PGY3 Child and Adolescent Psychiatry Continuity Clinic

Co-Rotation Directors: Deborah Thurber, M.D. and Richard Ha, D.O.

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 Continuity Clinic builds on the Child and Adolescent rotation from PGY2 to allow the resident to fully learn to how to evaluate and treat outpatient individuals under the age of 18 years from a wide variety of backgrounds with a range of psychiatric diagnoses over the course of a year. 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 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 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. Master techniques and strategies for diagnostic assessment of preschool, school age, and adolescent patients.
2. Become familiar with classifications of medications and appropriate use in child and adolescent patients.
3. Gain experience with behavior modification techniques, parent management techniques, brief therapy, and longer-term psychodynamic therapy.
4. Understand the emotional, behavioral and developmental effects of acute and chronic trauma and neglect in children and adolescents.

**Medical Knowledge:**

The resident will be able to:

1. Develop competency and appropriately prescribe and manage stimulant and non-stimulant medication for ADHD.
2. Develop competency and appropriately prescribe and manage SSRI medications for depression and anxiety.
3. Understand the use of antipsychotics in children and adolescents.
4. Understand the use of mood stabilizers in children and adolescents.
5. Be aware of structured diagnostic tests, including CBCL, Conners, Vanderbilts, CDI CY-BOCS, MCHAT, Tic scales, PANDAS Screen, IQ and Achievement tests, and others.

**Systems Based Practice:**

1. The resident will become familiar with community resources, including those within the Youth and Family system.
2. The resident will become familiar with after school systems, including the IEP process.
3. The resident will become familiar with 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 demonstrate ability to:
1. Interview children at various ages, including toddlers, latency age, and adolescents, and will understand how to adapt an interviewing style to elicit information.
2. Interview families to elicit important diagnostic information and to provide information, instruction, and reassurance as appropriate.
3. Convey 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 half-day a week during their PGY3 Clinic 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 of Psychotropic Drugs for Children and Adolescents
Stahl’s Essential Psychopharmacology
Prescriber’s Guide: Stahl’s Essential Psychopharmacology
Residents will have access to interview rooms and workstations to complete their work.