

CAMC/WVU PSYCHIATRY OVERALL PROGRAM EDUCATION GOALS

The CAMC/WVU psychiatry program's goal is to train resident physicians in order for them to be able to independently deliver effective professional care to psychiatric patients in a variety of settings. At the conclusion of training, the resident will be able to demonstrate competencies in the six ACGME core areas to address the diagnoses, treatment, and possible prevention of psychiatric disorders, and common related medical and neurological disorders, but also will demonstrate a strong awareness of their own limitations and a commitment to a lifelong learning to enhance patient care on their own and within the healthcare delivery system.

PG-1 Goals & Objectives

Overview

Per ACGME requirements, the PG-1 year is designed to facilitate the transition from student to physician and to lay a framework of core competencies on which to build knowledge and skills as a psychiatrist. A primary focus will be recognition of common medical and neurological conditions that may present with psychiatric symptoms or that often are co-morbid with primary psychiatric disorders, development of skills and history gathering, interviewing, and developing a strong patient-physician relationship, and to build a solid knowledge base of psychotropic medications including monitoring for side effects.

PG-1 Didactics

Interviewing Seminar
Introduction to Supportive Therapy Seminar
Combining Therapy with Medications Seminars
Clinical Psychiatry Seminar
Neurology Conference (per rotation requirements)
Psychiatry Grand Rounds
Psychiatry Journal Club
ER Case Conference
Jeopardy
Movies & Mental Illness

Core Competencies

Medical Knowledge

1. The resident will demonstrate knowledge of general medical disorders and neurological disorders as well as those likely to display psychiatric symptoms.

2. The resident will demonstrate knowledge of common psychiatric disorders including those likely to present with physical/mental complaints and or co-morbidities.
3. The resident will demonstrate knowledge of common psychiatric treatments including pharmacology, ECT, their side effects and interactions with other medical treatments.
4. The resident will demonstrate knowledge of supportive therapy and interviewing techniques that enhance history taking and patient-physician rapport.

Patient Care

1. The resident will be able to perform a complete initial history and physical exam, and order appropriate diagnostic test studies.
2. The resident will diagnose common medical disorders and formulate appropriate initial treatment plans, provide limited but appropriate care, and make appropriate referrals.
3. The resident will conduct a thorough psychiatric evaluation including mental status exam, and a clear, accurate history and organize data gathered to develop and implement a well-reasoned differential diagnosis, treatment plan, and after care plan.
4. The resident will document patient encounters in a legible and timely manner.
5. The resident will demonstrate skills in re-evaluating patient symptoms, lab results, and response to treatment and modify the diagnoses or treatment plan as appropriate.

Interpersonal Skills/Communication

1. The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health care professionals.
2. The resident will begin to develop an awareness of nonverbal communication, local dialects, and cultural idioms, particularly as it relates to the expression of psychiatric symptoms.

Professionalism

1. The resident will behave ethically and professionally when caring for patients and interacting with other healthcare professionals.
2. The resident must demonstrate a commitment to carrying out professional duties and sensitivity and respect of cultural, ethnic, and spiritual diversity in all interactions with patients.

Practice Based Learning

1. The resident will evaluate their patient care practices, appraise scientific evidence, and strive to improve their patient care practices, recognizing that as a physician this process requires a commitment to lifelong learning.

Systems Based Practice

1. The resident will understand and appreciate how their practice affects other health care providers and occurs in the context of the healthcare system.
2. The resident must demonstrate an awareness and responsiveness to the larger mental health care system, and the ability to effectively call on system resources to provide optimal care to their patients. (To achieve this objective, attendance at Collaborative Practice Meetings while on inpatient service is required.)

Objective measurements for the PG-1 competencies and criteria for promotion shall include or be demonstrated by:

1. Satisfactory evaluation of core competencies from supervisors in all clinical settings/rotations
2. PRITE (below 20th percentile overall requires remediation, determined by the program director based on areas containing low scores) and clinical exams
3. Patient logs
4. 75% or greater attendance at required conferences
5. Satisfactory presentation of cases in case conferences and team meetings
6. Successfully passing step 3 of the USMLE

Failure to achieve an overall satisfactory evaluation for any clinical rotation will require remediation and delay promotion to the PG-2 level. Failure to pass step 3 will also delay promotion to the PG-2 level. (See CAMC House-staff Handbook policies)

TOD/jh
10/21/08
revised 4/7/09

PG-2 Goals and Objectives

Overview

Following the transition from student to physician and the development and refinement of primary diagnostic and treatment skills of the PG-1 year, the PG-2 year goes on to build on knowledge and skills with additional experiences in adult inpatient, emergency psychiatry, and consultation liaison experiences as well as weekly outpatient continuity care. New experiences in specific content areas of child/adolescent, geriatric, community and addiction psychiatry are added, as well as didactics involving child and adolescent development, to enhance knowledge and appreciation for early psychosocial and neurological development, both normal and abnormal, and in research, to further develop critical thinking skills and an appreciation for scientific developments.

PG-2 Didactics

ER Case Conference

Developmental Seminar

Research Seminar

Neurology Conference (per rotation requirements)

Psychiatry Grand Rounds

Psychiatry Journal Club

Clinical Psychiatry Seminar

Jeopardy

Movies & Mental Illness

Core Competencies

Medical Knowledge

1. The resident will expand their knowledge of psychiatric disorders and treatments to include those that present at different times in the life cycle, and those that involve substance abuse or dependence, alone or co-morbidly with other psychiatric or medical disorders.
2. The resident will expand their knowledge of research methods as it relates to psychiatric disorders.
3. The resident will expand their knowledge of community mental health care systems and resources.

Patient Care

1. The resident will develop skills in utilizing standard instruments (Conners Questionnaires, Mini- Mental Status Exam, CAGE, etc.) to develop a data base for diagnosis and treatment of age, developmental, or diagnostic specific disorders.
2. The resident will expand their skills in providing care to patients with chronic mental illnesses including within the community mental health care system.
3. The resident will develop the skills to incorporate data gathered through various means to develop not only an appropriate differential diagnosis, but a more comprehensive formulation and treatment plan, taking into account age, clinical setting, developmental, and psychosocial factors that can influence outcomes.

Interpersonal Skills/Communication

1. The resident will expand their interviewing skills by being able to modify their history and mental status exam as appropriate to patient's age, developmental ability, and diagnoses, including substance abuse/dependence and/or chronic mental illness.
2. The resident will further refine/develop their skills in interpersonal communication with patients and members of the health care team in additional treatment settings, such as partial hospitalization programs.

Practice Based Learning

1. The resident will reassess and modify their patient care practices taking into account new scientific evidence, knowledge, and experiences of the PG-2 year.
2. The resident will facilitate the learning of others via mentoring residents and medical students.

Professionalism

Residents must continue to demonstrate a commitment to adhere to ethical principles and to carrying out their professional responsibilities as outlined in goals and objectives for rotations in the PG-2 year.

Systems Based Practice

The resident will enhance their understanding and work to better utilize resources available within the community mental health care system and the CAMC-WVU system for their patients.

Objective measurements for PG-2 level competencies and criteria for promotion shall include or be demonstrated by:

1. Satisfactory evaluations of core competencies from supervisors in all clinical settings/rotations.
2. PRITE (50th percentile expected) and clinical exams
3. Satisfactory evaluations of professionalism and communication skills by patients, clerical and nursing staff
4. Documented completion of, at minimum, the case report module of the research seminar.
5. 75% or greater attendance at required conferences

Failure to achieve satisfactory overall evaluations for any clinical rotation will require remediation prior to advancing to PG-3 level.

TOD/bas

11/09/08

revisions approved by RTC 4/7/09

PG-3 Goals and Objectives

Overview

The PG-3 year builds on previous learning activities by adding didactic and experiential activities in various psychotherapies, particularly psychodynamic and cognitive/behavioral modalities, but also interpersonal and additional supportive and psychoeducational activities. The resident attends didactics on forensic psychiatry and writes a forensic report based on a forensic interview. The resident will also be exposed to marital and family therapies through didactics and clinical opportunities. The resident will be given opportunities to teach and supervise junior residents and medical students, and assist faculty in the administration of clinical services. The resident continues their weekly continuity clinic for outpatient management of cases they've acquired in the PG-1 and PG-2 years, and adds brief and long-term individual psychotherapy cases, while attending the specific psychotherapy seminars and supervision.

PG-3 Didactics

Psychodynamic Psychotherapy Seminar

CBT Seminar

Interpersonal Therapy (Special Topics)

Outpatient Case Conference

Outpatient Meeting

Family/Couples Therapy and Consultation Seminar

Forensic Psychiatry Seminar

Neurology Conference (per rotation requirements)

Psychiatry Grand Rounds

Psychiatry Journal Club

Jeopardy

Movies & Mental Illness

The goals and objectives for the outpatient rotation shall serve as the competency specific goals for the PG-3 general psychiatry year.

Measurements and criteria for promotion shall include or be demonstrated by:

1. Satisfactory overall evaluations from all supervisors in the outpatient department.
2. PRITE exams (above 50th percentile expected)
3. Psychodynamic Psychotherapy Competency exam
4. Cognitive therapy rating system
5. Mock Boards and other clinical exams
6. Satisfactory completion of forensic psychiatry report
7. 75% or greater attendance at all required conferences
8. Case logs, to include specific psychotherapies required

TOD/bas

3/31/09

approved by RTC 4/7/09

PG-4 Goals and Objectives

Overview

The final year of training should build on previous required skills and knowledge and refine them such that upon graduation the resident has clearly demonstrated the clinical skills, judgment, and knowledge to practice psychiatry independently. Incorporated into required PG-4 rotations will be opportunities to teach and supervise junior residents and medical students, and assist faculty in the administration of clinical services. Electives should be used to further improve in clinical areas that the resident has self-recognized, and to explore other aspects of psychiatric practice or sub-specialty areas. Any ACGME timed requirements or experiences in psychiatry that have not previously been completed in residency for any reason, must be satisfactorily completed in order to insure board eligibility. It is expected that all eligible PG-4 psychiatry residents will apply and sit for the ABPN exam in the final months of residency.

PG-4 Didactics

Psychiatry Grand Rounds (as presenter and participant)

Forensic Psychiatry Seminar (med psych)

Psychodynamic Psychotherapy Seminar (med psych)

Neurology Conference (per rotation requirements)

Journal Club (as presenter and participant)

ER Case Conference (as a discussant/supervisor)

Outpatient Case Conference (per rotation requirements)

Jeopardy (as a presenter and participant)

Movies and Mental Illness

All core competencies for the previous years of training must be satisfactorily demonstrated in all clinical rotations as measured by:

1. Faculty evaluations of clinical rotations
2. Psychodynamic competency exam
3. PRITE (70th percentile or better expected)
4. Satisfactory performance on Mock Board exam

TOD/bas

4/4/09

approved by RTC 4/7/09