PGY3 Outpatient Psychiatry VCBH Rotation

Rotation Director: Jantje Groot, M.D.

Location: Ventura County Behavioral Health
        Adult Mental Health Services Clinic
        4258 Telegraph Road, 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:
The Outpatient Adult Psychiatry rotation at Ventura County Behavioral Health provides an opportunity for residents to evaluate and treat outpatients from a wide variety of backgrounds who are moderately to severely impaired in functioning from their psychiatric diagnosis. Residents will learn to employ the full range of outpatient treatment psychiatric modalities, including pharmacotherapy and psychotherapy.

Teaching Methods:
The principal teaching and learning activity is centered on direct patient care and interaction. For each encounter, the resident will spend sufficient time with the attending to optimize the learning experience, with supervision appropriate to the resident’s level of training. The learning experience surrounding a patient interaction evolves from review of history, mental status examination, laboratory results and other diagnostic tests 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:
At the Ventura County Behavioral Health Adult Outpatient Clinic, patients meet criteria for specialized mental health care in the public mental health service. Almost all of these patients have major mental disorders, whether in psychosis spectrum, affective disorders, or personality disorders. Many of these patients suffer from co-morbid substance use disorders, and a significant percentage have co-morbid physical health problems. Insurance coverage is almost exclusively through public programs such as Medi-Cal or Medi-Care, although a significant portion of patients lack insurance. Further, a significant number also lack legal immigration status.

Responsibilities and Procedures:
Residents will perform initial psychiatric evaluations on new patients, annual evaluations on continuity patients, and follow-up assessments on established patients. Residents will provide pharmacologic treatment and management, under the guidance and direction of the attending. Residents are expected to communicate with all members of the patient’s treatment team, including therapist and primary care provider.

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, informed consents, and other documentation.

Documentation must be completed in a timely manner (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 available to clinic staff during the day to answer questions or phone calls related to their patients. Residents will be assigned a call week in rotation with other third year residents. During their call week, the residents will be responsible for all phone calls for which the patient’s regular psychiatrist (resident or attending) is not available. Residents are expected to document all phone calls that they receive within 24 hours.

The resident will participate in formal weekly didactic sessions, as well as all Grand Rounds, Journal Club, and Morbidity and Mortality.

Overall Education Goals and Objectives:
To learn how to diagnose and manage a psychiatric patient in the outpatient setting.
Core Competencies:

Patient Care:
1. Be able to complete a thorough general psychiatric diagnostic assessment.
2. Learn to formulate a case, integrating biological, psychological, and social issues.
3. Be able to generate and carry out a plan of care, including pharmacological, psychological and social interventions.
4. Be able to identify issues and patterns better approached by psychotherapy than by medication.

Medical Knowledge:
1. Understand the various presentations of major mental illness, and other disorders mentioned above, and how to differentiate between them.
2. Understand the pharmacologic management of these disorders, and the complications attendant to the use of psychotropic medications.
3. Understand the treatment of refractory disorders, the types of psychotherapy, and their indications, and which are effective in managing problems seen in a general psychiatry clinic.

Systems Based Practice:
1. When appropriate and only with written consent from the patient, the resident will communicate with ancillary medical providers, mental health providers, and other relevant sources of information or providers of education, structure and/or care to the patient, to establish and maintain an optimal treatment plan.

Practice Based Learning:
1. The resident will be conversant with standards for metabolic screening, assessment of movement disorders, and other standards of care, and will incorporate these measurements into patients’ medical records.
2. The resident will be observed in many patient interactions by the attending, and will receive feedback on those interactions, including issues of rapport, adherence, patient education and formulation of a shared treatment plan.

Interpersonal and Communication Skills:
1. Be able to create a collaborative relationship with a wide variety of patients, some difficult to engage, to gain essential information and build and implement a therapeutic plan.
2. Be able to educate patients and their families.
3. Demonstrate an understanding of the stresses involved in having a chronic psychiatric illness.
4. Be able to supervise and educate medical students about psychiatric illnesses, interviewing techniques, and presentation skills.

Professionalism:
1. Demonstrate respect for patient autonomy and choice.
2. Demonstrate willingness to seek supervision for psychotherapeutic and
pharmacologic assessments and interventions.

**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.

**Transitions of Care:**
A verbal checkout is required utilizing I-PASS for patients who require acute management or are having acute issues. The checkout occurs between the resident and the on-call resident. Handoffs utilizing the I-PASS system must occur when handing patients to the incoming yearly resident.

**Duration:**
Residents will be assigned to the VCBH Adult Outpatient Clinic for 12 continuous months, starting in July of PGY-3 year. Residents will be supervised by one of the following faculty members or other designated psychiatrists.

Jantje Groot, M.D.
Brian Taylor, M.D. (coverage)
Joseph Vlaskovits, M.D.
(coverage) Jason Cooper, M.D.
(coverage)

**Educational Materials/References:**
Kaplan and Saddock’s Synopsis of Psychiatry Diagnostic and Statistical Manual, 5th Edition

**Resources:**
Each resident has an office assigned to them during their rotation. This office is equipped with a desk and computer workstation. The computers will have the electronic medical record
system utilized by Ventura County Behavioral Health installed. The computers will have access to the internet and to CMHS Medical library. The offices will have a locked door which only the resident and faculty/clinic administrator can access.