PGY2 Addiction Psychiatry Rotation

Rotation Director: Joseph Vlaskovits, M.D.

Location: Ventura County Behavioral Health
North Oxnard, Alcohol and Drug
Programs 1911 Williams Drive, Oxnard

Clinical and Educational Work

Hours: M-F

8:00 a.m.-5:00 p.m.

Monthly work hours will be submitted in the New Innovations software program. Total hours worked for that month will be compiled and the weekly average must not exceed eighty hours per week averaged over a 4-week period, inclusive of in-house night call. Work hour violations will be closely reviewed and addressed by the Program Director.

Residents shall not work in excess of 24 consecutive hours. Allowances for already initiated care, transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed 4 additional hours and must be reported by the resident in writing with rationale to the Program Director and reviewed by the GMEC for monitoring individual residents and programs.

Residents will have 48-hour periods off on alternate weeks, or at least one 24-hour period off each week, and shall have no call responsibility during that time.

Educational Purpose:

The Addiction Psychiatry rotation provides an opportunity for residents to evaluate and participate in outpatient treatment modalities for individuals with addictive disorders. Residents will gain experience in understanding the evaluation process for individuals with addictive disorders. Residents will also gain experience in outpatient as well as intensive outpatient psychotherapy modalities.

Teaching Methods:

This rotation is completed through Ventura County Behavioral Health Alcohol and Drug Programs in conjunction with the ACGME approved Ventura County Medical Center Addiction Medicine Fellowship.

The principal teaching and learning activity is centered on direct patient care and interaction. For each interaction, the resident will spend sufficient time with the patient to assist in the psychiatric evaluation and then discuss the case with the addiction fellow and either the addiction medicine or psychiatry attending. The learning experience surrounding a patient interaction evolves from review of history, mental status examination, laboratory results, and other diagnostic tests with the fellow and faculty. Faculty and/or the fellow will provide
guidance and direction to the resident as well as references or other learning materials to facilitate the resident’s learning experience. The resident will also learn, under supervision, how to interact with patients, families, and other members of the care team.

Residents will participate in assigned weekly readings and didactics relating to the evaluation and treatment of substance use disorders. These readings will focus on the comprehensive evaluation of individuals with addictive disorders, neurobiology of addiction, drug and alcohol screening tests, pharmacologic treatment of addictive disorders, and psychotherapeutic treatments of addictive disorders.

The resident will participate in formal weekly didactic sessions, as well as Grand Rounds, Journal Club, and Morbidity and Mortality.

**Disease Mix and Patient Characteristics:**

The patients will generally be adults, but the resident will also have the opportunity to see adolescents under supervision. The patients will be County residents seeking help for substance use disorder through Ventura County Behavioral Health Alcohol and Drug Programs. Patients from all ethnic backgrounds will present with a variety of substance use disorders. A significant portion, though not all of the patients, will have dual diagnoses.

**Responsibilities and Procedures:**

Residents will assist in initial psychiatric evaluations on new patients and follow-up assessments on established patients. They will participate in treatment, both pharmacologic and psychotherapeutic, under the guidance and direction of the fellows and faculty, along with chemical dependency counselors and assigned psychotherapists. Residents will be expected to communicate and collaborate with all members of the patient’s treatment team, including the therapist and primary care physician.

The residents are expected to complete all appropriate paperwork necessary to facilitate the patient’s care. This documentation includes, but is not limited to, psychiatric evaluations, progress notes, psychotherapy notes, and appropriate correspondence/appendix notes. Documentation must be completed within 24 hours of office visit. Failure to maintain proper clinic documentation may result in an Academic Learning Agreement.

Medications must be properly reconciled. Residents should review medications with the patient at each visit. Residents must document informed consent for all psychotropic medications that they prescribe. Residents are required to obtain a CURES/PMDP report at each visit when prescribing a controlled substance.

Residents are required to be physically available to clinic staff during the day to answer questions or phone calls related to their patients or to assist the psychiatrist and psychotherapist assigned to the ADP Clinic.
**Overall Goals and Objectives:**

To develop a basic understanding of the skills needed to evaluate and treat individuals with addictive disorders.

**Core Competencies:**

**Patient Care:**

PGY-2 residents will treat substance abuse patients in an outpatient as well as intensive outpatient settings. This evaluation includes the following:

1. Obtain a focused history surrounding the patient’s clinical presentation.
2. Perform a psychiatric review of systems.
3. Obtain relevant background information (including information from collateral sources when needed).
4. Perform a directed mental status examination that will provide further information in regards to the patient’s clinical presentation.
5. Identify characteristics that are symptoms of addictive disorders.
6. Become familiar with the administration, scoring and interpretation of common addictive disorders tools, including but not limited to MAST, AUDIT, and DAST.
7. Be able to order and interpret diagnostic testing, including drug screening tests related to the patient’s presenting complaint/diagnosis.
8. Learn how symptoms translate into criteria for diagnosis as listed in the most current edition of the Diagnostic and Statistical Manual. Learn how to form an appropriate diagnosis with necessary specifiers.
9. Develop a plan related to the patient’s diagnosis, including addressing other factors that may be related (such as lack of resources, school performance, homelessness, family discord etc.).
10. Be able to convey the diagnosis and plan to members of the treatment team and to family members as appropriate.

**Medical Knowledge:**

Residents will be able to recognize and manage commonly encountered disease processes as they relate to addiction. Residents will:

1. Learn techniques for acute detoxification from alcohol, opiates, benzodiazepines and other substances.
2. Learn the diagnostic criteria required to diagnose substance use disorders as listed in the DSM-5.
3. Gain familiarity with dual diagnosis issues, such as differentiating between primary depression and anxiety coexistent with substance abuse versus mood and anxiety disorders subsequent to chronic substance abuse.
4. Observe and participate in available psycho-educational models for rehabilitation, including 12-step programs, group therapy, and family therapy.
5. Be fully trained in treatment and infection control protocols and procedures (e.g. personal protective equipment [PPE]) and trained clinically to properly recognize and care for COVID-19 patients.

**Systems Based Practice:**

1. Residents will develop an understanding of community resources for people with substance use disorders.
2. Residents will learn how to avoid unnecessary testing and practice high value cost conscious care.

**Practice Based Learning:**

1. Residents will complete all reading assignments given by the attending.
2. Residents will seek out relevant medical literature as it applies to patient care.

**Professionalism:**

1. Residents will develop an attitude of helpfulness, compassion and empathy toward patients with substance abuse problems and will develop a realistic understanding of what psychiatry can provide for such patients.
2. Residents will consider the complex issue of physician impairment.

**Interpersonal and Communication Skills:**

1. Residents will develop techniques necessary to interview and evaluate patients dealing with substance use.
2. Residents will effectively communicate with all members of the treatment team.

**Evaluation Methods:**

Supervising attendings will provide verbal feedback to the resident midway through the rotation and formally evaluate the resident at the completion of the rotation using the Addiction Psychiatry/Addiction Medicine New Innovations evaluation. Attendings will assess the resident’s mastery of psychiatry core competencies and are encouraged to comment more specifically on the resident’s performance.

The supervising attending will receive the evaluation the last week of the rotation. They must complete the evaluation and discuss it with the resident prior to the completion of the rotation. If a resident receives an unsatisfactory score, the information is communicated to the Psychiatry Program Director to ensure additional resident education and informal or formal remediation if indicated.
Residents are also required to evaluate both their rotation and their preceptor at the completion of the month.

**Duration:**
Residents will be assigned to the Addiction Psychiatry/Addiction Medicine teaching service for 1 month in their PGY-2 year.

**Supervisors:**
Joseph Vlaskovits,
M.D. Tipu Khan, M.D.
VCMC Addiction Medicine Fellows

**Educational Materials/References:**
Kaplan and Saddock’s Synopsis of Psychiatry Diagnostic and Statistical Manual 5th Edition
The ASAM Principles of Addiction Medicine 5th Edition
World Health Organization: How to put on and remove personal protective equipment (PPE) https://openwho.org/courses/IPC-PPE-EN

**Resources:**
Each resident will have access to appropriate clinical space and work rooms.