PGY2 Child and Adolescent Psychiatry Rotation

**Location:** Ventura County Behavioral Health Youth & Family Clinic  
North Oxnard Location  
1911 Williams Road, 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 Child and Adolescent rotation provides an opportunity for residents to evaluate and treat outpatient individuals under the age of 18 years from a wide variety of backgrounds with a range of psychiatric diagnoses. The residents will gain experience in the psychiatric evaluation of minors and learn to employ different psychiatric modalities, including pharmacotherapy and psychotherapy.

**Teaching Methods:**
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 perform an appropriate psychiatric evaluation and then discuss the case with the supervising child and adolescent psychiatrist. The learning experience surrounding a patient interaction evolves from review of history, mental status examination, laboratory results and other diagnostic tests with faculty. Faculty 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.

To complement and augment learning, faculty may assign residents additional readings from textbooks or journals.
Residents will participate in the formal weekly didactic sessions, as well as all Grand Rounds, Journal Club, and Morbidity and Mortality.

**Disease Mix and Patient Characteristics:**
The Child and Adolescent rotation provides an opportunity for residents to evaluate and treat children and teens with a variety of psychiatric illnesses from all major child and adolescent diagnostic categories, including but not limited to; Oppositional Defiant Disorder, Depressive and Bipolar Mood Disorders, Autism Spectrum Disorder, Intellectual Disability, Trauma-related Disorders, Elimination Disorders, OCD, Eating Disorders, and Tic Disorders. Patients come from diverse backgrounds and range in age from early childhood to age 17 years. The overwhelming majority of patients are covered by Medi-Cal. A few patients are covered by other payer sources, such as private insurance and Medicare.

**Responsibilities/Procedures:**
Residents will, under supervision, learn how to perform initial psychiatric evaluations on new patients and follow-up assessments on established patients. Residents will provide pharmacologic treatment and management under the guidance and direction of the child and adolescent psychiatrist. Residents may be asked to communicate with all members of the patient’s treatment team, including therapists and primary care physicians/pediatricians.

The residents are expected to complete all appropriate paperwork necessary to facilitate the patient’s appointment. This documentation includes, but is not limited to, psychiatric evaluations, progress 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 child and adolescent psychiatrist.

**Overall Goals and Objectives:**
To begin to develop a basic understanding of the skills needed to evaluate and treat a child and adolescent psychiatric patient.
Core Competencies:

**Patient Care:**
The resident will be able to:

1. Obtain a focused history surrounding the minor patient’s clinical presentation.
2. Perform a psychiatric review of systems.
3. Understand the importance and impact of family dynamics among children and adolescents.
4. Understand the importance and impact of school experiences and peer relationships.

**Medical Knowledge:**
The resident will be able to:

1. Understand normal growth and development.
2. Be familiar with various diagnostic conditions seen during childhood and adolescence, including ADHD, Conduct Disorder, Anxiety Disorders, Substance Abuse Disorders and Learning Disabilities.
3. Understand the difference in symptomatology between children, adolescent and adults.
4. Understand the occurrence of comorbidities in children and adolescents.
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. The resident will learn about community resources, including those within the Youth and Family system.
2. The resident will learn about after school systems, including the IEP process
3. The resident will learn about services provided through state and local governments, including public and private school systems.

**Practice Based Learning:**
1. The resident will demonstrate effective practice-based learning by being engaged in each clinical situation and taking advantage of time with the attending to maximize learning.
2. The resident will read all literature assigned as appropriate to clinical situations by the attending.

**Professionalism:**
1. The resident will demonstrate the ability to work effectively in a professional environment by being on time and completing all work.
2. The resident will interact with other members of the treatment team, including psychologists, social workers, case managers, and office staff in a respectful manner.
**Interpersonal and Communications Skills:**

The resident will:

1. Gain experience in interviewing children at various ages, including toddlers, latency age, and adolescents.
2. Gain experience in interviewing families to elicit important diagnostic information and to provide information, instruction, and reassurance as appropriate.
3. Gain experience in conveying a diagnosis and plan to members of the treatment team and family members as appropriate.

**Evaluation Methods:**

The supervising attending will provide verbal feedback to the resident midway through the rotation and formally evaluate the resident at the completion of the rotation using the Child and Adolescent Psychiatry New Innovations evaluation form. Evaluators 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 Youth and Families Clinic for one month during their PGY2 year.

Rotation Supervisors:

Deborah Thurber, M.D.
Richard Ha, D.O.

**Educational Materials/References:**

- Kaplan and Sadock’s Synopsis of Psychiatry
- Lewis’s Child and Adolescent Psychiatry
- Diagnostic and Statistical Manual of Mental Disorders 5th Edition
- Green’s Child and Adolescent Clinical Psychopharmacology
- Clinical Handbook pf Psychotropic Drugs for Children and Adolescents
- Stahl’s Essential Psychopharmacology
Prescriber’s Guide: Stahl’s Essential Psychopharmacology
Dulcan’s Textbook of Child and Adolescent Psychiatry
AACAP Practice Parameters
IACAPAP.org
AACAP.org


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.