PGY2 Emergency Psychiatry Rotation

**Rotation Director:** Theodore Huzyk, M.D.

**Location:** Ventura County Medical Center, Crisis Stabilization Unit

**Clinical and Educational Work Hours:**

**M-F**

7:00 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:**

To learn about the presentation and disposition of a variety of psychiatric patients seen in an emergency setting. To evaluate the patient and ensure appropriate disposition.

**Teaching Methods:**

For each interaction, the resident will spend sufficient time with the patient to carry out an appropriate psychiatric evaluation and then to discuss the case with the faculty member assigned to this service. The learning experience surrounding a patient interaction evolves from review of history, examination and laboratory results with the faculty, taking direction from faculty and being provided with references or other learning materials that can be used for self-instruction and subsequent review with the faculty. The resident will also learn, under supervision, how to interact not only with the patient and family, but also with other physicians and providers in providing an appropriate disposition for the patient.

**Disease Mix and Patient Characteristics:**

Patients are over age 18 years, who present in psychiatric crises and reflect the variety of races and ethnicities in Ventura County.

**Responsibilities/Procedures:**

Residents will perform psychiatric evaluations of individuals at the Ventura County Medical Center Crisis Stabilization Unit. Individuals may present as walk-ins, by police or ambulance, or
as transfers from other facilities. Residents, under the guidance and direction of the attending, will coordinate the evaluation and disposition of the patient. Residents will be expected to communicate with all facilities and providers to obtain complete information and provide an adequate transition of care. The triage assessment includes the performance and documentation of a complete psychiatric evaluation. Residents will be expected to complete all appropriate paperwork necessary to facilitate the patient’s disposition. Documentation includes but is not limited to psychiatric evaluation, third party statements, and Welfare and Institutions Code §5150 documentation.

Residents are expected to notify the patient’s outpatient psychiatrist prior to discharge to relay information about the patient’s presentation and evaluation. Pending laboratory studies or future recommendations should be relayed to the outpatient psychiatrist and be included in the psychiatric evaluation.

Residents are required to carry a cell phone with a HIPAA-compliant texting program, in addition to being available at their assigned work station for staff communication. This procedure serves as the primary means of communication for staff in regards to patient care. Residents are expected to return calls within a timely manner to address concerns regarding patient care.

Residents are expected to attend all didactic lectures, Morning Reports and Grand Rounds.

**Overall Goals and Objectives:**
To develop a basic understanding of the skills needed to evaluate and manage a patient in psychiatric crisis.

**Core Competencies:**

**Patient Care:**
1. The resident will learn how to conduct emergency psychiatric evaluations through the examination, evaluation and provision of emergency care to patients presenting to VCMC with emergent psychiatric and substance related problems, and/or with psychiatric symptoms of medical problems.

2. The resident will learn how to arrange a proper disposition for psychiatric patients in crisis.

**Medical Knowledge:**
1. The resident will develop a basic knowledge of:
   - crisis intervention
   - acute psychopharmacologic interventions in psychiatric emergencies
   - principles and process of involuntary treatment
   - appropriate assessment of suicidal patients

2. The resident will learn to differentiate psychiatric emergencies from
medical/surgical emergencies with psychiatric symptoms.

3. All residents will 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 the Ventura County Mental Health System, including hospitals and community mental health centers, substance abuse treatment programs, and other community resources for referral purposes.

2. The resident will learn the intricacies of accepting and arranging transfers and EMTALA.

**Practice Based Learning:**
1. The resident will take advantage of learning opportunities by reviewing relevant medical literature and discussing the case with the attending physician.

**Professionalism:**
1. The resident will demonstrate professionalism by arriving at work on time, staying for the entire shift, and completing all assigned work.

2. The resident will treat all patients and their families with respect.

3. The resident will interact appropriately with all other medical professionals, law enforcement, and staff.

**Interpersonal and Communication Skills:**
1. The resident will learn to interact with other members of triage staff, law enforcement, and other physicians and staff, to provide optimum care for psychiatric patients in crisis and to arrange appropriate disposition.

**Transitions of Care:**
A verbal checkout is required utilizing I-PASS. The checkout occurs between the resident and the oncoming clinician.

**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 Emergency Psychiatry New Innovations evaluation form. Attendings will assesses the resident’s mastery of psychiatry core competencies and are encouraged to comment more specifically on the resident’s performance.

The supervising attending will be assigned 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:**
The resident will be assigned to the Emergency Psychiatry service for one month in their PGY-2 year.

Residents will be assigned to Dr. Theodore Huzyk or other designated psychiatrists.

**Educational Materials/References:**
Handbook of Emergency Psychiatry—Andrew Slaby
The Clinical Psychiatric Interview—MacKinnon and Michels (especially chapters 1, 9, 14 and 15)
Comprehensive Textbook of Psychiatry—Kaplan and Sadock (various chapters as assigned by attendings)
World Health Organization: How to put on and remove personal protective equipment (PPE) [https://openwho.org/courses/IPC-PPE-EN](https://openwho.org/courses/IPC-PPE-EN)

**Resident Resources:**
Residents are provided with a resident workroom. This room includes adequate space for residents and faculty. Each resident is provided with a desk and computer workstation. This room is locked and only administration and faculty/residents will have access.