## Department of Psychiatry Residency Training Program

### PGY 1 & 2 Electives

**2016 - 2017**

**As of May 11, 2016**
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Assertive Community Treatment (ACT)

Faculty/Staff

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- Cell: 718 772 7779
- Zeynep.altun@bellevue.nychhc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

- ACT treatment is based on a service-delivery model for providing comprehensive community-based treatment to persons with severe and persistent mental illness. It is a highly individualized treatment modality and includes psychiatric-medical care by an attending psychiatrist and 1-2 nurses, social, vocational, substance abuse interventions and liaison to legal services by LMSWs. The whole team is involved in crisis intervention. Bellevue ACT team caseload is 68 patients between the ages of 23-80 and at different stages of treatment progress. 1/3 of the patient population is undocumented non-English speakers with additional social intervention needs. Treatment options that are frequently utilized include clozapine and long acting injectibles within psychopharmacologic measures, ECT and CBT. Residents are expected to accompany the attending M.D. in meeting with the patients at the office or in the community, which can include CPEPs, inpatient units of various hospitals as well as supported housing residences. Besides familiarizing the resident with the options available to meet patients’ individual needs therapeutically, at a higher level this elective is expected to provide exposure to the general workings of the highly fragmented psychiatric treatment system currently available in New York (various therapeutic residences, clubhouses, PROS programs). Residents will also get exposure to assisted outpatient treatment (AOT) process as ~1/3 of our patients are on AOT.

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- As PGY 1 and 2 residents doing this elective, the schedule is full-time for 2 weeks.
**Goals** (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. **Patient Care:**
   - Working with a multi-disciplinary team that addresses social, legal and medical aspects of treatment, residents are expected to provide integrated and culturally-sensitive mental health care to ACT patients in non-traditional environments.
   - As a significant number of ACT patients refuse attending outpatient appointments, residents are expected to have a basic general medical knowledge beside psychiatry to intervene with non-psychiatric medical care and referral when necessary.

B. **Medical Knowledge:**
   - Residents will improve their ability to diagnose and subsequently identify appropriate interdisciplinary interventions to severely mentally ill patients, which may range from crisis intervention in a safe manner, in/voluntary hospitalization, discharge disposition planning with inpatient staff, CBT work and other stable outpatient measures.
   - They will also learn how to assess decompensating patients in the community (which includes their home environment) and get them to acute care facilities in a safe manner.

C. **Interpersonal and Communication Skills:**
   - Residents will demonstrate the necessary interpersonal and communication skills to establish therapeutic rapport with ACT patients, their families, coordinate care with other medical care providers and agencies involved in each patient’s treatment, and work seamlessly with the other team members.

D. **Systems Based Practice:**
   - Residents will develop an understanding of the function of an ACT team in fostering treatment compliance, maintaining stability, improving community functioning of severely ill, treatment-as-usual-resistant patients.

E. **Practice-Based Learning and Improvement:**
   - residents will acquire improved clinical skills through case discussion in supervision as well as self-directed readings. They will learn to successfully incorporate feedback from team members into improved patient care.

F. **Professionalism:**
   - residents will be expected to approach each patient with respect and compassion and develop sensitivities to complex ethical questions that may arise. They will be coached to develop successful solutions for dealing with possible potentially frustrating and challenging interactions.

**Supervision:** (Please indicate the number of hours of supervision per week.)
- Flexible: generally 20-24 hrs. per week with Dr. Altun.

**Readings:**
- Prior to starting the elective residents are recommended to review “A Manual for ACT Start-Up” by Allness and Knoedler (available in my office, please call me @718-772-7779)
- During elective they can also review Transitions Booklet that is utilized for transition of successful cases to ordinary outpatient treatment
- Other reading as relevant to clinical and supervisory discussion.

**Method of Evaluation:** (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).
- I will provide regular feedback in discussion with the resident. Also I will submit a final New Innovations evaluation based on observation of clinical interactions and on supervisory discussions.

Reviewed, by Zeynep Altun, MD, 2/24/16 (no changes)
Child & Adolescent Psychiatry Emergency Service

(C-CPEP) Goals and Resident Competencies

GOALS:

The goal of this rotation is to introduce residents to the requisite knowledge, skills, attitudes, and behaviors necessary to competently assess, stabilize, and find appropriate disposition for acutely disturbed children and adolescents requiring emergency psychiatric evaluation. Inherent in this aim is to expose residents to their unique role as a collaborator with these patients’ caretakers and with other systems (schools, child protection agencies, courts, outpatient practitioners, etc.) involved in their lives.

Number of Residents on the elective at any given time: 2 (September – June) 1 (July & August)

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- As PGY 1 and 2 residents doing this elective, the schedule is full-time for 2 weeks.

COMPETENCIES:

<table>
<thead>
<tr>
<th>Patient Care</th>
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</thead>
<tbody>
<tr>
<td><strong>Learning Objectives</strong></td>
</tr>
<tr>
<td>The resident will:</td>
</tr>
<tr>
<td>Assess suicidality in children and adolescents</td>
</tr>
<tr>
<td>Assess potential for violence in children and adolescents</td>
</tr>
<tr>
<td>Assess child abuse/neglect issues, including domestic abuse</td>
</tr>
<tr>
<td>Medical Knowledge</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Learning Objectives</strong></td>
</tr>
<tr>
<td><strong>Demonstrate a basic understanding of normal child and adolescent development</strong></td>
</tr>
<tr>
<td><strong>Identify and describe psychopathology, including epidemiology, etiology, DSM diagnostic criteria, and prognosis</strong></td>
</tr>
<tr>
<td><strong>Identify and describe appropriate indications for laboratory and ancillary (e.g. EEG, MRI, drugs of abuse screening) testing</strong></td>
</tr>
<tr>
<td><strong>Understand and comply with NYS Mental Hygiene Law (Sections</strong></td>
</tr>
<tr>
<td>Demonstrate appropriate use/documentation of chemical and physical restraints in the management of agitated/violent children and adolescents</td>
</tr>
<tr>
<td>Describe the indications for inpatient admission</td>
</tr>
</tbody>
</table>

### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methods</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The resident will:</td>
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</table>

- Use evidence-based methodology to improve patient care
- Collaborate with ER house staff
- Critically appraise patient care practices in consultation with the attending psychiatrist

### Interpersonal and Communication Skills

<table>
<thead>
<tr>
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<th>Methods</th>
<th>Assessment</th>
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</thead>
<tbody>
<tr>
<td>The resident will:</td>
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</tbody>
</table>

- Understand the indications for requesting/providing information from/to schools, child welfare agencies, ER clinicians, and others involved with patients while maintaining appropriate confidentiality
- Learn to provide timely and appropriate feedback to referring ER clinicians
- Write concise notes that provide psychiatric assessment and treatment recommendations
<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Methods</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Objectives</strong></td>
<td></td>
<td></td>
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<tr>
<td>The resident will:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain professional and therapeutic relationships with patients and their</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
</tr>
<tr>
<td>families</td>
<td>• Supervision</td>
<td></td>
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<tr>
<td>Demonstrate behaviors that reflect an ongoing commitment to continuous</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
</tr>
<tr>
<td>professional development, ethical practice, sensitivity to diversity, and</td>
<td>• Supervision</td>
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<tr>
<td>responsible attitudes (respectful, compassionate, honest, responsible,</td>
<td></td>
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<tr>
<td>considerate)</td>
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<td></td>
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<tr>
<td>Liaison between parents, ER clinicians, and hospital staff when conflicts of</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
</tr>
<tr>
<td>interest arise</td>
<td>• Supervision</td>
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| Systems-Based Practice                                                          |                              |                           |
| **Learning Objectives**                                                        |                              |                           |
| The resident will:                                                             |                              |                           |
| Advocate for quality patient care and assist patients in dealing with system   | • Teaching rounds            | • Attending assessment    |
| complexities                                                                  | • Supervision                |                           |
| Assist non-mental health medical professionals in understanding the mental     | • Teaching rounds            | • Attending assessment    |
| health needs of their patients                                                 | • Supervision                |                           |
| Actively pursue disposition planning.                                          | • Teaching rounds            | • Attending assessment    |
|                                                                               | • Supervision                |                           |

Reviewed by Dr. Ruth Gerson, 2/2016 (no changes)
Consult-Liaison Elective, Bellevue Hospital Center

Faculty/Staff

- Andrea Kondracke, MD: Andrea.Kondracke@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

- Residents join a multi-disciplinary team that includes a psychosomatic medicine fellow, social worker, neuropsychologist and multiple attending CL psychiatrists. Residents conduct psychiatric consultations in the general hospital to many different services, including: Internal Medicine, Surgery, Surgical Subspecialties, OB-GYN, Neurology, Rehabilitation Medicine, HIV and TB Units, Trauma service, Toxicology, and the Traumatic Brain Injury Unit.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- Full-time two-week electives are permitted for PGY 1s and PGY2s.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

Goals

1. To introduce residents to the knowledge, skills, attitudes and behaviors necessary to evaluate and manage acute psychiatric emergencies in the medical-surgical setting, both in a consultation and a liaison role.
2. To teach effective communication for the safe transition of patient care from the resident to other clinicians and providers in a multi-disciplinary team

Objectives

A. **Patient Care**

Residents will treat patients with the full spectrum of psychiatric conditions that occur in medically complex disorders. By the end of the elective CL Psychiatry, residents are expected to demonstrate clinical competency in the following areas:
• Performing psychiatric consultation
  o Clarify the reason the request for consultation has arisen.
  o Review the medical record for pertinent medical and psychosocial information
  o Evaluate the patient at the bedside
  o Perform a bedside brief neuropsychological assessment
  o Obtain collateral history as indicated
  o Formulate the case with diagnoses and recommendations for treatments and further evaluation as needed.
  o Communicate evaluation and recommendations effectively (see below communications section)

• Assess and treat delirium
  o Conduct a bedside cognitive and pertinent neurological examination towards identifying presence and extent of cognitive impairment, and differentiating patterns as typical of dementias and delirium.
  o Obtain historical information that distinguishes delirium from dementia
  o Produce a differential diagnosis for the underlying pathophysiological etiologies of a delirium in a given patient
  o Recommend evidence based pharmacologic and non-pharmacologic treatments of delirium
  o Recommend interventions to minimize the secondary co-morbid risks associated with delirium such as falls and self-removal of indwelling lines
  o Appropriately dose antipsychotic medications to treatment delirium in the frail elderly population, including consideration of cardiac and pulmonary risks associated with antipsychotic medications in a given patient

• Assess capacity to make informed healthcare decisions
  o Demonstrate skills in capacity assessment, with particular emphasis on the below situations that arise more commonly on-call
  o Clarify with team the specific dilemma that has given rise to a request for a capacity assessment
  o Evaluate patients who refuse recommended treatments
  o Evaluate patients who ask to leave the general medical hospital against medical advice
  o Make recommendations to remedy problems leading to refusal of care and AMA discharge requests.
  o Make recommendations regarding determination and proper use of a health-care proxy

• Assess Suicide Risk
  o Assess risk of suicidal behavior in the general hospital setting
  o Implement steps to mitigate suicide risk in the hospital setting
• Recommend appropriate use of psychopharmacologic agents in the medical setting
  o Identify potential pharmacokinetic and pharmacodynamic interactions between different psychotropics and between psychotropics and other classes of medications used in medical and surgical patients.
  o Dose psychotropic medications appropriately given patient age and any medical co-morbidities including renal, liver, pulmonary and cardiac.

• Assess Mood, Anxiety, Psychotic Syndromes and Substance Use Disorders in Medically Complex Patients
  o Identify presence or absence of mood, anxiety or psychotic symptoms in the context of medically complex patients
  o Determine the presence of substance use disorders and address intoxication, withdrawal and craving
  o Differentiate major depressive episodes from normal and pathological disorders of adjustment to illness and/or hospitalization
  o Identify patient’s predominant psychological coping styles of illness
  o Clinically differentiate by history and evaluation primary psychiatric symptoms from those which are physiologically secondary to an underlying medical aberration.

• Transition of care
  o Effectively communicate safe transition of patient care from one provider to another.

B. Medical Knowledge

Residents are expected to demonstrate theoretical knowledge of the following:

• Capacity
  o The four criteria for capacity as delineated by Appelbaum and Grisso
  o The ‘sliding scale’ principle of capacity

• Delirium
  o DSM IV and V Criteria for Delirium
  o Common acute etiologies for delirium in hospitalized patients
  o Underlying risk factors for delirium

• Dementia
  o DSM IV and V Criteria for Dementia
  o Common etiologies for dementia

• Suicide Prevention
  o Risk factors for suicidal behavior

• Alcohol and Drug
  o Risk factors for complex alcohol and/or drug withdrawal
  o Signs and symptoms of alcohol and/or drug withdrawal
• Psychopharmacology
  o Principles of pharmacokinetic and pharmacodynamic interactions
• Psychological Coping Styles

C. **Interpersonal and Communication Skills**

Residents are expected to demonstrate the following interpersonal and communication skills:

  o Verbally communicate with the requesting team prior to assessing a patient to clarify history and the reason for the consultation, as well as after patient assessment to effectively convey results of the evaluation.
  o Establish a therapeutic alliance and work with patients to obtain historical and diagnostic information, as well as therapeutically in one to three sessions to support healthy coping towards symptom reduction and improved patient behaviors and decision making in the medical setting.
  o Verbally communicate with the family members or friends, with patient consent, to obtain collateral historical information
  o Document a psychiatric consultation note with a history, mental status examination, diagnosis and recommendations that are clearly conveyed to non-psychiatric allied healthcare providers

D. **Systems-Based Practice**

Residents are expected to demonstrate the following skills in systems-based practice:

  o Collaborate with medical residents and fellows in the range of medical specialties that request psychiatric consultation including general medicine and surgery and their sub-specialties such as cardiology, hematology-oncology, neurology, cardiovascular surgery, neurosurgery, among many others.
  o Work in collaboration with medical and surgical nurses in the assessment of patient behavior and execution of treatment recommendations.

E. **Practice-Based Learning**

Residents are expected to define specific evidence based questions regarding diagnosis, prognosis or treatment of their cases, search and evaluate the types and quality of information available to answer such questions, present such information to their colleagues during rounds or lectures and apply this information to making clinical decisions for their patients.

F. **Professionalism**

Residents will demonstrate the following professional characteristics:

  o A commitment to patient care
  o A collaborative attitude with primary medical and surgical teams
  o An openness to constructive feedback about their performance from their supervising attending
  o Treatment of patients and colleagues in respectful manner
  o An empathic attitude towards patients and their family members
  o Reliable, responsible and punctual behavior.
Method of Evaluation

- Residents are closely observed and evaluated in all patient care they provide by the service director.
- Residents present their new evaluations and follow-up to supervising board-certified faculty on a daily basis.
- The CL trainee and faculty team will round and assess patients that have been presented by trainees.
- Throughout the rotation, the residents receive informal feedback on their ability to achieve the above defined training objectives.
- Formal feedback about strengths and areas to improve is given at the half-way point.
- Feedback is solicited from the resident both informally during the rotation and more formally at the completion of the rotation regarding the quality of the training experience.

Reviewed & Revised: Rebecca Lewis, MD, 5/11/16
Consult-Liaison Elective, Tisch Hospital

Faculty/Staff

- Jennifer Hanner, MD: Jennifer.Hanner@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

- At NYU Langone Medical Center, residents work closely with attendings and a psychosomatic medicine fellow. The NYU CL service offers psychiatric consultations across all inpatient medical/surgical units and the emergency room.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- Full-time two-week electives are permitted for PGY 1s and PGY2s.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

Goals

1. To introduce residents to the knowledge, skills, attitudes and behaviors necessary to evaluate and manage acute psychiatric emergencies in the medical-surgical setting, both in a consultation and a liaison role.
2. To teach effective communication for the safe transition of patient care from the resident to other clinicians and providers in a multi-disciplinary team

Objectives

A. Patient Care

Residents will treat patients with the full spectrum of psychiatric conditions that occur in medically complex disorders. By the end of the elective CL Psychiatry, residents are expected to demonstrate clinical competency in the following areas:
Performing psychiatric consultation

- Clarify the reason the request for consultation has arisen.
- Review the medical record for pertinent medical and psychosocial information.
- Evaluate the patient at the bedside.
- Perform a bedside brief neuropsychological assessment.
- Obtain collateral history as indicated.
- Formulate the case with diagnoses and recommendations for treatments and further evaluation as needed.
- Communicate evaluation and recommendations effectively (see below communications section).

Assess and treat delirium

- Conduct a bedside cognitive and pertinent neurological examination towards identifying presence and extent of cognitive impairment, and differentiating patterns as typical of dementias and delirium.
- Obtain historical information that distinguishes delirium from dementia.
- Produce a differential diagnosis for the underlying pathophysiological etiologies of a delirium in a given patient.
- Recommend evidence based pharmacologic and non-pharmacologic treatments of delirium.
- Recommend interventions to minimize the secondary co-morbid risks associated with delirium such as falls and self-removal of indwelling lines.
- Appropriately dose antipsychotic medications to treatment delirium in the frail elderly population, including consideration of cardiac and pulmonary risks associated with antipsychotic medications in a given patient.

Assess capacity to make informed healthcare decisions

- Demonstrate skills in capacity assessment, with particular emphasis on the below situations that arise more commonly on-call.
- Clarify with team the specific dilemma that has given rise to a request for a capacity assessment.
- Evaluate patients who refuse recommended treatments.
- Evaluate patients who ask to leave the general medical hospital against medical advice.
- Make recommendations to remedy problems leading to refusal of care and AMA discharge requests.
- Make recommendations regarding determination and proper use of a health-care proxy.

Assess Suicide Risk

- Assess risk of suicidal behavior in the general hospital setting.
- Implement steps to mitigate suicide risk in the hospital setting.
• Recommend appropriate use of psychopharmacologic agents in the medical setting
  ○ Identify potential pharmacokinetic and pharmacodynamic interactions between different psychotropics and between psychotropics and other classes of medications used in medical and surgical patients.
  ○ Dose psychotropic medications appropriately given patient age and any medical co-morbidities including renal, liver, pulmonary and cardiac.

• Assess Mood, Anxiety, Psychotic Syndromes and Substance Use Disorders in Medically Complex Patients
  ○ Identify presence or absence of mood, anxiety or psychotic symptoms in the context of medically complex patients
  ○ Determine the presence of substance use disorders and address intoxication, withdrawal and craving
  ○ Differentiate major depressive episodes from normal and pathological disorders of adjustment to illness and/or hospitalization
  ○ Identify patient’s predominant psychological coping styles of illness
  ○ Clinically differentiate by history and evaluation primary psychiatric symptoms from those which are physiologically secondary to an underlying medical aberration.

• Transition of care
  ○ Effectively communicate safe transition of patient care from one provider to another.

B. Medical Knowledge

Residents are expected to demonstrate theoretical knowledge of the following:

• Capacity
  ○ The four criteria for capacity as delineated by Appelbaum and Grisso
  ○ The ‘sliding scale’ principle of capacity

• Delirium
  ○ DSM IV and V Criteria for Delirium
  ○ Common acute etiologies for delirium in hospitalized patients
  ○ Underlying risk factors for delirium

• Dementia
  ○ DSM IV and V Criteria for Dementia
  ○ Common etiologies for dementia

• Suicide Prevention
  ○ Risk factors for suicidal behavior

• Alcohol and Drug
  ○ Risk factors for complex alcohol and/or drug withdrawal
  ○ Signs and symptoms of alcohol and/or drug withdrawal

• Psychopharmacology
C. **Interpersonal and Communication Skills**

Residents are expected to demonstrate the following interpersonal and communication skills:

- Verbally communicate with the requesting team prior to assessing a patient to clarify history and the reason for the consultation, as well as after patient assessment to effectively convey results of the evaluation.
- Establish a therapeutic alliance and work with patients to obtain historical and diagnostic information, as well as therapeutically in one to three sessions to support healthy coping towards symptom reduction and improved patient behaviors and decision making in the medical setting.
- Verbally communicate with the family members or friends, with patient consent, to obtain collateral historical information.
- Document a psychiatric consultation note with a history, mental status examination, diagnosis and recommendations that are clearly conveyed to non-psychiatric allied healthcare providers.

D. **Systems-Based Practice**

Residents are expected to demonstrate the following skills in systems-based practice:

- Collaborate with medical residents and fellows in the range of medical specialties that request psychiatric consultation including general medicine and surgery and their sub-specialties such as cardiology, hematology-oncology, neurology, cardiovascular surgery, neurosurgery, among many others.
- Work in collaboration with medical and surgical nurses in the assessment of patient behavior and execution of treatment recommendations.

E. **Practice-Based Learning**

Residents are expected to define specific evidence based questions regarding diagnosis, prognosis or treatment of their cases, search and evaluate the types and quality of information available to answer such questions, present such information to their colleagues during rounds or lectures and apply this information to making clinical decisions for their patients.

F. **Professionalism**

Residents will demonstrate the following professional characteristics:

- A commitment to patient care.
- A collaborative attitude with primary medical and surgical teams.
- An openess to constructive feedback about their performance from their supervising attending.
- Treatment of patients and colleagues in respectful manner.
- An empathic attitude towards patients and their family members.
- Reliable, responsible and punctual behavior.
Method of Evaluation

- Residents are closely observed and evaluated in all patient care they provide by the service director.
- Residents present their new evaluations and follow-up to supervising board-certified faculty on a daily basis.
- The CL trainee and faculty team will round and assess patients that have been presented by trainees.
- Throughout the rotation, the residents receive informal feedback on their ability to achieve the above define training objectives.
- Formal feedback about strengths and areas to improve is given at the half-way point.
- Feedback is solicited from the resident both informally during the rotation and more formally at the completion of the rotation regarding the quality of the training experience.

Reviewed & Revised: Rebecca Lewis, MD, 5/11/16
Consult-Liaison Elective, NYVA Hospital

Faculty/Staff

- Mark Bradley, MD: Mark.Bradley2@va.gov

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

- During their rotation on the VA consultation-Liaison service, psychiatry residents join a multi-specialty team that includes a psychosomatic medicine fellow, neurology residents, addiction fellows, pain medicine fellows, and post-doctoral psychology fellows in primary care mental health and palliative care. The VA patient population suffers from a high prevalence of post-traumatic stress disorders, mood disorders, and addictive disorders which frequently complicate the delivery of medical and surgical care. The VA also has an aging population, largely consisting of veterans from the Vietnam War, Korean War and World War II eras, resulting in a high prevalence of dementia, delirium, and other disorders common to older persons. In addition to daily teaching rounds with the psychosomatic medicine fellowship program director, residents participate in Friday clinical neuropsychology and brain imaging teaching rounds.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- Full-time two-week electives are permitted for PGY1s and PGY2s.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

Goals

1. To introduce residents to the knowledge, skills, attitudes and behaviors necessary to evaluate and manage acute psychiatric emergencies in the medical-surgical setting, both in a consultation and a liaison role.
2. To teach effective communication for the safe transition of patient care from the resident to other clinicians and providers in a multi-disciplinary team

Objectives

A. Patient Care
Residents will treat patients with the full spectrum of psychiatric conditions that occur in medically complex disorders. By the end of the elective CL Psychiatry, residents are expected to demonstrate clinical competency in the following areas:

- **Performing psychiatric consultation**
  - Clarify the reason the request for consultation has arisen.
  - Review the medical record for pertinent medical and psychosocial information.
  - Evaluate the patient at the bedside.
  - Perform a bedside brief neuropsychological assessment.
  - Obtain collateral history as indicated.
  - Formulate the case with diagnoses and recommendations for treatments and further evaluation as needed.
  - Communicate evaluation and recommendations effectively (see below communications section).

- **Assess and treat delirium**
  - Conduct a bedside cognitive and pertinent neurological examination towards identifying presence and extent of cognitive impairment, and differentiating patterns as typical of dementias and delirium.
  - Obtain historical information that distinguishes delirium from dementia.
  - Produce a differential diagnosis for the underlying pathophysiologic etiologies of a delirium in a given patient.
  - Recommend evidence based pharmacologic and non-pharmacologic treatments of delirium.
  - Recommend interventions to minimize the secondary co-morbid risks associated with delirium such as falls and self-removal of indwelling lines.
  - Appropriately dose antipsychotic medications to treatment delirium in the frail elderly population, including consideration of cardiac and pulmonary risks associated with antipsychotic medications in a given patient.

- **Assess capacity to make informed healthcare decisions**
  - Demonstrate skills in capacity assessment, with particular emphasis on the below situations that arise more commonly on-call.
  - Clarify with team the specific dilemma that has given rise to a request for a capacity assessment.
  - Evaluate patients who refuse recommended treatments.
  - Evaluate patients who ask to leave the general medical hospital against medical advice.
  - Make recommendations to remedy problems leading to refusal of care and AMA discharge requests.
  - Make recommendations regarding determination and proper use of a health-care proxy.

- **Assess Suicide Risk**
  - Assess risk of suicidal behavior in the general hospital setting.
  - Implement steps to mitigate suicide risk in the hospital setting.
• Recommend appropriate use of psychopharmacologic agents in the medical setting
  o Identify potential pharmacokinetic and pharmacodynamic interactions between different psychotropics and between psychotropics and other classes of medications used in medical and surgical patients.
  o Dose psychotropic medications appropriately given patient age and any medical co-morbidities including renal, liver, pulmonary and cardiac.

• Assess Mood, Anxiety, Psychotic Syndromes and Substance Use Disorders in Medically Complex Patients
  o Identify presence or absence of mood, anxiety or psychotic symptoms in the context of medically complex patients
  o Determine the presence of substance use disorders and address intoxication, withdrawal and craving
  o Differentiate major depressive episodes from normal and pathological disorders of adjustment to illness and/or hospitalization
  o Identify patient’s predominant psychological coping styles of illness
  o Clinically differentiate by history and evaluation primary psychiatric symptoms from those which are physiologically secondary to an underlying medical aberration.

• Transition of care
  o Effectively communicate safe transition of patient care from one provider to another.

B. Medical Knowledge

Residents are expected to demonstrate theoretical knowledge of the following:

• Capacity
  o The four criteria for capacity as delineated by Appelbaum and Grisso
  o The ‘sliding scale’ principle of capacity

• Delirium
  o DSM IV and V Criteria for Delirium
  o Common acute etiologies for delirium in hospitalized patients
  o Underlying risk factors for delirium

• Dementia
  o DSM IV and V Criteria for Dementia
  o Common etiologies for dementia

• Suicide Prevention
  o Risk factors for suicidal behavior

• Alcohol and Drug
  o Risk factors for complex alcohol and/or drug withdrawal
  o Signs and symptoms of alcohol and/or drug withdrawal

• Psychopharmacology
  o Principles of pharmacokinetic and pharmacodynamic interactions

C. Interpersonal and Communication Skills
Residents are expected to demonstrate the following interpersonal and communication skills:

- Verbally communicate with the requesting team prior to assessing a patient to clarify history and the reason for the consultation, as well as after patient assessment to effectively convey results of the evaluation.
- Establish a therapeutic alliance and work with patients to obtain historical and diagnostic information, as well as therapeutically in one to three sessions to support healthy coping towards symptom reduction and improved patient behaviors and decision making in the medical setting.
- Verbally communicate with the family members or friends, with patient consent, to obtain collateral historical information.
- Document a psychiatric consultation note with a history, mental status examination, diagnosis and recommendations that are clearly conveyed to non-psychiatric allied healthcare providers.

D. Systems-Based Practice

Residents are expected to demonstrate the following skills in systems-based practice:

- Collaborate with medical residents and fellows in the range of medical specialties that request psychiatric consultation including general medicine and surgery and their sub-specialties such as cardiology, hematology-oncology, neurology, cardiovascular surgery, neurosurgery, among many others.
- Work in collaboration with medical and surgical nurses in the assessment of patient behavior and execution of treatment recommendations.

E. Practice-Based Learning

- Residents are expected to define specific evidence based questions regarding diagnosis, prognosis or treatment of their cases, search and evaluate the types and quality of information available to answer such questions, present such information to their colleagues during rounds or lectures and apply this information to making clinical decisions for their patients.

F. Professionalism

Residents will demonstrate the following professional characteristics:

- A commitment to patient care
- A collaborative attitude with primary medical and surgical teams
- An openness to constructive feedback about their performance from their supervising attending
- Treatment of patients and colleagues in respectful manner
- An empathic attitude towards patients and their family members
- Reliable, responsible and punctual behavior.

Method of Evaluation

- Residents are closely observed and evaluated in all patient care they provide by the service director
- Residents present their new evaluations and follow-up to supervising board-certified faculty on a daily basis.
- The CL trainee and faculty team will round and assess patients that have been presented by trainees.
Throughout the rotation, the residents receive informal feedback on their ability to achieve the above defined training objectives.
Formal feedback about strengths and areas to improve is given at the half-way point.
Feedback is solicited from the resident both informally during the rotation and more formally at the completion of the rotation regarding the quality of the training experience.

Reviewed & Revised: Rebecca Lewis, MD, 5/11/16
Forensic Psychiatry, AOT/NYC Department of Health and Mental Hygiene

Faculty/Staff

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- Exam site: NYC Department of Health and Mental Hygiene, Central Harlem Clinic Building, 3rd floor, New York, NY 10035
- Court: Bellevue Hospital, 19th floor court room

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Assisted Outpatient Treatment (AOT) Program is New York State’s outpatient psychiatric commitment law, charged with assisting mentally ill clients consistently adhere to a court ordered community treatment plan and addressing obstacles to obtaining appropriate care. Each county in the state administers the AOT program for its mentally ill clients. In New York City, the AOT Program is run by the Department of Health and Mental Hygiene and is staffed with evaluating and consulting psychiatrists. Participating residents will become part of the AOT team for the duration of their rotation, assisting in preparing and conducting forensic psychiatric examinations of AOT clients and in making recommendations for court mandated treatment. Residents will have the opportunity to interact with a variety of mental health service providers/agencies in the city and may attend AOT Directors meetings, special incident reviews, and case conferences.

Number of Residents on the elective at any given time: 1 resident
Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- As PGY 1 and 2 residents doing this elective, the schedule is full-time for 2 weeks.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

**Patient Care**
- **Goal: Navigate the dual role of AOT evaluator and advocate for client’s mental health**
  - **Objectives:**
    - Prepare for AOT evaluation by a review of the AOT record
    - Tailor the AOT evaluation to the particular challenges that a given AOT client faces in maintaining adherence to psychiatric treatment
    - Engage the AOT client through psychoeducation
    - Utilize recovery-oriented principles to assist in engaging the client and in identifying facets of a treatment plan that will address client’s goals

**Medical Knowledge**
- **Goal: Strengthen knowledge of standards of care for a variety of mental illnesses**
  - **Objectives:**
    - Apply knowledge of DSM and other sources to appropriately diagnose clients
    - Use treatment guidelines to direct treatment planning
    - Use findings from AOT files and evaluation to make psychopharmacologic recommendations
    - Investigate the appropriateness of mandating specific biological (e.g. long-acting injectable medications) and psychological interventions

**Interpersonal and Communication Skills**
- **Goal: Interact effectively with clients, mental health providers from a variety of disciplines, and non-medical professionals (e.g. attorneys)**
  - **Objectives:**
    - Integrate psychoeducation and recovery-oriented principles into AOT evaluations and case conferences
    - Consult with case managers and ACT teams to get updates on clients, recommendations regarding AOT, and to ascertain barriers to treatment
    - Consult with treating psychiatrists regarding treatment regimens for AOT clients
    - Work with attorneys to document for the court why AOT is or is not recommended for a given client
    - Translate clinical information obtained in evaluations into lay language for use in court petitions

**Systems Based Practice**
- **Goal: Understand how AOT fits within the system of community psychiatric care**
  - **Objectives:**
    - Participate in team meetings to review AOT’s role in its client’s care
    - Attend meetings at NYC Department of Health and Mental Hygiene and NYS Office of Mental Health regarding AOT
    - Participate in multidisciplinary case conferences and special reviews
• Participate in review of AOT referrals from the community, inpatient and forensic settings

**Practice-Based Learning and Improvement**

**Goal:** Incorporate data from a variety of sources into treatment planning and decisions regarding pursuit or non-pursuit of AOT

**Objectives:**
- Review published studies and data collected by NYC DOHMH and NYS OMH regarding AOT’s effectiveness
- Write reports for the file and court and edit those reports with AOT psychiatrist supervision
- Participate in feedback sessions after direct evaluation of clients by AOT psychiatrists and forensic psychiatry fellows
- Discuss AOT clients at special reviews and case conferences in the context of reviews of the literature for specific illnesses/behaviors

**Professionalism**

**Goal:** Use the multidisciplinary team structure and requirement of collaborating with a variety of community treatment providers and non-mental health professionals to elevate

**Objectives:**
- Demonstrate respect for AOT clients of all cultural backgrounds
- Demonstrate honest, reliable, and punctual behavior in interactions with all staff members
- Prepare for interactions with outside providers and non-mental health professionals in order to present information and to ask questions in an organized and appropriate way, respectful of confidentiality limits.

**Supervision:** (Please indicate the number of hours of supervision per week.)
- Direct supervision on all work from the Manhattan AOT Director and other psychiatrists. At least one hour/week dedicated supervision with Manhattan AOT Director.

**Readings:**
2. Special full issue of Psychiatric Services, Oct 2010; 61 (10)
3. Website: [http://bi.omh.ny.gov/aot/about](http://bi.omh.ny.gov/aot/about)

**Method of Evaluation:** Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.

Reviewed & Revised by Dr. Scott Soloway, 2/25/16
Forensic Psychiatry, Inpatient

Faculty/Staff
Jeremy Colley, M.D.  212-562-3626, jeremy.colley@nyumc.org
Bipin Subedi, M.D.  212-562-8976, bipin.subedi@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Bellevue Hospital Center Forensic Inpatient Psychiatry Service is the only hospital-based jail facility for men in New York City and one of only several in the country. As such, it provides an opportunity for residents to become familiar with the types of psychopathology and stressors (especially legal and environmental) common to the growing population of incarcerated mentally ill. The elective involves responsibility for the care and management of up to 5 patients at a time, always under close attending supervision. Issues related to solitary confinement, high profile and/or serious crimes, gang activity, jail/prison culture, navigating the criminal justice system, and barriers to mental health care in a jail environment are dealt with on a daily basis on the service. Residents will be given the opportunity to consolidate general inpatient psychiatry skills, including management of acute agitation and treatment of severe forms of psychosis, mood episodes and personality disorders. There is an added focus on documentation and exposure to competency and treatment over objection evaluations. Rotators will be encouraged to observe mental hygiene court on Tuesday mornings at Bellevue.

Number of Residents on the elective at any given time: 2

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- As PGY 1 and 2 residents doing this elective, the schedule is full-time for 2 weeks.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

Patient Care
Goal: Understand the unique issues specific to treating incarcerated mentally ill individuals
Objectives:
• Identify the treatment concerns working within a correctional setting
• Learn the standard of care for managing aggressive and/or violent patients
• Formulate appropriate treatment plans utilizing a multi-disciplinary approach
• Understand the scope of legal issues facing forensic patients and the impact that these issues may have on patients’ mental illness and compliance with treatment
• Formulate the interaction between personality, temperament, culture, clinical symptoms and the patient’s functioning

Medical Knowledge
Goal: Become familiar with the psychopathology present in incarcerated populations and treatment paradigms within a restricted therapeutic environment
Objectives:
• Apply DSM-5 diagnostic categories of major psychiatric syndromes and personality pathology to the patient population
• Appreciate the complex interaction between SPMI and personality disorders, specifically related to antisocial and borderline character pathology
• Recognize the psychiatric medications that have “street value” in a correctional setting and understand the potential implications of prescribing such medications
• Be familiar with the high prevalence of substance abuse disorders as co-morbid conditions in forensic populations and be able to recognize substance-induced clinical symptoms
• Understand the treatment goals for patients admitted for competency to stand trial evaluations or court-ordered psychiatric evaluations
• Understand the difference in civil commitment and correctional commitment statutes and how/when to apply each of these
• Understand and effectively implement knowledge of the treatment over objection and retention standards in New York State

Interpersonal and Communication Skills
Goal: Ability to communicate effectively with criminal justice and legal personnel to help further patient care
Objectives:
Establish rapport and therapeutic alliance with the patient population
• Interact effectively with unit officers from the Department of Correction in order to maintain as therapeutic an environment as possible for the patients
• Be aware of confidentiality policies regarding HIPAA and Department of Correction
• Be able to effectively communicate, both in writing and verbally, with jail psychiatric staff at Rikers Island
**Systems Based Practice**
Goal: Understand the differences between the legal requirements that govern civil commitment of civilians and criminal detainees

Objectives:
- Be aware of the different services that are involved in the care of incarcerated patients, including city, state and federal agencies (including Bellevue Hospital and HHC, City and State Departments of Correction, City and State Offices for Mental Health, Rikers Island psychiatric and administrative staff).
- Understand the procedures involved when patients are taken to court hearings while hospitalized on the service.
- Understand the requirements of care as outlined by case law, specifically the Reynolds and Brad H. stipulations.

**Practice-Based Learning and Improvement**
Goal: To improve clinical and leadership skills by incorporating feedback from supervisors

Objectives:
- Improve clinical skills by case discussion in supervision with assigned attending.
- Integrate supervisory feedback and suggestions into the management of cases.
- Perform literature searches and seek consultation as indicated for complex cases.
- Improve ability for interdisciplinary dialogue and leadership by participating in morning rounds, community meetings, weekly lectures, and by managing a treatment team.

**Professionalism**
Goal: To be able to maintain appropriate boundaries and advocate for patient care within an inherently punitive environment

Objectives:
- Demonstrate respect for patients and staff, regardless of criminal charges or background.
- Display an empathic attitude towards patients and their family members.
- Be reliable, punctual, honest, and respectful in all interactions with staff.
- Dress appropriately for the population served (i.e. no large or dangling jewelry, no short skirts or low-cut blouses) and safety risks present.
- Be able to discuss frustrations in appropriate settings (i.e. supervision) and not in front of patients or other staff.
- Demonstrate an understanding of the countertransference that frequently develops with this population.

**Supervision:** (Please indicate the number of hours of supervision per week.)
- One hour/week dedicated with primary attending; ad hoc supervision on daily basis.

**Readings:**


Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).

Reviewed by Dr. Bipin Subedi, 3/24/16
Forensic Psychiatry, Manhattan Court Clinic

Faculty/Staff
- Jeremy Colley, M.D.  212-562-4811, jeremy.colley@bellevue.nychhc.org or jeremy.colley@nyumc.org
- Steven Ciric, M.D.  212-374-2952, steven.ciric@bellevue.nychhc.org or steven.ciric@nyumc.org

Address:
100 Centre Street, 5th floor - Room 500
New York, NY 10013
- Transportation: #3 Train, #4 & 5; N, R, & Q
- Report for Rotation at 9:00 a.m.

Description:
This elective teaches residents to perform comprehensive forensic psychiatric examinations of criminal defendants and probationers, and to write concise reports. Adult male and female offenders, as well as adolescent male and female offenders being charged as adults, are referred to the clinic for competency to stand trial examinations, pre-sentencing mental health assessments, recommendations for mental health and substance use treatment for persons on probation, and other evaluations as requested by the judge in a particular case. During the rotation, trainees will have an opportunity to attend the weekly forensic psychiatry seminars.

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).
- As PGY 1 and 2 residents doing this elective, the schedule is full-time for 2 weeks.
Goals & Objectives by Core Competencies:

Clinical Evaluation (in lieu of Patient Care)
Goal: Understand the unique issues specific to performing competence to stand trial and court-ordered forensic psychiatric evaluations
Objectives:
• Perform a comprehensive examination for competence to stand trial
• Perform a comprehensive examination for diagnosis and treatment for Probation
• Select relevant clinical information for inclusion in reports to the courts or Probation
• Organize the relevant information into a well-reasoned forensic report
• Formulate forensic psychiatric conclusions and recommendations that are responsive to the issues presented in the particular case.
• Interact effectively with attorneys, judges, and probation officers in consultation about offenders being examined

Medical Knowledge
Goal: Become familiar with the psychopathology present in incarcerated populations and the legal standards relevant to specific forensic psychiatric evaluations
Objectives:
• Employ DSM-5 diagnostic categories correctly to all offenders examined
• Recognize the high incidence of co-morbidity of substance abuse and psychiatric disorder in the forensic population and the impact on forensic issues
• Understand the legal criteria for competence to stand trial in New York
• Understand the indications for psychological testing in forensic cases and be able to make appropriate referrals for testing, particularly with regard to malingering
• Understand the legal constraints and requirements for mandated treatment under probation and in treatment courts

Interpersonal and Communication Skills
Goal: Ability to communicate effectively with criminal justice and legal personnel to help improve the quality of the forensic evaluation
Objectives:
• Establish rapport with offenders to be examined, with careful attention to the lack of a treatment relationship and lack of confidentiality
• Collaborate effectively with both clinic staff and legal and court personnel
• Communicate effectively with Correction Officers to ensure safety of inmates and staff
• Consult with judges, attorneys and probation officers to clarify issues in difficult cases

Systems Based Practice
Goal: Understand the differences between forensic psychiatric evaluations and psychiatric treatment
Objectives:
• Understand legal and clinical relationships between the clinic, inpatient service, jails at Rikers Island, courts, probation department, and outside treatment providers
• Understand the structure and function of the Probation Department, which is divided into investigation and supervision units
• Be able to relate effectively with defense attorneys and district attorneys in competency cases, both to gather information from them and to provide answers to their inquiries
• Understand the available resources and the limitations in resources in the community for treatment of probationers after sentencing

**Practice-Based Learning and Improvement**

**Goal:** To improve clinical and leadership skills by incorporating feedback from supervisors

**Objectives:**
- Improve clinical skills through case discussion in supervision with psychiatric attendings
- Improve report-writing skills through review of each case with supervisor
- Seek consultation with psychiatric attending or staff psychologist for guidance in difficult cases

**Professionalism**

**Goal:** To be able to interact respectfully with multi-disciplinary staff and criminal defendant/probationer population

**Objectives:**
- Demonstrate respect for criminal defendants and probationers of all cultural backgrounds
- Demonstrate honest, reliable, and punctual behavior in interactions with all staff members
- Dress appropriately for clinical interactions

**Supervision:**
One hour/week dedicated supervision with the Medical Director of the Manhattan Court Clinic; additional ad hoc supervision is generally available.

**Readings:**


**Method of Evaluation:**

Online evaluation system: *New Innovations*; and discussion of feedback with the resident.

*Reviewed by Dr. Steven Ciric, 3/21/16 (with changes)*
Comprehensive Psychiatric Emergency Service, Mobile Crisis Unit

Faculty/Staff
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- Rebecca Lewis, MD, Team Psychiatrist and Rotation Supervisor  rebecca.lewis@nyumc.org
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Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Mobile Crisis Unit offers a unique opportunity to evaluate psychiatric patients in their homes. This patient population includes the acutely psychotic, depressed/suicidal and dangerous patient, as well as chronic schizophrenic patients, agoraphobics, conduct-disordered teenagers, perpetrators and victims of both domestic violence and neglect, and the demented elderly. Residents will participate in patient assessment, collaboration with the New York Police Department and Emergency Service units, and in removal of those patients requiring hospitalization.

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- The Mobile Crisis elective is open to PGY1/2 and PGY4 residents.
- PGY-1/2 resident schedules are full-time (Mon-Fri, 9am-5pm) for two-weeks.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care. The resident will demonstrate skills necessary to:
a. Interview patients, perform mental status examinations, and assess risk in non-traditional clinical settings
b. They will gain an understanding of assessing a patient’s living environment as part of a comprehensive assessment

B. Medical Knowledge. The resident will demonstrate knowledge of:
   a. The pathophysiology, epidemiology, diagnostic criteria, and clinical course for psychiatric disorders including psychotic, mood, substance abuse, and personality disorders
   b. General concepts in the phenomenology, demographics, and psychiatric care of MCU patients

C. Interpersonal and Communication Skills. The resident will learn to:
   a. Assess patients in their home setting, at times unannounced in a safe and ethical manner
   b. Work effectively with other members of the multidisciplinary mobile crisis team
   c. Make effective follow-up contact with the patient’s providers and family members

D. Systems Based Practice. The resident will:
   a. Understand the function of the mobile crisis unit in supporting community functioning of patients, supporting compliance with ongoing treatment, and facilitating emergency evaluation for patients requiring such
   b. Understand NYS MHL article 9.58 as utilized by mobile crisis units
   c. Advocate for quality patient care with other providers

E. Practice-Based Learning and Improvement. The resident will be able to:
   a. Engage in live feedback with MCU team members about the multi-faceted aspects of MCU patient evaluation
   b. Engage in techniques used by the community psychiatrist that foster life-long learning

F. Professionalism. The resident will learn to:
   a. Demonstrate respect, compassion, integrity, and accountability in interactions with patients, site staff, and other providers
   b. Demonstrate sensitivity and responsiveness to each patient’s age, gender, ethnicity, culture, sexual orientation, religion, and disabilities

Supervision: (Please indicate the number of hours of supervision per week.)

- Residents are asked to present cases to Dr. Lewis or a CPEP attending and their documentation is reviewed. When able they will participate in MCU weekly rounds on Mondays at 2PM. They will always evaluate the patient with another member of the MCU team. Residents can access face-to-face supervision with Dr. Lewis or another CPEP attending at any point during the rotation.

Readings:
- Innovative use of crisis intervention services with psychiatry emergency room patients
  Simakhodskaya, Zoya; Haddad, Fadi; Quintero, Melanie; Malavade, Kishor
  2009;16(9):60-65, Primary Psychiatry
Method of Evaluation:
- Residents are evaluated at the end of their rotation with direct feedback from supervisor and other team members.

Reviewed & Revised: Dr. Rebecca Lewis, 3/15/16
The Recovery Center at Rockland Psychiatric Center

Faculty/Staff:
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- Mary Barber, M.D. (845-680-8062) mary.barber@omh.ny.gov

Description:
This elective exposes residents to the Recovery Center, a psychosocial clubhouse program on the campus of Rockland Psychiatric Center. The Recovery Center provides services to residents who live on the grounds of RPC, inpatients at the facility, and people living in the community in Rockland County. The program is designed to assist members to recover the skills and confidence to successfully reintegrate into their communities and lead full and independent lives. The Recovery Center focuses on employment and volunteerism, social skills development, health and wellness management, and accessing resources in the community. Much of the activities in the clubhouse are focused around units where members and staff work together in various aspects of program operation. The program is voluntary and members shape the activities and groups that are important for their own recovery. In this elective residents will develop familiarity with the clubhouse model, learn about principles of recovery-oriented care and interact with members in the daily operations of the program.

Duration: 2 weeks

Number of Residents on the elective at any given time: 2

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).
- As PGY 1 and 2 residents doing this elective, the schedule is full-time for 2 weeks.

Goals (overall learning aims for the elective) & Objectives (indicate specific learning objectives to meet the goals) by Core Competencies:

A. Patient Care
Goal: To understand psychosocial clubhouse standards, the mission of the Recovery Center and the daily operations and functioning of the program.

Objectives:
- Process referrals and intakes into the program
- Develop familiarity with shared decision-making and recovery-oriented care practices
- Identify, write and develop wellness, social and vocational goals with members

B. Medical Knowledge
Goal: To strengthen knowledge on mental health recovery for individuals with serious mental illness.

Objectives:
- Understand the impact of serious mental illness on social functioning
- Understand the role of the state psychiatric hospital on mental health recovery

C. Interpersonal and Communication Skills
Goal: To communicate effectively with members and treating clinicians.

Objectives:
- Communicate with clinical team members progress and observations of members in a clubhouse setting
- Familiarize residents with shared decision-making and collaborative care in the development and tracking of recovery goals

D. Systems Based Practice:
Goal: To understand how the Recovery Center fits into the larger RPC system of recovery-oriented care.

Objectives:
- Maintain fidelity to psychosocial clubhouse standards
- Understand the mission of the program and its role in the larger RPC system
- Develop practical knowledge of the process of engaging members at all levels of functioning

E. Practice-Based Learning and Improvement
Goal: To learn how to engage members in their own recovery and life goals.

Objectives:
- Identify factors leading to successful community reintegration, maintaining vocational goals and development of improved wellness in multiple domains.
- Learn practical skills to engage members including motivational interviewing techniques

F. Professionalism
Goal: To demonstrate and model respect for individuals with mental illness, in order to empower and reinforce the ability of all individuals to contribute to the operations of the program.

Objectives:
- Residents will be expected to approach each member with respect, compassion and sensitivity to varying functional levels.
- Residents will receive supervision in the mediation of challenging issues related to the fidelity of clubhouse programming.
Supervision: (Please indicate the number of hours of supervision per week.)
  • Minimum of 1:1 supervision 2 hours per week.

Readings:
What if Nobody Wants to Make Lunch?
http://www.genesisclub.org/Microsoft_Word_-_What_if_Nobody_Wants_to_Make_Lunch_Bottom_Line_Responsibility_in_the_Clubhouse.pdf


Method of Evaluation: (Online evaluation system: New Innovations)
  • Discussion and feedback with the resident.
  • New Innovations evaluation based on observation of interactions and on supervisory sessions.

Reviewed: Dr. Mary Barber, (no changes), 4/2016