ROTATION DESCRIPTION

ROTATION TITLE
Advanced Psychiatry (PGY2)

PURPOSE
The psychiatry rotation is designed to allow the resident to demonstrate refined knowledgebase and skills in therapeutics, pharmacokinetics, drug information, verbal and written communication, patient monitoring, patient counseling and case presentations as these skills pertain to adult and geriatric patients with psychiatric illnesses. Rotation activities will provide opportunities for the resident to demonstrate their mastery of psychopharmacology and allow them to further develop expertise in developing evidence based medication regimens for complicated cases.

LEARNING EXPERIENCE DESCRIPTION
Residents will be assigned to a treatment team consisting of an attending physician, social worker, resident physician(s), medical students and nurses. Morning rounds will start between 7:00 AM and 8:30 AM depending on the treatment team. Residents will independently round with the team in the morning (includes nursing report, presentation of new patients, and review of all patient cases as well as community meeting, individual patient interviews and wrap up meeting). The resident will meet back with the preceptor in the afternoon to review patients, discuss evidence based treatment plans for patients, counsel patients and facilitate in topic discussions/journal club presentations. Residents may co-precept P4 students who are on rotation, which includes following patients on more than one treatment team.

LEARNING EXPERIENCE ACTIVITIES
A. Provide evidence-based, patient-centered medication therapy management.
   (R2.4.1, R2.4.2, R2.6.1, R2.6.2, R2.7.1, R2.10.1, R2.10.3):
   1. Obtaining and interpreting patient information from the medical record, patient interview, computer reports, ancillary information (e.g. ER reports, family reports, outpatient pharmacies, etc.) and medical/nursing staff.
   2. Developing a differential diagnosis list based on patient presentation. This may also include use of rating scales and other diagnostic tools.
   3. Independently assessing patient and disease state-specific factors to determine a rational therapeutic plan.
   4. Developing a rational, evidence-based therapeutic plan with appropriate monitoring parameters and patient education.
   5. Facilitate other trainees and ask probing questions during case presentations.

B. Effectively communicate and collaborate with other health care professionals
   1. Residents will participate in multidisciplinary team meetings and be available to health care professionals to provide drug information for patient specific questions and general topic discussions.
      (R1.3.1, R1.4.1, R1.4.6, R1.4.7, R1.4.8, R2.1.1, R2.3.1, R2.10.2)
   2. Residents will research and evaluate current literature to reference recommendations. All recommendations shall be approved by the preceptor before presenting them to the team or other health care professionals until
authorized by preceptor to provide independent recommendations. (R2.6.1, R2.6.2, R2.7.1, R2.8.1, R3.2.1, R5.1.1, R5.1.3, R5.2.1, R5.2.2, R5.2.3)

3. The residents will assess therapeutic drug levels and offer pharmacokinetic consultations as appropriate. (R2.7.1)

4. Residents are expected to present patient cases without extensively referring to notes/patient monitoring sheets. While they are expected to have extensive knowledge, they will be evaluated on their ability to present highly pertinent information.

5. Residents are responsible for all patients on their team. They should have in depth knowledge of patients, medications, labs, diagnostic studies, funding source and any other relevant information in order to assist the team and to provide optimum care to patients. Residents will assist with discharge planning as well and demonstrate expert knowledge in local outpatient resources. (R2.2.1, R2.3.1, R2.4.3, R2.5.1, R2.11.1, R3.3.1, R2.5.2, R2.9.1, R2.9.2, R2.11.1)

C. Be able to interact effectively with patients and provide medication education. (R2.2.1, R2.9.3, R2.9.4, R4.2.1)

1. **The resident will provide discharge medication counseling to all patients on all medications**
2. The resident will demonstrate expertise in conducting assigned patient medication education groups
3. The resident will be available for all patients on their service to answer drug information questions and provide medication counseling.
4. The resident will demonstrate mastery in performing the Abnormal Involuntary Movement Scale (AIMS), Simpson Angus Scale, and Barnes Akathisia Scale for other trainees on rotation. Additionally, the resident will assist trainees (medical students, pharmacy students, medical residents and PGY1 pharmacy residents) in completion of the scales and appropriate documentation.

D. Identify and discuss pharmacoeconomic / ethical issues in psychiatric pharmacy. (R2.6.1, R2.6.2)

1. Understand financial status of all patients (e.g. monthly budget for medications, whether or not pt has prescription insurance coverage) and use that information to guide clinical decisions. Identify and consider the most cost-effective therapeutic plan for all assigned patients without compromising efficacy or patient safety.
2. Discuss ethical issues surrounding psychiatric treatment (e.g. first vs second generation antipsychotics, involuntary hospitalization, and involuntary medication).

E. Document medication reconciliation, clinical recommendations and patient counseling activities in the appropriate electronic or paper documentation system. (R2.12.1, R2.12.2)

F. Participate in education of pharmacy students on rotation (R3.3.2, R4.1.1, R4.1.2, R4.1.3, R4.1.4, E2.2.3, E2.2.4)

1. Coordinate journal club schedule and facilitate presentations.
2. Facilitate topic discussions on core topics (schizophrenia, bipolar disorder, depression, anxiety, substance use disorders, and/or dementia).
3. Facilitate student case presentations and provide example to follow with your presentations.

G. Demonstrate professionalism and professional development.
   (R3.1.1, R3.1.3, R3.1.4, R3.1.5, R3.1.6)
   1. BE ON TIME. If you will be late or absent page preceptor by 7:30am
   2. If you have any scheduled absences you are responsible for notifying your team and letting them know who will be covering in your absence.
   3. Conduct yourself in a professional manner at all times.
   4. Serve as a model for all pharmacy trainees on rotation.
   5. Improve time management skills as demonstrated by turning in all assignments on time and balancing patient care activities with other residency requirements.

REQUIREMENTS OF LEARNING EXPERIENCE

REQUIREMENTS OF LEARNING EXPERIENCE:

Required Hours
7:00 AM to 5:00 PM
These hours may vary based on the resident’s efficiency, activities occurring that day, and non-rotation activities. The resident shall alert the preceptor if they anticipate they will exceed the resident work hours set forth in the ACGME policy on resident work hours.

Required Meetings
Daily interdisciplinary team rounds
RITE/Current Topics – Fridays 12:00-1:00PM
Resident seminar – Mondays at 1:00 PM
Psychopharmacology Team meeting/journal club Tuesdays at 1:00 PM

Required presentations
A. Meet at scheduled times to discuss/facilitate assigned specialty topics and readings.
   1. Residents will be prepared to discuss the disease states in depth when presenting patient cases and for topic discussions.
   2. Topics and reading material will be assigned prior to the discussion
   3. Residents will lead at least one topic discussion for trainees on rotation

B. Case presentations (at least one)
   1. You will have about 10-15 minutes to present and 15 minutes for questions.
   2. The focus for evaluation with this presentation is your ability to fully evaluate the appropriateness of the current regimen as well as devise an alternative plan for your patient that is rational, economically feasible, evidence-based and complete.
   3. You are expected to actively participate in the discussion of other trainees’ cases.
   4. You will participate in evaluation of student patient cases

C. Present articles for journal scan and actively participate in other journal clubs as scheduled.
D. Inservice presentation (at least one)

Optional Activities
Residents have the opportunity to attend electroconvulsive therapy (ECT)
Meet with representatives from the pharmaceutical industry. When this happens, there will be discussion with preceptor(s) regarding appropriate interactions and MUSC policies.

Pharmacy Grand Rounds: Wednesdays, 12:00-2:00PM
METHOD OF EVALUATION
Evaluation of residents will be based on the learning experience objectives outlined by the Residency Program Director (RPD). The preceptor and resident will review the resident’s customized plan and the learning experience introduction document on the first day of rotation. Feedback will include, but not be limited to, verbal and written mid-point and end of rotation evaluations.

Appendix A
- Journal scan guidelines
- Inservice guidelines
- Patient presentations

Appendix B
- Policies and order sets to review
- Dress code
- Required documentation instructions

Appendix C
- Checklist for rotation
- Instructions for personal goals for rotation
- List of disease states to be reviewed during the month
Appendix A: Presentations

General Presentation Guidelines:

- Be able to define ALL terminology and abbreviations used in any presentation.
- If you don’t know what something means – look it up.

Journal Scan Guidelines:

The PGY2 Psychiatric Pharmacy resident will assign 2 articles to each trainee on rotation.
During journal scan, the PGY2 resident will lead the group.
The following journals should be scanned each month for relevant articles, however articles may also be selected from other journals if relevant.

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<td>Arch Gen Psych</td>
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<td>Amer J of Psych</td>
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<td>Amer J of Ger Psych</td>
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<tr>
<td>Canadian J of Psych</td>
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Inservice:

Residents will be required to provide one inservice to the treatment team during the rotation. The team or preceptor may request a topic for discussion or the resident may come up with their own topic. The inservice should be 10 minutes in length. This is a short period of time, so discuss the topic with preceptor in advance to ensure the topic is not too broad. Ideally the handout should be 1-3 pages so it is a useful reference for the future.

**Topic Due by beginning of week 2**
**Draft Due at midpoint**
**Final draft due no less than 3 days prior to the inservice**
Patient Presentations

New Admissions:
_____ yr old _____ with history of (primary psychiatric diagnosis or no psychiatric history) admitted/committed for symptoms/behaviors consistent with diagnosis that warrant admission

Past Psych History
Past Medical History
Pertinent Family History
Pertinent Social history (funding, nicotine, alcohol, drug use)
Past med trials
Meds Prior to admission/allergies
Labs on admission
Axis I-III
Current Meds (including indication)
Up to date information: sleep, appetite, PRNs required over past 24 hrs, med compliance, current symptoms (mood, thoughts, vital signs)
Plan – what are we going to do with the meds…

Previously Presented patients:
_____ yr old _____ with history of (primary psychiatric diagnosis or no psychiatric history) admitted/committed on admission date for symptoms/behaviors consistent with diagnosis that warrant admission

Medication changes
New labs
Brief description of the course since admission
Up to date information: sleep, appetite, PRNs required over past 24 hrs, med compliance, current symptoms (mood, thoughts, vital signs)
Assessment of medication therapy
Plan/expected discharge date

For Formal Case Presentation:
Present as new patient….and be prepared for the following:

Assessment and Plan/ DRUG USE EVALUATION:
• Be able to answer questions about all medications including side effects, drug interactions, indications, dosing and clinical evidence for use…is there literature to support the treatment plan? Any pivotal trials to back up the treatment plan?
• What is the plan for this patient’s meds?
• What is your recommendation for future therapy?
• What needs to be monitored?
• What are the target symptoms you are monitoring?
• What is your alternative plan if something goes awry with this plan?
  o Be specific – one complete, evidence based alternative plan
Appendix B

**Dress Code:** You know it…adhere to it. Lab coats are optional for this rotation. Whether or not you are wearing a lab coat, remember to dress professionally. Women, no short skirts, belly-revealing shirts or low cut shirts should be worn. Visible cleavage is inappropriate…period. If you are dressed inappropriately you will be sent home. Men, ties are preferred, but optional – IF you will not be in other areas of the hospital for staffing, meetings etc. where ties would be required.

**Order Sets:** Clinician Order Forms – Psychiatry
Plan to be familiar with these protocols by the end of the first week of rotation.
- Opioid Detox Protocol
- Alcohol Detox Protocol
- Admission Orders
- Discharge Medication Orders
- ECT Orders

**Required Documentation**

1. Medication Reconciliation
   a. All patients on your team
   b. **Document in HMM within 24 hours of completing the reconciliation**
      i. Pt attachments → NOTE → current visit only → uncheck “open” → ‘MREC in text box→ click on “Done” TWICE

2. Interventions
   a. **Must be discussed with preceptor before presenting them to the team…period**
   b. **Will all be documented in HMM as therapy attachments before the end of the month**
      i. Click on medication → Ctrl+Insert → Intervention → uncheck “open” → check appropriate interventions and consulted with VandenBerg/Drayton

3. Patient counseling
   a. Will be done under supervision of preceptor until you are checked off
   b. Shall include medication list (see discharge medication reconciliation) and pertinent medication information materials
      i. [www.nami.org](http://www.nami.org) for psychiatric medications
      ii. Micromedex for medical medications (only ones we start here)
   c. Will be documented in ClinDoc under interdisciplinary patient/family education and in HMM as discharge counseling

4. Abnormal Involuntary Movement Scale – as requested by treatment team
   a. See [http://www.abnormalinvoluntarymovementscale.com/Abnormal-Involuntary-Movement-Scale-Web-Resources.html](http://www.abnormalinvoluntarymovementscale.com/Abnormal-Involuntary-Movement-Scale-Web-Resources.html) for forms
   b. Do not place form in the chart. Document on a blank progress note and present it to preceptor prior to placing in chart

5. Discharge Medication Reconciliation
   a. You may be asked to assist the team in filling out DC medication reconciliation forms
   b. Clinician order forms → Psychiatry → Discharge Medication Order (Medication Reconciliation)
   c. Always check with preceptor and/or team to verify list of medications
   d. Generally patients are only discharged on scheduled medications….no PRNs

6. End of Rotation Clinical Intervention Report
   a. Please provide the following report during the last week of rotation to assist with your rotation evaluation
   b. eMeds → **make sure print set is Print to Window** → Print Report → Intervention Report → Date first of month to current date → Selection Criteria = Facility/MUSC/User → Print → Click on your username on the left and print the pages associated with your interventions
Appendix C

Checklist

<table>
<thead>
<tr>
<th>By Day 1</th>
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<tbody>
<tr>
<td>Rotation resident supervision completed in RLS</td>
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<tr>
<td>Leave forms completed if necessary</td>
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<tr>
<td>Rotation goals completed and turned in</td>
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<tr>
<td>Rotation handouts provided</td>
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</table>

<table>
<thead>
<tr>
<th>By Day 2</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Syllabus reviewed with preceptor</td>
<td></td>
</tr>
<tr>
<td>Documentation processes reviewed with preceptor</td>
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</table>

<table>
<thead>
<tr>
<th>By midpoint</th>
<th></th>
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<tbody>
<tr>
<td>Inservice handout completed</td>
<td></td>
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<tr>
<td>Self assessment of progress on goals completed</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior to final eval</th>
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<tbody>
<tr>
<td>Self assessment completed</td>
<td></td>
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<tr>
<td>All assignments completed</td>
<td></td>
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<tr>
<td>Keys, reading material, DVDs etc all handed in</td>
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</tbody>
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Personal Rotation Goals (please complete these on a separate page and turn in.

List at least 3 specific, objective, achievable goals for this rotation (i.e. “Understand five medical complications associated with antipsychotic treatment (including assessment, differential diagnosis and treatment)” not “I want to learn more about psychiatry”). Also include your ideas on how you will achieve this goal during rotation.

Remember the core PGY2 topics. What is your plan for review? What topic(s) did you chose for the month?

Which three RLS objectives would you like to be addressed this month?

The following are potential topic discussions which the PGY2 resident may be asked to lead for other pharmacy trainees. Those listed in bold are required topics for each rotation.

<table>
<thead>
<tr>
<th>Schizophrenia</th>
<th>Dementia</th>
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</thead>
<tbody>
<tr>
<td>Schizoaffective disorder</td>
<td>Delirium</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>Substance induced disorders</td>
</tr>
<tr>
<td>Depression</td>
<td>Substance abuse/dependence</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>Substance intoxication</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>Substance withdrawal</td>
</tr>
</tbody>
</table>

The PGY2 resident will select a topic from the Core Experiences listed below to discuss more in depth with the preceptor throughout the month.
Core Experiences in Patient Care

For each of the following psychiatric, neurological, and developmental disorders, the resident should be able to describe the clinical presentation, pharmacotherapeutic treatments, their alternatives, and monitoring parameters for therapeutic effects and adverse reactions or toxicity:

1. Schizophrenia and other psychotic disorders
2. Bipolar Disorder
3. Major Depressive Disorder
4. Anxiety disorders (GAD, Panic, OCD, SAD, PTSD)
5. Sleep disorders
6. Psychoactive substance-use disorders (including information on routes of administration of psychoactive substances and common street names)
7. Personality disorders
8. Psychiatric disorders in the elderly
9. Psychiatric disorders in children and adolescents
10. Neurological disorders
11. Developmental disorders
12. Syndromes associated with aggression, hostility, or agitation

Elective Experiences. The following may be taken as electives:

1. Administration
   a. Attend the following meetings at IOP: Executive Quality Council, Inpatient Attending Meeting, Psychiatry Resident Noon Conference, Nursing Leadership Meeting, Education Council, Safety Council
   b. Attend the following meetings: P&T, Formulary and Informatics Subcommittee, MSIC, Monthly IOP staff meetings, Clinical Coordinator, Faculty Meeting, Pharmacy Leadership Team
2. Emergency psychiatry
3. Forensic psychiatry
4. Mental health court
5. Specialty clinic (clozapine, depot antipsychotic)
6. Pregnancy and postpartum psychiatric disorders (see patients as they present during the year)
7. Other (based upon the identified needs of the individual resident and the resources available to the residency program)
11. Mental health court
12. Specialty clinic (clozapine, depot antipsychotic)
13. Pregnancy and postpartum psychiatric disorders (see patients as they present during the year)
14. Other (based upon the identified needs of the individual resident and the resources available to the residency program)