I. Educational Purpose and Goals: General goals: to familiarize senior-level internal medicine residents with acute stabilization and ongoing in-patient management of the acutely ill psychiatric patient; to help residents become proficient with the complete mental status exam; to assist residents in correct psychiatric diagnosis and pharmacologic and non-pharmacologic management of psychopathology.

Medical in-patients can develop psychopathology that must be managed until stabilization for transfer to a psychiatric facility, and emergent psychiatric consultation may not always be available. It is desirable for medicine residents to develop skills necessary for acute stabilization and initial management of these patients. In addition, many outpatients have psychiatric issues requiring treatment, but are unwilling or unable to see a psychiatrist. Medicine residents should be familiar with terminology, diagnosis, and management of these patients.

Residents should be familiar with fundamental evaluation and management of: psychosis, depression, mania, anxiety disorders, dementia, delirium, other cognitive disorders, substance use disorders, and personality disorders. They should also understand assessment and management of dangerousness and suicide risk.

II. Principal Teaching Methods:
   a. Supervised Direct Patient Care: Interactions on the inpatient psychiatric teaching service on daily rounds.
   b. Didactics: Per psychiatry service.
   c. Independent Reading: Assigned readings are directed by rounding attending.

III. Educational Content:
   a. Mix of Diseases: Mood disorders (major depression, bi-polar disorder, mania), psychoses (schizophrenia, dissociative disorders, somatization disorders), Personality disorders (antisocial, borderline, schizotypal etc.) and cognitive disorders (delirium and dementia).
   b. Patient Characteristics: Acutely ill, decompensated psychoses with hallucinations/delusions, major depression with suicidal ideation.
   c. Type of Clinical Encounters, Procedures and Services: In-patient admissions, consultations, and daily rounds.
   d. Structure of Rotation: Full time participation in the activities of the inpatient and consult service is expected of rotating residents, with the exception that the resident is excused for mandatory participation in their resident continuity clinics and mandatory Internal Medicine Residency Program conferences.
i. When on service, the resident rounds with the psychiatry attending, writes notes for the day, and does any H&Ps from prior overnight consults.
ii. For any major problems the attending on call can be called.

IV. **Principal Ancillary Educational Materials:**
   a. Sederer LI and Rothschild AJ: Acute Care Psychiatry: Diagnosis & Treatment. Baltimore, Williams & Wilkins, 1997
   d. DSM-IV-TR

On the first day, the resident reports to Dr. Stonedale in the hospital at 8:00 a.m. Work days will be from 8:00 a.m. until 5:00 p.m., although necessary duties outside these confines are not precluded.

V. **Methods of Evaluation:**
   a. **Resident:** Faculty will observe the resident’s performance of the mental status exam, and will review the resident’s completion of a biopsychosocial case formulation for at least one inpatient during the two weeks. Faculty will complete a resident evaluation form provided by the Internal Medicine Residency office. The evaluation is competency-based, fully assessing core competency performance. The evaluation will be shared with the resident, is available for online review by the resident at their convenience, and is sent to the residency office for internal review. The evaluation will be part of the resident file and will be incorporated into the semiannual performance review for directed resident feedback.

   b. **Methods to Evaluate Program and Faculty Performance:** Upon completion of the rotation, the resident will be asked to complete a service evaluation form commenting on the faculty, facilities, and service experience. These evaluations will be sent to the residency office for review and the attending faculty physician will receive periodic semi-annual feedback from completed anonymous evaluation forms.

VI. **Rotation Specific Competency Objectives:**
   a. **Patient Care**
      i. By the end of the rotation, the resident must be able to complete a comprehensive psychiatric history (identification, chief complaint, history of present illness, past history, review of systems, personal, social history) and physical examination.
      ii. By the end of the rotation, the resident must demonstrate ability to complete a comprehensive and detailed mental status examination.
      iii. The resident will demonstrate skills in clinical documentation in the medical records.

   b. **Medical Knowledge**
      i. By completion of the rotation, the resident must be able to describe the convergence of biopsychosocial, predisposing, precipitating, and perpetuating factors in the manifestation of psychopathology.
ii. Residents will develop satisfactory skill and competence in the use of antipsychotics, mood stabilizers, anti-anxiety agents, hypnotics, and antidepressants.

iii. By completion of the rotation, residents will reflect understanding of and differentiate appropriate use of psychotherapy (psychodynamic, supportive, interpersonal, etc), cognitive behavioral therapy, psycho-education, relaxation therapy.

c. Interpersonal and Communication Skills
i. The resident will develop satisfactory skill and competence in the supervision and teaching of medical students rotating on the inpatient psychiatry service.

ii. Residents will productively and cooperatively participate in Multidisciplinary Treatment Planning.

d. Professionalism
i. By completion of the rotation, the resident will demonstrate knowledge regarding critical legal and ethical aspects of psychiatry: commitment statutes, the duty to warn, competence, and informed consent.

e. Practice Based-Learning and Improvement
i. The resident will develop satisfactory skill and competence in the supervision and teaching of medical students rotating on the psychiatry service.

ii. The resident will demonstrate critical appraisal and self-education through use of supplementary readings and materials.

f. Systems Based Practice
i. The resident will express appreciation for the critical role of nursing, social work, psychology, neuropsychological tests, and milieu in the care of inpatients.

ii. Residents will observe and participate in the performance of group therapy, family evaluation, and family psycho-education as these services become available.

iii. Residents will acquire experience in transferring patients to an inpatient psychiatry facility.