

Name of rotation: **ABR – Psychosocial/ Behavioral Medicine** **Division: Psychiatry**

Course Director: **Susan D. Wolfsthal, M.D.** **Site(s): UMMC**
 Mark Ehrenreich, M.S.

Duration of rotation: **one month only**
 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

This rotation is a portion of the ABR which has required participation for one-half day per week in a series of small group conferences. Psychiatric and behavioral disorders are a complicating factor in the treatment of patients in an ambulatory setting, yet training and management knowledge is often limited. This rotation will allow residents to discuss the evaluation and management of mildly symptomatic disorders in an office setting, develop knowledge of available support systems and care systems in the community and when to appropriately refer.

Resident responsibilities, including interns and residents:

The residents are expected to participate in each weekly conference on psychiatric topics. They will be expected to demonstrate appropriate knowledge of diagnostic categories, therapeutics and referral systems.

Educational objectives: All competency-based objectives apply to the PGY-2, 3 and above levels. PGY-1 residents do not complete this rotation.

PGY-2 or 3 resident will:

Patient Care

1. Discuss the pertinent history and exhibit skill in organizing information about lifestyle and cultural issues, psychologic and behavioral elements in illness.
2. Formulate appropriate treatment plans, including initial pharmacologic interventions for conditions frequently encountered in an internal medicine clinic.

Medical Knowledge

1. Discuss common presentations of psychiatric disorders seen in a medicine clinic, such as depression, anxiety, substance abuse, panic disorder, dementia and somatization.
2. Identify the dose, mechanism of action, effects, side effects and interactions of medications commonly used to treat the above disorders.
3. Recite problems for which referral to a psychiatrist may be necessary.

Interpersonal and Communication Skills

Although not directly observed during the small group conferences, residents will discuss these skills and will be evaluated on them through the Mini-CEX requirements in this competency.

1. Identifies the primary provider(s) of information.
2. Identifies self and other members of the health care team and explains role appropriately to patient and/or care givers/family members.
3. Communicates with patient/caregiver in the appropriate setting, by recognizing the logistics of the working environment (e.g, private areas, public areas, areas for interviewing, areas for physical examination, etc).
4. Uses appropriate language at the proper developmental/educational level for the patient and/or care givers/family members.
5. Elicits initial and interval histories from patients using effective verbal and non-verbal techniques (e.g., asks the appropriate type of question- open-ended, direct, leading- at various phases of the interview)
6. Uses effective listening skills to elicit information.
7. Uses correct English in written and verbal communication.
8. Facilitates, reflects, clarifies, confronts, and/or interprets at the appropriate time(s) in the patient encounter.
9. Communicates effectively to maximize patient/caregiver/family understanding.
10. Provides effective patient/caregiver/family education in verbal and written form.

Check all principle teaching methods used during this rotation:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> | Attending teaching rounds | <input type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input checked="" type="checkbox"/> | Small group discussions |
| <input type="checkbox"/> | Conferences specific to rotation | <input type="checkbox"/> | Bedside clinical rounds |
| <input type="checkbox"/> | Individual instruction of procedures | <input type="checkbox"/> | Review of diagnostic studies, |
| <input checked="" type="checkbox"/> | Other: Videotaped interviewing | | including radiology |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

This elective will assist residents to develop a holistic view of patients and strengthen their abilities to help patients with disorders that frequently present to primary care providers.

Check the principal ancillary education materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic material |
| <input type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Other: _____ | <input checked="" type="checkbox"/> | Case studies |

Methods used to evaluate the resident and the rotation:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Evaluation of residency performance and professionalism |
| <input checked="" type="checkbox"/> | Evaluation of attending teaching skills and other attributes |
| <input checked="" type="checkbox"/> | Rotation assessment by resident |
| <input checked="" type="checkbox"/> | Observation of resident's clinical competency |
| <input type="checkbox"/> | Observation of resident's leadership and teaching skills |
| <input checked="" type="checkbox"/> | Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input checked="" type="checkbox"/> | Resident's attendance of rounds and conferences monitored |
| <input type="checkbox"/> | Other: _____ |

Identify strengths and limitations specific to the resources of the sponsoring institution:

This rotation will offer the resident a broad view of psychiatric services given the splintered type of care most individuals with a psychiatric disorder receive, especially when they have a primary or secondary diagnosis of substance abuse. This type of training will allow residents to develop realistic perspectives of treatment options and what patients are often capable of achieving in these environments.

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9/18/07: Reviewed with residents / faculty at Postgraduate Education Committee