

**GOALS OF EACH ROTATION
IN THE PSYCHIATRY RESIDENCY TRAINING PROGRAM**

**Nuri B. Farber, M.D.
Melissa Swallow, M.D.**

GENERAL GOALS

The overall goal of the Washington University Medical School Psychiatry Residency Training Program is to help each resident develop the necessary knowledge, skills, and attitudes to enjoy a productive career as a psychiatrist. In order to attain this goal, a resident is active in a progressive series of clinical, educational, and research experiences designed to continuously enhance the resident's abilities. Competence in clinical psychiatry is required, and we expect residents to be superb clinicians by the end of training.

Each resident participates in a variety of clinical and educational activities, including supervised patient management, clinical conferences, departmental conferences, journal clubs, reading courses, and resident-specific didactic courses. Residents also learn from actively teaching Washington University medical students. Residents progressively assume more clinical and educational responsibilities.

Clinical experiences include inpatient adult psychiatry at Barnes-Jewish Hospital, public hospital psychiatry at Metropolitan St. Louis Psychiatric Center (as a second year resident under the supervision of a ward supervisor and as a fourth year resident supervising a second year resident), consultation psychiatry, addiction psychiatry, ECT rotation, emergency psychiatry, outpatient child psychiatry, outpatient adult psychiatry, advanced consultation psychiatry, and research. Ample elective and selective time allows a resident to study areas of particular interest.

A variety of formal courses are specifically designed for residents including an introductory psychiatry course for PGY-1 residents, an emergency psychiatry/consultation psychiatry course, an addiction psychiatry course, a consultation-liaison course, a child psychiatry course, and a weekly seminar series for all residents that incorporates neurosciences, genetics, epidemiology, pharmacology, and therapeutics into disease-based modules. Additional weekly seminar topics include basic psychotherapy, psychological testing and personality disorders. Advanced seminars for PGY-3 and PGY-4 residents include Law, Ethics and Psychiatry; Cross Cultural Psychiatry; Psychotherapeutic Topics including Family Therapy; Functional Anatomy of Emotion and Imaging; Readings with Dr. Richard Hudgens; Translational Research and Reading the Scientific Literature; History of Psychiatry; and Practice of Psychiatry: Business and Administrative Aspects. Weekly departmental seminars add to our residents' learning experience; these include Psychiatry Grand Rounds and Research Seminar. In addition, each rotation has teaching conferences specifically geared toward residents at a particular level of training.

Our psychotherapy curriculum includes interview skills training, didactics on personality, general considerations in psychotherapy, cognitive therapy, interpersonal therapy, practical psychodynamics, supportive therapy, family therapy, group therapy, brief therapies, and pharmacologic therapies with psychotherapies.

Residents meet frequently with junior and senior staff members of the department. Full-time attending faculty supervise residents on all psychiatry services and are available 24 hours a day.

Senior and mid-level faculty interact with residents at Attending Rounds, Professor's Rounds, conferences and courses, as well as on an informal basis. Residents also have substantial contact with community-based clinical faculty and have the option to work with them in treating selected inpatients. Community-based psychiatric attendings also actively participate as clinical supervisors. Working with full-time academic faculty as well as psychiatrists practicing in the community allows the resident to develop a broad approach to the treatment of patients with psychiatric symptomatology through exposure to a wide variety of clinical approaches and theoretical perspectives. Also, exposure to both academic and community-based faculty lets the resident gain experience with the effects of changes in health care delivery on academic and private practice career opportunities.

Our curriculum is designed to provide the didactics and experiences necessary for each resident to become competent in the general medical skills required by the ACGME as well as in psychiatry specific skills. The general skill areas include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Psychiatry specific skill areas include psychiatric diagnosis and treatment modalities including psychotherapies, pharmacotherapies, and ECT.

ROTATION-SPECIFIC GOALS

PGY-1

Medicine

Each resident is expected to demonstrate satisfactory performance at a PGY-1 level during a four to six month rotation on general medicine. For residents who choose to do six months, two of these six months may include pediatric medicine or emergency medicine. Performance is evaluated by the Departments of Medicine, Emergency Medicine, or Pediatrics. A resident is evaluated in terms of knowledge, skills, and attitude.

Neurology

Each resident is expected to demonstrate satisfactory performance in terms of knowledge, skills and attitude in neurology at a PGY-1 level as evaluated by the Neurology Service. The resident is expected to be able to perform a competent neurological examination and have a firm foundation in the pathophysiology and treatment of frequently occurring neurological illnesses. The resident is expected to gain an excellent working knowledge of the importance and limitations of the relationship between neuropathology and symptomatology. An appreciation for the close relationship between neurology and psychiatry should develop during this rotation.

Inpatient Psychiatry: Barnes-Jewish Hospital

This service introduces the resident to the basics of psychiatric inpatient care and exposes the resident to patients with a broad variety of psychopathology. A full range of treatment modalities is used to treat inpatients, including pharmacotherapy, electroconvulsive therapy (ECT), and a variety of psychotherapies. Specialized services include a geriatric psychiatry unit, an intensive care unit, and chemical dependency services. Patients' physical health ranges from healthy to seriously ill.

PGY-2

Rotations during the second year of training are geared toward providing the resident with the opportunity to build upon the fundamentals of psychiatry learned during the PGY-1 inpatient rotation.

Inpatient Public Psychiatry: Metropolitan St. Louis Psychiatric Center

The resident is expected to augment all skills developed during the PG-1 year and apply this knowledge to patients seen in a public facility. This venue provides the resident the opportunity to treat patients who are more treatment refractory and to obtain substantive experience in aspects of forensic psychiatry. Residents also gain the experience of working in an environment where the psychiatrist is one member of a team of specialists who provide coordinated care to patients. This rotation involves inpatients and emergency room patients.

Consultation/Independence Center/ECT/ER Psychiatry

These rotations provide the resident with an initial in-depth experience with providing treatment to psychiatric patients outside of the inpatient psychiatric ward. Residents provide psychiatric consultations at Barnes-Jewish Hospital to patients with both medical and psychiatric symptoms. At the Independence Center, residents learn to provide treatment to patients who have substantial psychiatric symptomatology but who are less severely ill than those in an inpatient setting and help rehabilitate patients who have chronic mental illness. On the ECT service, residents provide consultation and treatment in both an inpatient and outpatient setting and learn the important role that maintenance ECT plays in treating certain severely ill patients. Finally, residents gain experience with the initial evaluation and treatment appropriate for patients coming to a general hospital emergency room with psychiatric symptoms.

Second Year Selectives

The objective of the second year selective rotations is to encourage residents to explore in depth areas of special interest. Residents typically have three separate 1.2 month long rotations in which they can choose from a variety of selectives including: autism, child psychiatry, forensic psychiatry, geropsychiatry, neuropsychiatry, and research.

Autism

This is a research rotation in the Cognitive & Perceptual Development Lab (John Pruett, PI). The lab has 3 major thrusts: (1) attention to social and non-social stimuli, (2) the comparative cognition of relational reasoning as related to social functioning, and (3) functional connectivity magnetic resonance imaging (fcMRI) studies of inter-regional brain connectivity in autism (currently recruiting subjects for this). During a 1.2-month rotation, the resident would shadow various lab members during clinical assessments and experiments with subjects, attend lab meetings and discussions, and gain exposure to different levels of data analysis. Reading would be individualized. Residents able to commit to longer rotations may discuss with Dr. Pruett the possibility of assuming a role on one of the projects (dependent on prior experience, competence, computer skill level, interest, etc.).

Child Psychiatry

This selective provides an initial opportunity for those residents who think they might have an interest in child and adolescent psychiatry (CAP) to gain experience in this area. Residents participate in at least one afternoon clinic each week at Washington University. The resident also may observe clinical care in a variety of other clinical contexts including: Hawthorn hospital which is run by the State of Missouri, an outpatient public clinic, the St. Louis County Special School district, or the consult service at St. Louis Children's Hospital. In addition, the resident may observe clinical care in the context of a variety of CAP clinical research projects and may also participate in one or several divisional CAP research projects.

Forensic Psychiatry

Residents participate in pretrial evaluations of competency and/or responsibility at St. Louis Psychiatric Rehabilitation Center. They also have the opportunity to observe group treatment designed to restore competency in those found incompetent. Residents meet with the coordinator, or designee, to review civil cases, formulate an expert opinion, and engage in mock-testimony. The residents read textbooks, journal articles, and/or legal cases related to specific issues in forensic psychiatry and discuss with the coordinator. Residents may have the opportunity to observe testimony of the coordinator, or designee.

Geropsychiatry

Residents are exposed to clinical and research methods to evaluate older adults with cognitive and functional complaints consistent with Alzheimer's disease and other neurodegenerative disorders at Washington University's Alzheimer's Disease Research Center (ADRC) and its Memory and Aging Project. Residents observe the conduct of clinical and research evaluations live and in-person, as well as via videotape; these evaluations cover a range of diagnoses and care issues. Residents gain familiarity and understanding of the Clinical Dementia Rating (CDR). Residents also participate in other educational offerings of the ADRC, including research seminars and a weekly clinical case conference. Enrichment opportunities include evaluations of older adults in the long term care setting and exposure to clinical trial methodology.

Neuropsychiatry

Residents have the opportunity to work in several settings -- the movement disorders clinic, the sleep disorders unit and in a geropsychiatric clinic -- in which patients can have both neurologic and psychiatric symptoms. Common patients include those with Tourette's syndrome, Parkinson disease, obstructive sleep apnea, and Alzheimer's disease. This selective provides the opportunity for the resident to enhance his/her ability to do a neurologic exam and review of systems. The resident will have additional time to review the current research in neuropsychiatry and participate in journal club.

Research

This selective provides the resident with the opportunity to work with a faculty member (or a research group) either in the Department of Psychiatry or any other department of the medical school on a project of mutual interest so that the resident will gain an appreciation and understanding of how research is conducted. Working with people outside of the medical school is also feasible but the project should be discussed with the residency director first. The project may be one that is already ongoing in the PI's laboratory or it may be a new one created for the

resident. Projects may be either clinical or basic in nature. Residents are not expected to publish or present their findings.

PGY-3

Outpatient Psychiatry

The overall objective of this year-long outpatient rotation is to allow residents to concentrate on the specific issues involved in managing patients with psychiatric symptomatology in an outpatient setting. Some patients will have disorders that require periodic hospitalization, while other patients will have symptoms that can be successfully managed as outpatients. Residents follow patients long-term. Experiences include treating patients in three clinic settings: a traditional hospital adult outpatient clinic, a community adult clinic where psychiatry residents work with non-physician case managers to provide care and in the Department's outpatient child clinic.

PGY-4

Consult Supervision

The objective of this rotation is to continue to gain skills necessary to aid colleagues in other fields who suspect that their patients' illnesses are influenced or caused by psychiatric disorders. Decisions regarding diagnostic and management issues in complicated, physically ill patients require advanced knowledge of psychiatry and psychopharmacology coupled with common sense and excellent communication skills with nonpsychiatric physician colleagues. These specific skills require experience coupled with close supervision. The consult team consists of medical students, second year and fourth year residents and a teaching attending. Specific issues regarding the interface of psychiatry and the various medical disciplines are reviewed. The PGY-4 resident has increased responsibilities in providing education and supervision of the PGY-2 residents and medical students on the team.

Metropolitan St. Louis Psychiatric Center

During this rotation, the fourth year residents work closely with an attending to gain experience supervising a team consisting of second year residents, medical students, nurses, social workers and psychologists in the management of acute care patients in a public hospital facility. By helping to supervise a team in patient management, the fourth year resident continues to perfect clinical and administrative skills coupled with educational skills. Fourth year residents have substantial responsibility in teaching the medical students on their teams, including teaching and evaluating interview skills. In addition, in-depth exposure to public psychiatry administration is available and encouraged.

Research

Advances in all fields of medicine are dependent on advances in basic science and clinical research. The approaches used by research scientists in choosing research questions, critically reviewing the literature, designing experiments, gathering, analyzing and interpreting data, communicating results, and developing the next logical research step involve thought processes applicable to clinical situations as well as research projects. Residents are required to participate in a four month project. Four months of research exposure allow a resident to at least scratch the surface of a few of the above processes. It is not expected that a resident will complete a major project. Our goal is for the resident to be exposed to the process and to develop enthusiasm concerning a specific research question. Some residents will find research to their liking and will

undertake up to four months of additional elective time in working on a project. Combined clinical electives/clinical research blocks of 8 months are available and encouraged.

Elective

The primary objective of the four-month elective period is to allow a resident to pursue training in areas of interest. The resident may choose from a wide variety of predefined electives (administrative psychiatry, geropsychiatry, child consult service, community psychiatry, ECT, forensic psychiatry, outpatient psychiatry in the university setting, movement disorders, schizophrenia prodrome, and sleep medicine) or he/she may design either a clinical or research elective that is specific to his/her needs.

EVALUATIONS

Each resident's performance is discussed at least two times a year at the resident evaluation committee meetings headed by the residency director. The evaluation committee consists of the assistant residency director, the department head, the vice-chair for education, representatives from each of the psychiatry rotations and the course master of the third year medical school psychiatry clerkship. Several members of this committee would have had direct knowledge of the performance of a resident during the prior six months.

At the end of each rotation, the appropriate attending discusses with each resident his/her performance. Additionally, each resident has two feedback meetings annually, at least one of which is with the residency director.

Residents annually participate in a written examination to provide feedback from an objective test. In addition, residents participate at least yearly in a clinical skills examination. This exercise is used to provide additional advice to each resident concerning areas of strengths and weaknesses.

The above procedures and feedback are designed to aid the resident in achieving full potential as a psychiatrist. Successful completion of our program is contingent on a resident meeting the goals and objectives of each rotation.