PGY2 Geriatric Psychiatry Rotation

Rotation Director: Debra London, M.D.

Location: Ventura County Behavioral Health
Older Adults Clinic
5740 Ralston Street, Ventura

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:
To learn about the presentation, evaluation, and treatment of mental disorders in geriatric patients seen in both mental health clinic and residential settings.

Teaching Methods:
For each interaction, residents will spend sufficient time with the patient to carry out an appropriate psychiatric evaluation and then discuss the case with faculty. The learning experience surrounding a patient interaction evolves from review of history, physical examination, and laboratory results with the 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.

Disease Mix and Patient Characteristics:
The Older Adults team takes care of individuals with a wide variety of psychiatric illnesses who
have developed neurocognitive disorders. Patients are seen in a multitude of settings, including office, home, nursing homes, or assisted living facilities. The majority of patients are over age 60 years, with exceptions for those that develop significant neurocognitive symptoms before that age.

**Responsibilities/Procedures:**
Resident will perform psychiatric evaluations on new patients and complete progress notes on established patients. Residents will be expected to learn and use neurocognitive screening tools, such as the Montreal Cognitive Assessment as well as understand limitations of use and reporting of results.

Residents will be expected to complete all the appropriate paperwork necessary to complete the patient’s medical record. Documentation includes, but is not limited to, psychiatric evaluations and progress notes.

Residents will be expected to attend all didactic lectures, Morning Reports, Grand Rounds, and conferences.

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

**Core Competencies:**

**Patient Care:**
1. Ascertain all required information related to a patient’s family history, personal history, substance history, premorbid personality, allergies, past medical history, current medications, review of systems, detailed past psychiatric history, detailed history of present illness (including history of present medical illness), and mental status examination, including cognitive examinations.
2. Fully gather data from all available sources, including the patient, paper and electronic chart (including physician’s notes, nursing staff notes, social work notes, other staff member notes, medication administration records), hospital staff, and family or friends of the patient.
3. Thoroughly formulate a patient’s case based upon the above information with particular consideration of perspectives of disease, temperament, behaviors, and life story.
5. Perform routine follow up of patients and provide recommendations (both pharmacologic and psychotherapeutic) as needed to treat patients.
6. Actively communicate the above to the patient’s primary care physician and other members of the treatment team.
7. Accurately and fully document all elements described above in the patient’s chart, including medical and legal facets, when necessary.

**Medical Knowledge:**
1. Understand the diagnostic criteria for psychiatric disorders common in a chronic mental
health population, including neurocognitive disorders, mood disorders, psychotic disorders, PTSD.

2. Understand the use of psychotropic medications in the elderly and the need for dosage adjustment, for example in chronic kidney disease.

3. Understand barriers to medication compliance and strategies to address them.

4. Understand specific social issues relevant to geriatric patients, including durable POA, Living Wills and other legal documents.

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. Become familiar with treating a psychiatric patient as part of a larger comprehensive treatment team.

2. Demonstrate an understanding of the resources available, including skilled nursing facilities and nursing homes.

**Practice Based Learning:**
1. The resident will participate in all conferences and complete all required reading to better understand and frame patient issues in a scientific evidence-based manner.

2. The resident will perform a literature search, when appropriate, to better understand the most current treatment options.

**Professionalism:**
1. Dress in a professional manner that excludes scrubs.

2. Arrive on time and stay until all work is completed or appropriately transitioned to another provider.

3. Behave collegially and demonstrate willingness to help other members of the team and other departments.

4. Assist with and ask for assistance in the case of emergencies or clinical uncertainty.

5. Demonstrate a commitment to ethical principles when dealing with patients, families, and colleagues.

**Interpersonal and Communication Skills:**
1. Learn and utilize engagement techniques for reaching elderly patients, including those with dementia.

2. Learn to communicate effectively with members of the treatment team, including peer clinicians and ancillary staff.

**Transitions of Care:**
A verbal checkout is required utilizing I-PASS for patients that require acute management or are having acute issues. The checkout occurs between the resident and the on-call physician. Handoffs utilizing the I-PASS system must occur when handing patients to the oncoming resident or physician.
**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 Geriatric Psychiatry New Innovations evaluation form. 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 be assigned the evaluation the last week of their rotation. Evaluations are required to be completed and discussed with the resident prior to the completion of their rotation.

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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 Geriatric service for one month in their PGY-2 year.

Residents will be assigned to the following faculty member or other designated physicians:

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**Educational Materials/References:**
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:**
Each resident will have access to appropriate workspace, including an office with a desk and a computer at the clinic.