

Curriculum on Psychiatry

Danbury Hospital Internal Medicine Residency Program

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A. Educational Purpose and Goals

At the end of this elective the resident will:

- Have the necessary skills to perform a psychiatric consultation including a mental status examination
- understand the four elements involved in determining decisional capacity
- be able to recognize and manage all forms of delirium with an emphasis on delirium associated with acute alcohol withdrawal
- be able to recognize and treat depression in the hospitalized, medically ill patient and learn when to request a psychiatric consultation

B. Teaching Methods

This is a two-week elective experience. The residents round with Ruth Cheney on the inpatient consultative service and present cases to the supervising psychiatrist. Thus, directly observed patient care and small group discussions serve as the principal teaching venues.

C. Educational Content

1. Mix of diseases

Mood disorders, psychosis, substance abuse, personality disorders, delirium and dementia (antisocial, borderline, schizotypal etc.) and cognitive disorders (delirium and dementia).

2. Patient characteristics

Mostly acutely ill medical patients with psychiatric comorbidities, occasional encounters may include psychoses with hallucinations/delusions, major depression with suicidal ideation.

3. Type of clinical encounters, procedures and services

Bedside consultations of medical patients with psychiatric comorbidities. Also, patients may be evaluated in the ED or on the inpatient psychiatric ward

D. Method of Evaluation of Resident and Faculty Competence

After each block rotation faculty provide a review of the resident's competency based performance on Evaluate. In turn the resident evaluates the faculty's performance as well as the rotational experience. These evaluations are reviewed during our biannual House staff evaluation committee meetings.

Preceptors will evaluate the Resident's performance. At the beginning of each rotation the preceptors will review the goals and objectives of the rotation with the resident. A meeting at the end of the rotation to review the resident's progress will also take place. It will be the resident's responsibility to schedule the final

review with the MD preceptor. Formal written evaluations (Evaluate) will be completed and are incorporated into the semiannual performance reviews. In addition these evaluations will be presented to the semi annual house staff committee for discussion.

E. Rotation Specific Competency Objectives

Please refer to the Core Curriculum for the expected General Medicine Curriculum core competency objectives. The rotation specific objectives are provided below.

1. Patient Care

- Demonstrate proficiency in diagnosing and treating medical patients with psychiatric complications
- Obtain trust and commitment from the patient
- Attend to the patient's emotional needs
- Show empathy and understanding and be able to extract difficult personal data from patients concerning issues of suicidal ideation, substance abuse, sexual abuse, domestic violence, and pain assessment

2. Medical Knowledge

- Demonstrate a basic understanding of psychopharmacology of commonly used antidepressants, antipsychotics, mood stabilizers, anxiolytics and detoxification
- Know the medical management of withdrawal and complications of substance abuse, including depression, delirium, and other common inpatient psychiatric disorders
- Be familiar with local treatment programs available for patient referral

3. Interpersonal and Communication Skills

- Exhibit characteristics conducive to a positive doctor-patient relationship
- Learn to communicate with the disruptive or angry patient

4. Professionalism

- Refer to the core curriculum

5. Practice Based Learning

- Refer to the core curriculum

6. Systems Based Practice

- At the end of this rotation the resident should be able to be aware of the community resources available to patients with substance abuse and debilitating psychiatric problems

