Department of Psychiatry Residency Training Program

PGY 1 & 2 Electives

2020-2021

DC 9/28/2020

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Child & Adolescent Psychiatric Partial Hospitalization Program (PHP)

Faculty/Staff:

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Attending Psychiatrist, Bellevue Hospital Center Child and Adolescent Partial Hospitalization Program

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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:

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

Competencies:

Patient Care		
Learning Objectives *The resident will:*	Methods	Assessment
Assess suicidality in children and adolescents	Teaching rounds Supervision	Attending assessment

Assess potential for violence in children and adolescents	Teaching rounds Supervision	Attending assessment
Assess child abuse/ neglect issues, including domestic violence	Teaching rounds Supervision	Attending assessment
Integrate data from psychiatric evaluations, clinical interactions, and testing into biopsychosocial formulations, differential diagnoses, and disposition plans	Teaching rounds Supervision	Attending assessment
Be exposed to a variety of therapeutic modalities including supportive, cognitive-behavioral, dialectical behavioral, psychoeducational, family, parent training, and pharmacologic therapies as applicable	Teaching rounds Supervision	Attending assessment
Discuss evaluations and treatment recommendations with patients and their families	Teaching rounds Supervision	Attending assessment
Medical Knowledge		
Learning Objectives *The resident will:*	Methods	Assessment
Demonstrate a basic understanding of normal child and adolescent development	Teaching rounds Supervision	Attending assessment
Identify and describe psychopathology, including epidemiology, etiology, DSM diagnostic criteria, and prognosis	Teaching rounds Supervision	Attending assessment
Identify and describe appropriate indications for laboratory and ancillary (e.g. EEG, MRI, drugs of abuse screening) testing	Teaching rounds Supervision	Attending assessment
Describe the indications to escalate level of care to inpatient psychiatric hospitalization	Teaching rounds Supervision	Attending assessment
Practice-Based Learning and Improvement		
Learning Objectives	Methods	Assessment

The resident will:		
Use evidence-based methodology to improve patient care	Teaching rounds Supervision	Attending assessment
Collaborate with PHP treatment team	Teaching rounds Supervision	Attending assessment
Critically appraise patient care practices in consultation with the attending psychiatrist	Teaching rounds Supervision	Attending assessment
Interpersonal and Communication Skills		
Learning Objectives *The resident will:*	Methods	Assessment
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	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:*	Methods	Assessment
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, PHP clinicians, and other involved individuals when conflicts of interest arise		Teaching rounds Supervision	Attending assessment
Systems-Based Practice			
Learning Objectives *The resident will:*	Methods	Assessment	
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	

Supervision:

- Minimum of 1 hour per week 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.

Child & Adolescent Psychiatry Emergency Service

Faculty/Staff:

Shilpa Agraharkar, MD

Interim Director, Child Psychiatric Emergency Program, Bellevue Hospital Center

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C-CPEP) Goals and Resident Competencies

GOALS:

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

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

COMPETENCIES:

Patient Care		
Learning Objectives *The resident will:*	Methods	Assessment
Assess suicidality in children and adolescents	Teaching rounds Supervision	Attending assessment
Assess potential for violence in children and adolescents	Teaching rounds Supervision	Attending assessment
Assess child abuse/ neglect issues, including domestic violence	Teaching	

	rounds Supervision	Attending assessment
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	Teaching rounds Supervision	Attending assessment
Obtain indicated emergent laboratory and ancillary (e.g. drugs of abuse screening, EEG, MRI) tests to evaluate and manage patients	Teaching rounds Supervision	Attending assessment
Integrate data from psychiatric evaluations, clinical interactions, and testing into biopsychosocial formulations, differential diagnoses, and disposition plans	Teaching rounds Supervision	Attending assessment
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	Teaching rounds Supervision	Attending assessment
Discuss evaluations and treatment recommendations with patients and their families	Teaching rounds Supervision	Attending assessment

Medical Knowledge		
Learning Objectives *The resident will:*	Methods	Assessment
Demonstrate a basic understanding of normal child and adolescent development	Teaching rounds Supervision	Attending assessment

Identify and describe psychopathology, including epidemiology, etiology, DSM diagnostic criteria, and prognosis	Teaching rounds Supervision	Attending assessment
Identify and describe appropriate indications for laboratory and ancillary (e.g. EEG, MRI, drugs of abuse screening) testing	Teaching rounds Supervision	Attending assessment
Understand and comply with NYS Mental Hygiene Law (Sections 9.13,9.39,9.40)	Teaching rounds Supervision	Attending assessment
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

Practice-Based Learning and Improvement		
Learning Objectives *The resident will:*	Methods	Assessment
Use evidence-based methodology to improve patient care	Teaching rounds Supervision	Attending assessment
Collaborate with ER house staff	Teaching rounds Supervision	Attending assessment
Critically appraise patient care practices in consultation with the attending psychiatrist	Teaching rounds	Attending assessment

	Supervision	

Interpersonal and Communication Skills		
Learning Objectives *The resident will:*	Methods	Assessment
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:*	Methods	Assessment
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	Attending assessment

	Supervision	

Systems-Based Practice		
Learning Objectives *The resident will:*	Methods	Assessment
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

Bellevue Consult-Liaison Elective

Faculty/Staff

- **Cathy Kondas, MD**
  Email: Cathy.Kondas@nyumc.org
  Office phone: 212-562-2526
  Cell phone: 917-331-8092

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 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 prefer for PGY 1s, PGY 3, PGY 4 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

- 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.
- 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. **<u>Medical Knowledge</u>**

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 V Criteria for Delirium
    - Common acute etiologies for delirium in hospitalized patients
    - Underlying risk factors for delirium
- Dementia
    - DSM 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:

- 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.

Tisch Consult-Liaison Elective

Faculty/Staff

- Allison Deutch, MD
- Rachel Caravella, 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 C-L Psychiatry fellow. The NYU C-L service offers psychiatric consultations across all inpatient medical/surgical units.

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

- Full-time 2-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

- 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.
- To teach effective communication for the safe transition of patient care from the resident to other clinicians 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 in C-L 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. <u>Medical Knowledge</u>

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 V Criteria for Delirium
    - Common acute etiologies for delirium in hospitalized patients
    - Underlying risk factors for delirium
- Dementia
    - DSM 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. <u>Interpersonal and Communication Skills</u>

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

- Verbally communicate with the requesting team prior to assessing a patient to clarify history and the reason for the consultation, as well as after patient assessment to effectively convey results of the evaluation.

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

D. Systems-Based Practice

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

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

E. Practice-Based Learning

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

F. Professionalism

Residents will demonstrate the following professional characteristics:

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

Method of Evaluation

- Residents are closely observed and evaluated in all patient care they provide by the C-L service director and other supervising attendings.
- Residents present their new evaluations and follow-up to supervising CL faculty on a daily basis.
- The C-L 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.

VA Consult-Liaison Elective

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 consultation-liaison 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 substance use 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 teaching rounds with the CL 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

- To introduce residents to the knowledge, skills, attitudes and behaviors necessary to evaluate and manage psychiatric problems in the medical-surgical setting, and to support non-psychiatric colleagues in caring for patients with medical and psychiatric complexity.
- To teach residents how to develop a clear formulation that best represents the psychiatric experience of medically ill patients, and to use this formulation to assist patients and non-psychiatric colleagues.

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 in C-L Psychiatry, residents are expected to demonstrate clinical competency in the following areas:

- Performing psychiatric consultation
    - Clarify the reason the for the consultation request.
    - 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 medications to symptomatically treat delirium in the frail elderly population, including consideration of medication-associated medical risks.

- Assess decision-making capacity for specific instances of informed consent or refusal:
    - Demonstrate skills in decision-making 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 decision-making capacity assessment.
    - Evaluate patients who refuse recommended treatments.
    - Make recommendations to remedy problems leading to refusal of care.

- 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
  - 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 clinician to another.

B. **Medical Knowledge**

Residents are expected to demonstrate theoretical knowledge of the following:

- Decision-Making Capacity
  - The four criteria for capacity as delineated by Appelbaum and Grisso
  - The 'sliding scale' concept of capacity
- Delirium
  - DSM-V Criteria for Delirium
  - Common acute etiologies for delirium in hospitalized patients
  - Underlying risk factors for delirium
- Dementia
  - DSM-V Criteria for Dementia
  - Common etiologies for dementia
- Suicide Prevention
  - Risk factors for suicidal behavior
- Substance use disoders:
  - 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:

- 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 C-L trainee and faculty will round on 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.

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

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: One

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 for 2 weeks

PGY4 residents: Ideally at least 3 days a week (9-5) for 4 weeks for the resident to get a full experience.

Residents would spend 1-2 days per week (exams take place Mondays, Wednesdays, and Thursdays) at the exam site for the AOT exams and 1-2 days per week at the main office preparing AOT and participating in any

meetings. Residents would also attend AOT court hearings every other Friday morning at Bellevue. This full experience will include senior staff meetings and special reviews of cases.

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:

1. Rosner, R (ed.) (2003). *Principles and Practice of Forensic Psychiatry*, Chapter 15: Involuntary Civil Commitment to Outpatient Treatment

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.

Forensic Psychiatry, Inpatient

Faculty/Staff
Jeremy Colley, M.D. 212-562-3626, jeremy.colley@nychhc.org or jeremy.colley@nyumc.org
Catherine Mier, M.D. Catherine.mier@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: 1

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:

1. Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison*. New York: Random House.

2. *Estelle v. Gamble*, 429 U.S. 97 (1976)

3. Olley MC, Nocholls TL, Brink J. (2009). *Mentally-ill individuals in limbo: obstacles and opportunities for providing psychiatric services to corrections inmates with mental illness.* Behavioral Sciences and the Law. 27(5):811-31.

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

Global Mental Health: Psychiatry in Ghana

Course Coordinators

- Lianne Morris-Smith, MD, MA (Medical Director, Attending Psychiatrist, Manhattan Psychiatric Center Outpatient Department) lianne.smith@nyumc.org

Faculty/Staff

- Helena Hansen, MD, Ph.D. (Research Assistant Professor, NYU Departments of Psychiatry and Anthropology); helena.hansen@nyumc.org (718) 872-8587
- Sammy Ohene, M.B.Ch.B. (Chair, Department of Psychiatry, University of Ghana Medical School)

Description:
This elective is the product of an international elective piloted in 2013-2014 by two NYU psychiatry residents and the residency program director, Dr. Carol Bernstein. It is an integral part of a collaborative institutional relationship between the NYU Department of Psychiatry and the Department of Psychiatry at the University of Ghana Medical School (UGMS). As in many low and middle-income countries, Ghana suffers from a severe shortage of mental health specialists: there are currently 16 psychiatrists for a population of 25 million. The pipeline for Ghanaian psychiatrists remains restricted for the foreseeable future given recent trends and the low expressed interest in the field by junior medical trainees. The few senior psychiatric specialists are over-extended with clinical and other professional duties leaving them with minimal time to teach and mentor trainees. This limits opportunities for mentorship, modeling, teaching, and curricular development, which impacts trainees' motivation to enter a highly stigmatized and under-resourced field. The primary goals of the NYU-UGMS Undergraduate Medical Educational Initiative, and this NYU elective are (1) to provide educational support to teach medical students, house officers, and residents at the University of Ghana Medical School and (2) to provide an international experience for NYU residents with a strong interest in leadership in global mental health and underserved populations.

The elective will allow a selected group of PGY-2 and PGY-4 residents the opportunity to spend 2 - 4 weeks together on-site in Accra, Ghana. Selected PGY-2 residents will be expected to have a strong interest in maintaining their involvement in the Initiative following the on-site elective as well as in returning to Ghana in their PGY-4 year. In Accra, residents will spend 50% of their time engaged in clinical observation at both Korle Bu Teaching Hospital (KBTH) and Accra Psychiatric Hospital, and the remainder of the time teaching UGMS medical students, residents, and rotating house officers. There will also be teaching expectations for these residents on-site at NYU as they will be actively involved in the continued development of the NYU-UGMS Undergraduate Medical Educational Initiative.

Specifically, the elective requires:

- Residents will attend 100% of the Global Mental Health Seminar Series (3 seminars with associated readings) to gain the theoretical background and logistical information required for the time spent on-site in Ghana.
- Residents will take an active role in the planning, implementation and evaluation of the NYU-UGMS Educational Initiative. This may include preparing lectures and other learning materials for medical students and residents in Ghana, providing in-person and distance teaching and supervision for medical students and residents, and developing and/or collecting metrics to evaluate the initiative.
- Residents will spend 2- 4 weeks in Accra, Ghana with 50% of their time doing clinical observation and 50% of their time doing teaching and supervision.
- Residents are expected to keep a patient case-log, which is to be emailed to the elective coordinators at the end of the resident's on-site rotation.
- Residents are expected to present on a topic relevant to their experience upon their return from Ghana and to document the experience in a reflection paper and/or scholarly article.

The elective is intended to foster the following skills:

- Cultivate a basic understanding of the global mental health literature and of mental health care in Ghana
- Attain experience as well as develop resourcefulness and creativity in team-based curriculum development and teaching on basic topics in psychiatry in a lesser-resourced, cross-cultural setting
- Develop leadership skills appropriate for inter-departmental and international collaborations
- Hone diagnostic and therapeutic skills in a differently resourced setting
- Gain clinical experience and a systems-based perspective in addressing the health care needs of underserved communities through exposure to alternative modes of healthcare delivery and resource allocation
- Increase cultural awareness and cultural humility
- Understand differences in medical education and health care systems

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

Minimum commitment (over a one-year period):

- 3 hour of didactics in Global Mental Health Seminar Series at One Park.
- 1-4 hours per week for planning and creating educational materials (lectures, review sheets, test questions etc.) for the NYU-UGMS Educational Initiative.
- 8-hour clinical days for 5 days per week over 2 - 4 weeks spent at KBTH and Accra Psychiatric Hospital for clinical observation, teaching and supervision of medical students, house officers, and junior residents. This includes on-site and teleconferencing-based clinical supervision.

Total weekly time commitment over one year: 40 hours/week while in Ghana; 0-4 hours/week while at NYU.

Resources (Medical, Security/Safety, etc. – Required by the NYU GME Office for all International Electives):
To ensure that residents are aware of Ghana's national safety and security status, we will review the US Department of State's latest country travel information and alerts prior to departure for the out-

elective; residents will also be encouraged to keep up-to-date with travel advisories throughout their trip (https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/Ghana.html). Residents will be encouraged to always travel in pairs/groups, and to keep all members of the NYU out-elective team aware of their local travel plans whether they are on- or off-duty. They are required to fill out an emergency contact sheet prior to departure, and will have the mobile phone numbers of NYU and University of Ghana supervisory faculty.

Prior to departure, residents will be required to visit a travel clinic and, minimally, to have received the yellow fever vaccine (required for entry to Ghana) and to obtain malaria prophylaxis. They will be provided with a list of recommended basic first aid supplies (e.g. ciprofloxacin, diphenhydramine, anti-emetics, mosquito repellant, Neosporin, etc.). To promote food safety, residents will be strongly advised to drink water only if it has been bottled, to avoid uncooked foods, and to eat only from trusted sources and reputable eating establishments. In the event of a medical emergency, residents on-site in Accra will have access to local medical care at the Korle Bu Teaching Hospital. Residents will also be encouraged to consider purchasing optional travel insurance (for example, via Allianz).

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

A. **Medical Knowledge:** Resident will gain knowledge of the global mental health literature and interventions used to address the global shortage of mental health providers. Resident will also learn to contextualize this knowledge by clinic observations in Ghana and collaboration with UGMS faculty, staff, residents and students.

B. **Interpersonal and Communication Skills:** Resident will practice and demonstrate a flexible vocabulary and set of culturally and professionally appropriate approaches not only for interaction with patients in an international setting, but also for effective interactions and coordination with health care providers in a differing system of care.

C. **Systems Based Practice:** This elective will uniquely prepare residents for conceptualizing and acting upon clinical and educational problems on a systems-level (institutional/international) by participating in the development of the international, inter-departmental collaboration between NYU and UGMS.

D. **Professionalism:** Residents will demonstrate enhanced leadership skills as psychiatrists and leaders in global mental health, by addressing a shortage in the global mental health workforce. Additionally, residents will develop an enhanced appreciation for and sensitivity to the ethics of international collaborations with lower and middle income countries.

Supervision: (Please indicate the number of hours of supervision per week): 1-2 hours/ week with on-site NYU faculty elective coordinator while in Ghana. Weekly to biweekly 1-hour Skype calls with the residency program director and other faculty and residents involved in the elective.

Readings:
Course readings for the Global Mental Health Seminar Series (available online on Google Drive).

Method of Evaluation:

Online evaluation of elective via New Innovations; focus group with residents mid-year and at the end of the elective year.

Inpatient Geriatric Psychiatry

Faculty/Staff
Dr. Dennis Popeo – dennis.popeo@nyumc.org
Geriatric Pschiatry Fellow (from March – June every year)

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:

- Selected readings from DC Steffens, DG Blazer & ME Thakur (Eds.), Textbook of Geriatric Psychiatry, 5th edition. Arlington, VA: American Psychiatric Publishing, Inc. 2015

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**

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 outpatient services.
- Attend family meetings.
- Learn skills of teamwork 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 outpatient 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.

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

Mobile Crisis Unit, Comprehensive Psychiatric Emergency Service

Faculty/Staff

- **Salley May, LCSW** Salley.May@bellevue.nychhc.org
- **Sandra Santana, MCU Community Liaison Worker** Sandra.Santana@nychhc.org
- **Joseph Khalil, MCU Community Liaison Worker** Joseph.Khalil@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**:

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

B. **Medical Knowledge.** The resident will demonstrate knowledge of:

- The pathophysiology, epidemiology, diagnostic criteria, and clinical course for psychiatric disorders including psychotic, mood, substance abuse, and personality disorders
- General concepts in the phenomenology, demographics, and psychiatric care of MCU patients

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

D. Systems Based Practice. The resident will:
- 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
- Understand NYS MHL article 9.58 as utilized by mobile crisis units
- Advocate for quality patient care with other providers

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

F. Professionalism. The resident will learn to:
- Demonstrate respect, compassion, integrity, and accountability in interactions with patients, site staff, and other providers
- 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 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 CPEP attendings 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.

Narrative Medicine Elective

Faculty:
Annie Robinson, MS
Wellness Program Facilitator
NYU School of Medicine
Cell: 339-206-7231
annie.robinson@nyulangone.org

Description:

Psychiatry is based in storytelling -- clinical practice is the art of exchanging accounts of the human condition. Rarely, however, is the imperative role of narrative intentionally performed by trainees in psychiatry in the form of close-reading, reflective writing, and story sharing, given time constraints. This elective offers the unique opportunity to explore various genres of writing in medicine, empowering residents to hold new models for interpreting and articulating constant ethical challenges, emotional turmoil, and most importantly, patient stories. Thus, the ultimate goal of this elective is to examine the role of writing and wellness as a physician, both in the context of future publishing and as a therapeutic tool for patients.

General Objectives:

1. Enlist in daily practice of narrative medicine, with prompts for reflective and/or creative pieces provided throughout the elective
2. Read seminal works of physician writers
3. Attend didactics in the methodology of narrative medicine, and learn tools to teach the practice of writing to other trainees and healthcare providers

Schedule:

- Full Time for 2 weeks, Monday-Friday, 9am -5pm
- Daily schedule will vary based on Annie Robinson's calendar, including opportunities to shadow and co-facilitate narrative medicine and other reflective sessions with trainees and/or faculty. Schedule will also include daily writing assignments, along with time for reading and supervision sessions.

Number of residents on elective at any given time: One

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

A. Patient Care

- Writing aids in developing residents' empathy toward challenging patients, and it provides lessons for how to be a better clinician. Specifically, residents will gain knowledge in patient and provider narratives and in confronting their own connections and biases toward differing patient populations through writing about their experiences in medical training thus far. Annie Robinson will provide prompts thematically based in patient stories, moral dilemmas, and the human condition. This elective will also allow residents to learn through the lens of other physician writers by reading and analyzing their versions of especially demanding clinical encounters.

B. Medical Knowledge

- Residents will gain more knowledge of best practices through written accounts from fellow psychiatrists and from introspection into their own practice. This will aid in finding ways to implement these methods in numerous settings.

C. Interpersonal and Communication Skills

- Residents will practice and demonstrate new approaches for patients with complex stories. Moreover, residents will have the opportunity to learn about effective interactions with healthcare providers from other specialties outside psychiatry via orientation events co-developed and co-led with Annie Robinson in the practice of teaching narrative medicine and in using writing as a therapeutic tool for patients. Ultimately, residents will gain skills in building therapeutic alliances with different patient populations and with residents from other fields.

D. Systems Based Practice

- This elective will assist residents in expressing and acting upon clinical and systemic problems via examining their own wellness and medical practices. Residents will participate in inter-departmental wellness sessions as well, thus exposing them to learning methodologies from numerous programs.

E. Practice-Based Learning and Improvement

- Residents will improve clinical skills by discussing patient cases and specific experiences through assigned writing and with their supervisor. This elective will also aid in interdisciplinary dialogue, given the experience of creating learning plans for other specialties, and in co-facilitating reflective sessions.

F. Professionalism

- Residents will demonstrate enhanced leadership and self-awareness skills in mental health and wellness by addressing difficult experiences through writing. Moreover, this elective will help enable residents to demonstrate respect for all patients and staff, by participating in interdisciplinary discussions. Additionally, residents will develop an enhanced sensitivity to disparities between patients, in how they relate to stories.

Supervision: Individual sessions in various settings by Annie Robinson throughout the two weeks.

Readings:

- Possible works (trainees also welcome to select their own): *House of God* by Samuel Shem, *Man's Search for Meaning* by Viktor Frankel, *When Breath Becomes Air* by Paul Kalanithi, *Falling Into the Fire* by Christine Montross, *The Empathy Exams* by Leslie Jamison
- Articles, essays, and other works to be suggested by Annie Robinson pertaining to the theory and methodology of narrative medicine

Method of Evaluation:

- Discussions between residents and supervisor
- Objective evaluation of submitted writing
- Submission for publication in literary and academic medicine journals, on a case by case basis

Neuropsychiatry of Brain Injury and Neurorehabilitation

Faculty/Staff
Lindsey Gurin, MD
Phone: 212-263-3210
Email: Lindsey.Gurin@nyumc.org

Description:

The Rusk Rehabilitation Brain Injury Inpatient Program at NYU Langone Orthopedics Hospital (NYULOH) 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 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 neuropsychiatric management of patients with acquired brain injuries and dementia

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

Schedule: # of hours/week, # of weeks/year and the minimum amount of time to make the elective viable.

- PGY-1, 2: 4-5 days/week
    - Cognitive neurology / neuropsychiatry clinic at the Barlow Memory Center: Tuesday 9a-12p and 1p-5p – may join for either or both sessions.
    - Wednesday 9a-3p: neuropsychiatry teaching rounds with rehab residents; multidisciplinary neurobehavioral patient conference; LOH neuropsychiatry consultation.
    - Thursday 9a-12p: LOH consultation / reading afternoon or follow up on inpatients.
    - Friday 9a-3p: LOH consultation / occasional add-on clinic patients. If the resident has a specific clinical interest, selected outpatients can be added here to gain experience with performing new neuropsychiatric assessments.
    - 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 brain injury

B. Medical Knowledge: Residents 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.
- Develop familiarity with the use of psychotropic medications for management of disorders of mood, thought, and behavior in patients with neurological impairments across the care continuum.
- Gain experience identifying and navigating the complex psychodynamic issues that arise with patients and families and within the inpatient and outpatient clinical teams caring for patients with neurobehavioral disorders.

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 and other care providers.
- Work effectively with a multidisciplinary team including rehabilitation physicians, physical therapists, speech therapists, occupational therapists, neuropsychologists, nurses, and social workers.
- Communicate complex neuropsychiatric and psychodynamic principles to non-psychiatrists through participation in teaching rounds and clinical liaison with primary rehabilitation teams.

D. Systems Based Practice: Residents 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.

- Appreciate the important role a psychiatrist familiar with neurologic disability can play in long term outpatient management of patients with complex neuropsychiatric disturbances cared for by a multidisciplinary outpatient team

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

F. Professionalism: Residents 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 suggested as appropriate for the presenting issues of the patients under supervision. Some potentially relevant papers include:

Berthier, M. L., et al. "A randomized, placebo-controlled study of donepezil in poststroke aphasia." *Neurology* 67.9 (2006): 1687-1689.

Chollet, François, et al. "Fluoxetine for motor recovery after acute ischaemic stroke (FLAME): a randomised placebo-controlled trial." *The Lancet Neurology* 10.2 (2011): 123-130.

Fleet, W. Shepherd, et al. "Dopamine agonist therapy for neglect in humans." *Neurology* 37.11 (1987): 1765-1765.

Giacino, Joseph T., et al. "The minimally conscious state: definition and diagnostic criteria." *Neurology* 58.3 (2002): 349-353.

Giacino, Joseph T., et al. "Placebo-controlled trial of amantadine for severe traumatic brain injury." *New England Journal of Medicine* 366.9 (2012): 819-826.

Katz, Douglas I., et al. "Natural history of recovery from brain injury after prolonged disorders of consciousness: outcome of patients admitted to inpatient rehabilitation with 1–4 year follow-up." *Progress in brain research* 177 (2009): 73-88.

Kim, Edward, et al. "Neuropsychiatric complications of traumatic brain injury: a critical review of the literature (a report by the ANPA Committee on Research)." *The Journal of Neuropsychiatry and Clinical Neurosciences* 19.2 (2007): 106-127.

Schiff, Nicholas D. "Recovery of consciousness after brain injury: a mesocircuit hypothesis." *Trends in neurosciences*33.1 (2010): 1-9.

Schmahmann, Jeremy D. "Disorders of the cerebellum: ataxia, dysmetria of thought, and the cerebellar cognitive affective syndrome." *The Journal of neuropsychiatry and clinical neurosciences* 16.3 (2004): 367-378.

Whyte, John, et al. "Zolpidem and restoration of consciousness." *American journal of physical medicine & rehabilitation* 93.2 (2014): 101-113.

Wortzel, Hal S., and David B. Arciniegas. "Treatment of post-traumatic cognitive impairments." *Current treatment options in neurology* 14.5 (2012): 493-508.

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.

Palliative Care (Adult), Bellevue Hospital

Faculty/Staff

- ***Susan E. Cohen, MD***
  Director, Palliative Care Program, Bellevue Hospital Center
  Chief, Section of Palliative Care, NYU School of Medicine
  Office: 212-562-5278
  Direct: 212-562-5250
  Email: susan.cohen@nyumc.org

  Kelly McNamee
  Elective Coordinator
  Office: 212-263-6613
  Email: kelly.mcnamee@nyumc.org

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 40-50 hrs/wk

Typical hours are Monday through Friday 9:00am through 5/6:00pm, 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 and fellows 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 interdisciplinary team meetings.

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. Please contact Dr Cohen and or Kelly McNamee for scheduling

Additionally, a proportion of staff will be unavailable for teaching during the AAHPM conference which takes place in March each year

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

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)

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

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

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

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.

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 (eg, 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/
- Baile WF, Buckman R, Lenzi R et al. "SPIKES – A Six Step Protocol for Delivering Bad News: Application to the Patient with Cancer." *The Oncologist.* 2000: 5: 302-311.
- Temel JS, Greer JA, Muzikansky A, et al. "Early Palliative Care for Patients with Metatstic Non-Small-Cell Lung Cancer." The *New England Journal of Medicine*. 2010. 363; 8: 733-742.
- The SUPPORT Principal Investigators. "A controlled trial to improve care for seriously ill hospitalized patients. The study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT). *JAMA*. 1995. Nov 22-29; 274(20): 1591-8.
- Fairman N, Hirst J, Irwin S. *Clinical Manual of Palliative Care Psychiatry*. American Psychiatric Association: Arlington, VA. 2016
- Levenson J, Ferrando S. *Clinical Manual of Psychopharmacology in the Medically Ill, Second Edition*. American Psychiatric Association: Arlington, VA. 2016.
- Connors AF, Dawson NV, Desbiens NA, et al. "A controlled trial to improve care for serious ill hospitalized patients: the study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT)." *JAMA*. 1995: 274 (20): 1591-1598. http://jamanetwork.com/journals/jama/article-abstract/391724

- Breibart W, Rosenfeld B, Pessin H, et al. “Depression, hopelessness, and desire for hastened death in terminally ill patients with cancer.” *JAMA*. 200: 284 (22): 2901-2911. http://jama.jamanetwork.com/pdfaccess.ashx?url=/data/journals/jama/4763/joc00500.pdf
- Appelbaum PS, Grisso T. “Assessing patients’ capacities to consent to treatment.” *NEJM*. 1988. 319: 1635-1638. http://www.nejm.org/doi/10.1056/NEJM198812223192504

New York City Poison Control Center Visiting Resident Medical Toxicology Rotation

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:
- Cathartics
- Whole bowel irrigation
- Ipecac-induced emesis
- Orogastric lavage
- 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:
- Tachycardia and bradycardia
- Tachypnea, bradypnea, and hyperpnea
- Hypertension and hypotension
- 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 9 AM 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.

Contact:

Mark Su, M.D., MPH
Director, ***New York City Poison Control Center***
455 First Avenue, Room 123
New York, N.Y. 10016
Telephone: 212-POISONS
Fax 212-447-8223
Email: nycpcctoxrotation@health.nyc.gov

Catherine Castro
Community Coordinator, ***New York City Poison Control Center***
455 First Avenue Room 114
New York City, NY 10016
Office: 212-447-6131
Email: nycpcctoxrotation@health.nyc.gov

Palliative Care (Adult), Bellevue Hospital Center

Adult Palliative Care, Bellevue Hospital

Faculty/Staff

- ***Susan E. Cohen, MD***
  Director, Palliative Care Program, Bellevue Hospital Center
  Chief, Section of Palliative Care, NYU School of Medicine
  Office: 212-562-5278
  Direct: 212-562-5250
  Email: susan.cohen@nyumc.org

  Kelly McNamee
  Elective Coordinator
  Office: 212-263-6613
  Email: kelly.mcnamee@nyumc.org

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 40-50 hrs/wk

Typical hours are Monday through Friday 9:00am through 5/6:00pm, 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 and fellows 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 interdisciplinary team meetings.

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. Please contact Dr Cohen and or Kelly McNamee for scheduling

Additionally, a proportion of staff will be unavailable for teaching during the AAHPM conference which takes place in March each year

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 (eg, 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/
- Baile WF, Buckman R, Lenzi R et al. "SPIKES – A Six Step Protocol for Delivering Bad News: Application to the Patient with Cancer." *The Oncologist.* 2000: 5: 302-311.
- Temel JS, Greer JA, Muzikansky A, et al. "Early Palliative Care for Patients with Metatstic Non-Small-Cell Lung Cancer." The *New England Journal of Medicine*. 2010. 363; 8: 733-742.
- The SUPPORT Principal Investigators. "A controlled trial to improve care for seriously ill hospitalized patients. The study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT). *JAMA*. 1995. Nov 22-29; 274(20): 1591-8.
- Fairman N, Hirst J, Irwin S. *Clinical Manual of Palliative Care Psychiatry*. American Psychiatric Association: Arlington, VA. 2016

- Levenson J, Ferrando S. *Clinical Manual of Psychopharmacology in the Medically Ill, Second Edition*. American Psychiatric Association: Arlington, VA. 2016.
- Connors AF, Dawson NV, Desbiens NA, et al. "A controlled trial to improve care for serious ill hospitalized patients: the study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT)." *JAMA*. 1995: 274 (20): 1591-1598. http://jamanetwork.com/journals/jama/article-abstract/391724
- Breibart W, Rosenfeld B, Pessin H, et al. "Depression, hopelessness, and desire for hastened death in terminally ill patients with cancer." *JAMA*. 200: 284 (22): 2901-2911. http://jama.jamanetwork.com/pdfaccess.ashx?url=/data/journals/jama/4763/joc00500.pdf
- Appelbaum PS, Grisso T. "Assessing patients' capacities to consent to treatment." *NEJM*. 1988. 319: 1635-1638. http://www.nejm.org/doi/10.1056/NEJM198812223192504

The Recovery Center at Rockland Psychiatric Center

Faculty/Staff:

- 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:

a. Residents will be expected to approach each member with respect, compassion and sensitivity to varying functional levels.
b. Residents will receive supervision in the mediation of challenging issues related to the fidelity of clubhouse programming.

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

- Minimum of 1:1 supervision 2 hours per week.

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

- Carolan M, Onaga E, Pernice-Duca F, & Jimenez T. (2011). A place to be: The role of clubhouses in facilitating social support. *Psychiatric Rehabilitation Journal, 35*(2), 125 – 132.

- Doyle A, Lanoil J & Dudek K. (2013). *Fountain House: Creating community in mental health practice*. New York: Columbia University Press.

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.

Psychoanalytic Interpretations of Literary and Film Characters

Faculty/Staff

Rachel Boué-Widawsky PhD, IPTAR,
phone 312 718 3019
rsboue@gmail.com **Psychoanalytic/Psychiatric Interpretations of Literary and Film Characters**

Description:

The relationship between culture and medicine is replete with literary examples over the past 2,000 years: from Biblical narratives, through ancient or medieval treatises, to classical fiction and, more recently, stories in various media. These cultural narratives can be seen as expressing a human need to grasp and capture the human condition from birth (life) to death, with its ethical conundrums, emotional entanglements, and physical and mental sufferings.

This course is designed to explore literary and cinematographic representations of personality disorders and character developments from a psychoanalytic understanding, which approaches mental illness as a semantic complex.

This elective is designed both to foster residents' interest in cultural representations of their field of expertise and to expose residents to the theoretical overlap between psychoanalysis and psychiatry.

Number of Residents on the elective at any given time:

1-3 residents

Schedule:
1-3 residents per two-week elective. Independent reading will be supplemented by supervision of up to 3 hours per week (adjustable depending on the assignment). Elective available starting **August 17th, 2020**.

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

A. Patient Care

Through study of mental illness represented in literature and film, as a complement to residents' training in diagnosis and treatment, residents will learn about psychopathology from the lenses of the author or film director and from the narrative of and about the character. Immersing ourselves into the character's psychic condition and mental suffering can help us develop insight and empathy toward patients. Such perspective may help residents develop a better appreciation of the humanistic aspect of mental illness, as captured and reflected in creative forms.

B. Medical Knowledge

Residents will complement their medical expertise with a broader, in both time and scope, set of viewpoints about mental illness through artistic and psychoanalytic views. Residents will have the opportunity to bring introspection into their own practice and thus be more creative and holistic in their approach of patients.

C. Interpersonal and Communication Skills

Residents' intersubjective reactions to characters in novels and films will trigger some ethical conundrums or emotional entanglements, which may foster reflective thoughts on their practice, invite discussion among their peers and reinforce an empathic bond in their therapeutic relation with patients.

D. Systems Based Practice

This elective will allow residents to situate their profession, their practice and its challenges in a larger cultural setting. It will give them pathways to understand themselves, as practitioners, and their patients as both part of a universal human experience with its inherent mental suffering.

E. Practice-Based Learning and Improvement

Residents will improve their clinical skills by discussing their patients cases or professional experiences which resonate, or not, with the assigned reading or films. This elective will also foster interdisciplinary thinking between psychiatry, psychoanalysis, literature, films and more.

F. Professionalism

By opening the field of mental illness and health to its representation of different disciplines, residents will consolidate their clinical training and their personal development in respect to their own practice.

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

Up to 3 hours per week.

Readings: *The Gambler*, *The Double, Dostoievsky* ; *The Yellow Wall Paper*, C.P.Gilman; *On Being Ill*, V. Woolf *; Darkness Visible: A Memoir of Madness*, W. Styron.
Films: *Hiroshima my Love*, A. Resnais; *Persona*, I. Bergman; *Under the Volcano*, J. Houston; *What about Bob*? F. Oz.

Method of Evaluation:

Discussions between residents and supervisor
Objective evaluation of submitted writing around specific questions related to readings and films.

Electroconvulsive Therapy: Introduction to Evaluation and Treatment

Faculty/Staff

- Dennis Popeo, M.D., dennis.popeo@nyulangone.org, 212-562-7674
- Leonardo V. Lopez, M.D., leonardo.lopez@nyulangone.org, 212-562-7674
- Suzanne Palekar, D.O., suzanne.palekar@nyulangone.org, 212-5662-6912
- Kathryn Keegan, M.D., kathryn.keegan@nyulangone.org, 212-562-8486

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

Electroconvulsive Therapy (ECT) is one of the oldest and most effective treatments in all of psychiatry and indeed in all of medicine. Patients with serious, debilitating, and often life-threatening psychiatric illnesses are often able to recover entirely and return to healthy functioning after undergoing ECT. This elective, designed for PGY-2 residents, embeds residents in the ECT consult service at Bellevue Hospital Center. Residents will perform initial evaluations on patients for whom ECT is consulted; will follow up on active patients to gauge progress and tailor recommendations; and of course will learn to set-up and perform ECT treatments. In addition, residents will become familiar with the literature supporting treatment with ECT, and they will learn to administer common rating scales used to assess severity in illnesses common among patients on the service.

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

Schedule: (Please include the number of hours/week, number of weeks/year, the number of residents that can participate in the elective at one time and the **minimum** amount of time to make this elective viable).
-Monday-Friday over two weeks, 32 hours/week (accounting for didactic day), 8:30 A.M. – 4:30 P.M. on rotation days
-August-November, January-June
-1 resident per two-week block

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

G. Patient Care

a. GOALS:
   i. Competent assessment of patients for appropriateness of ECT
   ii. Competent assessment of efficacy of ECT in treated patients
   iii. Ability to perform routine ECT treatments under supervision.

b. OBJECTIVES:
   i. Identify the characteristics of patients who are appropriate for ECT and of treatment-resistant psychopathology in general
   ii. Evaluate the effects of the ECT through standardized severity measurements (BFCSR, HAM-D, BPRS)
   iii. Recommend and carry out an appropriate treatment plan of ECT, including anesthesia and pre/post medications.

H. Medical Knowledge

a. GOALS:
   i. Gain understanding of the mechanism of action (or theories of) of ECT, along with side effects and evidence supporting the use of these therapies.
   ii. Gain understanding of the evidence in support of ECT for various diagnostic entities

b. OBJECTIVES:
   i. Describe the mechanism of action of ECT and the related neuroscience
   ii. Discuss the varying efficacy of ECT in catatonia, treatment-resistant depression, and treatment-resistant schizophrenia

I. Interpersonal and Communication Skills

a. GOALS:
   i. Master the skills necessary for discussing the risks and benefits of ECT with patients, families, and providers.

b. OBJECTIVES:
   i. Administer Informed consent to patients for ECT; Provide education and support on ECT to patients and family members; Demonstrate appropriate communication with other members of the healthcare team.

J. Systems Based Practice

a. GOALS:
   i. Learn to coordinate patient care effectively with psychiatric and medical teams
   ii. Learn to develop post-ECT treatment plans that take into consideration patients financial and social limitations

b. OBJECTIVES:
   i. Perform consults and communicate directly with primary team in order to communicate recommendations and schedule treatments
   ii. Become familiar with various local options for continuation ECT treatment

K. Practice-Based Learning and Improvement

a. GOALS:

i. Become comfortable with objective measures of psychopathology and learn to incorporate them into treatment planning

b. OBJECTIVES:

i. Learn to administer standard rating scales for depression, psychosis, and catatonia; learn how the results of these scales influence clinical decision-making

L. Professionalism

a. GOALS:

i. Demonstrate a commitment to carrying out professional responsibilities and ethical principles

b. OBJECTIVES:

i. Willingly and enthusiastically see patients throughout the entire shift; Seek feedback and immediately self-correct; Demonstrate sensitivity to patient's pain, emotional state, and gender/ethnicity issues

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

-1 hour of formal supervision weekly, along with regular staffing and discussion of consults

Readings:

Bush et al "Catatonia II: Treatment with lorazepam and electroconvulsive therapy" Acta Psych Scan 1995

Jelovac et al "Relapse Following Successful Electroconvulsive Therapy for Major Depression: A Meta-Analysis" Neurospsychopharmacology 2013

Kellner et al "Continuation Electroconvlusive Therapy vs. Pharmacotherapy for Relapse Prevention in Major Depression: A Multisite Study from the Consortium for Research in Electroconvulsive Therapy (CORE" JAMA Psych 2006

Kellner et al "Bifrontal, bitemporal, and right unilateral electrode placement in ECT: randomized trial" BJP 2010

Kellner et al "Right Unilateral Ultrabrief Pulse ECT in Geriatric Depression: Phase 1 of the PRIDE Study" AJP 2016

Petrides et al "ECT remission rates in psychotic vs. nonpsychotic depressed patients: a report from CORE" Journal of ECT 2001

Petrides et al "Electroconvulsive Therapy Augmentation in Clozapine-Resistant Schizophrenia: A Prospective, Randomized Study" AJP 2013

Rohland et al "ECT in the treatment of the catatonic syndrome" Journal of Affective Disorders 1993

Sackheim et al “A Prospective, Randomized, Double-blind Comparison of Bilateral and Right Unilateral ECT at Different Stimulus Intensities” Arch Gen Psychiatry 2000

Sackheim et al “The Cognitive Effects of Electroconvulsive Therapy in Community Settings” Neuropsychopharmacology 2006

Semkovska et al “Objective Cognitive Performance Associated with Electroconvulsive Therapy for Depression: A Systematic Review and Meta-Analysis” Bio Psych 2010

Unal et al “Effective Treatment of Catatonia by Combination of Benzodiazepine and Electroconvulsive Therapy” J ECT 2013

Ungvari et al “Lorazepam for chronic catatonia: a randomized, double-blind, placebo-controlled cross-over study” Psychopharmacology 1999

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

-Formative and summative feedback with the resident during and at conclusion of elective regarding progress / growth of knowledge, skills and attitudes towards meeting goals / objectives above

Electroconvulsive Therapy: Introduction to Evaluation and Treatment

Faculty/Staff:

John P. Loh, MD

Clinical Associate Professor, Neuroradiology

660 First Ave, 2nd FL

212-263-5219

Objectives:
You are expected to attend the neuroradiology conferences at 8 a.m. Tuesday through Thursday held in the conference room C on the second floor at 222 East 41st Street. You are also expected to attend a conference for the radiology residents on neuroradiology at 8 a.m. Mondays and Fridays held in the neuroradiology conference room on the fifth floor also at 222 East 41st Street.

During the first week, after the 8 a.m. conferences, you will rotate between Bellevue Hospital (Monday-Wednesday) and Tisch Hospital (Thursday-Friday), shadowing the neuroradiology fellow at the neuroradiology reading room located on the third floor at Bellevue and on the second floor at Tisch.

During the second week, you will shadow the neuroradiology fellow(s) reading in the neuroradiology reading room on the 5th floor at 222 East 41st Street.

There will be no tests or quizzes during the rotation.