FIRST POST-GRADUATE YEAR

CLINICAL ASSIGNMENTS

The first post-graduate year is divided into three segments: Medicine, Neurology, and Psychiatry. The resident functions on a level with other post-graduate physicians and performs to the standards demanded by each department.

INTERNAL MEDICINE - Department of Internal Medicine, TTUHSC - El Paso

General Description of Rotation

This four-month assignment is a primary care experience. The resident functions at the intern level on a team with other senior residents and attending faculty. Rotations will include various medicine outpatient clinics as well as the medicine consultation service. Direct patient care responsibility, augmented by a thorough didactic curriculum, is the basis of this rotation. All cases are individually staffed on site by attending faculty. This rotation may be substituted with a Family Practice or Pediatrics rotation. Periodic evaluations of resident performance by Internal Medicine faculty are forwarded to the Residency Training Director.

Educational Objectives:

A. Knowledge Objectives: By the end of the Internal Medicine (or other primary care) rotation the resident will demonstrate knowledge of:

1. Medical illnesses commonly seen in primary care settings, their treatment, and their impact on the psychiatric population.
2. The common radiological and laboratory examinations and their interpretations.
3. Significant medical literature that supports evidence-based medicine as it applies to the patient that he/she cares for on the Internal Medicine Service.
4. The clinical data that is necessary to recognize and assess risks, particularly as it pertains to determining whether inpatient or outpatient care is indicated.

B. Skills Objectives:

By the end of the Internal Medicine Rotation, the resident will demonstrate the ability to:

1. Perform an adequate medical diagnostic interview.
2. Obtain a clinically relevant medical history.
3. Perform an adequate physical examination on his/her patients.
4. Diagnose common medical problems often seen in primary care settings.
5. Participate in the consultation process for patients referred from non-Internal Medicine services for diagnosis and treatment of primary care problems.
6. Present cases to the general medical or subspecialty faculty attending the clinic or consultation service.
C. Attitude Objectives:

By the end of the Internal Medicine Rotation or Primary Care Rotation rate the following attitudes:

1. Respect for medically ill patients and their families.
2. Respect for the role of the team of professionals who care for medically ill patients.
3. Understanding of the importance and impact of the multiple systems that impact on the medically ill patient.
4. Professional and ethical approaches to the practice of medicine.
5. Appreciation of the importance of self-directed learning.

D. Assessment Tools

1. The PGY-I internal medicine resident will be assessed by:
   a. Written evaluations of clinical care by assigned Internal Medicine faculty.
   b. Performance during clinical presentations to assigned faculty and other team members.
   c. Level of participation in teaching rounds and didactic presentations.

E. Educational Material

1. Essential Reading: Each attending on the consultation service will assist the resident with literature and selected references which may be helpful in managing specific patient related problems encountered during the rotation. There are a few key references that will help augment the resident’s experience with outpatient and consultation service medically ill patients.

2. Reference material including medical texts concerning general medicine diagnosis and treatment and the consultation and evaluation are available in the Gallo Library of the Health Sciences. Residents are encouraged to peruse these references for additional guidelines for the evaluation of patients on the outpatient and consultation services.


F. Evaluation

All residents rotating through the Department of Internal Medicine receive formal
evaluations on standardized evaluation forms. Evaluation and feedback will occur during the rotation, allowing sufficient time and opportunity for further education and improvement during the remainder of the rotation.

G. Feedback

Residents will provide feedback to the attending physician during the outpatient and consultation rotation. Review is especially encouraged at the midpoint and at the end of the rotation, when the resident and attending should schedule a face-to-face discussion of the learning experience on the consultation service.

H. Resources

General Medicine consultation is frequently requested from Psychiatry, Orthopedics, General Surgery, and OB/GYN. Patients from these services provide the Internal Medicine resident with a broad experience in delivering consultation concerning a vast array of problems. The support services from the Departments of Pathology, Radiology and the Gallo Library of the Health Sciences are very helpful in the evaluation of these patients. Texas Tech Outpatient Internal Medicine Clinics have a full array of subspecialty clinics that augment the general medicine clinic population that the resident is exposed to.

NEUROLOGY

A. General Description

The clinical experience and didactic curriculum on this two-month, rotation is arranged by the Department of Neuropsychiatry and Behavioral Sciences. Residents rotate at the Texas Tech University Neurology Clinic and are supervised closely by Neurology faculty. Residents help perform inpatient consultations and provide daily outpatient services to a population with a vast range of neuropathology. Training in electrophysiologic testing (evoked potentials, EEG & EMG) is considered part of the two month rotation. All cases are individually staffed by Neurology faculty on site. Periodic evaluations of residents by faculty supervisors on the service are forwarded to the Residency Director.

B. Educational Purpose

To give residents formal instruction, clinical experience, and opportunity to acquire expertise necessary in the evaluation and management of neurological diseases.

C. Principal Teaching Methods

Residents will receive individual instruction by the Neurologist while seeing patients in the outpatient clinics, the epilepsy clinic, and the consultation services.
1. Residents will see indigent care patients referred to Neurology and private patients from other physicians. This will allow the residents to see a wide variety of patients from various ages, social economic, educational, and cultural backgrounds.

2. Each outpatient will be evaluated by the resident, and then discussed and seen with the staff neurologist. The resident must complete a thorough progress note on every outpatient and this must be countersigned by the staff neurology with whom the patient was discussed.

3. The inpatient neurology consult will be seen and completed by the resident. The cases must be discussed with the neurology attending who will see the patient with the resident, do bedside teaching rounds and countersign the consultation note.

4. The neurology staff will give five teaching lectures weekly. These lectures are scheduled from 8 am to 9 am every day except Fridays. On the second Friday of each month at 12 noon there is a Neurology Grand Round given by a visiting professor. On the fourth Friday at 12 noon there is a neuroimaging review attended by neurologists from Texas Tech, radiologists, and neurosurgeons.

5. Residents will be responsible for reviewing one general Neurology topic per week and giving a short presentation during the morning lecture.

6. Other resident’s responsibilities include providing continuity of care for Neurology clinic patients seen by prior clinic residents. This consists of returning phone calls and reviewing patient lab work. Any questions concerning this care will be discussed with the Neurology staff.

D. Educational Content

1. Knowledge Objectives
   a. Interpreting the significance of neurologic symptoms
   b. Performing a neurological examination
   c. Interpreting the signs obtained in the examination
   d. Consolidating symptoms and signs into neurological syndromes and recognizing neurological illnesses
   e. Making a differential diagnosis
   f. Learning the basis of neuroimaging (CT scan, MRI). Also, learning the basis of electrodiagnostic studies including EEG’s and EMG’s
   g. Utilizing laboratory data to complete a topographic and or etiologic diagnosis
h. Defining pathophysiologic mechanisms of disease processes

i. Formulating plan for investigation and management

j. Assess prognosis

k. Understanding main neurology manifestations of systemic diseases

l. Identifying emergencies and need for expert assistance

2. Practice Skills

At the completion of the rotation residents should be able to obtain medical information by history and physical examination, interpret information, integrate syndromes, and reach an appropriate diagnostic, differential diagnosis, and plan for treatment. In this regard, residents should be able to manage neurologic disease such as epilepsy, migraine headaches, vertigo, dizziness, strokes, Dementia, Parkinson’s disease, multiple sclerosis, amyotrophic lateral sclerosis, neuropathies, head and spinal cord injuries and neurological complication of systemic diseases. These skills are acquired in the inpatient consultation service, inpatients, outpatient visits, and the Epilepsy Clinic.

a. Interviewing and examining at least four patients a day under the supervision of the staff

b. Attending all round sessions in the wards, and EEG and EMG readings

c. Reading assigned material

d. Attending journal clubs

e. Through individual training case presentation and didactic lectures

3. Attitudes, Values and Habits

a. Residents should gain insight into and appreciation of the psychosocial effects of chronic illness.

b. Residents should enhance their utilization of communication with many health services and professionals such as the nutritionist, the nurse clinician, podiatrists, ophthalmologist, physical therapist, surgeon, radiologist and nuclear medicine specialist.

c. The resident should learn the importance of preventative medicine in routine health care and specifically in the area of neurological disease management.
d. Residents should become familiar with dealing with the difficulties of disease management within the different age groups, socioeconomic, educational, and cultural backgrounds that are seen.

e. Residents should improve in the use of cost effective medicine.

4. Lifelong Learning Habits

a. Residents should be able to decide when to call a subspecialist for evaluation and management on a patient with a neurologic disease.

b. Residents should be able to clearly present the problem to the consultant and ask a precise question to the consultant.

c. Residents should be stimulated to continue to use the medical literature for gaining further medical knowledge and self-improvement.

d. Residents should continue to develop their ethical behavior and the humanistic qualities of respect, compassion, empathy, and rapport with patients and family to promote the patient’s welfare.

E. Educational Material

1. Mandatory Reading


   b. Section on Neurology in Harrison’s Principles of Internal Medicine. McGraw-Hill, Publisher.

   c. Section on Neurology in Cecil’s Textbook of Medicine. WB Saunders, Publisher.


   h. Additional material will be distributed as handouts during rotation. These handouts summarize the 0800 hours daily lectures.
2. Medical Literature

A collection of updated review articles will also be provided which address all basic areas of Neurology. Residents are strongly encouraged to read as many of these articles as possible. In addition, residents are encouraged to read basic neurological journals such as Neurology, Archives of Neurology and Annals of Neurology.

3. Pathology

Surgical specimens will be reviewed, residents, Neurology faculty with Pathology applicable.

F. Assessment Criteria

1. Residents Criteria for Evaluation

   a. The general quality of care provided by residents to neurological outpatients and inpatients.

   b. The fund of knowledge in basic Neurology achieved by the resident during the rotation as evidenced by:

      1. Understanding of patient problems displayed by the resident in discussion with the staff. Resident’s performance on a written exam, which will be given on the final day of the rotation.

2. Program Evaluation

   a. The residents will also fill out an evaluation of the Neurology rotation at the end of the month.

G. Feedback

Residents should receive frequent (generally daily) feedback in regards to their performance during the rotation. Residents will be informed about the results of the evaluation process and input will be requested from residents in regards to their evaluation of the Neurology rotation.

H. Resources

A. Texas Tech and Thomason have large patient populations with a broad spectrum of Neurological diseases.

B. The indigent care done at Texas Tech and Thomason gives the opportunity to see
pathology otherwise not available in a more affluent population.

C. Pathology and Radiology have excellent diagnostic testing services available.

D. The Neurology service at Texas Tech consists of two full-time adult neurologists, three part-time adult neurologists and one pediatric neurologist.

E. Scope of services: 700 outpatient visits a month, 75 inpatient neurological consultations, about 20 admissions per month. Daily exposure to electroencephalography readings and about an average of 100 electrodagnostic procedures (EMG/NCV) per month. Residents attend the 970-patient Epilepsy Clinic.

PSYCHIATRY

Emergency/Triage Psychiatry Rotation
El Paso Psychiatric Center Intake Unit

A. Description of Rotation

The Psychiatry Emergency Service/Intake Unit is part of an integrated system with continuity of clinical services provided by the El Paso Psychiatric Center. The resident has supervised responsibility on an organized 24-hour psychiatric emergency service which has clinical exposure to patients undergoing an acute psychiatric disorder. The resident is responsible for the evaluation, crisis management, and triage of psychiatric patients. Interface frequently occurs with the Thomason Hospital Emergency Medical Services, El Paso MHMR, NCED (private community psychiatric hospital), and other local agencies. This service and responsibility involves the resident in the initial evaluation, assessment and treatment process that often leads to a continuity of services on inpatient levels of care through different units in the El Paso Psychiatric Center. The residents participate in patient care as part of an interdisciplinary team.

1. Intake and Assessment:

The resident participates in evaluations of patients referred by the local mental health authority or patients who have been transferred from other facilities, including Thomason Hospital Emergency Room and Life Management Outpatient Clinic. All patients must be screened by the Mental Health Authority before admission. Patients can include individuals on mental illness affidavits or who are brought in by the police on emergency detention orders. All types of psychopathology are seen, including suicidal patients. The resident does an initial psychiatric evaluation, to include history of present illness, past medical history, social history and mental status examination. In addition, various instruments are administered including suicide risk forms and Brief Psychiatric Rating Skill (BPRS). All patients admitted to the inpatient services are given a physical
Residents are trained to do focused evaluations that help reduce the risk to patients and care givers. The training becomes proficient in assessing safety issues such as suicidal or homicidal potential. The residents are exposed to relevant issues in forensic Psychiatry. Under supervision they provide the patient with a disposition to the least restrictive environment. This clinical core of services occurs within a consumer oriented system utilizing managed care principles.

2. Supervision:

A faculty supervisor is responsible for the intake evaluation, triage, and crisis management services of the El Paso Psychiatric Center. The resident regularly consults with the Medical Director of the El Paso Psychiatric Center in managing interface problems with the various systems that relate to the El Paso Psychiatric Center.

3. Educational Objectives:

By the end of the first year the resident will have participated in a sufficient number of patients on the Emergency Psychiatry Rotation to:

a. Be able to understand the basics of the spectrum of psychiatric care at the emergency, crisis intervention and triage level.

b. Be familiar with the relationship that Psychiatry has with other medical specialties in transferring patients in acute psychiatric emergencies.

c. Be able to work with a multidisciplinary team.

d. To have acquired a forensic understanding of psychiatric emergency care, to include the assessment of patients who are showing danger to themselves or others.

e. Understand the indications and contra-indications for various types of hospitalization following the acute crisis management of patients.

f. Be capable of treating acute psychosis, suicidal attempts and other psychiatric emergencies.

g. Have a thorough understanding of the mental health commitment process.

h. Be able to properly use the various treatment modalities in an emergency Psychiatry clinical setting, including psychopharmacologic agents, crisis family therapy, and the short-term psychotherapy interventions.

i. Be able to have a thorough understanding of the proper disposition following the psychiatric treatment of the patient, to include an ability to relate to community agencies, family and other professionals who may be working with the resident’s patients.

j. Be able to utilize a biopsychosocial model that includes cultural aspects in patient assessment and care.

B. Knowledge Objectives:  Demonstrate knowledge of medicolegal issues relevant to
emergency psychiatry by:

1. Stating local laws on involuntary commitment.
2. Describing the process of finding a patient incompetent to consent/refuse treatment.
3. Stating local laws regarding public intoxication.
4. Stating local laws on confidentiality in emergency psychiatry.
5. Describing specific exceptions to confidentiality including the reporting of child abuse/neglect, elder abuse, domestic violence and unsafe driving.
6. Systems knowledge: describe the role of the local emergency psychiatric services within the community’s mental health network.
7. Self-knowledge: demonstrate an awareness of one’s own reactions to crisis situations and to specific types of patients.
8. Child and adolescent emergency psychiatry: given a child or adolescent with a psychiatric emergency, perform an assessment, integrate the information, and manage the patient appropriately by:
   a. Utilizing a developmental approach.
   b. Including a review of the child’s intellectual and emotional functioning and his or her social, interpersonal, educational and physical functioning.
   c. Obtaining a history of recent events, trauma, drug use and maladaptive behavior.
   d. Assessing family structure and relationships, and the supports and capacities of the family or agency who protect and care for the child.
   e. Demonstrating all the skills and competencies listed for adult patients.

PSYCHIATRY INPATIENT SERVICE

A. Rotation Description

The first and second year residents rotate a minimum of ten months on the inpatient services. Residents rotate on both the Adult General Psychiatry Unit as well as the Child Psychiatry Unit. The Inpatient Units are closely integrated with the emergency room and admissions unit, supervised by the Director of Inpatient Psychiatry.

The El Paso Psychiatric Center has a modern acute treatment unit that provides services in a multi-disciplinary environment. Admissions to the unit are initially evaluated by the PES Intake and Assessment Unit. Those patients who are admitted have acute psychiatric disturbances presenting a wide variety of psychopathology. Many of the cases are forensic in nature and under court order from the County Attorney’s office.

It is expected that experience on this service in providing short-term and/or symptom specific treatment of acutely ill and chronically ill patients will quickly expose the resident to a significant range of both psychopathology and treatment modalities. Some patients can be treated for up to 8-10 weeks with a treatment designed to impact on long term or recidivist, chronic cases.
All patients admitted to the unit have a resident and faculty member as their primary physicians. Each resident has a maximum patient load of 8 to 10 patients at any one time. The resident is expected to write a comprehensive admission note and begin treatment to assure continuity of care through the evening and the following morning.

Daily morning teaching rounds take place from Monday through Friday. The resident is expected to be prepared to present his/her cases by rounding with his/her patients before the morning multi-disciplinary rounds. Patients are seen through the week by faculty as well as by the residents. The resident is expected to do working rounds from 8:00 a.m. to 12:00 noon on Saturday or Sunday mornings, to interview any new patients admitted and to review the status of ongoing patients to assure care during the weekend.

After morning rounds, the residents spends the afternoon interviewing patients, updating charts, reviewing diagnostic and treatment procedures, interviewing families, being available for problems on the floor and coordinating care with the members of the multi-disciplinary team.

The resident is responsible for doing a careful psychiatric and medical history, a complete physical examination, the ordering of diagnostic procedures, applying screening instruments, formulating and implementing a treatment plan, and formulating post-discharge plans with the patient and the staff. The El Paso Psychiatric Center utilizes a predominantly paperless computer system. The resident is expected to write clear, useful notes and discharge summaries which are practical, comprehensive, and to the point.

The resident is responsible for presenting detailed case materials, plus discussing the relevant theoretical and practical issues during faculty rounds and case conferences. Residents are expected to attend group therapy meetings and family interviews with faculty, to evaluate family and marital structures and pathology, to do crisis interventions, and to do family education and short-term family interventions. Working with an assigned patient involves a resident in pharmacotherapy, directive psychotherapy, behavior modification, etc., whenever this is possible.

The resident is also responsible for presenting assigned forensic cases to the Probate Court Judge, in the presence of a faculty member. These patients are evaluated by the resident, faculty, social workers and nursing staff on Thursday morning court rounds, to determine which patients require a court hearing. At this time the proper documentation is issued and signed for formal presentation the following Monday afternoon, when the Probate Court Judge holds court.

B. Educational Objectives:

By the end of the first year the resident will demonstrate the ability to:

1. Conduct a comprehensive psychiatric evaluation utilizing a biopsychosocial format.
2. Perform an appropriate physical examination.
3. Perform appropriate combined psychopharmacological and psychotherapeutic
treatment plans.

4. Assess and manage patients with acute inpatient diagnoses including acute psychosis, homicidal ideation, suicidal ideation, substance abuse or dependence problems, concurrent medial diagnoses, medical illness with psychiatric symptoms, depression, anxiety, side effects of psychopharmacological agents, acute bereavement, acute psychiatric trauma, drug seeking behavior, malingering or factitious disorder, victims of various types of abuse, and situational problems.

5. Have appropriate listening skills to allow therapeutic contact with patients.

6. Have communication skills that allow for timely data, education, and other forms of treatment.

7. Conduct a skilled and comprehensive individual and family psychiatric interview.

8. Formulate an appropriate inpatient treatment plan using a biopsychosocial approach.

9. Be able to differentiate between psychiatric problems caused by structural or metabolic brain disease and those traditionally considered functional in nature.

10. Use psychopharmacologic agents and ECT skillfully.

11. Work skillfully within a treatment team and manage the multiple systems involved in the care of his/her patients.

12. Be able to provide basic supportive psychotherapy, brief psychotherapy, combined psychotherapy, and behavioral therapy techniques, as appropriate.

13. Obtain the appropriate knowledge objectives and attitudes as defined under the educational objectives for the PGY-II year as appropriate.

SUPERVISION OF PGY-I RESIDENTS

A faculty supervisor is assigned to all first-year residents, and while on Psychiatry rotations residents are expected to meet with their supervisor once a week to review the required didactic material, study video tapes, or to discuss ongoing patients. The supervisor provides the Residency Director with an evaluation form describing the abilities, capabilities, and areas of needed improvement in residents. This supervision is in addition to the daily on-site supervision provided on each rotation. All supervisors provide evaluations by utilizing assessment tools which focus on the specific competencies detailed in the program curriculum goals and objectives.

The resident is expected to contact the assigned supervisor at the beginning of the training year to negotiate an hour available for both to meet. Residents rotating off-service are encouraged to attend supervision sessions. If any complications develop, the resident is encouraged to contact the Chief Resident or the Residency Director.

EDUCATIONAL OBJECTIVES FOR PGY-I YEAR

KNOWLEDGE OBJECTIVES:

By the end of the first post-graduate year, the resident will demonstrate knowledge of:
1. The common neurological syndromes and their impact on psychiatric practice.
2. Neuroradiological and electrophysiological examinations that provide useful information for the psychiatrist.
3. Medical illnesses commonly seen in primary care settings, their treatment, and their impact on the psychiatric population.
4. The common radiological and laboratory examinations and their interpretations.
5. The DSM-IV system of nomenclature including the diagnostic criteria for all common psychiatric disorders and the five axis diagnostic system.
6. The names, mechanisms of action, indications, therapeutic effects and side effects of the main classes of psychotropic agents.
7. The basic elements of psychiatric triage, crisis intervention and the criteria for inpatient hospitalization versus partial hospitalization or outpatient care.
8. The elements of a full psychiatric evaluation and mental status exam.
9. The elements of inpatient psychiatric treatment including treatment planning and implementation, unit management, the role of the family, management of inpatient crises, and discharge/follow-up criteria.
10. The role of cultural, economic, religious, and social factors in precipitating psychiatric admissions and readmissions.
11. The laws pertaining to civil commitment.
12. The role of public and private agencies in the care of the psychiatric patient.
13. The impact of substance abuse on the admission, treatment and disposition of the psychiatric inpatient.
14. The role of the team approach to the care of the psychiatric inpatient.

SKILLS OBJECTIVES:

By the end of the first post-graduate year, the resident will demonstrate the ability to:

1. Conduct a diagnostic interview and mental status exam.
2. Construct a treatment plan for a psychiatric inpatient.
3. Assess and manage patients with acute psychiatric conditions such as suicidal and homicidal ideation, psychosis, substance abuse, depression, anxiety, co-morbid medical diseases and others.
4. Appropriately prescribe medications for psychiatric inpatients or emergency room patients.
5. Diagnose common medical problems in psychiatric inpatients.
6. Obtain appropriate medical, neurological or surgical consultation for his/her patients.
7. Conduct family interviews both for obtaining collateral information and doing psychoeducation.
8. Provide appropriate psychoeducation for his/her patients.
9. Testify in court hearings about the mental state of his/her patients and their treatment needs.
10. Communicate effectively with outside agencies involved in the care of his/her patients.
11. Perform an adequate physical examination on his/her patients.
12. Perform an adequate neurological examination on his/her patients.
13. Make appropriate triage decisions in the emergency setting.
14. Work with a team of various professionals in caring for his/her patient.
15. Perform short-term crisis-oriented therapy when appropriate.

ATTITUDE OBJECTIVES:

By the end of the PGY-I year, the resident will demonstrate the following attitudes:

1. Respect for the psychiatric inpatient.
2. A caring and understanding attitude toward the family of the psychiatric inpatient.
3. Respect for the role of other professionals in caring for psychiatric patients.

ASSESSMENT TOOLS:

The PGY-I year general competencies and PGY-I specific goals and objectives will be assessed by:

1. Written evaluations of clinical care by assigned clinical supervisors.
2. Performance during clinical presentations to assigned supervisors.
3. Participation in PGY-I seminars as evaluated by the seminar director.
4. Bi-annual review of the resident’s performance by the Training Director and the Residency Training Committee.
5. Written documentation by individual (one hour weekly) supervisors.
6. Periodic psychotherapy skills assessment (particularly combined psychotherapy, supportive psychotherapy and behavioral therapy) utilizing live patient or chart exams by faculty, including the Training Director.
7. Bi-Annual resident self-evaluation and plan for improvement.
8. Participation in PRITE examination.
9. Performance during case conferences, held weekly, on the inpatient service.
10. Seminar written exams.
11. Case logs.
12. 360° evaluations.
13. Record reviews.

READING REFERENCES

Recommended Reading List

1. Department of Psychiatry Syllabus
2. DSM-IV Made Easy by Morrison, M.D.
3. Interview Guide for Evaluating DSM-IV Psychiatric Disorders & the Mental Status Examination by Mark Zimmerman, M.D.
5. On Call Psychiatry, Bernstein, Ladds, Maloney and Weiner
6. The Practitioner’s Guide to Psychoactive Drugs, by Steven Hyman & George Arana, M.D., 3rd Edition
7. Kaplan and Sadock, Pocket Handbook of Clinical Psychiatry, Williams and Wilkins, and

**Suggested Reading List**

6. *Hospital and Community Psychiatry*, monthly journal
8. *Biological Therapies in Psychiatry*, monthly newsletter

**APA Electronic Library and Medline**

Immediate access to the most widely read psychiatric and other medical journals. Access through faculty and available in department offices.

**Videotapes**

In addition to the above reading list, there are a variety of teaching video tapes available for viewing. Tapes will be checked out by the Residency Program Coordinator.

**Texas Tech Library**

Residents have full access to the Texas Tech Library. You can access the library via the internet through the following web address: [http://www.lib.ttuhsc.edu/](http://www.lib.ttuhsc.edu/).
Title: NOON CONFERENCES

Presented by: Various Faculty  
Location: Neuro. Conf. Room

Date: July 2004 - June 2005  
Time: Mon., Wed., Fri., 12:00 – 1:00 p.m.

Texts: Assigned Reading

Conferences are regularly scheduled during the noon hour throughout the year. These regularly scheduled case conferences are programmed during the noon time hour. These include case conferences, journal clubs, grand rounds, and special topic presentations, such as Substance Abuse and Neuropsychiatry. Case conference presentations are presented by residents in a format in which a chosen faculty will be the commentator. These conferences are intended to review clinical cases seen by the residents with faculty, residents and students in attendance. The cases presented are supported by a review of pertinent literature and theoretical discussions. The Training Director oversees the scope and nature of the cases presented. Through these case conferences, the resident is expected to:

1. Learn to present a formal structured overview of the patient utilizing the chief complaint, history of present illness, past medical history, social history, substance abuse history, mental status examination, and diagnostic formulation. The resident will learn to present the specific treatment plan utilizing a biopsychosocial formulation. If appropriate, a cultural formulation will be generated.
2. Learn to give constructive feedback to peers and faculty members who present cases.
3. Learn to provide appropriate commentaries and suggestions regarding treatment and inject theoretical or research issues pertinent to the case.
4. Review cases underscoring general competencies, including practice based learning, systems based care and evidence based care.

The balance of the presentations are supervised by the Training Director and Residency Training Committee. Each year the following topics will be approached:

1. Neuropsychiatry.
2. General Neurology.
3. Regularly scheduled substance abuse case conferences or lectures designed to complement the patient population seen by residents on the various services.
7. Sleep Disorders Medicine.
8. General Medical topics (diabetes, hypertension, etc.).
9. Consultation Liaison Psychiatry.
11. Special topics appropriate to current timely clinical or socio-economic issues such as
managed care, ECT update, ethics, administrative issues, community Psychiatry, and others such as legal/forensic Psychiatry).

12. The basic principals of psychometric testing and consultation.
13. Psychopharmacology.

These conferences are designed to complement the Journal Club and Grand Rounds presentations. Substance abuse case conferences are part of a structured curriculum and are regularly scheduled on approximately a monthly basis, with a primary focus on existing inpatient cases and include issues such as detoxification, alcohol and substance abuse treatment plans, dual diagnosis treatment, and appropriate treatment planning for outpatient or specialized chemical dependency programs.

There is regular participation by the Neurology Members of the department and general neurology cases are scheduled throughout the year focusing on neuropsychiatry, general neurology (epilepsy, degenerative and demyelinating disorders, dementias and others), and neurosurgical issues (head trauma). General medical topics that are important primary care issues relative to psychiatric practice are also presented. All topics are reviewed regularly by the Residency Training Committee, and include input from faculty and residents members of the Committee.

Title: INPATIENT CASE CONFERENCE

Presented by: Various Faculty  Location: El Paso Psychiatric Center
Dates: July 2004 to June 2005  Time: Tuesday, 7:30 – 8:30 a.m.

Participants: Faculty mentor, residents and medical students. Required for PGY-I and PGY-II residents.


Description: In-dept review of a patient at EPPC (pediatric, adult or geriatric).

Learning Objectives:

1. Identify the pertinent positive and negative mental status exam findings.
2. Demonstrate “bedside” neurological/psychological testing.
3. State the differential diagnoses for the patient.
4. Outline the biopsychosocial and cultural aspects of the case.
5. Discuss psychodynamics and develop a formulation.
6. State the working diagnosis.
7. Formulate hypotheses that can be tested.
8. Recommend additional assessment(s): lab, psychological testing, etc.
9. Identify need for additional consultation.
10. Apply evidence-based interventions; guide additional self-directed learning.
11. Develop a multi-modal, collaborative treatment plan.
12. Review relevant pharmacological principles.
13. Identify risk behaviors and potential interventions.
14. Discuss milieu management and staff roles.
15. Review forensic aspects.
16. Review relevant hospital policies and community (system) issues.
17. Describe discharge criteria.
18. Delegate tasks for additional assessments and interventions.
19. Address counter-transference and sources of bias.
20. Provide peer review.

**Format:** On a weekly rotational basis, a resident or student will:

1. Select a patient.
2. Give a concise presentation of the patient/case to the group (10 minutes).
3. Address questions by the group (5 minutes).
4. Interview the patient in front of the group (15 minutes).
5. Summarize the findings (5 minutes).

The faculty will then select one or more aspects of the case to discuss in detail with the group, addressing the (above) objectives (25 minutes).

**Evaluative Methods:**

1. Residents are expected to attend 80% of the conferences per academic year (sign-in sheet).
2. Evaluation form for the resident’s presentation, interview, and discussion.
3. Quarterly evaluation of the faculty by residents (per residency format).
4. Single evaluation of the faculty, per clerkship rotation, by medical students.

**Title:** INTERVIEWING SKILLS

**Presented by:** Nicolas Baida-Fragoso, M.D. **Location:** Neuro. Conf. Rm.

**Dates:** July 2004 – Dec. 2005 **Time:** Tuesday, 3:00 – 4:00 p.m.

**Texts:** Othmer & Othmer, The Clinical Interview Using DSM-IV

**Outline:**

This course includes general principles of interviewing techniques: word-communication, empathy, respect, warmth and genuineness, self-disclosure, awareness of the process of interaction, interventions, note-taking and the telephone interview. Didactic, role-playing and live patient interview techniques are used.

**Objectives:**
By the end of this course the resident will be able to:

1. Understand the general principles of interviewing techniques.
2. Understand the principles and skills used in obtaining respect, warmth and genuineness in the clinical interview.
3. Be able to understand and obtain some skills necessary to develop word communication and empathy with patients.
4. To have an awareness of the process of interaction, intervention, and note taking in the clinical interview.
5. To have a beginning understanding of the management of very difficult patients and learning to develop some techniques in adjusting the interview process to deal with difficult patients.
6. To develop an understanding and techniques useful in doing telephone interviews or communication with patients.

Title: **INTRODUCTION TO GENERAL PSYCHIATRY**

Presented by: Nicolas Baida-Fragoso, M.D.  
Location: Neuro. Conf. Rm.

Dates: Jan. 2005 - June 2005  
Time: Tuesday, 3:00 – 4:00 p.m.

Texts: See reading list

Outline:

A course in the essentials of general Psychiatry. Assigned readings, videos, and demonstrations are used to teach the fundamentals of psychiatric assessment, diagnosis and treatment.

Residents are periodically assessed with written examinations and observation by the faculty. Satisfactory mastery of the material is required before passing to the second year.

1. History, Examination, Formulation and Diagnosis  
   - Normal  
   - Psychiatric Emergencies  
   - Clinical Syndromes  
   - Other

2. Treatments  
   - Organic Therapies  
   - Psychotherapies  
   - Milieu Therapy  
   - Activity and Rehabilitation Therapies  
   - Behavior Therapies  
   - Other and Optional Therapies

3. Special Investigations  
   - Diagnostic Procedures
Goals and Objectives:

By the end of this seminar the resident will be expected to:

1. To have a thorough understanding of an adequate psychiatric history, examination, formulation, and diagnostic procedure.
2. Have an overview of the appropriate and current treatments used in Psychiatry, including organic therapies, psychotherapies, milieu therapies, activity and rehabilitation therapies, behavioral therapies and other optional therapies.
3. To have an understanding of special investigations that are used in Psychiatry including diagnostic procedures, psychological testing, psychophysiological lab measures.
4. To have covered and obtained a beginning understanding of concepts such as community mental health, home visits, allied health professionals and other disciplines that interact with Psychiatry, agencies and other community contacts and research.
5. To have a beginning understanding and have developed early skills in interviewing techniques.
6. To be able to identify the proper professional and ethical responsibilities towards patients, families, and co-workers.
7. To be able to have a beginning understanding of the importance of mechanisms of defense and coping skills in the assessment of patients.

Title: INPATIENT PSYCHIATRY

Presented by: Walter Aeschbach, M.D.  
Location: Neuro. Conf. Room
Dates: July 2004 – June 2005  
Time: Thursday, 12:00 – 12:50 p.m.

Text: Inpatient Psychiatry by Ole Thienhaus, M.D., APPI Press

Outline:

This course covers the process and general principles of inpatient psychiatry from the decision to admit until the time of discharge. It includes sections legal issues and on the role of the family in the treatment of psychiatric inpatients.

Objectives:
1. Understanding the reasons to admit someone to an inpatient psychiatric unit.
2. Understand the problems occasioned by admission.
3. Understand the elements of transition to inpatient status.
4. Understand the roles of the multidisciplinary treatment team.
5. Understand legal issues entering around inpatient treatment.
6. Understand milieu issues.
7. Understand the role of the family with psychiatric inpatients.
8. Understand the principles of handling inpatient emergency issues such as violence and elopement.
10. Understand the criteria for discharge of psychiatric inpatients.

Title: GRAND ROUNDS: PSYCHOMETRICS, ASSESSMENT AND APPRAISAL OF INDIVIDUALS

Presented by: Robin Hilsabeck, Ph.D.  
Dates: July 2004 – June 2005  
Location: Neuropsych. Conf. Rm. and Clinical Settings
Time: 3rd Thursday, 12:00 – 1:00 p.m.


Objectives:

1. To provide psychiatric residents with a working knowledge of common psychological instruments utilized in the assessment of individuals. Instruments reviewed include Intelligence Scales, Self-Report Personality Inventories, and Neuropsychological Tests.
2. Introduce psychiatry residents to principles of individual psychotherapy, including cognitive-behavioral therapy, interpersonal therapy and family therapy.
3. Use live patient experience to demonstrate the application of the biopsychosocial model to case studies, including the clinical interview, mental status examination, and psychological and neuropsychological testing.

Title: PSYCHOPHARMACOLOGY

Presented by: Salvador F. Aguirre, M.D.  
Dates: July 2004 - June 2005  
Location: Neuro. Conf. Room
Time: Thursday, 4:00 - 5:00 p.m.

Handbook of Psychiatric Drug Therapy, by George W. Arana and Jerrold F. Rosenbaum, 4th Edition
Outline:

A thorough review of the entire spectrum of psychopharmacologic management case material complements the didactic portion. The residents participate in this course over a 2 year period.

Goals and Objectives:

At the end of the psychopharmacology seminar, the resident should demonstrate the following:

1. Have a sound and basic understanding of the mechanisms of actions of antipsychotics, antidepressants, and other relevant psychotropic medication.
2. Learn the indications and contraindications with respect to prescribing psychotropic medications, to include, but not limited to, antidepressants, antipsychotics and mood stabilizers.
4. Appreciate the clinical indication for electro convulsive treatment in the event of psychopharmacologic non-response.
5. A preliminary knowledge of the neurochemical, neurophysiological, and neuroanatomical basis of psychopharmacology.

Criteria for Advancement of Residents
Psychiatry Categorical Residency Program
TTUHSC – El Paso

Advancement from PGY-1 to PGY-2

- Successful completion of PGY-I rotations. The Residency Training Committee will be responsible for reviewing any unsatisfactory evaluations and for determination of any necessary remediation.
- Competence to supervise PGY-I residents and medical students per faculty evaluation.
- Demonstrated skills necessary to perform resident duties with limited independence per faculty evaluation.
- Demonstrated skills to successfully perform all entry-level procedures.
- Demonstrated sufficient progress in the components of clinical competence and the capacity to function as a team leader.

The resident should have the necessary skills in data gathering, medical knowledge, clinical insight, and critical thinking to assume a team leadership role. He/she should demonstrate elements of practice-based learning and system-based learning in clinical encounters.
At every level of advancement and at the time of completion of training, the resident must demonstrate the following:

- Interpersonal and communication skills that are satisfactory or superior, as documented by evaluators in inpatient and ambulatory settings.

- The ability to work well with patients and members of their support systems, fellow residents, faculty, consultants, ancillary staff and other members of the health care team in a manner that fosters mutual respect and facilitates the effective handling of patient care issues as demonstrated by satisfactory staff and faculty professional behavior evaluations. Any disciplinary action plans that result from unprofessional behavior must be successfully completed.

- Absence of impaired function due to mental or emotional illness, personality disorder, or substance abuse. Any disciplinary actions or treatment programs implemented on impaired function must have been successfully completed and reinstatement approved by the Program Director.