

PSYCHIATRY ELECTIVE ROTATION

I. Formal Rotation Title and Length

Psychiatry Consultation Service – 2 to 4 weeks, as arranged

II. Rotation Director

Leonard S. (Scott) Richards, D.O.

III. Where to report for orientation

Resident should report to the office of Dr. Richards, Iowa Health Physicians Psychiatry, 1301 Penn Avenue, Suite 408 by 8:00 a.m. on the first day of the rotation. The phone number for Dr. Richards's office is 263-5000.

IV. Logistics of Rotation

The resident will start the day seeing one new patient and selected follow-up patients from Dr. Richards practice in his Penn Avenue office. By ~11:00 a.m. the resident will begin seeing patients hospitalized at ILH and IMMC who have been referred for psychiatric consultation. By ~3:00 p.m. Dr. Richards will then meet with the resident to staff new consultations and to see and discuss other patients the resident is seeing in follow-up.

V. Description and Objectives of Rotation

A. Educational purpose, rationale or value:

The psychiatry rotation is designed to provide for the acquisition of basic knowledge in psychiatry, the development of interviewing skills, and the promotion of attitudes commensurate with a holistic approach to patient care. The biopsychosocial model will serve as a framework for the educational experiences including lectures, demonstrations and patient care activities.

B. Principal teaching methods:

1. Clinical instruction will take place on the inpatient medical units and in the outpatient clinic primarily through a one-to-one relationship between the resident and the attending physician. This individualized learning situation provides opportunity for role-modeling behaviors and a basis of support for the resident in dealing with difficult clinical situations.

2. Hospital consultations and psychiatry clinic patients will be assigned by the attending physician to the resident for evaluation and management. The resident will:
 - a. review the chart for pertinent history.
 - b. interview the patient, obtaining a comprehensive history.
 - c. conduct a complete mental status examination
 - d. order and interpret necessary laboratory data.
 - e. interview family members as appropriate.
 - f. order psychological testing and review the results.
 - g. formulate the case according to the biopsychosocial model.
 - h. present the case in both oral and written form including diagnosis, etiology, treatment plan, and prognosis.

3. The faculty member will:
 - a. assign to the resident an appropriate number of hospital consults and outpatient evaluations to ensure adequate clinical experience.
 - b. observe the resident's performance and give appropriate feedback.
 - c. discuss with the resident topics pertinent to the differential diagnosis and treatment of each patient.
 - d. require formal oral presentation of the case and give feedback.
 - e. review the resident's medical record documentation and give feedback.
 - f. encourage the resident to observe the faculty mentor interviewing, evaluating, and treating patients.

C. Objectives for Rotation

Upon completion of the rotation, the resident will demonstrate knowledge of the following:

1. signs and symptoms of psychiatric disorders, including psychosomatic conditions, particularly as they present in medical patients.
2. biological and psychological testing available and their indications.
3. biological, sociological and psychological theories of etiology.
4. available treatment strategies including pharmacotherapy, psychotherapy, and social interventions.
5. the team approach to patient care.
6. criteria for recognition of the suicidal or homicidal patient.
7. competency issues in the medical patient.

D. Principal ancillary educational materials to be used:

1. Informal lectures will be presented based on patients seen or questions raised by the resident during the rotation.
2. Reading assignments from a Syllabus and/ or textbook provided to each resident. Dr. Richards will explain which areas should be reviewed in detail during the rotation.
3. Topics of interest may also be reviewed by reading journal articles, a general textbook of psychiatry and/or a psychiatry textbook for primary care physicians available from Dr. Richards.

VI. Patient Care

A. Maximum number of patients for resident to follow:

The resident will follow no more than 12 patients on the Consultation Service.

B. Maximum number of admissions for R1 per admitting day: N/A.

C. Description of lines of responsibility for the care of patients:

The resident will be closely supervised by the attending psychiatrist and the resident's consults will be reviewed and co-signed by the attending psychiatrist.

D. Weekend Coverage: No weekend clinical responsibilities assigned.

E. Required Educational Conferences:

The resident will be required to attend Internal Medicine conferences every Wednesday morning from 7:30 to 8:30 a.m. and the Monday, Wednesday, Friday core curriculum lectures from noon to 1:00 p.m. at IMMC.

F. Resident Continuity of Care Clinics:

The resident will attend their weekly Continuity of Care clinics.

VII. Medical Records & Procedural Documentation

Responsibility for records including discharge summary:

Consultation reports will be dictated by the attending physician. Progress notes will be completed by the resident and co-signed by the attending psychiatrist.

VIII. Mechanics - Daily Time Schedule

The resident will be available to provide consultation between 8:00 a.m. and 5:00 p.m., Monday through Friday.

IX. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident and will be kept in the resident's confidential file for future reference.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** Demonstrate ability to effectively evaluate and manage patients with psychiatric conditions during direct and indirect observations of resident performance on assigned patients.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to psychiatry and demonstrate understanding of assigned reading materials.
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with psychiatric conditions and demonstrate real-time strategies to address these gaps.
4. **Interpersonal and Communication Skills:** Demonstrate effective communication abilities in dealings with patients and families. Demonstrate timely and accurate completion of medical records.
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive care provided.