adult psychiatry didactics given on Thursday AM)

1. Normal Sleep.
2. Insomnias including circadian sleep disorders.
3. Narcolepsy and other Hypersomnias.
4. Parasomnias.
5. Sleep disordered breathing, evaluation and management.
6. Sleep disorders and other systemic diseases.
7. Pharmacological management of major sleep disorders.

C. Reading Material: Residents will be provided with a list of key manuscripts from the literature that serves as a foundation for this elective. Residents have access to our medical library and electronic subscriptions through all computer terminals. Up-to-date and the Sleep Journal are available electronically through any of the institution's computer terminals.

Administrative Psychiatry
Hershey Medical Center – Hershey, PA

I. Description

A. Administrative Psychiatry
B. This is a required 3 month rotation for ½ day per week in the PGY-3 or 4 year.
C. A full time faculty member (Departmental Operations Director) devotes part of her time to supervise residents in administrative psychiatry topics.
D. The resident receives training in administrative psychiatry by means of a series of lectures, participation in executive meetings/attendance at several administrative conferences and a capstone project. The capstone project is often a Quality Improvement or similar project that is specific to the resident's future practice setting goals. The terms of the project will be negotiated between the resident and rotation coordinator, and the project committee will serve as the basis for the evaluation rubric.
E. The resident meets individually with the Operations Director for supervision in administrative psychiatry.
F. This rotation is designed to give the resident educational and practical experience in the application of administrative issues.

II. Goal and Objectives

Overall Goal: Gain experience in and an appreciation for administrative psychiatry.

Objectives:

1. All residents will complete the objective listed below , via either simulated-situation or real-life materials:

    a. Employment Contracts
        1) Given an employment contract, the resident will develop an analysis and evaluation of the contract. (P)
        2) Given an employment contract, the resident will negotiate the contract. (ICS)

    b. Curriculum Vitae or Vita
        1) Given a CV template, the resident will develop a CV (Alternately) Given a CV template and utilizing a personal CV, the resident will revise the CV to meet all of the specifications outlined in the CV template. (P)

    c. Billing, Coding and Compliance Issues

    d. Marketing
        1) Given access to marketing plans, strategic services personnel, and a scenario detailing a group practice, the resident will develop a marketing plan for the practice that meets the demands of the local market and satisfies the group's needs. (ICS)
        2) Given a personal CV and marketing plans, the resident will design a marketing plan to personally market themselves after residency including the development of a cover letter. (P, ICS)

    e. Health Care and Mental Health Financing (SBP)

f. Project
    1) Given a real-life quality improvement issue, the resident will completed a negotiated project that satisfies the project's negotiated terms. (PC, SBP)

2. Residents are expected to attend ≥ 95% of lecture sessions and have no unexcused absences. (P)

Competency-Based Goals and Objectives

Medical Knowledge:

- Describe the role of administrative psychiatry issues (i.e., quality improvement, peer review, etc.) in promoting appropriate patient care.
-

Patient Care:

- Given a real-life Quality Improvement Issue, the resident will complete a negotiated project that satisfies the project's negotiated terms.

Interpersonal and Communications Skills:

- Given access to marketing plans, strategic services personnel, and a scenario detailing a group practice, the resident will develop a marketing plan for the practice that meets the demands of the local market and satisfies the group's needs.
- Given an employment contract, the resident will negotiate the contract.
- Given a personal CV and marketing plans, the resident will design a marketing plan to personally market themselves after residency including the development of a cover letter.

Practice-Based Learning and Improvement:

- Demonstrate evidence of outside reading during rotation requirements.

Professionalism:

- No unexcused absences.
- Attend ≥ 95% of lecture sessions.
- Given an employment contract, the resident will develop an analysis and evaluation of the contract.
- Given a CV template, the resident will develop a CV (Alternately) Given a CV template and utilizing a personal CV, the resident will revise the CV to meet all of the specifications outlined in the CV template.
- Given a personal CV and marketing plans, the resident will design a marketing plan to personally market themselves after residency including the development of a cover letter.

Systems-Based Practice:

- Given a real-life Quality Improvement Issue, the resident will completed a negotiated project that satisfies the project's negotiated terms.
- Gain an appreciation for administrative psychiatry.

III. Supervision

This rotation is individually supervised by the operations director of the department (who is a faculty member).

Eating Disorders Clinic
Hershey Medical Center, Briarcrest Square – Hershey, PA

I. Description

A. Eating Disorders Clinic
B. This is a 3 month rotation comprising a ½ day per week outpatient experience usually occurring during the PGY-3 or 4 year.
C. The Adolescent Medicine and Eating Disorder Division faculty consists of 4 part-time psychiatrists. The team also consists of 2 full-time and 1 part-time Adolescent Medicine specialists, 2 full-time and 1 part-time psychologists, 4 full-time and 1 part-time therapists, 3 full-time dietitians, 1 full-time occupational therapist, 1 full-time case manager and 2 full-time and 1 part-time nurse practitioners.
D. The rotation involves evaluations of patients in the Eating Disorders Partial Hospitalization and Intensive Outpatient Programs, located across the street from the Hershey Medical Center in Briarcrest Square. The clinical work consists of initial observation of the psychiatric intake assessments performed by an attending psychiatrist, progressing to attending-observed performance of a psychiatric intake including targeted eating disorder assessment, followed by supervised development of a treatment plan. The resident will also have the opportunity to perform follow-up evaluations with the psychiatric attending.
E. The majority of patients are female and Caucasian; however, Hispanic, African-American and Asian populations are also represented. Males are approximately 1% of the clinic population. The age range of the population is 16 to 50 years of age. In the clinic programs, approximately 75% of the patients are in their teens and twenties and 25% are 30 years and older. Related to clinical diagnosis, 50% of the patients carry the diagnosis of Anorexia Nervosa, 30% Bulimia Nervosa, and 20% Eating Disorder Not Otherwise Specified. Of the cases that the resident evaluates, approximately 75% are in the Partial Hospitalization Program and 25% are in the Intensive Outpatient Program.
F. Residents typically perform 1-2 new intakes and 4-5 follow-up evaluations per week.
G. All residents have individual supervision throughout their time in the clinic and all patients that they evaluate are discussed.
H. Eclectic treatment planning and extensive team expertise and discussions allow for the residents to have a varied experience, including the roles of CBT, psychopharmacology, family therapy, psychodynamic therapy, etc. in treatment. In addition, through individual and group work, they are able to understand the role that journaling can have within psychotherapeutic treatment.

II. Goals and Objectives

Overall Goal: To develop clinical skill in the diagnosis and assessment of eating disorders, including identifying and appreciating the multi-factorial complexity of these conditions, to increase ability to work with a multidisciplinary team and to develop the understanding of treatment options for eating disorders.

Goals:

A. Acquisition of clinical knowledge

1. Become familiar with DSM-IV-R criteria for eating disorders. (MK)
2. Identify the factors involved in the patient's eating disorder and the indications behind the proposed treatment. (MK)
3. Understand effective clinical strategies to empower the patients in the recovery process. (MK)

4. Recognize when a specific family therapy referral is indicated. (MK)

B. Development of clinical skills

1. Be able to develop and discuss a relevant treatment plan, including recommended psychotherapy, and pertinent therapy issues; recommended psychopharmacology, including therapeutic concerns related to side effects, targeted symptoms, etc; and treatment goals for the patients evaluated. (PC)
2. Assess the family structure and explore family therapy issues as appropriate. (PC)
3. Develop effective skills in working within a team. (ICS)
4. Assess outpatient community resources for referral when patients are discharged from these time-limited programs. (SBP)

C. Development of appropriate clinical attitudes

1. Develop an appreciation for the recovery process. (MK)
2. Demonstrate empathy for the individual and respect for the needs of the patient and family. (P)
3. Demonstrate professionalism. (P)

Objectives:

Goal: Become familiar with DSM-IV-R criteria for eating disorders.

Goal: Identify the factors involved in the patient's eating disorder and the indications behind the proposed treatment.

Goal: Understand effective clinical strategies to empower the patients in the recovery process.

Goal: Assess the family structure and explore family therapy issues as appropriate.

Goal: Recognize when a specific family therapy referral is indicated.

Goal: Be able to develop and discuss a relevant treatment plan, including recommended psychotherapy, and pertinent therapy issues; recommended psychopharmacology, including therapeutic concerns related to side effects, targeted symptoms, etc; and treatment goals for the patients evaluated.

Goal: Develop an appreciation for the recovery process.

Objectives:

1. Through a review of records, patient interview and interview of family/other supports, perform a comprehensive psychiatric evaluation which includes a thorough historical assessment of the patient's eating disorders, family dynamics, and a multi-axial diagnosis. (MK, PC, ICS)

2. Based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan pertinent to the patient's community, including. (MK, PC, SBP, P)

3. Identify at least one potential obstacle to treatment. (SBP, P, PC)

Goal: Develop effective skills in working within a team.

Objectives:

1. Participate in the community meeting. (ICS)
2. Lead a multidisciplinary team meeting. (ICS, P, SBP)

Goal: Assess outpatient community resources for referral when patients are discharged from these time-limited programs.

Objective:

Work with the Case Manager to identify treatment options for the patients who are evaluated and followed in the Eating Disorder Programs. (SBP, ICS, PC)

Goal: Demonstrate empathy for the individual and respect for the needs of the patient and family.

Objective:

Demonstrate respectful interaction during patient contacts and discussions about patients. (P, ICS)

Goal: Demonstrate professionalism.

Objectives:

1. Complete assigned tasks in a timely manner. (P)
2. Be punctual and have at least 95% attendance. (P)
3. Demonstrate respectful interaction during patient contacts. (P, ICS, PC)

Competency-Based Goals and Objectives

Medical Knowledge:

- List the DSM-IV-R criteria for anorexia nervosa and bulimia nervosa.
- Identify the factors involved in the patient's eating disorder and the indications behind the proposed treatment.
- Understand effective clinical strategies to empower the patients in the recovery process.
- Recognize when a specific family therapy referral is indicated.
- Develop an appreciation for the recovery process.

Patient Care:

- Through a review of records, patient interview and interview of family/other supports, perform a comprehensive psychiatric evaluation which includes a thorough historical assessment of the patient's eating disorders, family dynamics, and a multi-axial diagnosis.
- Based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan pertinent to the patient's community.
- Identify at least one potential obstacle to treatment.
- Be able to develop and discuss a relevant treatment plan, including recommended psychotherapy, and pertinent therapy issues; recommended psychopharmacology, including therapeutic concerns related to

side effects, targeted symptoms, etc; and treatment goals for the patients evaluated.
- Assess the family structure and explore family therapy issues as appropriate.

Interpersonal and Communication Skills:

- Participate in the community meeting.
- Lead a multidisciplinary team meeting.
- Work with the Case Manager to identify treatment options for the patients who are evaluated and followed in the Eating Disorder Programs.
- Demonstrate respectful interaction during patient contacts and discussions about patients.

Practice-Based Learning and Improvement:

- Demonstrate evidence of outside reading during patient care rounds.

Professionalism:

- Demonstrate respectful interaction during patient contacts and discussions about patients.
- Demonstrate empathy for the individual and respect for the needs of the patient and family.

Systems-Based Practice:

- Work with the Case Manager to identify treatment options for the patients who are evaluated and followed in the Eating Disorder Programs.
- Assess outpatient community resources for referral when patients are discharged from these time-limited programs.

III. Supervision

Residents will be provided with articles that present an overview of the assessment and treatment of eating disorders including a power point outlining the etiology of eating disorders and psychopharmacologic treatment of eating disorders. Every patient is seen by the resident and the attending. After the evaluation, cases are discussed to emphasize the unique points addressed in the evaluation targeting eating disorder behavior. The effectiveness of the evaluation, any areas not addressed during the evaluation and any techniques that may have limited the effectiveness of the evaluation will be discussed. A treatment plan will be formulated with attention paid to challenging issues identified in the evaluation. If ongoing issues within the evaluation setting are identified, then supervision will include targeting any areas of deficiency with additional readings, discussions, demonstrations and review of techniques. This close work with the attending psychiatrist ensures that in addition to the global training issues of Eating Disorders, residents also obtain supervision and education of any identified areas of weakness.

Mood Disorders Clinic
Pennsylvania Psychiatric Institute – Hershey, PA

I. Description

A. Mood disorders clinic
B. This is a required rotation occurring longitudinally in the PGY-3 year, and also as an elective available in the PGY-4 year for a flexible amount of time. The resident will be in clinic for one half-day per week for 12-24 months.
C. Faculty consists of two full-time psychiatrists who have specialty training and extensive experience in the care of mood disordered patients.
D. Educational experiences in the mood disorders clinic include one-on-one supervision of new patient evaluations and follow-up visits. Also, residents have one hour per half day to discuss topics in a group setting that are relevant to the clinic.
E. The clinic population is predominantly lower middle class and about 60% female and 40% male, age range is from 18 to 90+ with the majority age 21-60. The patients are predominantly white (90%), with African-American (4%), Hispanic (2%) and Asian populations also represented. The majority of the patients are diagnosed with mood disorders including bipolar disorder, major depressive disorder, dysthymia, and substance-induced mood disorder. Comorbidity with anxiety disorders and substance use disorders is common in this population. Residents focus on learning medication management and supportive therapy in this clinic.
F. An average case load for a resident would include 1 new evaluation and 3 return visits each week.
G. The resident is supervised by several methods in this clinic. All of the new evaluations are observed by the supervisor. Some of the return visits are observed by the supervisor, but all patients are discussed with the resident during the same clinic session in which the patient is seen.
H. Care for patients in this clinic often involves coordination with a number of other providers, including therapists, primary care physicians, and specialists. Residents learn to make use of diagnostic referrals such as to sleep clinic and neuropsychological testing. Contact with family is an important part of the care of these patients, and communication with the family is practiced frequently by the residents.

II. Goals and Objectives

Overall Goals: To have the resident become competent in providing outpatient care to mood disorder patients, encompassing pharmacological management, and supportive therapy to patients representing a variety of demographics.

Goals

A. Acquisition of clinical knowledge

(Level 1)
1. Understand the diagnoses of the mood disorders by DSM criteria. (MK)
2. Understand the conceptual framework of diagnosis of mood disorders along a spectrum. (MK)
3. Understand the basic treatment algorithms for pharmacological management of mood disorders. (MK)
4. Understand the treatment of comorbid conditions with mood disorders. (MK)
5. Understand the place for psychotherapy in treatment of mood disorders. (PC)
6. Be familiar with the variety of treatment options and community resources available to help care for outpatients longitudinally. (MK)

(Level 2)

7. Understand options for treatment of difficult-to-treat cases. (MK, PC)
8. Understand the place for neuromodulatory treatment in algorithms of mood disorder treatment. (MK)
9. Understand the contributing factors to relapse in long term mental health treatment. (MK, PC)

B. Development of clinical skills

(Level 1)

1. Develop and maintain over time an empathic, trusting & respectful relationship with the patient. (PC)
2. Effectively utilize individual treatment regimens, including pharmacological treatments and supportive therapy. (PC)
3. Longitudinally prescribe psychotropic medications, monitor efficacy, side effects and related labwork. (PC)
4. Maintain appropriate long term documentation satisfying medical, legal, regulatory & insurance standards. (ICS)
5. Effectively work with case managers, primary care physicians, consultants and other health care providers in providing integrated, long term treatment to the patient. (ICS)
6. Demonstrate the use of objective scales in the diagnosis and treatment of mood disorders, including the PHQ-9, the Altman Self-Rating Mania scale, the Adult ADHD scale, the Yale-Brown Obsessive Compulsive Scale, the Mood Disorder Checklist and a mood chart (PC)

(Level 2)

7. Demonstrate progression in level of sophistication of psychopharmacological skills (MK)
8. Learn to appropriately question and re-evaluate diagnoses over time. (PC)
9. Be able to deal with administrative issues such as scheduling, insurance coverage, & medication formularies as pertain to longitudinal outpatient care. (ICS)

C. Development of appropriate clinical attitude

(Level 1)

1. Appreciate the importance of a therapeutic alliance as central to the long term delivery of outpatient care. (PC, ICS)
2. Appreciate the short and long term impact of mental illness on family, social and occupational functioning. (PC)

(Level 2)

3. Demonstrate the competencies of Level 1.
4. View oneself as a psychiatrist and as an important piece of a patient's extended, multi-disciplinary treatment team. (SBP)

Objectives

Goal: Understand the diagnoses of the mood disorders by DSM criteria.

Objective:

Resident will be able to list current diagnostic criteria including exclusion criteria and modifiers

Goal: Understand the conceptual framework of diagnosis of mood disorders along a spectrum

Objective:

Resident will be able to discuss evidence for a spectrum of mood disorders, contrasting to the categorical designation by DSM.

Goal: Understand the basic treatment algorithms for pharmacological management of mood disorders.

Objectives:

1. In supervision resident will summarize medication history for each patient and identify any omissions in logical treatment progression.
2. Resident will be able to describe mechanisms of action and benefits of medication for patients.
3. Resident will identify an appropriate optimization or augmentation strategy for current medications for at least 3 patients

Goal: Understand the treatment of comorbid conditions with mood disorders.

Objective:

Resident will outline 3 treatment plans that include treatment for at least one co-morbid psychiatric condition. This may include targeted psychopharmacology treatment, recommendation for therapy, social interventions, or targeted treatment programs (eg. substance abuse, eating disorders, sleep disorders).

Goal: Understand the place for psychotherapy in treatment of mood disorders.

Objective:

Resident will identify the need for specific psychotherapy in the treatment plan for at least 3 patients during the rotation and will refer them for psychotherapy. Residents will provide supportive therapy for their patients.

Goal: Be familiar with the variety of treatment options and community resources available to help care for outpatients longitudinally.

Objective:

Resident will identify and include the community resources such as case management, Share-a-Ride, and visiting nursing in treatment plans for at least 3 patients during the rotation.

Goal: Understand options for treatment of difficult-to-treat cases (Level 2)

Objective:

Resident will identify an appropriate optimization or augmentation strategy for current medications for at least 3 patients who have tried at least 3 treatments in the past

Goal: Understand the place for neuromodulatory treatment in algorithms of mood disorder treatment (Level 2)

Objective:

Resident will discuss the use of neuromodulatory treatments in the evaluation of at least 3 patients with difficult to treat depression or bipolar disorder and be able to recommend neuromodulatory treatment as appropriate for individual patients.

Goal: Understand the contributing factors to relapse in long term mental health treatment. (Level 2)

Objective:

Resident will be able to identify the contributing medical and psychosocial factors that lead to relapse in psychiatric illness, and appropriately intervene with treatment recommendations.

Goal: Develop and maintain over time an empathic, trusting & respectful relationship with the patient

Objective:

Residents will be observed in clinical interactions and will participate in at least one clinical skills verification exam.

Goal: Effectively utilize individual treatment regimens, including pharmacological treatments and supportive therapy

Objective:

Residents will engage with patients by presenting and discussing treatment plans with the patient and will document treatment plans for each patient.

Goal: Longitudinally prescribe psychotropic medications, monitor efficacy, side effects and related lab work

Objective:

Residents will document treatment efficacy, lab work and side effects for each patient.

Goal: Maintain appropriate long term documentation satisfying medical, legal, regulatory & insurance standards

Objective:

Residents will review charts for each patient with the supervisor.

Goal: Effectively work with case managers, primary care physicians, consultants and other health care providers in providing integrated, long term treatment to the patient

Objective:

Residents will document communication with other care providers for each patient.

Goal: Demonstrate the use of objective scales in the diagnosis and treatment of mood disorders, including the PHQ-9, the Altman Self-Rating Mania scale, the Adult ADHD scale, the Yale-Brown Obsessive Compulsive Scale, the Mood Disorder Checklist and a mood chart

Objective:

Residents will use scales as appropriate for diagnosis to monitor treatment response with each patient.

Goal: Demonstrate progression in level of sophistication of psychopharmacological skills (Level 2)

Objective:

Resident will be able to discuss the evidence base for treatment algorithms and use of augmentation strategies

Goal: Learn to appropriately question and re-evaluate diagnoses over time (Level 2)

Objective:

Resident will discuss the longitudinal stability of diagnosis of at least 3 patients

Goal: Be able to deal with administrative issues such as scheduling, insurance coverage, & medication formularies as pertain to longitudinal outpatient care (Level 2)

Objective:

Resident will document discussions regarding insurance coverage and coverage of medications that occur with staff for at least 3 patients.

Goal: Appreciate the importance of a therapeutic alliance as central to the long term delivery of outpatient care

Objective:

Resident will demonstrate clinical alliance under direct clinical observation with at least 3 patients.

Goal: Appreciate the short and long term impact of mental illness on family, social and occupational functioning

Objective:

Resident will contact patient's family to discuss the patient's illness for at least 3 patients.

Goal: View oneself as a psychiatrist and as an important piece of a patient's extended, multi-disciplinary treatment team (Level 2)

Objective:

Resident will coordinate care with nurses and therapists for at least 3 patients and will document conversations in the medical record.

Competency-Based Goals and Objectives

Medical Knowledge:

- Understand the diagnoses of the mood disorders by DSM criteria.
- Understand the conceptual framework of diagnosis of mood disorders along a spectrum.
- Understand the basic treatment algorithms for pharmacological management of mood disorders.
- Understand the treatment of co-morbid conditions with mood disorders.
- Be familiar with the variety of treatment options and community resources available to help care for outpatients longitudinally.
- Demonstrate more sophisticated knowledge of theory and methodology
- Understand options for treatment of difficult-to-treat cases.
- Understand the place for neuromodulatory treatment in algorithms of mood disorder treatment.
- Understand the contributing factors to relapse in long term mental health treatment.
- Demonstrate progression in level of sophistication of psychopharmacological skills.

Patient Care:

- Understand the basic treatment algorithms for pharmacological management of mood disorders.
- Understand the place for neuromodulatory treatment in algorithms of mood disorder treatment.
- Be familiar with the variety of treatment options and community resources available to help care for outpatients longitudinally.
- Understand the place for psychotherapy in treatment of mood disorders.
- Understand options for treatment of difficult-to-treat cases.
- Understand the contributing factors to relapse in long term mental health treatment.
- Develop and maintain over time an empathic, trusting & respectful relationship with the patient.
- Effectively utilize individual treatment regimens, including pharmacological treatments and supportive therapy.
- Longitudinally prescribe psychotropic medications, monitor efficacy, side effects and related labwork.
- Demonstrate the use of objective scales in the diagnosis and treatment of mood disorders, including the PHQ-9, the Altman Self-Rating Mania scale, the Adult ADHD scale, the Yale-Brown Obsessive Compulsive Scale, the Mood Disorder Checklist and a mood chart.
- Learn to appropriately question and re-evaluate diagnoses over time.

- Appreciate the short and long term impact of mental illness on family, social and occupational functioning.

Interpersonal and Communication Skills:

- Develop and maintain over time an empathic, trusting & respectful relationship with the patient.
- Maintain appropriate long term documentation satisfying medical, legal, regulatory & insurance standards.
- Effectively work with case managers, primary care physicians, consultants and other health care providers in providing integrated, long term treatment to the patient.
- Be able to deal with administrative issues such as scheduling, insurance coverage, & medication formularies as pertain to longitudinal outpatient care.
- Appreciate the importance of a therapeutic alliance as central to the long term delivery of outpatient care.

Practice-Based Learning and Improvement:

- Maintain appropriate long term documentation satisfying medical, legal, regulatory & insurance standards.
- Effectively work with case managers, primary care physicians, consultants and other health care providers in providing integrated, long term treatment to the patient.
- Demonstrate the use of objective scales in the diagnosis and treatment of mood disorders, including the PHQ-9, the Altman Self-Rating Mania scale, the Adult ADHD scale, the Yale-Brown Obsessive Compulsive Scale, the Mood Disorder Checklist and a mood chart.

Professionalism:

- Maintain appropriate long term documentation satisfying medical, legal, regulatory & insurance standards.
- View oneself as a psychiatrist and as an important piece of a patient's extended, multi-disciplinary treatment team.

Systems-Based Practice:

- View oneself as a psychiatrist and as an important piece of a patient's extended, multi-disciplinary treatment team.

III. Supervision

Teaching tools may include:

A. Individual supervision by the attending supervisor for each patient seen by the resident.
B. Treatment team meetings.
C. Direct observation of individual psychotherapy using CBT principles handouts.

Longitudinal General Adult Psychiatry Outpatient Clinic
Pennsylvania Psychiatric Institute – Hershey, PA

I. Description

A. Longitudinal General Adult Psychiatry Outpatient Clinic
B. This is a longitudinal clinical experience which runs throughout the PGY III and PGY IV years. During the PGY III year (Level 1), the clinic is 40% of their time, and during the PGY IV year (Level 2), it is 20% of their time.
C. Faculty consists of 4 psychiatrists employed full time by the department and 1 psychiatrist who is a 0.6 FTE. All are board-certified.
D. Educational experiences consist of 1 hour of supervision per each half-day of clinic, and a 1 hour didactic per week to discuss psychotherapeutic issues and a case conference.
E. The clinic population is predominantly lower middle class, about 60% female and 40% male; age range is from 18 to 90+ with the majority age 21-60. The patients are predominantly white (90%), with African-American (4%), Hispanic (2%) and Asian populations also represented. All Axis I and II diagnoses are represented, however the majority of the patients have anxiety and mood disorders (80%). The remaining patients have primary diagnoses of substance abuse (10%), psychotic disorders (5%), and organic disorders (5%). Residents spend the majority of their time learning and doing psychodynamic psychotherapy, supportive therapy, and cognitive behavioral therapy.
F. An average case load includes 6-12 patients in individual psychotherapy.
G. Supervision is provided for one hour each half-day of clinic; the patients that the residents will see that day are discussed at that time. Attendings are available to see the patients upon the request of the resident.
H. Members of the faculty that supervise the longitudinal clinic have specialty experience in psychodynamic psychotherapy and mood disorders.

II. Goals and Objectives

Overall Goals: To have the resident become competent in providing longitudinal outpatient care, encompassing individual therapy and pharmacological management, to patients representing a variety of demographics and diagnoses.

Goals:

A. Acquisition of clinical knowledge

(Level 1)

1. Understand the indications and contraindications for long term therapy. (MK)
2. Comprehend the basic theory and methodology of various individual psychotherapies and their application to longitudinal outpatient care. (MK)
3. Be familiar with the variety of treatment options and community resources available to help care for outpatients longitudinally. (SBP)
4. Appreciate how medical comorbidity affects the long term prognosis and progress of mental health treatment. (MK)

(Level 2)

1. Demonstrate the competencies of Level 1
2. Demonstrate more sophisticated knowledge of theory and methodology (MK)
3. Understand the contributing factors to relapse and recidivism in long term mental health treatment. (MK)

B. Development of clinical skills

(Level 1)
1. Develop and maintain over time an empathic, trusting & respectful relationship with the patient. (P)
2. Effectively utilize individual psychotherapies including psychodynamic, cognitive behavioral and supportive modalities. (PC)
3. Longitudinally prescribe psychotropic medications, monitor efficacy, side effects and related labwork. (PC)
4. Maintain appropriate long term documentation satisfying medical, legal, regulatory & insurance standards. (ICS)
5. Effectively work with case managers, primary care physicians, consultants and other health care providers in providing integrated, long term treatment to the patient. (ICS)

(Level 2)
1. Demonstrate the competencies of Level 1
2. Demonstrate progression in level of sophistication of psychotherapy skills (PC)
3. Learn to appropriately question and re-evaluate diagnoses over time. (PC)
4. Be able to deal with administrative issues such as scheduling, insurance coverage, & medication formularies as pertain to longitudinal outpatient care. (P, SBP)

C. Development of appropriate clinical attitude

(Level 1)
1. Appreciate the importance of a therapeutic alliance as central to the long term delivery of outpatient care. (PC)
2. Appreciate the short and long term impact of mental illness on family, social and occupational functioning. (PC)

(Level 2)
1. Demonstrate the competencies of Level 1
2. View oneself as a psychiatrist and as an important piece of a patient's extended, multi-disciplinary treatment team. (P)

Objectives:

Goal: Understand the indications and contraindications for long term therapy. (MK, PC)

Objectives:

1. Each case will be discussed with an attending supervisor and the indications and barriers to long term therapy will be identified and discussed. (MK, PC, ICS, SBP)
2. Specific goals in therapy will be identified and documented in the chart. (ICS, PC) [Level 1: 92% Level 2: 95%]
3. Goals for termination of successful treatment will be identified and documented in the chart.[Level 1: 75% Level 2: 85%] (ICS, PC)

Goal: Comprehend the basic theory and methodology of various individual psychotherapies and their application to longitudinal outpatient care. (MK)

Goal: Effectively utilize individual psychotherapies including psychodynamic, cognitive behavioral and supportive modalities. (MK, PC, P)

Objective:

Competencies in the various therapies will be assessed by a checklist evaluation and reviewed semi-annually.

Goal: Be familiar with the variety of treatment options and community resources available to help care for outpatients longitudinally. (SBP, PC)

Objectives:

1. In appropriate cases identified in supervision, work with case manager and supervisor to identify specific community resources available, including intensive case management and vocational rehabilitation opportunities. (SBP, PC)
2. Facilitate patient entry into community resources and document in chart efforts and communications. Document results of community referral. (ICS)

Goal: Appreciate how medical comorbidity affects the long term prognosis and progress of mental health treatment. (MK)

Goal: Understand the contributing factors to relapse and recidivism in long term mental health treatment. (MK, PC)

Goal: Appreciate the short and long term impact of mental illness on family, social and occupational functioning. (MK, PC)

Objectives:

1. Treatment plan updates will include (re)assessment of psychosocial strengths and weaknesses. (PC) [Level 1 &2]
2. Biannual diagnostic review with supervisor will incorporate Axis III updates and review of interrelation with Axis I and II diagnoses. [Level 1 & 2]. Treatment plan will be updated as indicated to reflect changes in physical status [Level 2] (PC)

Goal: Develop and maintain over time an empathic, trusting & respectful relationship with the patient. (P, PC, ICS)

Goal: Appreciate the importance of a therapeutic alliance as central to the long term delivery of outpatient care. (P, ICS)

Goal: See oneself as a psychiatrist as an important piece of a patient's extended multi-disciplinary treatment team. (P, SBP)

Objective:

By completion of Level 2, resident will see at least 7 patients for a minimum of 12 months and at least 2 patients for a minimum of 18 months (PC)

Goal: Longitudinally prescribe psychotropic medications, monitor efficacy, side effects and related lab work. (PC, MK, PBL)

Objectives:

1. Resident will see up to 7 patients a week prescribed one or more of the following: Antidepressants; antipsychotics; mood stabilizers; anxiolytics; CNS stimulants; combination treatments; combination of psychotropics and non-psychotropics; other identified medications as appropriate. (PC)
2. Resident will have utilized at least 4 of the medication categories in #1 by completion of Level 1 and at least 6 of the categories by completion of Level 2 (PC)
3. Progress notes will reflect assessment of efficacy and side effects 95% of the time. (PC)
4. Labwork will be ordered appropriately as per current practice guidelines. (PC)
5. The resident will discuss and become familiar with evidence based treatments including combinations of medication and therapies. (PBL)

Goal: Maintain appropriate long term documentation satisfying medical, legal, regulatory & insurance standards. (ICS, P, SBP, PC)

Objectives:

1. All assigned patients will have documentation consistent with PPI charting policies. (PC, P)
2. Initial evaluations, progress notes, and discharge summaries to be legible, coherent, comprehensive and written in a timely manner. (P)
3. Work with the Outpatient QI Committee to minimize chart deficiencies and meet identified charting requirements. (SBP)

Goal: Effectively work with case managers, primary care physicians, consultants and other health care providers in providing integrated, long term treatment to the patient. (SBP, ICS, PC)

Objectives:

1. Document in the chart correspondence with the above providers (case managers, primary care physicians, consultants and other health care providers) to show coordination of care. (PBL, P)
2. Review such correspondence with supervisors. (PBL, P)

Goal: Learn to appropriately question and re-evaluate diagnoses over time. (PC)

Objective:

Every 6 months the resident will orally review during supervision the diagnostic criteria and how the patient does/does not meet these currently. (PBL, MK, ICS) [Level 1&2]

Goal: Be able to deal with administrative issues such as scheduling, insurance coverage, & medication formularies as pertain to longitudinal outpatient care. (SBP, PC, P)

Objective:

Residents will ensure that patients are seen regularly by them on a schedule agreed upon with the supervisor or are appropriately transferred to another provider if the resident cannot provide the care. (SBP, PC, P)

Competency-Based Goals and Objectives

Medical Knowledge:

- Understand the indications and contraindications for long term therapy.
- Comprehend the basic theory and methodology of various individual psychotherapies and their application to longitudinal outpatient care.
- Appreciate how medical comorbidity affects the long term prognosis and progress of mental health treatment.
- Understand the contributing factors to relapse and recidivism in long term mental health treatment.
- Each case will be discussed with an attending supervisor and the indications and barriers to long term therapy will be identified and discussed.
- Every 6 months the resident will orally review during supervision the diagnostic criteria and how the patient does/does not meet these currently. [Level 1&2]

Patient Care:

- Develop and maintain over time an empathic, trusting & respectful relationship with the patient.
- Longitudinally prescribe psychotropic medications, monitor efficacy, side effects and related labwork in the framework of a psychotherapeutic relationship.
- Residents will effectively utilize individual psychotherapies including psychodynamic, cognitive behavioral and supportive modalities.
- Resident treatment plan updates will include (re)assessment of psychosocial strengths and weaknesses.
- The resident will discuss each case with an attending supervisor and the indications and barriers to long term therapy will be identified.
- Specific goals in therapy will be identified and documented in the chart by the resident.
- Goals for termination of successful treatment will be identified and documented in the chart by the resident by the resident.
- In appropriate cases identified in supervision, work with case manager and supervisor to identify specific community resources available, including intensive case management and vocational rehabilitation opportunities.
- Learn to appropriately question and re-evaluate diagnoses over time.
- Deal with administrative issues such as scheduling, insurance coverage, and medication formularies as pertain to longitudinal outpatient care.
- Appreciate the importance of a therapeutic alliance as central to the long term delivery of outpatient care.
- Appreciate the short and long term impact of mental illness on family, social and occupational functioning.
- Each case will be discussed with an attending supervisor and the indications and barriers to long term therapy will be identified and discussed.

- Specific goals in therapy will be identified and documented in the chart. [Level 1: 92% Level 2: 95%]
- Goals for termination of successful treatment will be identified and documented in the chart.[Level 1: 75% Level 2: 85%]
- In appropriate cases identified in supervision, work with case manager and supervisor to identify specific community resources available, including intensive case management and vocational rehabilitation opportunities.
- Treatment plan updates will include (re)assessment of psychosocial strengths and weaknesses. [Level 1 &2]
- Biannual diagnostic review with supervisor will incorporate Axis III updates and review of interrelation with Axis I and II diagnoses. [Level 1 & 2]. Treatment plan will be updated as indicated to reflect changes in physical status [Level 2]
- By completion of Level 2, resident will see at least 7 patients for a minimum of 12 months and at least 2 patients for a minimum of 18 months
- Resident will see up to 7 patients a week prescribed one or more of the following: Antidepressants; antipsychotics; mood stabilizers; anxiolytics; CNS stimulants; combination treatments; combination of psychotropics and nonpsychotropics; other identified medications as appropriate.
- Resident will have utilized at least 4 of the medication categories in #1 by completion of Level 1 and at least 6 of the categories by completion of Level 2
- Progress notes will reflect assessment of efficacy and side effects 95% of the time.
- Labwork will be ordered appropriately as per current practice guidelines.
- All assigned patients will have documentation consistent with PPI charting policies
- Residents will ensure that patients are seen regularly by them on a schedule agreed upon with the supervisor or are appropriately transferred to another provider if the resident cannot provide the care.

<u>Interpersonal and Communications Skills</u>:

- The resident will discuss each case with an attending supervisor and the indications and barriers to long term therapy will be identified.
- Maintain appropriate long term documentation satisfying medical, legal, regulatory and insurance standards.
- Specific goals in therapy will be identified and documented in the chart. [Level 1: 92% Level 2: 95%]
- Goals for termination of successful treatment will be identified and documented in the chart.[Level 1: 75% Level 2: 85%]
- Facilitate patient entry into community resources and document in chart efforts and communications. Document results of community referral.
- Every 6 months the resident will orally review during supervision the diagnostic criteria and how the patient does/does not meet these currently.
- Effectively work with case managers, primary care physicians, consultants and other health care providers in providing integrated, long term treatment to the patient. In appropriate cases identified in supervision, work with case manager and supervisor to identify specific community resources available, including intensive case management and vocational rehabilitation opportunities.
- Each case will be discussed with an attending supervisor and the indications and barriers to long term therapy will be identified and discussed.
- Every 6 months the resident will orally review during supervision the diagnostic criteria and how the patient does/does not meet these currently. [Level 1&2]

<u>Practice-Based Learning and Improvement</u>:

- Every 6 months the resident will orally review during supervision the diagnostic criteria and how the

patient does/does not meet these currently.

- The resident will discuss and become familiar with evidence based treatments including combinations of medication and therapies.
- Document in the chart correspondence with the above providers (case managers, primary care physicians, consultants and other health care providers) to show coordination of care.
- Review such correspondence with supervisors.
- Every 6 months the resident will orally review during supervision the diagnostic criteria and how the patient does/does not meet these currently. [Level 1&2]

Professionalism:

- Develop and maintain over time an empathic, trusting and respectful relationship with the patient.
- Appreciate the importance of a therapeutic alliance as central to the long term delivery of outpatient care.
- Deal with administrative issues such as scheduling, insurance coverage, and medication formularies as pertain to longitudinal outpatient care.
- View oneself as a psychiatrist and as an important piece of a patient's extended, multi-disciplinary treatment team.
- All assigned patients will have documentation consistent with PPI charting policies.
- Initial evaluations, progress notes, and discharge summaries to be legible, coherent, comprehensive and written in a timely manner.
- Document in the chart correspondence with the above providers (case managers, primary care physicians, consultants and other health care providers) to show coordination of care.
- Review such correspondence with supervisors.
- Residents will ensure that patients are seen regularly by them on a schedule agreed upon with the supervisor or are appropriately transferred to another provider if the resident cannot provide the care.

Systems-Based Practice:

- See oneself as a psychiatrist as an important piece of a patient's extended multi-disciplinary treatment team.
- Deal with administrative issues such as scheduling, insurance coverage, and medication formularies as pertain to longitudinal outpatient care.
- Maintain appropriate long term documentation satisfying medical, legal, regulatory & insurance standards.
- In appropriate cases identified in supervision, work with case manager and supervisor to identify specific community resources available, including intensive case management and vocational rehabilitation opportunities.
- Each case will be discussed with an attending supervisor and the indications and barriers to long term therapy will be identified and discussed.
- Work with the Outpatient QI Committee to minimize chart deficiencies and meet identified charting requirements.
- Residents will ensure that patients are seen regularly by them on a schedule agreed upon with the supervisor or are appropriately transferred to another provider if the resident cannot provide the care.

III. Supervision

All residents have two hours of individual supervision per week. Discussion of the cases seen (or to be seen) that day takes place, as well as any other topics the resident wishes to discuss. The supervising attending physician reviews the chart and documentation performed by the resident. The supervising attending is available on site to see the patient if indicated. If the designated supervising physician is not available (i.e., vacation), another attending physician will be available on site to provide emergent supervision of patient care.

Geriatric Psychiatry
Veteran's Affairs Medical Center – Lebanon, PA

I. Description

A. Geriatric Psychiatry VAMC Outpatient Clinic
B. Required 1.2 month FTE rotation (1 day/week for 6 months) occurring in either the PGY-3 or 4 year.
C. The faculty consists of one part time board certified geriatric psychiatrist.
D. Residents are individually supervised and taught on each patient by the attending psychiatrist on all new evaluations and follow up sessions. Residents attend 3-4 hours of didactic/education programs per week on Thursday mornings. This includes lectures, journal club, evidence-based scholarly presentation, case conference and grand grounds.
E. The clinic population is predominately lower to middle class and about 90% of the patients are male and 10% are female. The age group is 60 years and above. The majority of patients are White with a number of African American and Hispanic patients. 15% have uncomplicated dementia, 15% suffer from dementia with complications (i.e. mood and/or psychotic disorders) and the rest have primarily mood and anxiety disorders (especially PTSD) although somatoform, personality and alcohol/substance abuse are represented. The resident performs evaluations and sees patients in follow up visits. Psychopharmacologic management is the primary treatment modality but psycho-education, supportive and cognitive-behavioral therapy are also provided. Residents obtain experience in dealing with families.
F. Average of 13 patients each clinic day.
G. Individual supervision weekly (i.e., each day on the rotation) in clinic.

II. Goals and Objectives

Overall Goals: To provide competent psychiatric care to geriatric patients.

Goals:

A. Acquisition of clinical knowledge

1. Become familiar with the DSM-IV criteria for psychiatric diagnoses commonly found in the geriatric population, particularly cognitive disorders. (MK)
2. Know the principles of both psychopharmacologic and psychotherapeutic interventions effective in treating mental illness in the elderly. One should become adept in using psychotherapy and medications in combination for treatment. (MK)
3. Appreciate the complex array of social and health systems that affects care in the elderly. (SBP)

B. Development of clinical skills

1. Be able to perform a comprehensive psychiatric evaluation in the elderly. (PC)
2. Become adept in the use of common psychopharmacologic agents in the elderly particularly concerning their indications, dosing and side effects. (PC)
3. Become familiar with the use of a variety of clinical rating scales such as the Mini Mental Status Exam, Clock Drawing Test and Trails Making Test. (PC)
4. Develop skills in supportive, brief and cognitive behavioral psychotherapy approaches in the elderly patient. One should also be able to use psychodynamic principles when necessary. (PC)

5. Be able to refer patients and family to organizations in the community for psychosocial support. The resident should be comfortable in utilizing various systems in providing optimal patient care. (ICS, SBP)

C. Development of appropriate clinical attitude

1. Recognize the role of stigma in the evaluation of the elderly patient with psychiatric illness. (P)
2. Appreciate the psychiatrist's leadership role in the treatment team approach of caring for the mentally ill elderly. (ICS)
3. Demonstrate professionalism. (P)

Objectives:

Goal: Become familiar with the DSM-IV criteria for psychiatric diagnoses commonly found in the geriatric population, particularly cognitive disorders.

Goal: Become adept in the use of common psychopharmacologic agents in the elderly particularly concerning their indications, dosing and side effects.

Goal: Understand the principles of both psychopharmacologic and psychotherapeutic interventions effective in treating mental illness in the elderly.

Goal: Be able to refer patients and family to organizations in the community for psychosocial support. The resident should be comfortable in utilizing various systems in providing optimal patient care.

Goal: Appreciate the complex array of social and health systems that affects care in the elderly.

Objectives:

1. Perform a comprehensive geriatric psychiatric evaluation through a review of records, patient interview and interview of family/other supports. (PC)
2. Based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan pertinent to the patient's community. (PC)

Goal: Recognize the role of stigma in the evaluation of the elderly patient with psychiatric illness.

Objectives:

1. Cite at least one example where stigma against psychiatry has impacted a patient's care. (P)
2. Construct at least one intervention to reduce the impact of stigma. (P)

Goal: Be familiar with the use of a variety of clinical rating scales used in assessing dementia.

Objective:

Utilize at least three separate rating scales such as the Mini Mental Status Exam, Clock Drawing Test and Trails Making Test in evaluations and report results. Demonstrate technique. (MK, PC)

Goal: Develop skills in supportive, brief and cognitive behavioral psychotherapy approaches in the elderly patient

Objectives:

1. Demonstrate with a patient or discuss with a supervisor at least one principle of the above listed psychotherapies. (MK, PC)
2. Demonstrate each of these techniques during a session with patient and supervisor. (MK, PC)

Goal: Demonstrate professionalism.

Objectives:

1. Complete assigned tasks in a timely manner. (P)
2. Be punctual and have at least 95% attendance.
3. Demonstrate respectful interaction during patient contacts. (ICS)

Competency-Based Goals and Objectives

Medical Knowledge:

- Recite DSM-IV criteria for dementia, delirium, and major depression.
- Differentiate between grief, abnormal grief, depression, and bereavement.
- Describe the pathophysiology of delirium.
- List the top four causes of dementia.

Patient Care:

- Be able to perform a comprehensive psychiatric evaluation in the elderly.
- Become adept in the use of common psychopharmacologic agents in the elderly particularly concerning their indications, dosing and side effects.
- Become familiar with the use of a variety of clinical rating scales such as the Mini Mental Status Exam and Clock Drawing Test.
- Develop skills in supportive, brief and cognitive behavioral psychotherapy approaches in the elderly patient. One should also be able to use psychodynamic principles when necessary.

Interpersonal and Communication Skills:

- Function competently as the leader of a multidisciplinary treatment team.
- Be able to give verbal and/or written feedback to family and other healthcare providers concerning the patient's illness.
- Be able to document pertinent, concise, and organized histories and physicals, and progress notes.

Practice-Based Learning and Improvement:

- Demonstrate evidence of outside reading in association with patient care and during journal club presentations. Also, discuss how the information learned can be used to improve patient care.

Systems-Based Practice:

- Demonstrate ability to discuss options for other systems to participate in patient care such as Area Agency on Aging, legal system (POA), contact with medical providers, etc.

Professionalism:

- Complete assigned tasks in a timely manner.
- Demonstrate respectful interaction during patient contacts.
- Make an emphatic statement at least once each day where appropriate using the "empathy formula."

III. Supervision

On the geriatric psychiatry rotation, the resident works closely with the attending psychiatrist. As there is only one resident performing a block at a time, this allows for close interaction between the attending supervisor and resident. Each patient is seen, examined and evaluated by both the resident and the attending psychiatrist. Individual supervision and teaching is given on each case seen. Faculty are available for consultation at all times. Additional supervision is available on request.

Electroconvulsive Therapy
Pennsylvania Psychiatric Institute – Harrisburg, PA

I. Description

A. Electroconvulsive Therapy
B. Required 3-month rotation, three half-days per week, occurring once during the PGY-3 or 4 year.
C. Faculty consist of three part-time, board-certified psychiatrists with experience in administering ECT, as well as visiting anesthesiologists
D. Residents spend approximately nine hours per week, depending on caseload, participating in the evaluation and treatment of all ECT patients for PPI.
E. The service population is almost equally divided above and below age 65, with refractory depression (80% major depressive disorder, 20% bipolar disorder) being the most common reason for treatment. Approximately 70% are female. >90% are Caucasian.
F. Average caseload includes six ECT patients per session, three sessions per week
G. Residents are closely and directly supervised by faculty throughout the entire experience, including the actual administration of ECT.
H. Unilateral and bilateral treatments are used. Patients treated include adult inpatients and outpatients, and treatment may be acute or maintenance, so residents also learn how to determine treatment setting and duration.

II. Goals and Objectives

Overall Goals: To become proficient in administering ECT in a safe and competent way.

Goals:

A. Acquisition of clinical knowledge

1. Know the diagnostic indications for ECT, and its relative contraindications. (MK)
2. Be familiar with the adverse effects of ECT, especially cognitive impairment. (MK)
3. Know medical risk factors in special populations including pregnant women, the frail elderly, certain heart conditions, etc. (MK)
4. Know the principles of general anesthesia for ECT, including pre-oxygenation, brief anesthesia, muscular relaxation and physiologic monitoring. (MK)

B. Development of clinical skills

1. Be able to decide the use of Unilateral vs. Bilateral ECT based on its efficacy, as well as determining the number of treatments required for an effective course of ECT. (PC)
2. Perform a thorough pre-ECT assessment, including the essential laboratory tests and X-rays. (PC)
3. Become familiar with the technique of ECT, including electrode placement, stimulus intensity and waveform, treatment frequency, impact of concomitant antidepressants, anticonvulsants, and benzodiazepines. (MK)
4. Be knowledgeable with the process of obtaining informed consent, including provisions for incompetent patients. (PC)
5. Be able to work in an interdisciplinary treatment setting. (ICS)

C. Development of appropriate clinical attitudes

1. Learn to value ECT as an important treatment option in contemporary psychiatric practice. (PC, P)

Objectives:

Goal: Know the diagnostic indications for ECT, and its relative contraindications.

Goal: Perform a thorough pre-ECT assessment, including the essential laboratory tests and X-rays.

Goal: Be able to decide the use of Unilateral vs. Bilateral ECT based on its efficacy, as well as determining the number of treatments required for an effective course of ECT.

Goal: Become familiar with the technique of ECT, including electrode placement, stimulus intensity and waveform, treatment frequency, impact of concomitant antidepressants, anticonvulsants, and benzodiazepines.

Objectives:

1. The resident will perform an evaluation and formulate an ECT treatment plan including recommendations which takes into account the above factors. (MK, PC)
2. He/she will then perform an ECT treatment demonstrating correct technique. (MK, PC)
3. The resident will demonstrate knowledge by scoring at least 75% on the written exam at the end of the rotation. (MK)

Goal: Be familiar with the adverse effects of ECT, especially cognitive impairment.

Goal: Know medical risk factors in special populations including pregnant women, the frail elderly, certain heart conditions, etc.

Goal: Know the principles of general anesthesia for ECT, including pre-oxygenation, brief anesthesia, muscular relaxation and physiologic monitoring.

Goal: Perform a thorough pre-ECT assessment, including the essential laboratory tests and X-rays.

Objective:

The resident will demonstrate knowledge by scoring at least 75% on the written exam at the end of the rotation. (MK)

Goal: Be knowledgeable with the process of obtaining informed consent, including provisions for incompetent patients.

Objective:

The resident will participate with the supervisor in obtaining informed consent for at least 2 patients. (SBP, ICS, PC)

Goal: Be able to work in an interdisciplinary treatment setting.

<u>Objective</u>:

The resident will demonstrate professional and respectful interactions with the Anesthesia team. (P, ICS, SBP)

Goal: Learn to value ECT as an important treatment option in contemporary psychiatric practice.

<u>Objective</u>:

The resident will participate in the development of patients' treatment plan which includes ECT as an option. (MK, P, PC)

Competency-Based Goals and Objectives

<u>Medical Knowledge</u>:

- Know the diagnostic indications for ECT, and state one relative contraindication.
- List three adverse effects of ECT.
- Know medical risk factors in special populations including pregnant women, the frail elderly, certain heart conditions, etc.
- Know the principles of General Anesthesia for ECT, including pre-oxygenation, brief anesthesia, muscular relaxation and physiologic monitoring.

<u>Patient Care</u>:

- Perform an evaluation and formulate an ECT treatment plan.
- Perform an ECT treatment demonstrating correct technique.
- Participate with the supervisor in obtaining informed consent for at least 2 patients.
- Participate in the development of patients' treatment plan which includes ECT as an option.
- Be able to decide the use of Unilateral vs. Bilateral ECT based on its efficacy, as well as determining the number of treatments required for an effective course of ECT.

<u>Interpersonal and Communication Skills</u>:

- Participate with the supervisor in obtaining informed consent for at least 2 patients.
- Demonstrate professional and respectful interactions with the Anesthesia team.
- Be able to work in an interdisciplinary treatment setting.

<u>Practice-Based Learning and Improvement</u>:

- Demonstrate outside reading during the course of patient care.

<u>Professionalism</u>:

- Be prompt and timely during the rotation.

<u>Systems-Based Practice</u>:

- Discuss the role of the anesthesiologist, operating room staff, and referring physician in patient care.

III. Supervision

Residents will receive individualized training and close supervision by the clinical faculty through mentoring, modeling, and hands-on experience in the performance of the procedures. Special lectures, videotapes and reading materials will be provided.

General Adult Outpatient Psychiatry Clinic
Pennsylvania Psychiatric Institute – Hershey, PA

I. Description

A. General Outpatient Psychiatry Clinic
B. This is a required rotation in either the PGY-3 or 4 year.
C. Faculty consists of one full-time board certified adult psychiatrist and three full-time medication nurses and one full-time case managers all of whom work with the resident.
D. Residents receive education through on site supervision for the evaluation, care, and follow-up of adult outpatients suffering from a variety of Axis I and II diagnoses. Indications and techniques for specific interventions are taught in a one-on-one format between the resident and faculty member. Residents attend 3-4 hours of didactics/educational programs per week on Thursday mornings. This includes lectures, journal club, evidence-based scholarly presentation, case conferences, and grand rounds.
E. The clinic population is approximately 60% female and 40% male. The age range is from 18 to 65 years of age. Patients are predominantly White, though, African-American, Hispanic, and Asian ethic groups are also seen in the clinic. Diagnoses of patients seen are a mix of the more common Axis I disorders, most prominently mood, anxiety, psychotic, and personality disorders. Treatment includes brief therapy, supportive therapy, and the use of medication with psychotherapy. Instruction in the use of psychopharmacologic agents is extensively covered.
F. Medication management clinic consists of one-half hour time slots, and evaluations are scheduled for 120 minutes (generally 60 min. evaluation followed by 60 minutes review/ discussion with the attending. Approximately 10-20 patients will be seen weekly in medication clinics, along with 1 new evaluation per week.
G. All residents receive individual supervision on each patient seen at the time of the appointment, both in medication clinic and with new evaluations.
H. This rotation is focused on the general outpatient psychiatric treatment of adults

II. Goals and Objectives

Overall Goal: To provide the resident with a meaningful learning experience with adult psychiatric outpatients suffering from a broad array of mental illness so as to provide education, diagnosis and effective management in an outpatient setting.

Goals:

A. Acquisition of clinical knowledge

1. Understand the role of outpatient psychiatric care in the adult patient as part of the overall mental health delivery system. (MK)
2. Become familiar with the basic components of the psychiatric interview and understand the steps in formulating a bio-psycho-social treatment plan. (MK)
3. Be familiar with the theoretical underpinnings of a variety of psychotherapies, especially as they relate to compliance with psychoactive medication. (MK)
4. Understand the indications, proposed risks and benefits, and side effects of a variety of psychotropic medications. (MK)

B. Development of clinical skills

1. Be able to conduct a comprehensive psychiatric outpatient interview and to formulate a comprehensive bio-psycho-social treatment plan. (PC)

2. Become skilled in the use of primarily brief and supportive psychotherapies in order to facilitate compliance with psychotropic medication use. (PC)
3. Be able to deal with administrative issues such as patient scheduling, insurance and reimbursement issues in working with psychiatric outpatients. (SBP)
4. Become skilled in the appropriate selection and clinical use of a variety of psychotropic agents. (PC)

C. Development of appropriate clinical attitudes

1. Appreciate how mental illness will not only affect the patient but family and friends as well. (P)
2. Understand how stigma in mental illness will affect all areas of the patient's life. (PC)
3. Appreciate how many biologic as well as psychosocial forces contribute to non compliance with medication. (MK)

Objectives:

Goal: Understand the role of outpatient psychiatric care in the adult patient as part of the overall mental health delivery system. (SBP)

Objectives:

1. Progress notes will reflect both planned therapy interventions and relevant external factors impacting care.
2. Any additional mental health care providers involved in the care (such as case workers) will be identified in the chart, including contact information, if pertinent.
3. Any correspondence with additional providers will be documented in the patient's chart and reviewed with supervisors.

Goal: Become familiar with the basic components of the psychiatric interview and understand the steps in formulating a bio-psycho-social treatment plan. (MK, SBP)

Goal: Be able to conduct a comprehensive psychiatric outpatient interview and to formulate a comprehensive bio-psycho-social treatment plan. (MK, SBP, PC, ICS)

Objectives:

1. Each case will be discussed with an attending supervisor and components of a psychiatric evaluation including the indications and barriers to therapy will be identified and discussed.
2. Specific goals in therapy will be identified and documented in the chart.
3. Goals for termination of successful treatment will be identified and documented in the chart.

Goal: Become familiar with the theoretical underpinnings of a variety of psychotherapies, especially as they relate to compliance with psychoactive medication. (MK)

Goal: Become skilled in the use of primarily brief and supportive psychotherapies in order to facilitate compliance with psychotropic medication use. (MK, PC, ICS)

Objectives:

1. Resident will be able to discuss cases in the pertinent therapeutic context and review the applicable theory relating to medication usage.
2. Resident will demonstrate competent use of applicable technique via videotaped or supervisor-observed interaction.

Goal: Become skilled in the appropriate selection and clinical use of a variety of psychotropic agents. (MK, PC)

Goal: Understand the indications, proposed risks and benefits, and side effects of a variety of psychotropic medications. (MK, PC, PBL)

Objectives:

1. Progress notes will reflect assessment of efficacy and side effects 95% of the time.
2. Lab work will be ordered appropriately as per current practice guidelines.
3. The resident will discuss and become familiar with evidence based treatments including combinations of medication and therapies.

Goal: Be able to deal with administrative issues such as patient scheduling, insurance and reimbursement issues in working with psychiatric outpatients. (SBP, PC)

Objective:

1. Residents will ensure that patients are seen regularly by them on a schedule agreed upon with the supervisor or are appropriately transferred to another provider if the resident cannot provide the care.

Goal: Appreciate how mental illness will not only affect the patient but family and friends as well. (P, SBP)

Goal: Understand how stigma in mental illness will affect all areas of the patient's life. (P, PC)

Objectives:

1. Residents will incorporate assessments of available supports into their social histories.
2. Potential barriers to therapy will be identified and discussed with the supervisor for each case.

Goal: Appreciate that many biologic as well as psychosocial forces contribute to non compliance with medication. (PC, P, SBP)

Objectives:

1. Each case will be discussed with an attending supervisor and components of a psychiatric evaluation including the indications and barriers to therapy will be identified and discussed.
2. Treatment plan updates will include (re)assessment of psychosocial strengths and weaknesses.
3. Treatment plan will identify at least one potential remediation strategy for each case involving non-compliance with medication.

Competency-Based Goals and Objectives

Medical Knowledge:

- Become familiar with the basic components of the psychiatric interview and understand the steps in formulating a bio-psycho-social treatment plan with patients seen in a general outpatient practice.
- Be familiar with the theoretical underpinnings of a variety of psychotherapies, especially as they relate to compliance with psychoactive medication.
- Understand the indications, proposed risks and benefits, and side effects of a variety of psychotropic medications.
- Know the DSM-IV criteria for commonly seen outpatient diagnoses.
- Appreciate that many biologic as well as psychosocial forces contribute to non compliance with medication.
- Understand the role of outpatient psychiatric care in the adult patient as part of the overall mental health delivery system.

Patient Care:

- Be able to conduct a comprehensive psychiatric outpatient interview and to formulate a comprehensive bio-psycho-social treatment plan in an outpatient setting.
- Become skilled in the use of primarily brief and supportive psychotherapies in order to facilitate compliance with psychotropic medication use.
- Become skilled in the appropriate selection and clinical use of a variety of psychotropic agents.

Practice-Based Learning:

- Demonstrate outside reading as it pertains to patient care during the course of the rotation.

Professionalism:

- Appreciate how mental illness will not only affect the patient but family and friends as well.
- Understand how stigma in mental illness will affect all areas of the patient's life.

Systems-Based Practice:

- Understand the role of outpatient psychiatric care in the adult patient as part of the overall mental health delivery system.
- Be able to deal with administrative issues such as patient scheduling, insurance and reimbursement issues in working with psychiatric outpatients.

III. Supervision

Residents will perform the initial psychiatric interview for adult outpatients. Afterwards the resident meets with the attending faculty to formally present the patient, followed by the resident diagnostic formulation and proposed treatment plan. Discussion with the attending includes attention to all aspects of the patient's history in the bio-psycho-social model. After this discussion, the attending faculty meets with both the patient and the resident as well as significant others, if appropriate. Further psychiatric interview will be conducted by the attending physician in the presence of the psychiatric resident. The diagnostic formulation and treatment plan is confirmed and modified as needed and explained to the patient in the presence of the resident. Afterwards, the resident and attending meet again to discuss any nuances of the case or appropriate educational points. For psychiatric medication checks, the above procedure holds. At times, the attending psychiatrist will be in attendance with the resident throughout the entire course of the meeting. Plus, an attending psychiatrist is available in person at the outpatient clinic at all times.

Clinical Electives
Various Sites

I. Description

A. Elective Rotations
B. This experience occurs in the PGY-4 year and rarely during the PGY-3 year. Length of time varies from resident to resident. The average is 1 ½ days/week over a 12 month period.
C. The faculty consists of departmental faculty who work in the resident's chosen area(s) of interest. Experiences outside our facility may be arranged as well.
D. The educational method depends upon the rotation in which the resident is involved. Residents must submit proposed goals and objectives and a description of the structure of the elective for review prior to approval of the elective. Clinical assignments as well as research endeavors are supervised by faculty psychiatrists who provide on-site clinical education and supervision with an emphasis on the advanced study of the chosen area of interest. Specialty-specific conferences are available and the residents continue to broaden their education by attending scheduled didactics as well as the clinical case conferences, journal club, scholarly presentations and grand rounds. Regional or national meetings may be attended to acquire further exposure in a given elective area.
E. The clinical population is varied and may vary with the specific elective. Experience in all age groups from child through geriatrics is available. In general, a majority of the patients are White. Hispanic, Asian and African-American populations are also represented. Patients of Dutch and German descent located in Central Pennsylvania are also represented in the patient population. All socioeconomic groups are represented. Diagnosis and type of treatment will depend upon the rotation chosen. Examples of elective experiences could include Inpatient Psychiatry, Consult/Liaison Psychiatry, Emergency Psychiatry, Specialty Clinic experiences, Substance Abuse, Geriatric Psychiatry, Child Psychiatry, Chronic Mental Illness, Partial Hospitalization, Administrative Psychiatry, Research, and Forensic Psychiatry. Other areas of endeavor are approved by the department chairman and/or program director.
F. Average caseload varies with the rotation. Caseloads are monitored to provide an adequate variety of experience. Research responsibilities, if desired, are of appropriate complexity to provide the resident with an understanding of research methods.
G. Scheduled supervision occurs as per the routine of the specific rotation. Such supervision is on an individual basis and is expected to occur at the time of patient encounter.
H. Through electives, the residents are able to refine their expertise in an area of interest.

II. Goals and Objectives

Goals and objectives will be individualized for each elective and are created by the resident and approved by the program director prior to the start of the elective.

III. Supervision

Attending physicians/faculty supervision shall be readily available at all times during elective experience. Supervision specifics are determined at the time of the rotation.

Selectives
Various Sites

I. Description

A. Selective Rotations
B. This experience occurs in the PGY-3 or 4 year as a half day/week over a 3 month period of time.
C. Faculty consists of outpatient faculty at the Pennsylvania Psychiatric Institute.
D. Supervision and teaching is generally provided at the time of patient interaction. Residents will also attend didactic lectures, clinical case conferences, journal club, scholarly presentation, and grand rounds.
E. Clinic population varies with the specific selective.
F. Average case load varies with the rotation. In general, caseloads are heavier for residents who take this rotation, in keeping with their advanced status.
G. Scheduled supervision occurs per the routine of the specific rotation.
H. Selectives can include the Child and Adolescent Outpatient Clinic at either Front St., Harrisburg or 22 N.E. Drive, Hershey and/or the Anxiety Disorders Clinic located at 22 NE Drive, Hershey. See the clinical descriptions which follow.

Anxiety Disorders Clinic (Selective)
Pennsylvania Psychiatric Institute – Hershey, PA

I. Description

A. Anxiety Disorders Clinic
B. This is an optional alternative to the required Mood Disorders Clinic. It is a half-day per week specialty clinic experience for a PGY-3 resident for 12 months.
C. Clinic supervision is provided by a full-time psychiatrist.
D. The clinic consists of a mixture of 90-minute intake appointments with 30 and 60 minute follow up appointments. The staff psychiatrist provides one-on-one supervision for every case and is often in the room for the entire session. This provides the resident with the chance to assess and manage complicated anxiety disorders.
E. The clinic population is predominantly lower middle class and about 60% female and 40% male, age range is from 18 to 90+ with the majority age 21-60. The patients are predominantly white (90%), with African-American (4%), Hispanic (2%) and Asian populations also represented. The majority of the patients are diagnosed with anxiety disorders, predominately Post-traumatic Stress Disorder, Generalized Anxiety Disorder and Panic Disorder. Most of the patients have co-morbid psychiatric and medical illnesses as well including Major Depression, Bipolar Disorders, and Substance Abuse Disorders. The primary treatment modality is medication management with Supportive Therapy, but residents will also utilize Cognitive-Behavioral Therapy techniques when appropriate.
F. An average case load would be an intake and 3-4 follow up appointments in each of the half-days.
G. The staff psychiatrist provides supervision on the day of the appointment for every patient. Most patients will be seen by the staff member with the resident and then discussed, which provides real-time supervision.
H. Care in this clinic often involves coordination with other providers including primary care providers and psychotherapists within and outside of the Hershey Medical System. Many of these patients are also filing for disability or Family Medical Leave which requires attention to documentation and assessment of the patient's overall functional ability in addition to his/her reported symptoms.

II. Goals and Objectives

Overall goal: To expose the resident to patients with anxiety disorders as seen in the outpatient setting of a specialty clinic and to have the resident become competent in the evaluation and treatment of the patient with an anxiety disorder, including diagnosis and treatment plan.

Goals:

A. Acquisition of clinical knowledge

1. Know the major anxiety disorders commonly seen in an outpatient setting, including DSM criteria, prognosis and effective treatment strategies. (MK)
2. Demonstrate the use of psychotropic medications such as antidepressants and anxiolytics in this patient population. (MK)
3. Learn introductory principles of CBT, and use of CBT in this patient population. (MK)
4. Know the principles of successful interview techniques with the anxious patient. (MK)
5. Understand the delivery of mental health care in an academic health care setting, along with knowledge of public and private systems of care. (SBP)

B. Development of clinical skills

1. Perform thorough psychiatric evaluations. (PC)
2. Effectively use psychotropic agents. (PC)
3. Utilize the basic concepts of CBT as applied to patients with an anxiety disorder. (PC)
4. Use interpersonal skills that facilitate effective treatment with patients, families, and team members. (PC)
5. Master appropriate documentation. (ICS)
6. Enhance ability to convey relevant clinical information to other members of the healthcare team. (ICS)
7. Demonstrate the ability to obtain appropriate knowledge from multiple sources. (PC)

C. Development of appropriate clinical attitudes

1. Demonstrate responsibility for patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members. (P)
2. Demonstrate respect, compassion, and responsibility to patients and members of the health care team. (P)
3. Adhere to patient confidentiality. (P)
4. Show sensitivity to culture, gender, age, ethnicity, and sexual orientation. (P)

Objectives:

Goal: Demonstrate adequate knowledge of:

1. The major anxiety disorders commonly seen in an outpatient setting, including DSM criteria, prognosis and effective treatment strategies. (MK)
2. The use of psychotropic medications such as antidepressants and anxiolytics in this patient population. (MK, PC)
3. Introductory principles of CBT, and use of CBT in this patient population. (MK)
4. The principles of successful interview techniques with the anxious patient. (MK, PC)
5. An understanding of the delivery of mental health care in an academic health care setting, along with knowledge of public and private systems of care. (MK, SBP)

6. Adherence to patient confidentiality. (P)
7. Sensitivity to culture, gender, age, ethnicity, and sexual orientation. (P)

Goal: Utilize the basic concepts of CBT as applied to patients with an anxiety disorder.

Goal: Demonstrate knowledge of the principles of successful interview techniques with the anxious patient.

Goal: Utilize the basic concepts of CBT as applied to patients with an anxiety disorder.

Objectives:

1. Demonstrate basic CBT techniques as taught in the course seminar during an interview with a patient in front of supervisor. (MK, PC, ICS)
2. Demonstrate an interview technique or intervention specific to the anxious patient in front of supervisor. (MK, PC, ICS)

Goal: Perform thorough psychiatric evaluations.

Objective:

Perform and document a comprehensive psychiatric evaluation, including mental status exam, differential diagnoses, psychosocial assessment and treatment plan. (MK, PC, ICS, SBL)

Goal: Effectively use psychotropic agents.

Objective:

Medication choices and doses will conform to best practices as measured in final exam. (PC, MK, PBL)

Goal: Use interpersonal skills that facilitate effective treatment with patients, families, and team members.

Goal: Master the use of appropriate documentation.

Objective:

All sessions will be documented legibly within 24 hours and contain the required elements as specified in clinic policies. (ICS, P, SBP, PC)

Goal: Demonstrate responsibility for patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members.

Objectives:

1. No unexcused absences. (P)
2. Attendance at all scheduled team meetings. (P)
3. Adherence to session timelines. (P, PC)
4. Documentation of appropriate clinical responsiveness and coordination with team members in timely fashion. (P, ICS)

5. Prompt return of phone calls. (P, PC)

Goal: Enhance ability to convey relevant clinical information to other members of the healthcare team.

Goal: Demonstrate responsibility for patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members.

Goal: Demonstrate the ability to obtain appropriate knowledge from multiple sources.

Objective:

Lead the treatment team meeting in developing care plan for at least 2 patients. (ICS, SBP, P, PC)

Competency-Based Goals and Objectives

Medical Knowledge:

- List basic CBT components as taught in the course seminar during an interview with a patient in front of supervisor.
- List the DSM-IV criteria for panic disorder, generalized anxiety disorder, and obsessive-compulsive disorder.
- Understand the use of psychotropic medications such as antidepressants and anxiolytics in this patient population.

Patient Care:

- Demonstrate basic CBT techniques as taught in the course seminar during an interview with a patient in front of supervisor.
- Demonstrate an interview technique or intervention specific to the anxious patient in front of supervisor.
- Perform and document a comprehensive psychiatric evaluation, including mental status exam, differential diagnoses, psychosocial assessment and treatment plan.
- Lead the treatment team meeting in developing care plan for at least 2 patients.
- Effectively use psychotropic agents.
- Use interpersonal skills that facilitate effective treatment with patients, families, and team members.

Interpersonal and Communication Skills:

- All sessions will be documented legibly within 24 hours and contain the required elements as specified in clinic policy.
- Lead the treatment team meeting in developing care plan for at least 2 patients.
- Documentation of appropriate clinical responsiveness and coordination with team members in timely fashion.
- Enhance ability to convey relevant clinical information to other members of the healthcare team.

Practice-Based Learning and Improvement:

- Medication choices and doses will conform to best practices.

Professionalism:

- All sessions will be documented legibly within 24 hours and contain the required elements as specified in clinic policy.
- No unexcused absences.
- Attendance at all scheduled team meetings.
- Prompt return of phone calls.
- Demonstrate responsibility for patient care, including appropriate clinical responsiveness, documentation, and coordination with other team members.
- Demonstrate respect, compassion, and responsibility to patients and members of the health care team.
- Adhere to patient confidentiality.
- Show sensitivity to culture, gender, age, ethnicity, and sexual orientation.

Systems-Based Practice:

- Make appropriate referrals to other systems of care to provide for optimum patient care.
- Demonstrate an understanding of the delivery of mental health care in an academic health care setting, along with knowledge of public and private systems of care.

III. Supervision

Teaching tools may include:

A. Individual supervision by the attending supervisor for each patient seen by the resident.
B. Treatment team meetings.
C. Direct observation of individual psychotherapy using CBT principles handouts.

Selectives
Various Sites

I. Description

A. Selective Rotations
B. This experience occurs in the PGY-3 or 4 year as a half day/week over a 3 month period of time.
C. Faculty consists of outpatient faculty at the Pennsylvania Psychiatric Institute.
D. Supervision and teaching is generally provided at the time of patient interaction. Residents will also attend didactic lectures, clinical case conferences, journal club, scholarly presentation, and grand rounds.
E. Clinic population varies with the specific selective.
F. Average case load varies with the rotation. In general, caseloads are heavier for residents who take this rotation, in keeping with their advanced status.
G. Scheduled supervision occurs per the routine of the specific rotation.
H. Selectives can include the Child and Adolescent Outpatient Clinic at either Front St., Harrisburg or 22 N.E. Drive, Hershey and/or the Anxiety Disorders Clinic located at 22 NE Drive, Hershey. See the clinical descriptions which follow.

Child and Adolescent Psychiatry Outpatient Clinic (Selective)
Pennsylvania Psychiatric Institute – Harrisburg, PA

I. Description

A. Child and Adolescent Psychiatry Outpatient Clinic
B. This is a half-day per week clinic which is staffed by third or fourth year psychiatry residents. There can be 1 resident on the rotation at a time and the rotation lasts 3 months.
C. Clinic supervision is provided by one part-time child and adolescent psychiatrist.
D. The clinic consists of a mixture of 90-minute evaluation appointments and 30 minute follow up appointments. The attending psychiatrist provides one-on-one supervision for every case. This provides the resident with the chance to assess and manage child and adolescent psychiatry disorders.
E. The clinic population is predominately middle to lower middle class and about 50% female and 50% male, age range from 3 to 17 years old. The patients are mostly white or African American (about 50% each) with small percentages of Hispanic and Asian youths. The patients are diagnosed with a variety of child and adolescent psychiatric disorders. The primary treatment modality is medical management and Supportive Therapy, but residents will also utilize Cognitive-Behavioral Therapy and social skills training techniques when appropriate.
F. An average case load would be 1 evaluation and 2-4 follow up appointments in each half-day session.
G. The child and adolescent psychiatrist provides supervision on the day of the appointment for every patient. Patients will be seen by the attending with the resident for part of every appointment, which provides real-time supervision.
H. Care in this clinic often involves coordination with other providers within and outside of PPI including primary care providers, outpatient therapists, family based therapists and wrap around services including mobile therapist. Care also includes coordination with school staff and patient's parents.

II. Goals and Objectives

Overall Goal: To provide competent psychiatric care to child and adolescent patients in an outpatient setting.

Goals:

A. Acquisition of clinical knowledge

1. Appreciate the structure of a comprehensive psychiatric evaluation for the child and adolescent patient and understand how this differs from the adult patient psychiatric evaluation. (MK)
2. Become familiar with the DSM-IV criteria for psychiatric diagnoses commonly found in the child and adolescent population, particularly mood disorders and behavioral disorders. (MK)
3. Understand psychosocial implications of the child and adolescent period in relation to the human life cycle and its unique challenges. (MK)
4. Know the principles of both psychopharmacologic and psychotherapeutic interventions effective in treating mental illness in the young. (MK)
5. Understand fully the ways in which medical/neurologic disorders can affect the diagnosis, treatment and management of psychiatric disorders in the child and adolescent population. (MK)
6. Appreciate the complex array of social and health systems that affect care in the child and adolescent population. (SBP)

B. Development of clinical skills

1. Become aware of and to be able to use common psychopharmacologic agents in the child and adolescent population, particularly concerning their indications, dosing and side effects. (PC)
2. Communicate effectively with patients and their families that present to an outpatient setting. (ICS)
3. Be effective in exchanging information with other professionals and ancillary staff. (ICS)
4. Make informed decisions about diagnostic and therapeutic interventions for this population of children and adolescents with mood and behavioral disorders. (PC)
5. Become adequate at performing a mental status exam with this population noting the differences from older psychiatric populations. (PC)

C. Development of appropriate clinical attitude

1. Demonstrate professionalism in behavior. (P)
2. Demonstrate a commitment to ethical principles involved in informed consent and patient confidentiality. (P)

Objectives:

Goal: Appreciate the structure of a comprehensive psychiatric evaluation for the child and adolescent patient and understand how this differs from the adult patient psychiatric evaluation.

Goal: Understand psychosocial implications of the child and adolescent period in relation to the human life cycle and its unique challenges.

Goal: Appreciate the complex array of social and health systems that affect care in the child and adolescent population.

Goal: Make informed decisions about diagnostic and therapeutic interventions for this population of children and adolescents with mood and behavioral disorders.

Goal: Become adequate at performing a mental status exam with this population noting the differences from older psychiatric populations.

Objective:

Perform a comprehensive psychiatric evaluation on the child and adolescent patient through a review of records, patient interview and interview of family/other supports. Then, based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan and be able to carry it out. (MK, PC, SBP, ICS)

Goal: Become familiar with the DSM-IV criteria for psychiatric diagnoses commonly found in the child and adolescent population, particularly mood disorders and behavioral disorders.

Goal: Know the principles of both psychopharmacologic and psychotherapeutic interventions effective in treating mental illness in the young.

Goal: Become aware of and to be able to use common psychopharmacologic agents in the child and adolescent population, particularly concerning their indications, dosing and side effects.

Goal: Communicate effectively with patients and their families that present to an outpatient setting.

Goal: Demonstrate professionalism in behavior.

Objectives:

1. Demonstrate respect, compassion, and integrity. (P)
2. Be punctual and have at least 95% attendance. (P)
3. Maintain timely and orderly medical records and review of charts. (P, ICS)

Goal: Demonstrate a commitment to ethical principles involved in informed consent and patient confidentiality.

Objectives:

1. Demonstrate proficiency in obtaining informed consent for treatment or a procedure from the appropriate person either during direct observation by an attending or on video, and through role play. (ICS, SBP, PC, P)
2. No violations of PPI's confidentiality policy (P, SBP, PC)

Competency-Based Goals and Objectives

Medical Knowledge:

- Appreciate the structure of a comprehensive psychiatric evaluation for the child and adolescent patient and understand how this differs from the adult patient psychiatric evaluation.
- Become familiar with the DSM-IV criteria for psychiatric diagnoses commonly found in the child and adolescent population, particularly mood disorders and behavioral disorders.
- Understand psychosocial implications of the child and adolescent period in relation to the human life cycle and its unique challenges.

- Know the principles of both psychopharmacologic and psychotherapeutic interventions effective in treating mental illness in the young.
- Understand fully the ways in which medical/neurologic disorders can affect the diagnosis, treatment and management of psychiatric disorders in the child and adolescent population.

Patient Care:

- Perform a comprehensive psychiatric evaluation on the child and adolescent patient through a review of records, patient interview and interview of family/other supports. Then, based on the results of the evaluation, develop an appropriate bio-psycho-social treatment plan and be able to carry it out.
- Demonstrate proficiency in obtaining informed consent for treatment or a procedure from the appropriate person either during direct observation by an attending or on video, and through role play.
- Become aware of and to be able to use common psychopharmacologic agents in the child and adolescent population, particularly concerning their indications, dosing and side effects.
- Make informed decisions about diagnostic and therapeutic interventions for this population of children and adolescents with mood and behavioral disorders.
- Become adequate at performing a mental status exam with this population noting the differences from older psychiatric populations.

Interpersonal and Communication Skills:

- Maintain timely and orderly medical records and review of charts.
- Communicate effectively with patients and their families that present to an outpatient setting.

Practice-Based Learning and Improvement:

- Demonstrate the attitude and skills needed for continued self-education by showing evidence of outside reading.

Professionalism:

- No (un-remediated) deficiencies noted on 360 degree survey.
- Demonstrate respect, compassion, and integrity.
- Be punctual and have at least 95% attendance.
- Demonstrate a commitment to ethical principles involved in informed consent and patient confidentiality.

Systems-Based Practice:

- Appreciate the complex array of social and health systems that affect care in the child and adolescent population.

III. Supervision

In the Child Psychiatry outpatient clinic, the resident works closely with the attending psychiatrist. Each patient is seen, examined, and evaluated by both the resident and the attending psychiatrist. As there is only one resident performing in a block at a time, this allows for close interaction between the attending supervisor and resident. Individual supervision and teaching is given on each case seen. Faculty is available for consultation at all times.