

MEL 8602 Child and Adolescent Psychiatry

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Educational Goals:

Estimates are that up to 20% of youth have a mental illness making psychiatric disease a common source of impairment and suffering in childhood. All providers caring for children, regardless of specialty, should have some familiarity with signs and symptoms of psychiatric illness in children being able to conduct a basic evaluation. Furthermore, due to the nationwide shortage of child psychiatrists, pediatricians should develop skills to administer treatment for common conditions.

During this rotation, students interested in pediatric care will get exposure to working with children and families experiencing psychiatric and/or behavioral problems. The rotation occurs primarily in the outpatient setting. Students should gain an understanding of how to diagnosis psychiatric illnesses that are common in childhood and learn some basic treatment interventions for these disorders. Students should expect to see children with ADHD, oppositional defiant disorder, autism, mood and anxiety disorders during this rotation.

Learning Objectives:

1. Improve skills for interviewing pediatric patients and families
2. Demonstrate knowledge of questions to explore the presence of psychiatric illness in children and adolescents
3. Develop a more in-depth understanding of how psychopathology presents at various developmental levels
4. Be able to conduct a risk assessment for suicide and violence
5. Be able to create a biopsychosocial formulation
6. Improve skills in using psychotropic medication including how to select an initial agent and the necessary medical monitoring for these medications

Activities during the rotation:

Students will participate in child psychiatry clinics at various outpatient sites. There will be a mixture of new patient evaluations and follow up patients. Often, you will be in clinics where there are residents or other trainees also seeing patients. Your exact role in the services provided may vary based on the site, volume of patients that day and the complexity of cases.

See rotation schedule for your schedule, sites, addresses, phone numbers and start times

Resources:

1. Psychiatry Online through the Shimberg Library has an online textbook of child psychiatry called “Dulcan's Textbook of Child and Adolescent Psychiatry”. Students are encouraged to read about psychiatric evaluations for school aged children and adolescents (under developmental view of assessment) as well reading about common psychiatric disorders in childhood. Specific high yield topics include ADHD, ODD, autism, mood and anxiety disorders (see Parts III, IV and V in the book).
2. AACAP has practice parameters on a variety of topics in child psychiatry at http://www.aacap.org/cs/root/member_information/practice_information/practice_parameters/practice_parameters

3. Child mind institute “hot topics” section has many short video clips by experts in child psychiatry addressing common questions <http://www.childmind.org/>
4. Autism speaks video glossary has videos showing normal and abnormal development and some examples of treatment. <http://www.autismspeaks.org/what-autism/video-glossary>

Evaluation:

1. Students doing a one month rotation must turn in a minimum of 2 patient evaluation write ups to the course director (Dr. Stock) for review. These should be for new patients seen in clinic. The medical documentation needs to include a case formulation section listing biologic, psychological and social factors impacting the case presentation. One write-up must be turned in by the Friday at the midpoint of the rotation.
2. Students must prepare one brief, ten minute presentation on a learning topic that they identified. The presentation will be delivered on the last Friday of the rotation at 1PM at the Silver Child Development center to Dr. Stock and the residents in clinic that day. A brief handout of main points and references used to prepare the presentation needs to be turned as well.
3. At the end of the rotation, the faculty will complete a summative evaluation (see attached)

Biopsychosocial formulation: Psychiatric symptoms represent final common pathways in human behavior. The same symptoms can result from different pathophysiologic processes or a variety of life events. The formulation helps to integrate the impact of various factors on the presentation of symptoms for a specific patient and this will be used to guide the treatment planning. The biopsychosocial formulation should begin with a one line introduction summarizing the patient’s age and presenting symptoms. It is followed by a discussion of the biologic, psychological and social factors contributing to the patient’s presentation.

Below are common items discussed in the formulation:

Biologic:	Psychological	Social:
<ul style="list-style-type: none"> • Family psych history • Effects of alcohol or drugs (prenatal or current) • Effects of prescription meds • General medical condition effects on CNS • Neuroimaging or labs • Compliance with meds 	<ul style="list-style-type: none"> • Eriksonian stage • Defense mechanisms • Personality style or traits • Coping mechanisms • Psychological testing • Recurrent life events (abandonment, grief, trauma etc.) • Relationship patterns • How pt has dealt with adversity in the past 	<ul style="list-style-type: none"> • Bullying/teasing • Family stress • Money problems • Housing problems or living in a bad neighborhood • Problems with social support

**USF Health
Electives - Psychiatry**

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: MEL_8602_Child & Adol. OP Psychiatry
Form: *Eval of Student by Educator: Clinical Elective

The student's performance at this time is evaluated at what level of training for the following competencies:
(Question 1 of 12 - Mandatory)

Patient Care	Observer	Beginning 3rd Year Student	3rd Year Student	4th Year Student	Intern	N/A
History-taking skills Patient-centered, logical, organized, complete and efficient.	1.0	2.0	3.0	4.0	5.0	0
Physical exam skills Exam performed with skill, logic, efficiency, and maximal patient comfort	1.0	2.0	3.0	4.0	5.0	0
Differential diagnosis skills and clinical reasoning Completeness, prioritization, and justification of diagnoses	1.0	2.0	3.0	4.0	5.0	0
Selection and interpretation of diagnostic test(s) Test selection, justification, and interpretation	1.0	2.0	3.0	4.0	5.0	0
Formation of treatment plan Logical, evidence based, patient-centered	1.0	2.0	3.0	4.0	5.0	0
Written documentation Balances completeness and conciseness, fluent, logical	1.0	2.0	3.0	4.0	5.0	0
Oral presentations Balances completeness and conciseness, fluent, logical	1.0	2.0	3.0	4.0	5.0	0
Values-centered patient care Optimizes patient interactions based on awareness of own and patient's values.	1.0	2.0	3.0	4.0	5.0	0
Promotion of prevention & wellness in patient care Promotes prevention strategies and wellness counseling	1.0	2.0	3.0	4.0	5.0	0
Application of health care systems & financing in care Demonstrates how knowledge of patients' insurance and other financial needs affects the care plan.	1.0	2.0	3.0	4.0	5.0	0
Procedural skills (e.g. suturing, phlebotomy) Technically proficient, sensitive to patient needs	1.0	2.0	3.0	4.0	5.0	0

The student's performance at this time is evaluated at what level of training for the following competencies:
(Question 2 of 12 - Mandatory)

Knowledge	Observer	Beginning 3rd Year Student	3rd Year Student	4th Year Student	Intern	N/A
Application of knowledge Demonstrates knowledge of relevant medical literature and pathophysiology and incorporates it into patient care	1.0	2.0	3.0	4.0	5.0	0

The student's performance at this time is evaluated at what level of training for the following competencies:
(Question 3 of 12 - Mandatory)

Practice-Based Learning	Observer	Beginning 3rd Year Student	3rd Year Student	4th Year Student	Intern	N/A
Response to Feedback Solicits feedback, receives it well and demonstrates improvement	1.0	2.0	3.0	4.0	5.0	0
Self-improvement Grows clinically and professionally during the session/clinic/clerkship	1.0	2.0	3.0	4.0	5.0	0

The student's performance at this time is evaluated at what level of training for the following competencies:

(Question 4 of 12 - Mandatory)

Communication	Observer	Beginning 3rd Year Student	3rd Year Student	4th Year Student	Intern	N/A
Communication with medical team Clear, appropriate, consistently adds to the harmony and efficiency of the team.	1.0	2.0	3.0	4.0	5.0	0
Communication of diagnostic and treatment plans with patient and family Clear, adjusted to patient/family understanding, culture, and social needs	1.0	2.0	3.0	4.0	5.0	0
Communication with other health professionals in the care of patients Communicates effectively with non-MD practitioners and facilitates team approach to care	1.0	2.0	3.0	4.0	5.0	0

(Question 5 of 12 - Mandatory)

Professionalism	Did Not Meet Expectations*	Appropriate	Exceeds Expectations	N/A
Reliability Timely, punctual; manages stress and personal-work conflicts effectively	1.0	2.0	3.0	0
Flexibility Demonstrates flexible response to change	1.0	2.0	3.0	0
Confidence Shows appropriate assertiveness that puts colleagues and patients at ease	1.0	2.0	3.0	0
Respect for staff and colleagues Shows admiration and respect, enhancing full cooperation among healthcare professionals.	1.0	2.0	3.0	0
Respect for patients and families Respects confidentiality, shows altruism, works to reduce stigmatizing of patient groups.	1.0	2.0	3.0	0

***Please describe any deficiencies in professionalism.** *(Question 6 of 12)*

(Question 7 of 12 - Mandatory)

	0-2 Sessions	3-10 Sessions	>11 Sessions
How many sessions (1/2 day) did you work with this student?	1.0	2.0	3.0

(Question 8 of 12 - Mandatory)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I would like this student to join our residency					

This student will be ready to be an intern next July

(Question 9 of 12 - Mandatory)

	Yes*	No
Do you have any concerns about this student becoming a physician (If yes please explain in the box below)	1.0	2.0

Please provide an explanation of your concerns (Question 10 of 12)

RIME Definitions

Fail - Overall inadequate performance or unacceptable performance in any major area of evaluation. Little improvement with guidance. A recommendation of Fail means additional clinical rotation(s), usually at the clerkship year level, is/are needed to address deficiencies.

Inconsistent - Overall Marginal performance - performs acceptably in some areas but clearly needs improvement in others. Has shown some evidence of progress and may be able to perform acceptably following additional clinical experiences during Advanced clerkship timeframe without having to repeat the entire core clerkship.

Reporter - Obtains and reports basic information completely, accurately, and reliably. Works professionally with patients, staff, and colleagues. Distinctive personal qualities should be recognized in descriptive comments. Ownership to answer "WHAT" questions consistently/accurately.

Interpreter - Clearly more than typical work in most areas of evaluation. Consistently offers reasonable interpretations ("WHY") without prompting; good working fund of knowledge; an active participant in care. Consistent preparation for rounds/clinics. Promises of duty/expertise evident.

Manager - Outstanding ratings in most major areas of evaluation. Sub-intern level of patient care, actively suggests reasonable management.

Educator - Excellent general fund of knowledge, outstanding (broad/deep) knowledge on own patients. Strong qualities of leadership and excellence in interpersonal relationships. Able to take the lead with patients/families/ professionals on solutions. Promises of duty and growing expertise clearly evident and exceptional. (Question 11 of 12 - Mandatory)

Where is student in RIME?

Selection	Option
<input type="checkbox"/>	Fail
<input type="checkbox"/>	Inconsistent
<input type="checkbox"/>	Reporter
<input type="checkbox"/>	Interpreter
<input type="checkbox"/>	Manager
<input type="checkbox"/>	Educator

PLEASE COMMENT ON THIS STUDENT'S STRENGTHS AND WEAKNESSES, SPECIFICALLY ADDRESSING CONCERNS FROM THE ABOVE ITEMS (Question 12 of 12 - Mandatory)