ROTATION DESCRIPTION

ROTATION TITLE
Psychiatry – Pediatrics (PGY2)

PURPOSE
The psychiatry rotation is designed to allow the resident to further refine skills in therapeutics, pharmacokinetics, drug information, verbal and written communication, patient database development, patient monitoring, patient counseling and case presentations as these skills pertain to child and adolescent patients with psychiatric illnesses.

LEARNING EXPERIENCE DESCRIPTION
Residents will be assigned to a treatment team consisting of an attending physician, social worker, resident physician(s), medical students and nurses. Morning rounds will start at 8:00 AM. Residents will round with the team in the morning (includes nursing report, presentation of new patients, review of all patient cases, community meeting, individual patient interviews and wrap up meeting). Typically the resident will meet back with the preceptor in the afternoon to review patients, counsel patients with supervision, and participate in topic discussions/journal club presentations.

LEARNING EXPERIENCE ACTIVITIES

A. Exhibit problem solving skills by:
(R1.3.1, R1.3.2, R2.1.1, R2.4.1, R2.4.2, R2.4.3, R4.5.3):

1. Obtaining and interpreting patient information from the medical record, patient interview, computer reports, ancillary information (e.g. ER reports, family reports, outpatient pharmacies, etc.) and medical/nursing staff.
2. Identifying subjective evidence of the patient's disease states.
3. Identifying objective evidence of the patient's disease states.
4. Assessing patient and disease state-specific factors to determine a rational therapeutic plan.
5. Developing a rational therapeutic plan with appropriate monitoring parameters and patient education.
6. **See addendum for example of case presentation format(s).**

B. Demonstrate ability to effectively communicate with other health care professionals and provide drug information in both written and verbal formats.

1. Residents will participate in multidisciplinary team meetings and be available to health care professionals to provide drug information for patient specific questions and general topic discussions.
(R1.3.1, R2.1.1, R2.8.1, R2.9.1)
2. Residents will research and evaluate current literature to reference recommendations. All recommendations shall be approved by the preceptor before presenting them to the team or other health care professionals until authorized by preceptor to provide independent recommendations. (R2.1.1, R2.4.3, R2.6.1, R2.6.2, R2.7.1, R4.2.4)

3. Residents are responsible for all patients on their team. You should have adequate knowledge of your patients, their medications, labs, diagnostic studies, funding source and any other relevant information in order to assist your team and to provide optimum care to your patients.
   (R1.3.1, R2.4.1, R2.4.2, R2.4.3, R2.8.1, R2.9.1, R2.10.1, R2.10.2, R2.10.3)
4. Residents will complete admission medication reconciliation on all patients on the child/adolescent psychiatry service and may assist the resident physicians with discharge reconciliation documentation.
   (R2.11.1, R2.11.2, R2.12.1, R2.12.2, R4.2.4)

C. Be able to interact effectively with patients and provide drug information.
   (R2.3.1, R2.9.4, R2.12.1, R2.12.2)
   1. **The resident will provide discharge medication counseling to all patients on all medications**.
   2. The resident will attend patient medication education groups
   3. The resident will be available for all patients on their service to answer drug information questions and provide medication counseling.
   4. The resident will demonstrate understanding of the Abnormal Involuntary Movement Scale. Note: Residents are responsible for setting up a time with the preceptor to demonstrate this competency.

D. Identify and discuss pharmacoeconomic / ethical issues in psychiatric pharmacy.
   (R2.1.1, R2.9.3)
   1. Identify and consider the most cost-effective therapeutic plan for all assigned patients without compromising efficacy or patient safety.
   2. Discuss all ethical issues that may arise regarding a patient's pharmacotherapeutic plan.

E. Exhibit professionalism and professional development.
   (R2.1.1)
   1. BE ON TIME. If you will be late or absent page preceptor by 7:30am
   2. If you have any scheduled absences you are responsible for notifying your team and letting them know who will be covering in your absence.
   3. Conduct yourself in a professional manner at all times.
   4. Improve time management skills as demonstrated by turning in all assignments on time and balancing patient care activities with other residency requirements.

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours

7:00 AM to 5:00 PM
As patient care requires, the above listed times may vary.

Required meetings

A. RITE/Current Topics – Fridays at noon
B. Resident seminar – Mondays at 1:00 PM
C. Journal club – Psychopharm meeting Tuesdays at 1:00 PM
D. Your area of interest journal club – as scheduled. Please notify preceptor at beginning of month.

E. Psychiatry Grand Rounds – Fridays at 11:00 AM

Required presentations

A. Meet at scheduled times to discuss assigned patients.
   1. Present patients in the format found at the end of this syllabus.
   2. Discuss any pharmacotherapeutic issues on assigned patients.
   3. Monitor laboratory data.
   4. Thoroughly review medication profiles including indications, dose, side effects, interactions, etc. of each drug. Remember that many medications are used for off-label indications in psychiatric medicine.
   5. Always have an alternative therapeutic plan for all of your patients.

B. Meet at scheduled times to discuss assigned topics and readings.
   1. Residents will be prepared to discuss the disease states when presenting patient cases and for topic discussions.
   2. Topics and reading material will be assigned prior to the discussion (see calendar)

C. Case presentations – see format
   1. You will have about 10-15 minutes to present and 15 minutes for questions.
   2. The focus for evaluation with this presentation is your ability to fully evaluate the appropriateness of the current regimen as well as devise an alternative plan for your patient that is rational, economically feasible, evidence-based and complete.
   3. You are expected to actively participate in the discussion of other trainees' cases

D. Present articles for journal scan and actively participate in other journal clubs as scheduled.

E. Inservice presentation – see addendum

Required readings

Readings will be shared with resident during rotation orientation and will include mandatory readings as well as readings tailored to the resident's personal goals for the rotation. It is highly recommended that you review the chapters on psychiatry in DiPiro.

ROTATION PRECEPTOR(S)

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METHOD OF EVALUATION

Evaluation of residents will be based on the learning experience objectives outlined by the Residency Program Director (RPD). The RPD will identify the specific goals and objectives on which the resident will be evaluated (available in E-Value). The preceptor and resident will review the resident's customized plan and the learning experience introduction document on the first day of rotation. Feedback will include, but not be limited to, verbal and written mid-point and end of rotation evaluations.

Required Readings (to be checked out from preceptor)

Look Me In the Eye – John Elder Robison
The Curious Incident of the Dog in the Night-time – Mark Haddon
"First Person Accounts" – packet of essays available

Appendix A

- Journal scan guidelines
- Inservice guidelines
- Patient Presentations

Appendix B

- Policies and order sets to review
- Dress code
- Required documentation instructions

Appendix C

- Checklist for rotation
- Instructions for personal goals for rotation
- List of disease states to be reviewed during the month

Appendix A: Presentations
General Presentation Guidelines:

- Be able to define ALL terminology and abbreviations used in any presentation.
- If you don't know what something means – look it up.

Journal Scan Guidelines:

- Pick 3 articles from one of the following journals
- Choose those that are of interest to you and that you think you can understand
- Only articles on original research that are relevant to clinical practice should be reviewed for journal scan (i.e. research articles on rat brain serotonin levels need not be reviewed).
- Provide a ~5 minute synopsis of each article including whether you think it impacts current treatment recommendations.

Journal of Clinical Psychiatry Arch Gen Psych Amer J of Psych Amer J of Ger Psych Canadian J of Psych	Neurology Annals of Neurology J Clin Psychopharmacology Psychopharmacology	NEJM Annals of Pharmacotherapy Pharmacotherapy JAMA Arch Gen Med

Inservice:

You will be required to provide one inservice to the treatment team during the rotation. The team or I may request a topic for discussion or you may come up with your own topic. The inservice should be 10 minutes in length. This is a short period of time, so discuss the topic with me in advance to ensure the topic is not too broad. Ideally your handout should be 1-3 pages so it is a useful reference for the future.
Topic Due by beginning of week 2
Draft Due at midpoint
Final draft due no less than 3 days prior to the inservice

Patient Presentations

New Admissions:
____ yr old ____ with history of (primary psychiatric diagnosis or no psychiatric history) admitted/committed for symptoms/behaviors consistent with diagnosis that warrant admission

Past Psych History
Past Medical History
Pertinent Family History
Pertinent Social history (funding, nicotine, alcohol, drug use)
Past med trials

Meds Prior to admission/allergies
Labs on admission
Axis I-III
Current Meds (including indication)
Up to date information: sleep, appetite, PRNs required over past 24 hrs, med compliance, current symptoms (mood, thoughts, vital signs)
Plan – what are we going to do with the meds…

Previously Presented patients:
____ yr old ____ with history of (primary psychiatric diagnosis or no psychiatric history) admitted/committed on admission date for symptoms/behaviors consistent with diagnosis that warrant admission

Medication changes
New labs
Brief description of the course since admission
Up to date information: sleep, appetite, PRNs required over past 24 hrs, med compliance, current symptoms (mood, thoughts, vital signs)
Assessment of medication therapy
Plan/expected discharge date

For Formal Case Presentation:
Present as new patient….and **be prepared for the following:**

Assessment and Plan/ DRUG USE EVALUATION:

- Be able to answer questions about all medications including side effects, drug interactions, indications, dosing and clinical evidence for use…is there literature to support the treatment plan? Any pivotal trials to back up the treatment plan?
- What is the plan for this patient's meds?
- What is **your** recommendation for future therapy?
- What needs to be monitored?
- What are the target symptoms you are monitoring?
- **What is your alternative plan if something goes awry with this plan?**
    - **Be specific – one complete, evidence based alternative plan**

Appendix B

Policies to Be Familiar With:

Automatic Therapeutic Substitutions:
http://www.musc.edu/pharmacyservices/DI/DIK1_files/FormularyResources.html

Clozaril
http://www.musc.edu/pharmacyservices/PnP/F11g.pdf

Dress Code: You know it…adhere to it. Lab coats are optional for this rotation. Whether or not you are wearing a lab coat, remember to dress professionally. Women, no short skirts, belly-revealing shirts or low cut shirts should be worn. Visible cleavage is inappropriate…period. If you are dressed in appropriately you will be sent home. Guys, ties are preferred, but optional – IF you will not be in other areas of the hospital for staffing, meetings etc.

Order Sets: Clinician Order Forms – Psychiatry
Plan to be familiar with these protocols by the end of the first week of rotation.

- Opioid Detox Protocol
- Alcohol Detox Protocol
- Admission Orders
- Discharge Medication Orders
- ECT Orders

Required Documentation

1. Medication Reconciliation
    a. All patients on your team
    b. Document any updates to home medication list on page 3 of admission data base. DO NOT document changes made during the hospital stay. This should only be a list of meds the pt was supposed to be taking prior to admission.
    c. Document any automatic therapeutic substitutions in the appropriate boxes on page 3 of admission database.
    d. Document in eMeds **within 24 hours of completing the reconciliation**
        i. Pt attachments → NOTE → current visit only → uncheck "open" →'MREC in text box→ click on "Done" **TWICE**

2. Interventions
    a. **Must be discussed with preceptor before presenting them to the team…period**
    b. Will all be documented in eMeds as therapy attachments **before the end of the month**
        i. Click on medication → Ctrl+Insert → Intervention → uncheck "open" → check appropriate interventions and consulted with VandenBerg/Drayton

3. Patient counseling

a. Will be done under supervision of preceptor until you are checked off
b. Shall include Medication list (see discharge medication reconciliation) and pertinent medication information materials
    i. www.nami.org for psychiatric medications
    ii. Micromedex for medical medications (only ones we start here)
c. Will be documented in the chart on the Pharmacy Patient Counseling form
    i. Clinician order forms → Pharmacy → Pharmacy Patient Counseling
    ii. Do not check boxes of items you did not discuss with the patient
    iii. Present form to preceptor prior to placement in chart until checked off

4. Abnormal Involuntary Movement Scale – as requested by treatment team
    a. See http://www.abnormalinvoluntarymovementscale.com/Abnormal-Involuntary-Movement-Scale-Web-Resouces.html for forms
    b. Do not place form in the chart

5. Pharmacokinetic notes
    a. Required for phenytoin adjustments
    b. Must be checked by preceptor until checked off
    c. Clinician order forms → Pharmacy → pharmacokinetic evaluation

6. Discharge Medication Reconciliation
    a. You may be asked to assist the team in filling out discharge medication reconciliation forms
    b. Clinician order forms → Psychiatry → Discharge Medication Order (Medication Reconciliation)
    c. Always check with preceptor and/or team to verify list of medications
    d. Generally patients are only discharged on scheduled medications….no PRNs

7. End of Rotation Clinical Intervention Report
    a. Please provide the following report during the last week of rotation to assist with your rotation evaluation.
    b. eMeds → **make sure print set is Print to Window** → Print Report →Intervention Report → Date first of month to current date → Selection Criteria = Facility/MUSC/User → Print → Click on your username on the left and print the pages associated with your interventions

Appendix C

Checklist

	By Day 1	
	Rotation resident supervision form complete and signed	
	Leave forms completed if necessary	
	Rotation goals completed and turned in	
	Badge clearance request filled out with security desk	
	Rotation notebook obtained	
	By Day 2	
	Syllabus reviewed (assumed understood if no questions)	
	Documentation processes reviewed and understood	
	By midpoint	
	Inservice handout completed	
	Self assessment of progress on goals completed	
	Prior to final eval	
	Self assessment completed	
	All assignments completed	
	Keys, reading material, DVDs etc all handed in	

Personal Rotation Goals (please complete these on a separate page and turn in.

List at least 3 **specific, objective, achievable goals** for this rotation (i.e. "Understand five medical complications associated with antipsychotic treatment (including assessment, differential diagnosis and treatment)" not "I want to learn more about psychiatry"). Also include your ideas on how you will achieve this goal during rotation.

What is your area of interest? Be as general or specific as you like (e.g. pediatrics or neurosurgical ICU). Whatever the area of interest – we will find 5 ways to link it back to psychiatry this month.

Selected topics from the following will be discussed during the month as warranted by the resident's previous experience as well as personal and professional goals.

Schizophrenia Schizoaffective disorder Bipolar disorder Depression Anxiety disorders Personality disorders Substance abuse/dependence	ADHD PDD/MR/Developmental Disorders Differential presentation of major psychiatric disorders in children Autism spectrum disorders Eating disorders Organic brain disease (Wilson's, lead

Substance intoxication Substance withdrawal Treatment of overdose	poisoning, etc.)