PGY2 Inpatient Psychiatry Rotation

**Rotation Director:** Leslie Horton, M.D., Ph.D.

Telephone: 805-652-6729

**Location:** Ventura County Medical Center, Inpatient Psychiatric Unit  
200 Hillmont Avenue  
Ventura, CA 93003

**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.

In addition to their initial rotation as PGY1 residents on the inpatient unit, PGY2 residents will rotate on the service for a total of six months, in three-month blocks.

**Educational Purpose:**
The goal of this year is to develop further the second-year resident’s foundation of knowledge in the diagnosis and treatment of acutely and seriously ill psychiatric patients. This rotation is also a “Resident-as-Teacher” experience, providing clinical and educational oversight to PGY1s by supervising, teaching, and coordinating daily activities. Residents also complete a Quality Improvement Project during the rotation.

**Teaching Methods:**
For each interaction, the resident will spend sufficient time with the patient to perform an appropriate psychiatric evaluation and then discuss the case with psychiatry faculty. The learning experience surrounding a patient interaction evolves from review of history, mental status examination, laboratory results and other diagnostic tests with faculty. The resident will take
direction from faculty, and faculty will provide the resident with references and/or other learning materials to facilitate their independent study for subsequent review with faculty. The resident will also learn, under supervision, how to interact not only with patients and families but also with other members of the treatment team.

**Disease Mix and Patient Characteristics:**

Patients range in age from 18 to 65 years. The most common admission diagnoses include: psychotic spectrum illnesses (Unspecified, Schizophrenia, Schizoaffective Disorders), major mood disorders (Bipolar and Major Depressive Disorder), Personality Disorders, especially Borderline Personality Disorder; and some exposure to Antisocial Personality Disorder. An overwhelming majority of patients suffer from co-morbid substance use disorders. A significant portion have co-morbid physical health conditions.

The overwhelming majority of patients are covered by Medi-Cal or do not have insurance coverage. Some patients do have Medicare and/or private insurance coverage.

**Responsibilities/Procedures:**

Residents will perform new admissions and see patients in follow-up daily in the VCMC IPU. Under the guidance and direction of the psychiatry attending, residents will coordinate the evaluation and initial management of a patient’s psychiatric illness. Residents are expected to communicate with all members of the treatment team involved in the patient’s care.

Admitting a patient includes writing admission orders, updating the problem list and ensuring accurate medication reconciliation. Psychiatric evaluations must be documented within 24 hours of the patient’s admission.

Residents are expected to complete all appropriate paperwork necessary to facilitate the patient’s stay in the hospital. This documentation includes, but is not limited to, admission notes, progress notes, consultation notes, discharge paperwork, and discharge summaries.

Progress notes must be timely and are an integral component of the patient’s care. The resident will be expected to document specific diagnosis and treatment recommendations clearly in the EMR.

Ideally, discharges should be completed so that patients can be discharged early in the morning. This timing improves hospital workflow and patient satisfaction. To facilitate this process, residents should complete discharge paperwork, follow-up appointments, and medication reconciliation the day prior and review it the morning of discharge with the attending. Discharge summaries are to be done on the day of discharge; if the resident cannot complete the summary on the day of discharge, they must notify the attending physician.

Medications must be properly reconciled. Discharge medication lists provided to the patient must match the discharge summary.
The residents are expected to notify the patient’s outpatient psychiatrist prior to discharge to relay information about the patient’s hospital stay. Pending studies or future recommendations should be relayed to the outpatient psychiatrist; these should be included in the discharge summary.

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 regard to patient care. Residents are expected to return calls within a timely manner to address concerns regarding patients.

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

**Education: Resident as Educator**
The PGY2 resident will gain the necessary skills to become a more effective teacher, improving resident education and ultimately patient care. They will be taught using scenarios and case examples:

- Adult Learning Theory: Teaching versus Learning
- General Teaching Tips and Pitfalls to Avoid
- Teaching Techniques including: Priming, Framing, Modeling, One Minute Preceptor

**Quality Improvement Project**
The goal is for the resident to reflect on the outcomes of clinical practice and to understand the principles of improving the processes of care. Quality improvement projects are resident-directed and may be related to quality or patient safety, to improvement in residents’ clinical performance, or to curriculum innovations in quality management. The resident will develop expertise in making recommendations for improving quality of psychiatric care through an experience-based learning format.

**Core Competencies:**

**Patient Care:**
1. Assess and manage acute adult psychiatry patients on an inpatient unit.
2. Refine skills in interviewing and history taking, leading to an expanded differential diagnosis.
3. Develop basic knowledge and skills of supportive psychotherapy with chronically mentally ill patients.
4. Properly “hand-off” patients to on-call residents and attending, or to inpatient residents/attending on post call days.
Medical Knowledge:
1. Develop clinical and scholarly familiarity with severe psychopathology such as Schizophrenia, affective disorders, personality disorders, substance use disorders, neurocognitive disorders and delirium.
2. Become adept with the use of therapeutic modalities currently used in inpatient psychiatry especially psychopharmacological agents.
3. 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. Continue to refine documentation skills.
2. Gain experience working with inpatient teams.
3. Participate in a Quality Improvement Project.

Practice Based Learning:
1. Gain experience in utilization review procedures through interaction with UR staff and with supervision by attending faculty.
2. Become familiar with quality assurance practices through feedback on Core Measure performance by attending faculty.
3. Provide education to PGY1 residents and medical students by demonstrating interviewing, history-taking, case formulation and treatment planning.
4. Gain experience leading family meetings and providing education to patients and their families.

Professionalism:
1. Arrive on time and stay until all work is completed or appropriately transitioned to another provider.
2. Be respectful of patients and other members of the treatment team.
3. Wear appropriate clothing, including professional business attire.

Interpersonal and Communication Skills:
1. Develop interpersonal skills that facilitate relationship development and conflict management with patients, their families, and other health professionals.
2. Function as the leader of a multidisciplinary team.

Transitions of Care:
A verbal check-out is required utilizing I-PASS. The checkout occurs between the resident and the on-call physician. Handoff occurs daily and at the end of month.

Residents are expected to attend all teaching activities, Grand Rounds and didactic sessions.
**Evaluation Methods:**
Supervising faculty will provide verbal feedback to the resident midway through the rotation and formally evaluate the resident at the completion of the rotation via New Innovations. 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:**
PGY2 residents will be assigned to the VCMC service for a total of six months, in three-month blocks.
Residents will be assigned to one of the following faculty members or other designated psychiatrist:

- Leslie Horton, M.D., Ph.D.
- Heather Lewerenz, M.D.
- Jason Cooper, M.D. (coverage)
- Joseph Vlaskovits, M.D. (coverage)

**Educational Materials/References:**
Kaplan and Sadock’s Synopsis of Psychiatry
MacKinnon, Michels and Buckley, The Psychiatric Interview in Clinical Practice, Third Edition
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 the residents. Each resident is provided with a desk and computer workstation. This room is locked and only administration and faculty/residents will have access.