Goals and Objectives

The program’s goals and objectives are structured around the six core competencies of residency training that are to be evaluated by program faculty:

1. Patient Care
2. Medical Knowledge
3. Interpersonal Skills
4. Professionalism
5. Practice-Based Learning
6. Systems-Based Learning
1. **Patient Care** - At the time of completion of training, residents will demonstrate competency in the following specific areas:

   a. **Assessment**
      1) Perform a comprehensive psychiatric history and evaluation, including mental status examination which generates information necessary to a biopsychosocial case formulation and generation of a treatment plan.
      2) Generate a comprehensive, focused and practical differential diagnosis, including a medical differential diagnosis of possible physical causes of the specific psychiatric presentation.
      3) Perform a competent physical and neurological examination.
      4) Understand and effectively use medical investigations and laboratory tests to narrow the medical differential diagnosis and to allow for the safe and effectively use of medications and somatic treatments.
      5) Understand and effectively use standardized assessment tools, questionnaires, and psychological and neuropsychological testing to clarify the diagnostic impression and determine the severity of patient symptoms and impairment.
      6) Perform a competent assessment of patient dangerousness with regard to suicide and violent behaviors based on interview assessment and an understanding of critical risk factors.
      7) Examine patient progress in treatment sufficient to monitor for patient safety and adverse medication effects, as well as to make appropriate therapeutic adjustments.
      8) Formulate a comprehensive bio-psychosocial diagnostic impression and productively present and discuss it with the patient and family.
      9) Document and record information relevant to the initial assessment and subsequent patient contacts in a legible and coherent manner.

   b. **Treatment**
      1) Develop an effective and practical treatment plan based on a comprehensive assessment in partnership with the patient and family that addresses the relevant bio-psychosocial needs of the patient and family.
      2) Provide up to date and accurate disorder specific education to patients and families.
      3) Provide information to patients and families about treatment options in light of the existing evidence base.
      4) Demonstrate competence in pediatric psychopharmacology in terms of medication selection and medication safety and outcomes monitoring.
      5) Demonstrate competence in the selection of psychotherapeutic interventions appropriate for patient diagnosis, level of impairment, individual and family characteristics, and preferences.

2. **Medical Knowledge** - At the time of completion of training, residents will demonstrate:

   a. Understanding and familiarity with modern psychiatric classification, particularly DSM-IV diagnostic criteria.
   b. Understanding and familiarity with common comorbid medical and neurological conditions (e.g. epilepsy) and the medical differential diagnosis of common
and/or serious psychiatric presentations (e.g., ADHD, depression, delirium), as well as the impact of substances of abuse and important toxins (e.g., lead).

- Knowledge of clinically relevant neuroanatomy and physiology.
- Knowledge of clinically relevant epidemiology and risk factors for pediatric psychiatric disorders, mental retardation, learning disorders, suicide, and violence.
- Familiarity with existing treatment recommendations and guidelines for the management of relevant pediatric psychiatric disorders, the management of suicidal or violent patients, and the safe and effective use of restraint.
- Understanding and familiarity with the evidence base for psychoactive medications relevant to child and adolescent psychiatry, including pharmacodynamics, pharmacokinetics, dosing, safety monitoring, and existing treatment guidelines and recommendations.
- Understanding and familiarity with evidence based psychotherapies and nonpharmacologic interventions for pediatric psychiatric disorders.
- Familiarity with standardized psychiatric assessment tools and questionnaires.
- A basic understanding of psychoeducational and neuropsychological testing and procedures.

3. **Interpersonal Skills** - At the time of completion of training, residents will demonstrate:

   a. Ability to establish rapport and to develop a therapeutic alliance with patients and families.
   b. Ability to effectively educate and explore areas of uncertainty with patients and families.
   c. Ability to function effectively as a consultant in general medical setting, in the legal system, and in schools.
   d. Ability to interact effectively and respectfully with individuals from diverse cultural and socioeconomic backgrounds.
   e. Ability to maintain good relationships with other staff.
   f. Ability to work as a member of a multidisciplinary team.
   g. Awareness of and ability to manage counter transference issues.
   h. Receptiveness to feedback and criticism.
   i. Ability to communicate effectively verbally and in writing with patients, families, coworkers, and referral sources.

4. **Professionalism** – At the time of completion of training, residents will demonstrate:

   a. Respect for patients, families, and coworkers, including cultural and socioeconomic differences.
   b. Responsible attitudes and behaviors regarding case documentation, patient care, and effective relations with colleagues.
   c. Professional appearance and demeanor.
   d. Initiative/interest in work.
   e. Sensitivity to diversity in patients, families, and coworkers and their needs.
   f. Effective and responsible use of supervision.
   g. Promptness and attention to time management.
   h. An understanding and appreciation of professional ethical standards of conduct.
   i. Respect for patient confidentiality.
   j. Understanding how to ethically and appropriately transfer responsibility for patient care.
5. **Practice-Based Learning** - At the time of completion of training, residents will demonstrate:

   a. Ability to teach and supervise.
   b. Knowledge and use of the psychiatric and general medical literature.
   c. Ability to self reflect and evaluate patient care practices in a timely manner.
   d. Use of new information and technology in patient care.
   e. An understanding that medical knowledge is incomplete and evolving.
   f. Ability to incorporate constructive feedback from supervisors, coworkers, patients, and families.

6. **Systems Based Practice** – At the time of completion of training, residents will demonstrate:

   a. Ability to advocate for quality patient care
   b. Ability to understand the appropriate use of consultants and ancillary staff.
   c. Effective resource management.
   d. Awareness of the larger context of care and health care system.
   e. A basic understanding of third party payment.
   f. Ability to understand and follow relevant county, state, federal, and professional regulations.
   g. Ability to understand and address relevant forensic issues such as
      1) Involuntary commitment
      2) Informed consent in the clinical and research settings
      3) Patient competency
      4) Child custody and family welfare
      5) Reporting of child maltreatment
Psychiatry and Behavioral Sciences Dept. Resident Promotion Criteria

A. PGY-1 residents:
1. Perform a complete general physical exam (Medical knowledge (MK), patient care (PC))
2. Perform a detailed neurological exam including systematic assessment of abnormal involuntary movements (MK, PC)
3. Perform a complete Diagnostic Interview (including HPI & Mental Status Exam) (MK, PC, Professionalism (P), Interpersonal Communications (IC)
4. Describe how the standard components of a complete H&P relate to specific major psychiatric diagnoses (MK, Practice Based Learning (PBL)
5. Develop an appropriate differential diagnostic list for a specific chief complaint (e.g., “I’m hearing voices”) (MK)
6. Determine appropriate level of care based on risk assessment (Systems Based Practice (SBP), PC)
7. Evaluation and assessment of psychiatric emergencies (SBP, PC, IP, P, MK)
8. Develop a basic knowledge of DSM-IV diagnostic criteria, knowledge of commonly used psychopharmacological agents (MK)
9. Investigate and evaluate patient care practices through practice based learning (Multidisciplinary case presentation) (PBL)
10. Formulate initial treatment plan (SBP, PC, IP, P, MK)
11. Evaluate abnormal laboratory results (MK, PC)
12. Evaluate & manage adverse effects of psychiatric medications (i.e., dystonic reactions) (MK, PBL, PC)
13. Present & formulate an organized comprehensive H&P (IC, P, PC, MK, SBL)
14. Dictate discharge summary effectively and timely in compliance with hospital guidelines (PC, IP, SBL)
15. Appropriate medical documentation of ongoing treatment (progress notes) (PC, IC, MK)
16. Knowledge of when and how to pursue involuntary commitment of a patient (SBL, PC, MK)
17. Work effectively with others in the treatment team (IC, P)
18. Familiarize and adhere to the AMA’s Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, 2009. (P)
19. Achieve “Satisfactory” or above evaluation on all clinical rotations and attendance (minimum 70%) at all didactics, including reading assignments
20. PGY1 residents may progress to being supervised indirectly only after demonstrating competence in each of the following:
   (a) specific clinical responsibilities required;
   (b) ability and willingness to ask for help when indicated;
   (c) gather an appropriate history;
   (d) complete a physical examination and collect pertinent data as needed;
   (e) present patient findings and data accurately to a supervisor who has not seen the patient. (draft)

B. PGY-2 residents:
1. Perform a comprehensive psychiatric interview, neurological exam and a complete physical exam (MK, PC, IC, P)
2. Develop and expand differential diagnosis into a more sophisticated case formulation (MK, PBL)
3. Evaluation, assessment, management and development of treatment plan for patients with psychiatric illnesses in different treatment settings (MK, P, IC, SBL, PBL, PC)
4. Assess, manage and utilize appropriate referrals for common medical illnesses in psychiatric patients (MK, PC, SBL, P, IC)
5. Determine and monitor target signs and symptoms for treatment on ongoing basis and revise treatment plan appropriately (MK, PC)
6. Formulate plan for assessment, collect and organize clinical data (lab, psychological testing)
7. Expand knowledge of DSM-IV diagnostic criteria to include all disorders, including rare and culture bound symptoms. Develop experience with a wider range of psychopharmacological agents with the focus on drug to drug interactions, risk benefit assessment, adverse effects, FDA indications and APA practice guidelines. (MK, PC)
8. Work effectively with others on the treatment team. Demonstrate leadership through teaching of PGY 1 residents, medical students and other health care professionals (P, IC)
9. Participate in process groups (group therapy) in the inpatient psychiatry setting and start to utilize introductory principles of psychotherapy in everyday encounters (MK, P, IC, SBL, PBL, PC)
10. Display interviewing skills appropriate for assessment and managing on inpatient services, (i.e., formal clinical skills assessment feedback) (MK, IC)
11. Achieve “Satisfactory” or above evaluation on all clinical rotations and attendance (minimum 70%) at all didactics, including reading assignments.
12. Successful completion of USMLE Step 3 by the end of PGY-2
13. Capable of assuming supervisory responsibilities of PGY-3 level of training as determined by the faculty

C. PGY-3 residents:
1. To learn how to diagnose psychiatric disorders in adult and late adolescent outpatients
2. To learn how to manage the ongoing care of such patients including:
   a. Development of an appropriate initial treatment plan
   b. Development of an appropriate treatment contract between the physician and the patient
   c. Monitoring the outcome of the treatment plan
   d. Appropriate revision of the treatment plan as indicated by the course of the patient and any intercurrent developments
3. To have experience with focused outpatient assessments for special purposes:
   a. Disability assessments
   b. Consultations to primary care physicians
   c. Emergent and urgent consultations
   d. Establish rapport with the patient
   e. Determine treatment goals
   f. Assess the patient’s current and potential level of functioning and establish adequate treatment plan
   g. Make an appropriate judgment as to the likely benefit that the patient could derive from treatment
   h. Provide appropriate education and supportive counseling for the patient (and their families when indicated)
   i. Be able to set appropriate limits when clinically indicated
4. To learn and have experience with formal psychotherapy including:
   a. Behavior oriented psychotherapy
   b. Focused, time-limited psychotherapy (e.g., cognitive therapy, interpersonal therapy)
   c. Intensive, open-ended psychotherapy (e.g., psychodynamically oriented psychotherapy). This experience refers to patients seen on a regular basis in ongoing treatment in which formal psychotherapy is a major, if not the sole, treatment modality for the patient. Such patients will typically be seen in one-hour sessions. The frequency of such sessions will generally range from twice weekly to once biweekly. To have an adequate experience, the outpatient clinic psychiatrists should have no fewer than 4 and no more than 8 hours of such cases per week.
   d. Become familiar with supportive, psychodynamic, family, interpersonal and cognitive behavioral therapies.
5. To learn how to use and manage psychopharmacology in the outpatient psychiatric setting.
   a. Increase knowledge and experience with agents from different classes
   b. Develop a perspective of the difference in the time course of management from the inpatient to the outpatient setting.
   c. Gain experience with sequential trials of pharmacological agents in cases where the first line agent fails
   d. Learn the difference between treatment response and remission and management of treatment refractory cases.
   e. Learn how to use augmentation strategies in an effective and critical way.

6. Comprehensive Community Care of Sedgwick County
   a. Learn to work within an interdisciplinary team composed of health care professionals.
   b. Community Support Services; providing services for adults with serious mental illness at risk for admission to the state hospital
   c. Homeless Program (Center City); working with homeless mentally ill patients
   d. Addiction Treatment Services; traditional evaluation, assessment and intensive outpatient treatment for addictive disorders
   e. Crisis Intervention Services; become familiar with crisis intervention, suicide prevention services, crisis case management ad crisis plan development

7. Routinely able to perform without dependence on direct supervision by actively managing a variety of patients on geriatric unit and consultation services during the weekend on call duties and providing supervision and mentorship to PGY 1 and 2 residents

8. Achieve “Satisfactory” or above evaluation on all clinical rotations and attendance (minimum 70%) at all didactics, including reading assignments

D. PGY-4 residents:
   1. Demonstrate mastery in evaluating assigned patients to develop working diagnostic hypotheses and formulate plans for further evaluation and treatment interventions (PC, MK);
   2. Be able to concisely and accurately communicate clinical findings, reasoning, and management plans to supervising attendings/consultants/colleagues and staff in both written and oral formats, including initial History and Physicals, daily progress notes, and dictated Discharge Summaries (PC, MK, CS);
   3. Be able to formulate meaningful diagnostic and treatment questions, seek out relevant/consensus-based supporting information, and apply that knowledge in the timely care of assigned patients (PC, MK, PBL);
   4. Demonstrate a working understanding of health care systems and the timely access of relevant information in the approach to patient assessment, selection of treatment interventions, and development of discharge plans (MK, PBL, SBP);
   5. Demonstrate insight regarding when to seek supervision and consultation for patient care and timely incorporation of feedback into practice
   6. Be able to lead the daily Morning Report in a professional, scholarly manner and as time permits identify and expand on case-based learning opportunities related to the patients being presented (MK, CS, P);
7. Be able to advice, assist and refer junior learners on the spectrum from basic knowledge to the clinical skills of engaging patients, collecting clinical data and making diagnostic interpretations and management recommendations (e.g., pointing out omissions, identifying opportunities for improvement, providing references, etc.)
   (MK, PBL, SBP, P);
Demonstrate skillful management of time to perform patient care that is in compliance with the hospital, KU departmental, and third-party payer policies, while addressing any competing, non-inpatient residency-related responsibilities (SBP, P);
8. Be able to work collaboratively with hospital staff, which includes leading multi-disciplinary staff meetings for assigned patients (CS, SBP, P);
9. Achieve “Satisfactory” or above evaluation on all clinical rotations and attendance (minimum 70%) at all didactics, including reading assignments
10. By graduation the resident should have demonstrated sufficient professional ability to practice completely and independently. There is no evidence of unethical behavior, unprofessional behavior, or clinical incompetence.

Consideration for individual resident promotion:

1. Not able to perform with supervision requiring remediation or other administrative response.
2. Able to perform with dependence on supervision.
3. Occasionally able to perform without dependence on supervision.
4. Routinely able to perform without dependence on supervision.
5. Qualified to supervise in this arena.
ADULT INPATIENT PSYCHIATRY
Curriculum

EDUCATIONAL GOALS:

Development and display in practice the knowledge, skills and attitudes necessary for the optimal clinical care of patients with mental disorders.

Keeping in mind that each learner begins inpatient psychiatry with their own unique skill set and will progress at different rates, Understanding of RIME conceptualization of the learning process:

- **Reporter** collects and reports clinical data but has limited ability to meaningfully prioritize and synthesize the data. This role is assumed by beginning learners.
- **Interpreter** can prioritize and interpret clinical data to formulate diagnostic hypotheses and treatment recommendations.
- **Manager** can see the big picture, apply knowledge, develop accurate diagnostic hypothesis, and initiate appropriate evaluation and treatment plans.
- **Educator**, the highest level in this particular hierarchy and the ultimate goal for all learners, continuously involves self-assessment and personal learning efforts to maintain an up-to-date, in-depth knowledge that is readily applied to patient care and the education of colleagues.

There are six competency domains set out by the Accreditation Council for Graduate Medical Education (ACGME – 2000). Competency in all six areas should be achieved by completion of the residency training program. These domains serve as a guideline for understanding the learning goals in residency training. They include:

1. Patient Care - PC;
2. Medical Knowledge - MK;
3. Practice-base Learning - PBL;
4. Interpersonal and Communication Skills - CS;
5. Professionalism - P; and
6. Systems-based Practice - SBP.

The specific learning objectives for the inpatient psychiatry rotations support one or more of the ACGME competency domains.
LEARNING OBJECTIVES, COMPETENCY DOMAINS, EXPECTATIONS AND EVALUATION

Learning Objective
- Be able to perform a risk assessment of designated patients

Competency Domain
- PC, MK, CS, SBP

Expectations
- Assess patient’s dangerousness, and need for hospitalization
- Interact with the court system regarding involuntary commitment of mentally ill patients

Feedback and Evaluation
- Ongoing and timely feedback based on observation resident’s interaction with the patients
- Ongoing and timely feedback based on resident’s interpretation of data and ability to decide when commitment is necessary
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation

Learning Objective
- Be able to perform History and Physical Exam
- Be able to perform Mental Status Exam (MSE)

Competency Domain
- PC, MK, CS

Expectations
- Interview performed in skillful manner - knowledge of different interviewing techniques
- Physical exam (PE), neurological exam and complete Mental Status Exam (MSE) are competently performed

Feedback and Evaluation
- Ongoing and timely feedback based on resident’s ability to perform comprehensive patient interview during morning rounds
- Ongoing and timely feedback of resident’s ability to use different and appropriate interviewing techniques during the patient interview
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation
Learning Objective
- Be able to prioritize, organize and interpret clinical data to formulate a relevant, comprehensive differential diagnosis and plan

Competency Domain
- PC, MK, PBL, CS, P

Expectations
- Formulate diagnostic impression supported by clinical data using a biopsychosocial model and accounting for the patient's ethnic and cultural background
- Develop a plan for further evaluation (appropriate use of laboratory and psychological testing, and consultation)
- Develop treatment plan including Electro Convulsive Treatment (ECT) during the hospitalization and after discharge from the hospital

Evaluation and Evaluation
- Ongoing and timely feedback based on resident's ability to create concise, accurate summary of collected data regarding their individual patients
- Ongoing and timely feedback based on resident's ability to apply analytical thinking to propose plan for the correct evaluation of the patient that will lead to correct diagnosis and treatment, ECT workup included
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation

Learning Objective
- Be able to engage designated patients and their families in an empathic manner, discuss and demonstrate a range of interviewing techniques

Competency Domain
- PC, MK, CS, P

Expectations
- Build good rapport with the patient, use of empathy
- Knowledge of different interviewing techniques
- Apply interviewing techniques during interview of the patients/their families

Feedback and Evaluation
- Ongoing and timely feedback based on resident's ability to recognize patient's needs and adapt to them during the patient's interview
- Ongoing and timely feedback based on residents ability to recognize importance to communicate with patient's families in effective manner during the family meetings and phone conferences
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation
Learning Objective
- Recognize the importance of collateral history and be able to obtain and interpret information from multiple sources

Competency Domain
- PC, MK, CS

Expectations
- Understand importance of collateral information for correct diagnosis
- Become skillful at eliciting and interpreting relevant information from patient’s family, prior care givers and other sources
- Review and summarize previous medical records

Evaluation
- Ongoing and timely feedback based on resident’s ability to recognize complex cases, the importance of collateral history, collection and interpretation of collected data.
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation will be based on resident’s performance during the team meeting and review of the written documentation.

Learning Objective
- Demonstrate ongoing efforts to develop expand and apply in practice a knowledge base in general psychiatry particularly in areas relevant to assigned patients

Competency Domain
- PC, MK, PBL

Expectations
- Become familiar with diagnostic criteria for common psychiatric diagnosis
- Develop working knowledge of treatment for common psychiatric disorders
- Identify gaps in knowledge base and proactively eliminate them (teaching rounds, lectures, self education)
- Direct personal study to topics relevant to assigned patients
- Regularly seek consultation and feedback from attending physician and senior resident

Evaluation
- Ongoing and timely feedback based on resident’s ability to formulate the list of differential diagnosis
- Ongoing and timely feedback based on resident’s ability to propose biological and psychological
- Ongoing and timely feedback based on residents ability to use evidence and methods to investigate, evaluate and improve patient care
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation will be based on resident’s performance during the team meeting and review of the written documentation.
**Learning Objective**
- Be able to work effectively as a member of your assigned treatment team and as the physician member of a multidisciplinary treatment team

**Competency Domain**
- PC, MK, PBL, CS, P, SBP

**Expectations**
- Attend team meetings and be prepared to present your patient
- Have a working knowledge of assigned patients including target symptoms, problem list, diagnosis and differential diagnosis, current medication, progress during past 24 hours, plan for next 24 hours
- Work effectively with other members of the treatment team and be appropriately respectful to the attending physician team leader
- Attend Multidisciplinary staff meetings and be prepared to contribute in a concise, meaningful manner
- Work effectively with psychologists, nursing staff, social workers, therapists and other allied healthcare personnel

**Evaluation**
- Ongoing and timely feedback based on residents ability to collect and interpret collected data, formulate the list of differential diagnosis and propose treatment following biopsychosocial model
- Ongoing and timely feedback based on residents ability to identify target symptoms, follow the change in target symptoms with the treatment and adjust the treatment if needed
- Ongoing and timely feedback based on residents ability to work with other treatment team members demonstrating knowledge of optimal health care delivery
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation will be based on resident’s performance during the team meeting and review of the written documentation as well as feedback from other team members (social workers, nurses…)
Learning Objective
- Be able to skillfully document clinical data in a written format including orders, history, and patient progress; routinely review and be familiar with the sections of a medical inpatient chart.

Competency Domain
- PC, MK, PBL, CS,

Expectations
Be familiar with:
- Physician’s Order Sheet, KU Standing Orders, Detox Orders
- Electronic and handwritten H&P form on newly admitted patients
- Admission status on newly admitted patients (voluntary vs. involuntary)
- Daily progress documentation (electronic or handwritten) should include a review of the prior 24 hours referring to all sections of the patient’s chart on established patients
- Nursing notes yellow pages (Appendix 7)
- Flow sheets – vitals, sleep, food/fluid intake
- MAR (list of all active medications in the hospital)
- Consult notes (Appendix 9) if consult ordered
- Family meeting, outpatient treatment team input, phone calls, etc. – write on green progress note or as addendum on EMR
- Discharge form VC 1635, dictated discharge summary
- Medication reconciliation form (Mirror Image) – created on the discharge date for all patients hospitalized in Via Christi

Evaluation
- Ongoing and timely feedback based on resident’s ability to use appropriate forms of documentation
- Ongoing and timely feedback based on resident’s ability to convey information and data synthesis in oral and written format
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation based on resident’s performance and review of written documentation

Learning Objective
- Demonstrate efforts to educate medical students, all treatment team members, patients and their families

Competency Domain
- PC, MK, PBL, CS, P, SBP

Expectations
- Medical Student Education
- Direct supervision of patient interview
- Review medical student’s documentation
- Encourage direct participation in patient care – conducting interviews, preparing timelines, gathering and summarizing collateral info, working with patients and families
- Educate fellow residents, staff, family members, attendings…

Evaluation
- Ongoing and timely feedback based on resident’s ability to engage and educate medical students as observed during their interaction
- Ongoing and timely feedback based on resident’s ability to involve medical student in patient care in meaningful way based on student’s participation case discussion during the team meetings
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation based on resident’s performance
Learning Objective
- Be able to discuss and demonstrate behaviors consistent with self-awareness and professionalism

Competency Domain
- PBL, P, SBP

Expectations
- Recognize need for guidance/supervision when faced with new or complex responsibility
- Develop insight to the impact of one’s behavior on others
- Awareness of appropriate professional boundaries
- Exhibit the qualities of altruism and advocacy including putting the best interests of the patient above self-interest or the interest of others

Evaluation
- Ongoing and timely feedback based on resident’s dedication, reliability and integrity
- Ongoing and timely feedback based on resident’s ability to be respectful and sensitive to patient needs
- Ongoing and timely feedback based on resident’s ability to solicit feedback and insight to own deficits with appropriate improvement of these deficits
- Verbal feedback during weekly supervision and written evaluation in the end of inpatient psychiatry rotation

Recommended Reading


Resident Role & Expectations During Rotation

Residents are expected to be present on time for their scheduled shifts to take over care of those patients whose work-up and management is in progress; as well as start the evaluation and treatment of new individuals who present to the department during their shifts.

Residents are expected to write-up complete and accurate history & physical exams, review old patient records when available, to confirm medication profiles with patients and families, and to assist primary care providers in the care of their patients.

Residents are expected to share the burden of patient load in a fair manner with their cohorts and inform the attending physician on duty of any difficulties that might be arising.

Residents are expected to interact with physicians of different services in a collegial manner and make themselves available to assist in providing the best care for patients and their families.

Goals & Learning Objectives

Goal 1: To develop improved and more streamlined diagnostic approaches, clinical evaluations, and differential diagnoses of disease and correlate history and physical exam findings with disease patterns.

Goal 2: To develop the attitudes, knowledge, and skills for competent care of injured and/or infirmed individuals of all ages, socioeconomic statuses, and ethnic backgrounds; including disease prevention, recognition of disease presentation, and promotion of optimal health habits.

Goal 3: To learn basic procedural skills such as wound care, suturing, and splinting based on each individual residents' skills.

PATIENT CARE & MEDICAL KNOWLEDGE

A. Patient Care:

Objective 1: Demonstrate clinical skills of medical, surgical, and psychiatric history and physical examination; including competency in developing a comprehensive differential diagnosis of illness.

Objective 2: Demonstrate clinical skill in the diagnosis and management of both acute and chronic illnesses in patients including competency skills in needs assessment for severity of disease, its management, and needs assessment upon discharge to home, inpatient hospitalization, or to a skilled nursing facility.
Objective 3: Demonstrate clinical skill and competency in medical management of patients for safe and appropriate discharge planning, including arranging follow-up care, contacting appropriate follow-up services to coordinate outpatient care, and social services involvement of those patients without defined PCPs or social/family support.

B. Medical Knowledge:

Objective 1: Embrace opportunities to see the entire spectrum of the aging process from pregnancy and its complications, to newborn care and pediatrics (not required but recommended) to adolescent and adult care, geriatrics, and cross specialty health conditions.

Objective 2: Evaluation and treatment of multiple medical and surgical conditions; including appropriate testing and imaging; laboratory and radiographic interpretation, pharmaceutical management, and sub-specialty consultations where indicated.

Objective 3: Describe common presentation of illnesses, and responses to therapy; including the pharmacokinetics and pharmacodynamics of common medical treatments.

Objective 4: Preventive care, including primary and secondary interventions with special emphasis about iatrogenic complications and prevention.

Objective 5: Recognize the legal requirements for psychiatric holds, inter-facility transfers, surgical and procedural consents, and advanced directives and describe the process to patients, families, and/or their legal representatives.

PROFESSIONALISM: INTERPERSONAL & COMMUNICATION SKILLS

A. Professionalism
Objective 1: Demonstrate respectful and compassionate use of medical skills for all individuals. This includes the high-quality care and technology and, in the event of terminal illness, an awareness of the limits of medical intervention and the obligation to provide humane care.

Objective 2: Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, sexual orientation, and/or disabilities.

B. Interpersonal & Communication Skills
Objective 1: Communicate clearly when writing medical orders and when giving verbal orders with attention to language. Avoid abbreviations as per hospital policy.

Objective 2: Communicate clearly, audibly, and with respect when speaking to patients and families with attention to language, and tone. Avoid medical jargon. Utilize hospital interpreter services in all cases where language or cultural factors may influence patient care.

Objective 3: Create a positive relationship with the patient and family to assure optimal medical care, assuring the emotional and cultural needs and expectations of all patients.

Objective 4: Participate and work effectively with others on interdisciplinary and/or multidisciplinary services to promote optimal patient care.

Objective 5: Work professionally with nursing and ancillary staff to promote optimal patient care. Document and verbalize all orders and obtain an understanding of one’s request from the nursing/ancillary staff. Communicate effectively with primary care providers concerning their patients’ clinical presentations, assessments, conditions, and disposition planning.