

Adult Psychiatry Goals and Objectives- PGY2

I. Educational Purpose and Goals

General goals: In conjunction with our colleagues from psychiatry, the residents rotate on psychiatry for one month. At the end of the rotation, residents will be able to do the following:

- a. Diagnose all major psychiatric illnesses including psychosis, depression, mania, anxiety disorders, dementia, delirium, other cognitive disorders, and personality disorders
- b. Effectively treat major depression
- c. Gain familiarity with psychosis and bipolar treatments
- d. Identify patients with dual diagnoses
- e. Assess patient for dangerousness and suicide risk.

Residents will be exposed to geriatric psychiatry, child psychiatry, and eating disorders.

Housestaff will rotate on the Meyer 3 General Unit for 1 month, attend affective and psychosis teaching rounds while on Meyer 3, perform emergency room evaluations with a psychiatry resident, and spend some time in the community psychiatry clinic at Hopkins. During “lunch time” seminars throughout the year, psychiatry attendings (adult and child) will answer questions as the residents present their clinic patients.

Patient Care

1. The resident demonstrates the ability to do a complete psychiatric history and examination on the adult inpatient, including detailed mental status exam.
2. The resident is able to formulate a case and administer an appropriate DSM-IV Axis I diagnosis on all patients they assess/treat.
3. Under attending supervision, the resident is able to use pharmacological agents such as antipsychotics, anxiolytics, hypnotics, mood stabilizing medications and antidepressants effectively.
4. The resident is able to participate in the administration of electroconvulsive therapy.
5. The resident is able to triage psychiatric emergencies associated with on-call experience and on-service patients including but not limited to suicidality, medication reactions, behavioral disturbance and milieu issues.
6. The resident is able to effectively treat major depression

Medical Knowledge

1. The resident demonstrates knowledge of major mental illness including psychotic disorders, affective disorders, anxiety disorders, comorbid substance abuse disorders and personality disorders.
2. The resident demonstrates a knowledge base of DSM-IV diagnostic criteria for common adult mental disorders treated on an inpatient unit.
3. The resident understands basic psychopharmacologic strategies used to treat major mental illness in this setting.
4. The resident understands the indications for and precautions associated with electroconvulsive therapy.

Interpersonal and Communication Skills

1. The resident will be able to integrate patient-centered and doctor-centered communication skills to produce a biopsychosocial understanding of the patient's psychiatric illness.
2. The resident will be able to use similar skills in relating effectively to other team members.
3. Residents will learn how to effectively communicate with mentally ill patients

Professionalism

1. In sometimes difficult patients with psychiatric illnesses, the resident will be able to always exhibit respect, attempt to understand the patient's vantage point, and acknowledge the patient's plight
2. The resident will be able to become the patient's ally, provide support and counsel, and provide information and other resources needed by the patient.
3. The resident will be able to be sensitive to cultural, disability, lifestyle, and gender differences in patients with psychiatric illness.
4. The resident will be able to articulate, understand, and practice in a way consistent with ethically sound, patient-centered practices.

Practice Based Learning and Improvement

1. The resident will be able to critically appraise the literature and apply this with the patient.
2. The resident will be able to make self-assessments of his/her impact on patients with psychiatric illnesses, and they will be able to identify their own attitudes and emotions that might interfere with high quality care.
3. The resident will be able to teach other residents and students the basic issues taught in the rotation.

Systems Based Practice

1. The resident will be able to recognize and address the resources available to treat patients with psychiatric illnesses in the community
2. The resident will be able to recognize when referral to an emergency room or specialist is necessary
3. The resident will be able to recognize the cost impact of psychiatric illness as well as to conduct cost-effective care for these patients.
4. The resident will be able to involve families and significant others in the patient's care and decision-making.

Implementation:

1. A series of resident conferences in psychiatric disorders
 - a. Faculty will provide didactics in major depression
2. Required internet learning modules
3. Meyer 3 one-month clinical experience
4. ED psychiatry call
5. Noon time case conference where residents present their clinic patients to the psychiatry faculty

Learner evaluation:

- Clinical evaluation by faculty

- Pre and Post-test knowledge assessments
- Evaluation by psychiatry residents

Outcome Evaluation:

- Pre- and Post-intervention assessment.
- Internet Learning Center
- Learner Satisfaction
- Residency Program Satisfaction
- Post-residency assessment