NYU Langone Health

Department of Psychiatry Residency Training Program

PGY 1 & 2 Electives

2017 - 2018

As of August 23, 2017

16 electives
# Table of Contents

*Adult Palliative Care, Bellevue Hospital* ................................................................. 3

*Child & Adolescent Psychiatric Partial Hospitalization Program (PHP)* ................. 8

*Child & Adolescent Psychiatry Emergency Service* ............................................... 12

*Consultation-Liaison Elective at Bellevue* ............................................................ 16

*Consultation-Liaison Elective at Tisch* ................................................................. 20

*Consultation-Liaison Elective at the VA* .............................................................. 24

*Female Psychiatrist Leadership Elective* .............................................................. 28

*Forensic Psychiatry, AOT/NYC Department of Health and Mental Hygiene* ........ 31

*Forensic Psychiatry, Inpatient* ............................................................................. 34

*Forensic Psychiatry, Manhattan Court Clinic* .................................................... 37

*Inpatient Geriatric Psychiatry* .............................................................................. 40

*Latino Inpatient Unit (20 North)* .......................................................................... 43

*Mobile Crisis Unit - Comprehensive Psychiatric Emergency Service* .................. 45

*Neuropsychiatry of Brain Injury and Neurorehabilitation* .................................... 47

*New York City Poison Control Center Visiting Resident Medical Toxicology Rotation* 50

*The Recovery Center at Rockland Psychiatric Center* ......................................... 54
Adult Palliative Care, Bellevue Hospital

Faculty/Staff

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

Psychiatry residents will join a multidisciplinary team of physicians, nurse practitioners, social worker and chaplain to provide inpatient palliative care consultation services to adults admitted to Bellevue Hospital. Residents will hone skills related to supporting patients with chronic medical conditions at various stages of treatment and planning, from initial diagnosis to end of life care. They will work closely alongside the team in evaluating new consults, facilitating goals of care discussions, providing pain and symptom management, assessing psychiatric comorbidities, conducting family meetings, and generally supporting and communicating closely with primary and secondary teams to establish a unified approach to care.

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

- 1 Resident at a time
- 2 weeks minimum
- Average of 45-55 hours/week

Typical hours are Monday through Friday 8:30am through 6:00pm, though exact hours will vary based on patient volume. There are no weekend or night coverage responsibilities. There is an expectation that the resident will be reading literature provided on palliative care and ethics topics, fiction literature that is used to add depth to the study of narrative medicine and end-of-life care, as well as reading based on their specific patients.

Dedicated palliative care didactics will take place for minimum of 90 minutes per week and will be conducted with all of the residents at each clinical site convening together for these sessions. Included in the didactic sessions will be seminars on communication skills, pain and non-pain symptom management, and ethical
dilemmas near the end-of-life. Debriefing and processing of difficult cases will occur at the clinical sites and during weekly didactics.

Most rotation times can be accommodated through approval via Dr. Cohen. However the best times for resident rotators are when palliative fellows are not on service:
September 24 – November 18, 2017
January 14 – February 10, 2018
April 8 – May 5, 2018

Additionally, a proportion of staff will be unavailable for teaching during the AAHPM conference from March 14 – March 17, 2017

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

**A. Patient Care**:

**Goal:** Residents will evaluate and treat patients demonstrating the knowledge, skills, and attitudes most conducive to providing thoughtful and safe palliative care treatment with close collaboration and effective communication with all involved in the patient’s care.

**Objectives:**
- Clarify reason for consultation request
- Review medical record for pertinent medical and psychosocial information, focusing on important medical diagnoses as contextualized within the trajectory of illness
- Obtain collateral history as needed
- Perform evaluations and assessments of patients with advanced and/or life limiting illness, including performing a physical, psychological, social and spiritual assessment
- Perform a complete pain and symptom assessment using validated tools, and understand the basic science and physiology behind various symptom complexes which are common in advanced illness (e.g. pain, nausea, cachexia, dyspnea)
- Formulate the case characterizing the core problem and additional current or future needs, with prognostication as appropriate
- Recommend medications as appropriate for treating physical and psychological symptoms
- Communicate evaluation and recommendations effectively (see “Interpersonal and Communication Skills” for further details)

**B. Medical Knowledge**

**Goal:** Residents will develop and demonstrate knowledge in core areas of palliative care, including pain assessment and management, physical symptom assessment and management, psychiatric assessment and management, advanced care planning, capacity assessment, among others.

**Objectives:**
- Use validated tools to assess systematically for pain, dyspnea, nausea, anorexia, depression, anxiety, fatigue, presence of delirium, constipation, diarrhea, secretions, insomnia
- Perform a thorough evaluation of multiple aspects of pain including functional assessments, evaluation of past treatment responses, identification of the underlying etiology of pain, and clear documentation
of whether the pain is a) acute or chronic, b) malignant vs non-malignant, c) somatic vs neuropathic, d) controlled versus non-controlled

- Assess substance use/abuse history and assessment of other risk factors for chronic opioid use through evaluation and use validated tools
- Recommend opioid and non-opioid pain medication as appropriate with understanding of initiating doses, factors for titration, duration, and adjuvant treatments
- Recommend psychotropic medication as appropriate in the context of palliative care practice
- Understand the criteria for capacity and use resulting capacity determination when needed to indicate the patient’s ability to engage in care decisions and to appoint a health care proxy
- Assist patient and family members in medically and psychologically sensitive discussion of code status, values and priorities for patient and family, worries and hopes of patient and family, understanding of illness and treatments, and current goals of care
- Recognize and identify psychological coping styles used by patient, family members, team members and adjust approach accordingly

C. Interpersonal and Communication Skills

**Goal:** Residents will practice and develop greater facility in having difficult discussions, including delivering bad news, discussing goals of care during different illness stages, and communicating effectively with other medical teams.

**Objectives:**
- Demonstrate sophisticated communication strategies related to caring for patients with advanced illness, including inpatients with limited capacity for whom surrogates are involved by participating in family meetings, breaking bad news, participating in goals of care discussions, advance care planning and other communications with patients, families and providers related to patients they follow longitudinally over a hospital course

D. Systems Based Practice

**Goal:** Residents will gain proficiency and ease in functioning as a consultant on a medical service that interfaces with a variety of medical specialties as well as social workers, chaplains, and hospice services. Additionally, residents will develop comfort in discussing and navigating medico-legal practices within the framework of New York state and the United States, such as facilitating and documenting health care proxies, DNR-DNI statuses, completing MOLST forms, etc.

**Objectives:**
- Effective collaboration with medical residents, fellows and attendings in the range of specialties requesting palliative consultation (including general medicine and general surgery, cardiology, hematology-oncology, neurology, cardiovascular surgery, neurosurgery, etc.) in order to clarify consult requests, assess patients longitudinally, and execute treatment recommendations
- Demonstrate basic ethical principles required to understand issues related to complex medical decision making, DNR, Family Health Care Decision Act, and withdrawal of life sustaining treatment

E. Practice-Based Learning and Improvement

**Goal/Objective:** During this rotation residents will develop evidence-based questions regarding the diagnosis, prognosis, and treatment of their patients, search and evaluate information available to answer such questions, present information to their colleagues during rounds or lectures, and apply this information to making clinical decisions.
F. Professionalism

Goal: Residents will demonstrate and develop professional comportment in a variety of patient-care situations, including working within a multidisciplinary team and other medical services, interfacing with patients and families from varied socioeconomic and cultural backgrounds, and representatives of ancillary programs providing services for patients in the resident’s care.

Objective:
- Demonstrate a commitment to patient care through actions and communication (e.g., being reliable, responsible and punctual)
- Collaborate well with other clinicians and staff involved in each patient’s care
- Collaborate and integrate work on an interdisciplinary team
- Display openness to constructive feedback from the supervising attending regarding performance
- Foster an empathic attitude towards patients and their family members

Supervision: (Please indicate the number of hours of supervision per week.)
- Direct and indirect supervision will be provided daily through team rounds, observed interviews, and review of individual consult cases, each of which will be staffed by an attending physician (approximately 10-15 hours of direct supervision weekly)

Method of Evaluation:
- Throughout the rotation residents will receive informal and regular feedback regarding their proficiency in the above areas
- Formal feedback about strengths and areas for improvement will be given at the half-way point
- Feedback will be 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

Readings:
- [http://vitaltalk.org/clinicians/](http://vitaltalk.org/clinicians/)

*Prepared by: Susan E. Cohen, MD, 8/9/2017*
Child & Adolescent Psychiatric Partial Hospitalization Program (PHP)

Faculty/Staff:

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Description:
Residents will join a multi-disciplinary team consisting of attending psychiatrists, child and adolescent psychiatry fellows, psychologists, psychology interns, psychology externs, social workers, registered nurses, and behavioral health technicians to evaluate and treat children and adolescents, ages 5-17, in an intensive, daily outpatient setting with an imbedded school (PS35). PHP provides a unique outpatient experience treating children and adolescents deemed to be sufficiently high-risk due to behavioral and/or emotional struggles as to indicate daily intervention while still returning home to their families in the evenings. These children and adolescents are often those in the immediate period following psychiatric hospitalization or those at high-risk of being psychiatrically hospitalized. The goal of this rotation is to introduce residents to the requisite knowledge, skills, attitudes, and behaviors necessary to competently assess, treat, and find appropriate disposition for children and adolescents requiring this elevated level of care. Inherent to this aim is to expose residents to their unique role as a collaborator with these children and adolescents, their caregivers and families, and the various other systems (schools, child protection agencies, courts, case management services, outpatient providers, etc.) involved in their lives.

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

Schedule:
As a PGY-1/2 resident choosing this elective, the schedule is full-time (8a-4p) for 2 weeks.

Competencies:

<table>
<thead>
<tr>
<th>Patient Care</th>
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<tbody>
<tr>
<td><strong>Learning Objectives</strong></td>
</tr>
<tr>
<td><em>The resident will:</em></td>
</tr>
<tr>
<td>Assess suicidality in children and adolescents</td>
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</tr>
<tr>
<td>Learning Objectives</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
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<tr>
<td>Assess potential for violence in children and adolescents</td>
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<tr>
<td>Assess child abuse/ neglect issues, including domestic violence</td>
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<tr>
<td>Integrate data from psychiatric evaluations, clinical interactions, and testing into biopsychosocial formulations, differential diagnoses, and disposition plans</td>
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<tr>
<td>Be exposed to a variety of therapeutic modalities including supportive, cognitive-behavioral, dialectical behavioral, psychoeducational, family, parent training, and pharmacologic therapies as applicable</td>
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<tr>
<td>Discuss evaluations and treatment recommendations with patients and their families</td>
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**Medical Knowledge**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methods</th>
<th>Assessment</th>
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</thead>
<tbody>
<tr>
<td><strong>The resident will:</strong></td>
<td></td>
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</tr>
<tr>
<td>Demonstrate a basic understanding of normal child and adolescent development</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
</tr>
<tr>
<td>Identify and describe psychopathology, including epidemiology, etiology, DSM diagnostic criteria, and prognosis</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
</tr>
<tr>
<td>Identify and describe appropriate indications for laboratory and ancillary (e.g. EEG, MRI, drugs of abuse screening) testing</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
</tr>
<tr>
<td>Describe the indications to escalate level of care to inpatient psychiatric hospitalization</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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**Practice-Based Learning and Improvement**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methods</th>
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</thead>
<tbody>
<tr>
<td>Use evidence-based methodology to improve patient care</td>
<td>Teaching rounds</td>
<td>Supervision</td>
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<tr>
<td>Collaborate with PHP treatment team</td>
<td>Teaching rounds</td>
<td>Supervision</td>
</tr>
<tr>
<td>Critically appraise patient care practices in consultation with the attending psychiatrist</td>
<td>Teaching rounds</td>
<td>Supervision</td>
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### Interpersonal and Communication Skills

<table>
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<td><strong>The resident will:</strong></td>
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<tr>
<td>Understand the indications for requesting/providing information from/to schools, child welfare agencies, outpatient treatment providers, and others involved with patients while maintaining appropriate confidentiality</td>
<td>Teaching rounds Supervision</td>
<td>Attending assessment</td>
</tr>
<tr>
<td>Write concise notes that provide psychiatric assessment and treatment recommendations</td>
<td>Teaching rounds Supervision</td>
<td>Attending assessment Chart review</td>
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### Professionalism

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<td><strong>The resident will:</strong></td>
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<tr>
<td>Maintain professional and therapeutic relationships with patients and their families</td>
<td>Teaching rounds Supervision</td>
<td>Attending assessment</td>
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<tr>
<td>Demonstrate behaviors that reflect an ongoing commitment to continuous professional development, ethical practice, sensitivity to diversity, and responsible attitudes (respectful, compassionate, honest, responsible, considerate)</td>
<td>Teaching rounds Supervision</td>
<td>Attending assessment</td>
</tr>
<tr>
<td>Liaison between parents, PHP clinicians, and other involved individuals when conflicts of interest arise</td>
<td>Teaching rounds Supervision</td>
<td>Attending assessment</td>
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## Systems-Based Practice

<table>
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<tr>
<td><strong>The resident will:</strong></td>
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<tr>
<td>Advocate for quality patient care and assist patients in dealing with system</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<tr>
<td>complexities</td>
<td>• Supervision</td>
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<tr>
<td>Assist non-mental health medical professionals in understanding the mental health</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<td>needs of their patients</td>
<td>• Supervision</td>
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<tr>
<td>Actively pursue disposition planning.</td>
<td>• Teaching rounds</td>
<td>• Attending assessment</td>
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<td></td>
<td>• Supervision</td>
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**Supervision:**
- A minimum of 1 hour per week of 1:1 supervision.

**Recommended Readings:**
- Individualized readings on case conceptualization and intervention will be assigned as appropriate for the presenting issues of the children and adolescents under supervision.

**Method of Evaluation:**
- Discussion and feedback with the resident.
- *New Innovations* evaluation based on observation of interactions and on supervisory sessions.

*Reviewed by Dr. Blake Phillips, 4/2017*
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:

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<td>Assess child abuse/ neglect issues, including domestic</td>
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</table>
Implement crisis intervention techniques as indicated to address agitated children and adolescents (e.g. de-escalation strategies, reduction of stimuli, emergency PRN use, and restraint use) to assure the safety of the children and adolescents being evaluated as well as others

Obtain indicated emergent laboratory and ancillary (e.g. drugs of abuse screening, EEG, MRI) tests to evaluate and manage patients

Integrate data from psychiatric evaluations, clinical interactions, and testing into biopsychosocial formulations, differential diagnoses, and disposition plans

Be exposed to a variety of therapeutic modalities including supportive, cognitive-behavioral, psychoeducational, family, parent training, and pharmacologic therapies as applicable to an emergent setting

Discuss evaluations and treatment recommendations with patients and their families

Medical Knowledge

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<td>Identify and describe appropriate indications for laboratory and ancillary (e.g. EEG, MRI, drugs of abuse screening) testing</td>
<td>Teaching rounds · Supervision</td>
<td>Attending assessment</td>
</tr>
<tr>
<td>Understand and comply with NYS Mental Hygiene Law</td>
<td>Teaching rounds</td>
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### Practice-Based Learning and Improvement

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

*Reviewed by Dr. Ruth Gerson, 1/2017 (no changes)*
Consultation-Liaison Elective at Bellevue

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 preferred for PGY 1s and PGY2s.
- Would consider full time for one week.
- Would consider 3 days a week for 2 weeks or more.

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
  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:

- 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 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.

*Revised: January 2017 Andrea Kondracke*
Consultation-Liaison Elective at Tisch

Faculty/Staff

- Jennifer Hanner, MD, MPH, Director
- Sally Habib, MD, Associate Director
- Allison Deutch, MD
- Rachel Caravella, MD
- Vicki Kalira, MD

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 psychiatric illness and issues 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 when indicated in the management of 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 patients’ predominant psychological coping styles in the context of illness.
Clinically differentiate by history and evaluation primary psychiatric symptoms from those which are physiologically secondary to an underlying medical condition.

- 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
  - 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:

- 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.
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 and other supervising attendings.
• Residents present their new evaluations and follow-up to supervising CL 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.

Revised: February 2017, Dr. Jennifer Hanner
Consultation-Liaison Elective at the VA

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, 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 PGY Is and IIs.

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**
  - 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:

- 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:
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:

- 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.
- 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 by Mark Bradley, MD 2/8/17*
Female Psychiatrist Leadership Elective

Faculty/Staff
- Eman El Gamal, M.D
- Director of Psychiatry at Manhattan Psychiatric Center
- Phone: 646-672-6007
- Email: Eman.El.Gamal@omh.ny.gov

Description
There is a shortage of female psychiatrists in leadership roles especially in institutions and large mental health care organizations. Literature shows that women generally do not aspire to leadership positions in the medical field and when they are awarded these positions they don’t have enough mentorship. The challenges that female leaders face are compounded by how women are viewed in these positions of leadership and how they tend to lead. This was found to be applicable across various fields, not just in medicine or psychiatry.

This is an opportunity for female residents to have exposure to the inner workings and structure of a large psychiatric institution, and to train for a leadership role regarding decision making, policy changes, and clinical management. It is a unique opportunity to see the delivery of care system through an administrative lens. The goal of this rotation is to help potential female leaders build the skills they need, as women, to be successful leaders and to give them the tools needed to overcome the barriers they may face in such a role.

The resident will shadow a female leader in multiple settings and will attend regular daily, weekly and monthly administrative meetings, be a part of the executive staff at the facility, and participate in various core hospital committees. She will participate in a policy review committee to review, update and improve policies in compliance with various regulatory requirements. This will enhance her knowledge of the regulatory requirements for various levels of care whether federal, state or city. The resident will participate in various Medical Staff Organization activities geared towards improving inpatient and outpatient outcomes. She will also be part of clinical reviews of cases that require higher level assessment. The resident will be assigned a quality improvement project and will be required to conduct a systematic review and submit a quality improvement proposal. She will have the opportunity to attend an OMH Field Office and OMH Clinical Directors’ Meetings and interact with other leaders from other similar institutions and various city psychiatric care institutions and providers. And as part of the rotation she will interact with other female leaders in the field.

Schedule:
Full time 2 weeks up to 4 weeks rotation schedule permitting. Mon-Fri 8 am-4:30 am.
Accommodations will be made for lecture schedule.

Number of Residents on the elective at any given time: One.

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 become familiar with administrative aspects that are involved in patient care like regulatory requirements, best practices, policy development and implementation through attending and participating in key hospital committees. The resident will learn how to interact with male dominated disciplines, e.g. male nurse’s aides, male team leaders, and how to neutralize male and female stereotypes in the interdisciplinary team. The resident will also conduct selected clinical reviews of cases that require higher level review.

B. Medical Knowledge
The resident will gain more knowledge of best practices in the psychiatric field and ways to implement them systemically by attending committee meetings and clinical reviews that examine evidence based practices and ways to incorporate them in patient care. The resident will acquire an enhanced understanding of the regulatory requirements in various levels of patient care, with particular attention to the integration of medical care into psychiatric care, as well as of diverse gender effects on psychopathology.

C. Interpersonal and Communication Skills
The resident will be developing skills to communicate with various disciplines and committee members with the aim to review quality of care and implement policies and procedures. The resident will develop leadership skills specifically required for administrative and leadership roles carried by a female leader as compared to a male leader in institutional and organizational settings. The resident will improve her ability to communicate proposals and the ability to affect change. The resident will improve her organizational knowledge and what is required of leaders in an institution by observing male and female leaders in their daily role.

D. Systems Based Practice
The resident will develop better understanding of the intricate systems of care that govern the healthcare field and the various regulatory and supervisory entities involved. The resident will develop more knowledge and understanding of an administrative matrix and the various roles each discipline plays with a specific emphasis on the role of gender in leadership. The resident will develop skills to review systems and develop a specific project. The resident will review different styles of organizational leadership with emphasis on overcoming gender bias and stereotypes. The resident through observation and own practice will learn to explore the resistance from male and female supervisees and peers.

E. Practice-Based Learning and Improvement
The resident will improve her ability to examine systematic clinical and administrative outcomes and use data to guide decisions regarding systemic changes of aspects of healthcare. The resident will examine the gender gap in leadership in psychiatry, causes and effects, and learn to use the data in the decision making tree.

F. Professionalism
The resident, through observation and personal interactions, will learn professional skills required in leadership and ways of interacting with various level of a hierarchy in an institution. She will improve her skills on effective management while overcoming gender stereotypes and biases. The resident will improve her knowledge of the ethical considerations in management and in administrative decision making. There will be an opportunity to interview a highly placed female clinical leader in the mental health field and to discuss the role of women in leadership positions.
Supervision: (Please indicate the number of hours of supervision per week.)
Individually 1:1 one hour per week and in various settings daily by accompanying the Chief of Psychiatry.

Readings:

   a. John A Talbott M.D. (Editor), Robert E Hales M.D. (Editor)

2) Handbook of Mental Health Administration and Management 1st Edition
   a. William H. Reid (Editor), Stuart B. Silver (Editor), W. Walter Menninger M.D. (Foreword)

3) Can women have it all? Psychiatry and the gender gap.


5) Slaughter A-M. Why women still can’t have it all. The Atlantic. July/August 2012.


7) Why aren’t there more women leaders in academic medicine? the views of clinical department chairs.

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

- Discussion with resident
- Objective evaluation of the submitted project
- New Innovations

Prepared by: Eman El Gamal, M.D, 2/15/17
Faculty/Staff

- Scott Soloway, M.D., Director Manhattan/Rikers AOT 347-396-7262, ssoloway@health.nyc.gov or scott.soloway@nyumc.org
- Serena Volpp, M.D., AOT Psychiatrist 347-396-7207, svolpp@health.nyc.gov or serena.volpp@nyumc.org
- Jennifer Correale, Esq. 347-396-6066, jcorreale@health.nyc.gov or jennifer.correale@nyumc.org

Sites:

- Main office: NYC Department of Health and Mental Hygiene, 42-09 28th Street, 20th floor, Queens, NY 11101
- 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

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

*Reviewed & Revised by Dr. Scott Soloway, 1/30/17*
Forensic Psychiatry, Inpatient

Faculty/Staff
Jeremy Colley, M.D. 212-562-3626, jeremy.colley@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).

This elective is best accomplished for at least 4 consecutive weeks, 5 days/week, from at least 9-12pm, for PGY-IVs. Full-time is preferred.

Full-time two-week electives are permitted for PGY Is and IIs.

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, 1/30/17
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, 2/13/17 (with changes)*
Inpatient Geriatric Psychiatry

Faculty/Staff
Dr. Dennis Popeo – dennis.popeo@nyumc.org
Dr. Salma Salem – salma.salem@bellevue.hhcnyc.org
Geriatric Psychiatry Fellow (from March – June every year)
Dr. Meera Balasubramaniam – meera.balasubramaniam@nyumc.org

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

Assessing and managing psychiatric problems in elderly patients or medically ill patients can be challenging. With an aging population, it is critical that psychiatrists become familiar with these patients, whose clinical presentation and psychosocial issues may be very different than younger patients. During this elective, the resident will have the opportunity to assess and manage older patients and patients with complex medical and/or traumatic illness who have been hospitalized for their psychiatric problems.

The elective will take place on Bellevue’s 12South, where the resident will function as a junior attending (under close supervision by an attending psychiatrist) of 3-4 inpatients. The unit has 28 beds and specializes in the acute psychiatric problems of elderly patients or patients with co-occurring medical and psychiatric problems. The resident will have the opportunity to effectively incorporate psychiatric, neurological, medical and psychosocial evaluations and treatment in a time-effective manner within the inpatient setting. The resident will also have the opportunity to participate in Bellevue’s Electro-convulsive Therapy (ECT) program, when patients from 12 South are receiving that treatment.

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).

- PGY1/2 Residents: full time rotation (Monday-Friday) for 2 weeks.
- PGY4 Residents: The optimal and minimum time for this elective is for 20 hours/week for 8 weeks/year, with four hours a day, Mondays through Fridays.

Goal: At the end of this rotation, the resident will have gained additional knowledge, skills, attitudes, and behaviors needed to competently treat and manage acutely ill elderly psychiatric inpatients with a wide range of psychiatric and comorbid medical disorders.

Objectives:

A. Patient Care
   - Adapt your interview style, to communicate effectively with older adults, compensating for hearing, visual and cognitive deficits.
• Demonstrate awareness of key concepts related to aging that impact the physician’s relationship with the older patient, including:
  a. The concept of resilience with aging, and how adaptation to change is correlated with successful aging.
  b. The concept of cohort effects related to the events/values/experiences of the time period during which the older patient matured.
  c. The concept of co-morbidity with aging, and how multiple medical co-morbidities impact the evaluation of the older patient.
• Recognize and manage psychiatric comorbid disorders, as well as manage other disturbances often seen in the elderly, such as agitation, wandering, changes in sleep patterns and aggressiveness.
• Prescribe medication for geriatric psychiatric and cognitive disorders with particular attention to the indications, side effects and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, overmedication and problems with compliance.
• Describe the psychiatric manifestations of iatrogenic influences such as the multiple medications frequently taken by the elderly.
• Evaluate caregivers for caregiver stress

B. Medical Knowledge – The rotation will focus on making the trainee better acquainted with
• Normal aging changes in organ systems, sensory systems, and cognition.
• Principles of pharmacology and aging with attention to:
  ▪ Pharmacokinetics and pharmacodynamics
  ▪ Psychotropic use in older adults
  ▪ Side effect occurrence in older adults
  ▪ Risks of polypharmacy, and recognition and prevention of drug interactions
• Psychopathology in late life as compared to younger populations.
• Discuss the various presentations of psychiatric disorders in the elderly, and the impact on functional status, morbidity and mortality.
• Describe the interplay between general medical conditions and psychiatric illness.
• Recognize maladaptive responses to psychosocial changes
• Screen for elder abuse.

C. Interpersonal and Communication Skills
• Create and sustain a therapeutic and ethically sound relationship with geriatric psychiatric patients and their families from a spectrum of available ethnic, racial, cultural, gender, socioeconomic, and educational backgrounds.
• Work effectively with others as a member of a geriatric psychiatric mental health care team.

D. Practice-Based Learning and Improvement
• Locate, critically appraise, and assimilate evidence from scientific studies and literature reviews related to geriatric patients’ mental health problems to determine how quality of care can be improved in relation to practice.
E. Professionalism

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of geriatric psychiatric patients and society that supersedes self-interest; accountability to such patients, society, and the profession; and a commitment to excellence and ongoing professional development.
- Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, disabilities, ethnicity, socioeconomic background, religious beliefs, political leanings, and sexual orientation.
- Demonstrate teamwork.

F. Systems-Based Practice

- Understand how geriatric psychiatric care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect the fellow’s own practice.
- Become familiar with the diverse systems involved in the care of older patients and their families, and how to use and integrate these resources into a comprehensive psychiatric treatment plan.
- Demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services.
- Demonstrate knowledge of the organization of care in each relevant delivery setting and the ability to integrate the care of patients within and across such settings.

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

- One hour case conference a week with Dr. Popeo
- Ongoing on-site supervision by attending staff at Bellevue’s 12South.
- Participation in the biweekly Geriatric Psychiatry Journal club with Dr. Balasubramaniam and the medical students on rotation.
- Optional participation in the didactic sessions for the Geriatric Psychiatry Fellow
- Optional participation in the Geriatric medicine- Geriatric Psychiatry weekly case conference

Readings:


Method of Evaluation: (Online evaluation system: New Innovations; discussion of feedback with the resident, etc.).
Latino Inpatient Unit (20 North)

Faculty/Staff

• R’el Rodriguez, MD phone (212) 562-4492 Rachel.Rodriguez@bellevue.nychhc.org
• Omar Fattal, MD phone (212)562-3481 omar.fattal@bellevue.nychhc.org

Description

This elective offers opportunities to evaluate and treat psychiatric patients who are Spanish speaking or have families who are Spanish speaking. Residents taking this elective will acquire experience in the assessment, psychopharmacology, psychotherapy, family intervention, and community service referrals for this unique population. Residents will gain a greater understanding of how cultural factors influence diagnosis, doctor-patient relationship, and treatment. This elective is flexible and designed to fulfill each resident’s individual needs and objectives.

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

Schedule:

PGY1/2 Residents: full time (Monday-Friday) for 2 weeks
PGY4 Residents: 1 month, 20 hours per week, at a minimum

Goals & Objectives by Core Competencies:

A. **Patient Care:** Integrate culturally-sensitive care for Latino patients and their families.
   • Work with a multi-disciplinary team that addresses mental illness, psychosocial stressors, and medical aspects of treatment.
   • Formulate biopsychosocial model of diagnosis based on DSM5.
   • Outline appropriate treatment plans for patients including psychotropic medication, psychotherapy, crisis management, family intervention and aftercare referral.

B. **Medical Knowledge:** Provide residents with knowledge of the interaction between cultural factors and mental illness in the Latino subcultures.
   • Expand knowledge of Latino culture such as immigration patterns, moral standards, values, rituals, customs, religious beliefs, and societal expectations.
   • Understand psychiatric conditions are subject not only to biological factors, but also the patterns and influence of cultural and social factors.
   • Understand the strong role of religion and family in the life of Latino patients
   • Incorporate cross-culture knowledge into the clinical practice of psychiatry.
   • Explain the risks/benefits of medication to patients.

C. **Interpersonal and Communication Skills:** Demonstrate the ability to communicate with Latino patients, their families, a multidisciplinary team, and staff at outpatient services.
• Display a deeper understanding of language barriers, culture barriers and stigma among Latino patients.
• Demonstrate ability to communicate in culturally and linguistically competent way with Latino patients and their families in Spanish.
• Receive collateral information from families and providers of out-patient services.
• Attend family meetings.
• Learn skills of team work and problem solving.

D. Systems Based Practice: Understand special mental health services for Latino patients.

• Be familiar with special resources of mental health and social services for Latino patients
• Display awareness of the limited resources for undocumented and uninsured individuals.
• Learn how to make appropriate out-patient referrals for housing, mental health treatment, and substance abuse treatment for Latino patients taking into consideration insurance and language barriers.

E. Practice-Based Learning and Improvement: Work closely with the medical consult service to identify health issues and co-morbid medical conditions that can be unique to this patient population or shared with non-Latino patients.

• Obtain a thorough medical history and psychotropic medication history.
• Increase awareness of common co-morbid medical illnesses

F. Professionalism: Prepare mental health professionals to provide services that are effective and valued by patients and families.

• Demonstrate respect, compassion, integrity, and accountability in interactions with patients, their families, multidisciplinary staff and outside agencies.
• Demonstrate sensitivity and responsiveness to each patient’s ethnicity, culture, religion, and disabilities.

G. Supervision:

Program provides mentoring and daily work supervision for each resident. Also, the resident will meet with attending MD weekly for 1 hour for formal supervision.

Method of Evaluation: Online evaluation system: New Innovations; in person discussion of resident’s work

Reviewed by, R’el Rodriguez, 5/3/17
Mobile Crisis Unit - Comprehensive Psychiatric Emergency Service

Faculty/Staff

- Kate Maloy, MD, CPEP Director, katherine.maloy@nyumc.org
- Rebecca Lewis, MD, Team Psychiatrist and Rotation Supervisor rebecca.lewis@nyumc.org
- Nicholas Smith, LCSW, CPEP Social Work Supervisor Nicholas.Smith@bellevue.nychhc.org
- Jessie Emmanuel, RN Jessie.Emmanuel@bellevue.nychhc.org
- Salley May, LCSW Salley.May@bellevue.nychhc.org

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, as well as chronic schizophrenic patients, agoraphobic patients, conduct-disordered teenagers, perpetrators and victims of both domestic violence and neglect, and patients with dementia. 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.
- PGY4 resident schedules are flexible and based on the residents’ goals and the current needs of the team. At a minimum, PGY4 residents participating in the MCU Clinical Rotation should be able to commit 4 hours/week for 1 month. Alternatively, residents can be based with Mobile Crisis for a full time (8 hrs/day) rotation for a 1 week minimum, though 2 weeks is preferable.

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

G. 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
H. 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

I. 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

J. 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

K. 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

L. 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. 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 team members.

Reviewed & Revised: Dr. Rebecca Lewis, 4/12/17
Neuropsychiatry of Brain Injury and Neurorehabilitation

Faculty/Staff
Lindsey Gurin, MD
Phone: 212-263-3210
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Description:
The Rusk Rehabilitation Brain Injury Inpatient Program at the Hospital for Joint Disease (HJD) offers a unique opportunity for residents to participate in the multidisciplinary care of patients admitted to acute rehabilitation with a wide range of neuropsychiatric disturbances following structural brain injury. Through this elective, residents will become familiar with the disorders of mood, thought, and behavior that accompany recovery from such diagnoses as traumatic brain injury, intracerebral hemorrhage, stroke, hypoxic-ischemic injury, brain tumors, and limbic encephalitis, among others. Residents will learn evaluation and management strategies for the unique clinical challenges of this population.

If interested, during the elective residents may also gain experience managing these and other neuropsychiatric issues in the outpatient setting in Dr. Gurin’s cognitive neuropsychiatry clinic at the NYU Pearl Barlow Memory Center.

The elective is flexible, offering exposure to a broad range of patients, and can be tailored to the individual resident’s interests. Some potential areas of focus include:
- Psychiatry consultation to neurology patients
- Behavioral neurology evaluation of patients with complex cognitive and language disorders
- Disorders of consciousness and the minimally conscious state
- Outpatient management of patients with acquired brain injuries and dementia

Number of Residents on the elective at any given time: 1-2

Schedule: # of hours/week, # of weeks/year and the minimum amount of time to make the elective viable.
- PGY-1, 2: full time (M/T/W/Th/F, 8:45a – 4p).
  - There are two optional half-day clinics (Monday afternoon and Tuesday mornings): residents may choose to attend one or both of these, or use the time to follow up on patients at HJD or study independently.
  - Electives as short as one week are possible, though a minimum of two is desirable to see the breadth of the neurorehab population as well as the longitudinal course for different patient subtypes.
- PGY-4 schedules are flexible and based on the resident’s goals. At minimum, residents should be able to commit to 4 hours/week for 2 weeks but a range of schedules is possible.

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:
- Interview patients and perform neuropsychiatric mental status and focused neurologic examinations
- Develop biopsychosocial formulations taking into account specific brain pathology as well as the unique psychosocial issues common to this population, and develop treatment plans based on these formulations
- Appreciate the role of acute neurorehabilitation for patients and their families following a severe brain injury

B. **Medical Knowledge:** The resident will:
- Develop and use neuroanatomic localization skills to interpret a focused neurologic exam
- Improve skills in reading commonly encountered neuroimaging studies.
- Gain experience connecting neuropsychiatric symptoms to underlying neuroanatomy through exposure to patients with a variety of focal brain lesions.
- Become familiar with the neuroactive medications used in the rehabilitation setting and their unique indications for symptom management and facilitation of neurorecovery in this population.

C. **Interpersonal and Communication Skills:** The resident will learn to:
- Interact with patients with varying degrees of cognitive impairment and neuropsychiatric disability and communicate effectively with their families.
- Work effectively with a multidisciplinary team including rehabilitation physicians, physical therapists, speech therapists, occupational therapists, neuropsychologists, nurses, and social workers.

D. **Systems Based Practice:** The resident will:
- Understand the role of acute neurorehabilitation in the care pathway for patients with acute neurologic injuries
- Work alongside the primary rehabilitation team, psychologists and rehabilitation therapists to coordinate medical and neuropsychiatric care and develop appropriate treatment plans for patients.

E. **Practice Based Learning & Improvement:** The resident will:
- Receive one-on-one attending supervision and feedback in real time while seeing consults and during daily teaching rounds
- Develop an appreciation for the unique psychodynamic issues that arise for patients, staff, and families in the neurorehabilitation setting

F. **Professionalism:** The resident will:
- Engage patients in a manner that is both tactful and sensitive
- Demonstrate compassion, respect, and integrity in interactions with patients, families, staff, and other providers
• Demonstrate sensitivity and responsiveness to each patient’s gender, age, ethnicity, culture, sexual orientation, religion, and disabilities.

**Supervision:** 4-8 hours

**Readings:** Individualized readings on case conceptualization and intervention will be assigned as appropriate for the presenting issues of the patients under supervision. Some potentially relevant papers include:


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

• *New Innovations* and ongoing discussion and feedback with the resident. Residents will also have an opportunity to provide feedback to the supervisor.

*Created: Lindsey Gurin, MD
Updated: February 9, 2017*
New York City Poison Control Center Visiting Resident Medical Toxicology Rotation

**Contact:**

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**Description**

A two- to four- week didactic elective in medical toxicology is available at The New York City Poison Control Center (NYCPCC). The elective in medical toxicology is available to residents from any medical specialty from any region of the country (and from most of the world). The rotation is organized and supervised by Mark Su, MD, MPH, along with the Poison Control Center and Medical Toxicology staff.

**General Objectives**

- To describe the structure and function of a regional PCC.
- To discuss poisoning prevention techniques, including those for household, occupational and iatrogenic poisoning.
- To develop information retrieval and problem solving skills.
- To develop a general approach to the identification and management of an undifferentiated poisoned patient.
- To discuss the clinical manifestation and management of commonly encountered poisons.
- To describe an understanding of the role of the toxicology laboratory.
• To discuss pharmacokinetics and toxicokinetics.
• To critically interpret the medical toxicology literature.

Specific Learning Objectives

• To discuss the initial identification and management of a poisoned patient.
• Discuss the rationale and role for administration of oxygen, naloxone, dextrose, thiamine, and n-acetylcysteine and the risks associated with their administration.
• To select the appropriate methods of gastrointestinal decontamination for a poisoned patient. Specifically, discuss the risks, benefits, indications and contraindications of:
  o Cathartics
  o Whole bowel irrigation
  o Ipecac-induced emesis
  o Orogastric lavage
  o Activated charcoal
• To describe patients with the following toxidromes: opioid, sympathomimetic, anticholinergic, and cholinergic agent poisoning.
• To list drugs capable of causing abnormal vital signs. Specifically:
  o Tachycardia and bradycardia
  o Tachypnea, bradypnea, and hyperpnea
  o Hypertension and hypotension
  o Hypothermia and hyperthermia
• List drugs that cause cardiac dysrhythmias and myocardial dysfunction.
• List drugs that cause agitation, coma, seizures, delirium, psychosis and ocular abnormalities.
• List causes of anion-gap and non-anion-gap metabolic acidoses, with specific reference to poisoned patients.
• Identify toxins by their odors and other physical characteristics.
• Discuss less common toxins and the appropriate use of unique antidotal therapy, if available.
• Discuss principles of drug indications for extracorporeal drug removal via hemodialysis or hemoperfusion.
• Discuss the diagnosis, management, and complications of withdrawal from ethanol, opioids, sedative-hypnotics, barbiturates, and cocaine.
• Develop a thorough understanding of the pathophysiology, evaluation, management and disposition of poisoned patients.

Requirements

• Daily attendance at the PCC beginning at 9AM every day. (If you are a resident in NYC and have your weekly educational conference at your home institution, you do not need to be at the PCC that day)
• Participation in PCC follow-ups (i.e., callbacks) and teaching sessions (e.g., journal club, Consultants’ Conference).
• Preparation of a focused, very brief, presentation, with a handout.
• Interest! Punctuality!

Schedule

Daily:

• 9:00 AM. - 11:00 AM.: Callbacks at PCC
• 11:00 AM. - 11:30 AM.: Case review with Fellows
• 12:30 PM. – 4:00 PM.: PCC Faculty Teaching rounds

Every Thursday:

• 9:00 AM. – 10:30 AM Toxicology Journal Club

1st Thursday of month:

• 2:00 PM. – 4:00 PM Toxicology Consultants’ Conference (regional medical toxicology meeting)

Other Responsibilities

Each rotator is asked to prepare and present a brief discussion of a medical toxicology-related subject of individual interest (in consultation with a fellow or faculty member). Rotators will be allowed time for individual research during the daily activities, and given access to library facilities, computerized literature search data base (MEDLINE), and word processing facilities. In addition to the oral presentation we would like to receive an outline and bibliography of the topic. There is no on-call responsibility for the NYCPCC during this rotation and there is no direct patient care.
**Application Process**

All rotating physicians must provide a letter from their home institution specifying that they are in good standing, and will have their salary and malpractice coverage provided by their home institution. If this is a problem at your institution, please contact me and we can discuss potential alternatives. Please have the letter forwarded to me at the address below.

**Registration**

You are required to register for your toxicology rotation at the New York City Poison Control Center. Please stop in room 114 and register with Catherine Castro. In order to register you must bring your institution identification (hospital ID). Additionally, please sign in to the attendance sheet in room 122 daily, for proper credit.

_Reviewed by Catherine Castro, 1/31/17 (no changes)_
The Recovery Center at Rockland Psychiatric Center

Faculty/Staff:
- Mary Barber, M.D. (845-680-8062) mary.barber@omh.ny.gov
- Dr. Ken Ozdoba, M.D. (845-680-8516) kenneth.ozdoba@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:**

**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, 2/10/2017*