Case Conferences Goals and Objectives

Case conferences will primarily focus on psychotherapy for PGY-3/4 and pharmacotherapy for PGY-1/2. Resident will be required to bring patient cases to present to supervisor(s) weekly. Residents may rotate presenting cases formally, however, if time is available other residents will be expected to present new cases or provide updates on cases already discussed.

PGY-1 and 2 Case Conference Goals and Objectives:

1. To discuss current cases in which the resident feels requires in depth supervision and discussion and/or be of educational value to other trainees.
2. To learn how to establish and maintain a strong therapeutic relationship including an understanding of transference and counter transference and how defense mechanisms interfere with treatment.
3. To learn how to obtain, organize and present a thorough psychiatric examination.
4. To learn how to use the DSM-IV to assist in arriving at an accurate diagnosis and to write and present patient’s diagnosis in a 5 axis format.
5. To learn how to organize, write, and present a biopsychosocial formulation.
6. To learn how to organize, write, and present a biopsychosocial treatment plan.
7. Residents will learn aspects of patient and family psychodynamics to assist in appropriate psychosocial treatments and referrals as well as provide a basis for future training in psychotherapy.

PGY-3 and 4 Case Conference Goals and Objectives:

1. To discuss psychotherapy patients in a group setting to allow for more extensive discussion and learning.
2. To learn how to establish and maintain a therapeutic relationship specifically in the context of therapy.
3. To have an in depth understanding of psychodynamics with a focus on transference and counter transference as well as defense mechanisms.
4. To learn about the different types of therapy in the context of current patients and how to choose the appropriate therapy/therapies for a particular patient.
5. To learn how to begin, maintain, and exit therapy with a patient appropriately.
6. To learn how to use process notes and other documentation techniques in the therapy session, patient records and supervision.
7. To learn to organize, write and present a psychodynamic formulation.
Department Measurable Goals

A. To demonstrate an annually increasing pass rate with a goal of attaining a position in the top ten percent nationally on board certification exams. The following are expected to aid in achieving this goal:

i) Pass rate of ≥ 80% on end-of-year exams
ii) 100% pass rate on mock oral exams yearly
iii) ≥ 70% of graduating residents must sit for board certification exams Part I and II
iv) ≥ 80% pass rate on written and oral examinations of the board certification process

B. To demonstrate an annually increasing pass rate with the goal of attaining a position in the top ten percent nationally in PRITE scores. The following provides a guideline set for residents to achieve this goal:

i) PGYI PRITE scores ≥ 30th percentile (global psychiatry and neurology scores for their year)
ii) PGYII PRITE scores ≥ 50th percentile
iii) PGYIII PRITE scores ≥ 70th percentile
iv) PGYIV PRITE scores ≥ 80th percentile
v) Additionally, individual improvement on PRITE exams is expected

C. We will continue to adapt to the needs of patients in Louisiana who need it most by identifying and creating the resources and recruiting/engaging faculty to develop new sub-specialty programs to meet these needs.

D. We will continue to initiate research projects and foster productive research collaborations, within and external to the university, that supports our teaching and educational programs. We will seek to increase our reputation for excellence in research and research education, nationally and internationally.

i) Increase the amount of grant dollars, # of research projects, publications and presentations on a yearly basis.
ii) Introduce and develop research meetings that will showcase the department and individual researchers in the University at large, leading to increased regional, national and international recognition.

E. Faculty development is a priority of the department and will involve mentoring each new faculty member with the expectation of promotion as outlined and governed by LSUHSC.
Goals & Objectives

The goal of the LSU Health Psychiatry residency training program is to train resident physicians in order for them to be able to independently deliver effective professional care to psychiatric patients in a variety of settings. At the conclusion of training, the resident will be able to demonstrate competencies in the six ACGME core areas to address the diagnoses and treatment of psychiatric disorders as well as common related medical and neurological disorders. Residents will also demonstrate a strong awareness of their own limitations and develop a commitment to lifelong learning to enhance patient care on their own and within the healthcare delivery system.

PGY-I

Overview

The PGY-1 year is designed to facilitate the transition from student to physician and to build a framework of core competencies on which to add knowledge and skills as a psychiatrist. A primary focus will be recognition of common medical and neurological conditions that may present with psychiatric symptoms or that often are co-morbid with primary psychiatric disorders, development of skills in history gathering, interviewing, and developing a strong patient-physician relationship, and to build a solid knowledge base of psychotropic medications including pharmacology, indications, and monitoring for side effects.

Core Competencies

Patient Care

1. The resident will learn and apply knowledge of the department of psychiatry, community resources, and collaborating departments in caring for patients.
2. The resident will develop and apply an understanding of the medical and psychological basis of psychiatric illness that includes the interface of psychiatry with primary care and psychiatry with neurology.
3. The resident will learn practical emergency psychiatry and demonstrate that knowledge by managing emergency evaluations and triage of psychiatric patients to the appropriate level of care.
4. The resident will gain experience in the continuity of care of medical patients.
5. The resident will diagnose common medical and neurological problems.
6. The resident will perform a comprehensive medical and psychiatry history, physical and mental status examinations, develop reasoned differential diagnoses, and formulate an individualized treatment plan.
7. The resident will learn to take an appropriate substance abuse history and differentiate between the substance use disorders.
8. The resident will learn to safely detoxify patients through the use of supervised detoxification protocols.
9. The resident will take advantage of psychiatric continuity of care opportunities, and transition patients from hospitalization into those post-discharge care areas.

Medical Knowledge

1. The resident will gain a practical knowledge base in the areas of psychopathology, psychopharmacology, assessment, diagnosis and treatment of common psychiatric disorders.
2. The resident will learn about American Subcultures.
3. The resident will learn the relationships between psychiatric disorders and substance use disorders.
4. The resident will learn about each class of abused substances.
5. The resident will learn interactions between psychiatric symptoms and medical and neurologic symptoms.
6. The resident will learn the psychopharmacology of common psychiatric medications and their drug interactions.
7. The resident will learn to make diagnoses based on knowing the symptom criteria of major DSM-IV-TR diagnostic categories.
8. The resident will gain knowledge about neuropsychological testing.
9. The resident will learn about interviewing techniques through reading, observed practice, and watching themselves on videotape.
10. The resident will learn how to use research rating scales.
11. The resident will learn about medical and psychiatric ethics.

**Interpersonal and Communication Skills**

1. The resident will present cases in a consistent, logical manner.
2. The resident will use the patient record as an effective communication tool.
3. The resident will communicate with patients and families in an empathetic, respectful, compassionate, and therapeutic manner.
4. The resident will work effectively with the treatment team.
5. The resident will communicate with the attending and chief resident in a direct manner to avoid miscommunications of important information, and to ask for help whenever needed.
6. The resident will learn how to communicate therapeutically in the partial hospital group setting.

**Professionalism**

1. The resident will arrive to the unit on time.
2. The resident will attend seminars, at least 70%.
3. The resident is expected to be prepared for rounds.
4. The resident is to answer pager promptly; making sure batteries are operational at all times.
5. The resident is expected to respect diversity.
6. The resident is to complete discharge summaries on time.
7. The resident is to abide by JCAHO rules, such as 24-hour signatures for telephone and verbal orders.
8. Use supervision appropriately.

**Practice Based Learning and Improvement**

1. The resident will evaluate their patient care practices, appraise scientific evidence, and strive to improve their patient care practices, recognizing that as a physician this process requires a commitment to lifelong learning.

**Systems Based Practice**

1. The resident will understand and appreciate how their practice affects other health care providers and occurs in the context of the healthcare system.
2. The resident must demonstrate an awareness and responsiveness to the larger mental health care system, and the ability to effectively call on system resources to provide optimal care to their patients. (To achieve this objective, attendance at Collaborative Practice Meetings while on inpatient service is required.)
Methods of Evaluation for PGY-I Competency

1. Satisfactory evaluation of core competencies from supervisors in all clinical settings.
2. PRITE (below 20th percentile overall requires remediation).
3. Clinical Skills Verification Examination (observation by higher level residents).
4. 75% or greater attendance at required didactics, conferences and journal clubs.
5. Satisfactory completion of resident patient logs and tracking sheets.
6. Satisfactory 360 degree evaluations by other medical staff including medical students.
7. Patient satisfaction surveys.
8. Satisfactory presentation of cases in case conferences and team meetings
9. Successfully passing Step 3 of the USMLE

Failure to achieve an overall satisfactory evaluation for any clinical rotation will require remediation and delay promotion to the PGY-2 level. Failure to pass step 3 will also delay promotion to the PGY-2 level.
PGY-II

Overview

The PGY-2 year builds on the knowledge and skills acquired in the previous year with additional experiences in a broader array of clinical experiences. New rotations in specific content areas of child/adolescent, geriatric, community and addiction psychiatry are added, as well as additional steps in gaining independence in practice.

Core Competencies

Patient Care

1. The resident will obtain complete psychiatric histories and be able to highlight the most significant aspects of the History of Present Illness, Past History, Family History, Social and Developmental History, and MSE.
2. The resident will gather collateral information routinely.
3. The resident is able to complete DSM-IV TR-based differential diagnosis and include the other axes.
4. The resident will be expected to order appropriate laboratory data and use that information to assist in guiding patient care.
5. The resident actively participates in diagnostic, treatment and discharge decisions.
6. The resident uses the biopsychosocial model in order to completely assess and treat the patient.
7. The resident will take an appropriate substance abuse history and differentiate between the substance use disorders.
8. The resident will learn to safely detoxify patients through the use of supervised detoxification protocols.
9. The resident begins to apply psychotherapeutic techniques to patient care.
10. The resident will adapt to working with a range of age groups and psychiatric settings, including children/adolescents, geriatrics, outpatient clinic, and consultation settings.

Medical Knowledge

1. The resident will gain knowledge about subspecialty areas of geriatrics, consultation-liaison, child psychiatry, and psychotherapy.
2. The resident will learn about the indications, complications, outcomes, and proposed mechanisms of actions related to ECT.
3. The resident will know the psychopharmacology, indications, side effects, and drug-drug interactions of medications s/he is using.
4. The resident will learn basic concepts in psychotherapy.
5. The resident will learn about the indications for the range of psychotherapies available.
6. The resident is to understand the common Axis I and II diagnoses, in terms of epidemiology, etiology, differential diagnoses, cost-effective assessment and treatment, and prognosis.
7. The resident will develop a knowledge base that will promote the competent management of emergency and crisis situations.
8. The resident will learn the basics of research design.
9. The resident will learn practical issues in forensic psychiatry.

Interpersonal and Communication Skills

1. The resident will present cases in a consistent, logical manner.
2. The resident will use the patient record as an effective communication tool.
3. The resident will communicate with patients and families in a compassionate, therapeutic, and timely manner; and educate them about their illness, recommendations for treatment, and prognosis.
4. The resident will work effectively with the treatment team.
5. The resident will demonstrate strategies that are effective in building rapport with patients with a variety of Axis I and Axis II disorders.
6. The resident will act as a role model for medical students and take a special role in teaching them.

Professionalism

1. The resident will arrive to the unit on time.
2. The resident will attend seminars, at least 70%.
3. The resident is expected to be prepared for rounds.
4. The resident is to answer pager promptly; making sure batteries are operational at all times.
5. The resident is expected to respect diversity.
6. The resident is to complete discharge summaries on time.
7. The resident is to abide by JCAHO rules, such as 24-hour signatures for telephone and verbal orders.
8. Use supervision appropriately.

Practice-Based Learning and Improvement

1. The resident will read about issues related to patient care.
2. The resident will apply scientific evidence to patient care decisions.
3. The resident will know how to access and use on-line information.
4. The resident will facilitate learning in the team, for other junior residents and for medical students.
5. The resident will maintain a portfolio of cases in which applying scientific review of a subject improved patient care.

Systems Based Practice

1. The resident will enhance their understanding of community resources available.
2. The resident and work to better utilize resources available within the community mental health care system and the LSU Health system as a whole for their patients.

Methods of Evaluation for PGY-II Competency

1. Satisfactory evaluations of core competencies from supervisors in all clinical settings.
2. PRITE (below 30th percentile overall requires remediation).
3. Clinical Skills Verification Examination (at least 1 of 3 passed).
4. 75% or greater attendance at required didactics, conferences and journal clubs.
5. Satisfactory completion of resident patient logs and tracking sheets.
6. Satisfactory 360 degree evaluations by other medical staff including medical students.
7. Patient satisfaction surveys.

Failure to achieve satisfactory overall evaluations for any clinical rotation will require remediation prior to advancing to PGY-3 level.
PGY-III

Overview

The PGY-3 year builds on previously learned skills by adding didactic and experiential activities in various psychotherapies, particularly psychodynamic and cognitive/behavioral modalities, but also interpersonal and additional supportive and psychoeducational activities. The resident attends advanced didactics on these types of therapies. The resident will also be exposed to marital and family therapies through didactics and clinical opportunities. The resident will be given opportunities to teach and supervise junior residents and medical students, and assist faculty in the administration of clinical services. The resident begins their long-term individual psychotherapy cases.

Core Competencies

Patient Care

1. The resident will solidify history-taking skills.
2. The resident will demonstrate use of the biopsychosocial formulation in diagnosing and treating patients.
3. The resident will demonstrate a solid understanding of DSM-IV-TR criteria.
4. The resident will be able to determine characterologic traits that may be important in diagnosis and management.
5. The resident includes collateral information in the presentation or plan for the patient.
6. The resident includes a risk assessment appropriate to the patient.
7. The resident attends to the prevention and maintenance of psychiatric relapse.
8. The resident is able to empathize with diverse groups of patient, including race, culture, age, and diagnosis.
9. The resident is able to utilize various strategies in building rapport with patients.

Medical Knowledge

1. The resident will understand the interplay between several diagnoses, such as 2 Axis I disorders, Axis I and II, and Substance Abuse comorbidity.
2. The resident will understand how to use a variety of classes of medication.
3. The resident will understand the meaning of systems-based practice.
4. The resident develops knowledge about a variety of psychotherapeutic modalities including psychodynamic, CBT, brief, combined medication & psychotherapy, supportive, and family therapy.
5. The resident will learn about public and community systems of care.
6. The resident will learn critical appraisal of the literature.
7. The resident will learn about adjunctive medication and psychotherapeutic treatment measures.
8. The resident will be familiar with the use of algorithms in psychiatry.
9. The patient will learn the principles of group psychotherapy.

Interpersonal and Communication Skills

1. The resident will present cases in a consistent, logical manner.
2. The resident will use the patient record as an effective communication tool.
3. The resident will communicate with patients and families in a compassionate, therapeutic, and timely manner; and educate them about their illness, recommendations for treatment, and prognosis.
4. The resident will communicate effectively with outside agencies on behalf of the patient.
5. The resident will demonstrate strategies that are effective in building rapport with patients with a variety of Axis I and Axis II disorders.
6. The resident will act as a role model for medical students and take a special role in teaching them.
7. The resident will establish and maintain a therapeutic alliance.
8. The resident will communicate results of the assessment and the treatment recommendations, with discussion of side effects, risks vs. benefits, potential for drug interactions, and alternative treatments.
9. The resident will respond to the patient or family member in a timely manner.
10. The resident will use patient education materials to enhance the patient's understanding of what has been communicated to them.

**Professionalism**

1. The resident will arrive to the clinic on time.
2. The resident will attend seminars, at least 75%.
3. The resident is to answer pager promptly, making sure batteries are operational at all times.
4. The resident is expected to respect diversity.
5. The resident is to complete paperwork in a timely manner.
6. Use supervision appropriately.
7. The resident will learn efficient use of time as needed in outpatient practice, such as timely and efficient dictations.
8. The resident will be a good citizen in the outpatient setting by being courteous and respectful of desk staff and allied professionals.
9. The resident arranges coverage when needed and covers vacations for colleagues if and when possible.
10. The resident will be a patient's advocate when needed.

**Practice-Based Learning and Improvement**

1. The resident will read about issues related to patient care.
2. The resident will apply scientific evidence to patient care decisions.
3. The resident will know how to access and use on-line information.
4. The resident will facilitate learning for medical students.
5. The resident will maintain a portfolio of cases in which applying scientific review of a subject improved patient care.

**Systems-based Practice**

1. The resident will utilize community resources as part of the system of care.
2. The resident will learn about legal issues related to patient care.
3. The resident will consider financial implications or patient care plans.
4. The resident will keep a portfolio of cases in which s/he utilized an outside resource to facilitate the best possible care of the patient.

**Methods of Evaluation for PGY-III Competency**

1. Satisfactory evaluations of core competencies from supervisors in all clinical settings.
2. PRITE (below 50th percentile overall requires remediation).
3. Clinical Skills Verification Examination (at least 1 of 3 passed).
4. 75% or greater attendance at required didactics, conferences and journal clubs.
5. Satisfactory completion of resident patient logs and tracking sheets.
6. Satisfactory 360 degree evaluations by other medical staff including medical students.
7. Patient satisfaction surveys.
8. Portfolio of patient care delivered in a variety of health care settings, patient advocacy activities, patient treatment delivered as part of a treatment care team, and treatment delivered within the context of public health programs such as DMR and social service agencies.
9. Psychotherapy Competency exam.
**PGY-IV**

**Overview**

The final year of training should build on previously developed skills and knowledge and refine them such that upon graduation the resident has clearly demonstrated the clinical skills, judgment, and knowledge to practice psychiatry independently. Incorporated into required PGY-4 rotations will be opportunities to teach and supervise junior residents and medical students, and assist faculty in the administration of clinical services. Electives should be used to further improve in clinical areas that the resident has self-recognized as needing further development, and to explore other aspects of psychiatric practice or sub-specialty areas. Any ACGME timed requirements or experiences in psychiatry that have not previously been completed in residency for any reason, must be satisfactorily completed in order to insure board eligibility.

**Core Competencies**

**Patient Care**

1. The PGY-IV resident will demonstrate the ability to supervise patient care provided by junior residents.
2. The PGY-IV resident will be fluent in using a biopsychosocial model of assessment and treatment.
3. The resident will demonstrate advanced skills in psychopharmacology and psychotherapies.

**Medical Knowledge**

1. The PGY-IV resident will understand the socio-economics of healthcare.
2. The resident will learn about the administrative aspects of psychiatry.
3. The resident will learn about issues related to transition out of residency training.
4. The resident will solidify the knowledge base developed over the past 3 years and will add to it.

**Interpersonal and Communication Skills**

1. The resident will utilize advanced skills in communicating with patients, families, other professionals and team members.
2. The resident is able to negotiate conflict between self and others, and between other team members.

**Professionalism**

1. The resident demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
2. The resident puts into action the phrase, "The Patient Comes First".

**Practice-based Learning and Improvement**

1. The resident routinely uses an evidence-based approach to patient care.
2. The resident facilitates the learning of others.
3. The resident welcomes discussion and exploration of alternative approaches to patient care.
Systems-based Practice

1. The resident must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
2. The resident will serve as an advocate for his or her patients.
3. Consider ways in which quality healthcare can be delivered in a cost-effective way.
4. Know how to help patients understand and access resources.

Methods of Evaluation for PGY-IV Competency

1. Satisfactory evaluations of core competencies from supervisors in all clinical settings.
2. PRITE (below 60th percentile overall requires remediation).
3. Clinical Skills Verification Examination (at least 1 of 3, and a total of 3 passed by the end of the PGY-IV year).
4. 75% or greater attendance at required didactics, conferences and journal clubs.
5. Satisfactory completion of resident patient logs and tracking sheets.
6. Satisfactory 360 degree evaluations by other medical staff including medical students.
7. Patient satisfaction surveys.
8. Global teaching evaluation by junior residents and medical students.
9. Medical licensure.
Psychiatry Core Competencies Outline (ABPN)

I. Patient Care and Procedural Skills

A. General: Physicians shall demonstrate the following abilities:

1. To perform and document a relevant history and examination on culturally diverse patients to include as appropriate:
   a. Chief complaint
   b. History of present illness
   c. Past medical history
   d. A comprehensive review of systems
   e. A family history
   f. A sociocultural history
   g. A developmental history (especially for children)
   h. A situationally germane general and neurologic examination

2. To delineate appropriate differential diagnoses

3. To evaluate, assess, and recommend effective management of patients

B. For Psychiatry: Based on relevant psychiatric assessment, psychiatrists shall demonstrate the following abilities:

1. To perform a comprehensive diagnostic mental status examination

2. To perform a screening neurologic examination

3. To develop and document:
   a. An appropriate DSM-IV multiaxial differential diagnosis
   b. An integrative case formulation that includes neurobiological, phenomenological, psychological, and sociocultural issues involved in diagnosis and management
   c. An evaluation plan, including appropriate laboratory, imaging, medical, and psychological examinations
   d. A comprehensive treatment plan addressing biological, psychological, and sociocultural domains

4. To comprehensively assess and document a patient’s potential for self harm or harm to others. This shall include:
   a. An assessment of risk
   b. Knowledge of involuntary treatment standards and procedures
   c. Ability to intervene effectively to minimize risk
   d. Ability to implement prevention methods against self-harm and harm to others
5. To conduct therapeutic interviews, e.g., enhance the ability to collect and use clinically relevant material through supportive interventions, exploratory interventions, and clarifications

6. To determine if a patient’s symptoms are due to a psychiatric disorder or are of another origin, e.g., the result of a systemic or neurologic disease

7. To conduct a range of individual, group, and family therapies using standard, accepted models, and to integrate these psychotherapies in multi-Psychiatry modal treatment, including biological and sociocultural interventions

8. To initiate, titrate, and monitor appropriate psychotropic medications

9. To evaluate the indication for, relevance of, and application of the following therapeutic procedures:
   a. Electroconvulsive therapy
   b. Light therapy
   c. Transcranial magnetic stimulation
   d. Vagal nerve stimulation

II. Medical Knowledge

   A. General: Physicians shall demonstrate the following:
   1. Knowledge of general medical conditions, including considerations relating to age, gender, race, and ethnicity, based on the literature and standards of practice. This knowledge shall include:
      a. The epidemiology of the disorder
      b. The etiology of the disorder, including medical, genetic, and sociocultural factors
      c. The phenomenology of the disorder
      d. An understanding of the impact of physical illness on the patient’s functioning
      e. The experience, meaning, and explanation of the illness for the patient and family, including the influence of cultural factors and culture-bound syndromes
      f. Effective treatment strategies
      g. Course and prognosis
   2. Knowledge of health care delivery systems, including patient and family counseling
   3. Systems-based practice
   4. Knowledge of the application of ethical principles in delivering medical care
   5. Ability to reference and utilize electronic systems to access medical, scientific, and patient information

   B. Psychiatrists shall demonstrate knowledge of the following:
   1. Human growth and development, including normal biological, cognitive, and psychosexual development, as well as sociocultural factors; pathophysiology and neuroanatomy; and psychobiology of psychiatric disorders
2. Behavioral science and social psychiatry, including:
   a. Learning theory
   b. Theories of normal family organization, dynamics, and communication
   c. Theories of group dynamics and process
   d. Anthropology, sociology, and theology as they pertain to clinical psychiatry
   e. Transeultural psychiatry
   f. Community mental health
   g. Epidemiology
   h. Research methodology and statistics
   i. Psychodynamic theory
3. Patient evaluation and treatment selection, including diagnostic and therapeutic studies, including:
   a. Diagnostic interviewing
   b. Mental status examination
   c. Psychological and educational testing
   d. Laboratory testing
   e. Imaging studies
   f. Treatment comparison and selection
   g. Various treatments, including:
      (1) Specific forms of psychotherapies
          (a) Brief therapy
          (b) Cognitive behavioral therapy
          (c) Interpersonal therapy
          (d) Psychodynamic therapy
          (e) Supportive therapy
      (2) All delivery systems of psychotherapies
          (a) Individual
          (b) Group
          (c) Family
      (3) Recognition and treatment of psychosexual dysfunctions
      (4) Somatic treatments, including:
          (a) Pharmacotherapy, including antidepressants, antipsychotics, anxiolytics, mood stabilizers, hypnotics, and stimulants, including their:
              i) Pharmacologic actions
              ii) Clinical indications
iii) Side effects
iv) Drug interactions, including over-the-counter, herbal, and alternative medications
v) Toxicities
vi) Appropriate prescribing practices, including age, gender, and ethnocultural variations
vii) Cost-effectiveness

(b) Electroconvulsive therapy
(c) Light therapy
(d) Transcranial magnetic stimulation
(e) Vagal nerve stimulation

h. Emergency psychiatry, including:
   (1) Suicide
   (2) Homicide and other violent behavior
   (3) Child, domestic, and elder abuse
   (4) Crisis intervention
   (5) Differential diagnoses in emergency situations
   (6) Treatment methods in emergency situations

i. Substances of abuse, including the:
   (1) Pharmacologic actions of substances of abuse
   (2) Signs and symptoms of toxicity
   (3) Signs and symptoms of withdrawal
   (4) Management of toxicity and withdrawal
   (5) Epidemiology, including sociocultural factors
   (6) Prevention and treatment

4. Psychiatric subspecialties and other areas of psychiatric endeavor, including:
   a. Addiction psychiatry
   b. Child and adolescent psychiatry
   c. Clinical neurophysiology
   d. Forensic psychiatry
   e. Geriatric psychiatry
   f. Pain medicine
   g. Psychosomatic medicine
   h. Sleep medicine
   i. End-of-life and palliative care
5. Psychopathology, epidemiology, diagnostic criteria, and clinical course for common psychiatric disorders and diseases across the lifespan, including treatment, for the following:

   a. Disorders usually first diagnosed in infancy, childhood, or adolescence
   b. Delirium, dementia, amnestic, and other cognitive disorders
   c. Mental disorders due to general medical conditions
   d. Substance-related disorders
   e. Schizophrenic and other psychotic disorders
   f. Mood disorders
   g. Anxiety disorders
   h. Somatoform disorders
   i. Factitious disorders
   j. Dissociative disorders
   k. Sexual and gender identity disorders
   l. Eating disorders
   m. Sleep disorders
   n. Impulse control disorders not elsewhere classified
   o. Adjustment disorders
   p. Other conditions that may be a focus of clinical attention
   q. Paranoid personality disorder
   r. Schizoid personality disorder
   s. Schizotypal personality disorder
   t. Antisocial personality disorder
   u. Borderline personality disorder
   v. Histrionic personality disorder
   w. Narcissistic personality disorder
   x. Avoidant personality disorder
   y. Dependent personality disorder
   z. Obsessive-compulsive personality disorder
   aa. Personality disorder not otherwise specified
   bb. Mental retardation
   cc. Drug dependence and substance abuse
   dd. Interplay between psychosomatic and neurologic clinical manifestations, including somatization and conversion
   ee. Recognition of the range of clinical presentations in child and adult victims of abuse
ff. Management of uncomplicated psychiatric disorders and indications for consultation

6. Neurology, including:
   a. Pathophysiology, epidemiology, diagnostic criteria, and clinical course for common neurologic disorders, including:
      (1) Movement disorders, stroke, dementia, and seizure disorders
      (2) Neurologic manifestations/complications of common psychiatric disorders
      (3) Psychiatric manifestations of common neurologic disorders
   b. Neuropharmacology
      (1) Major medications, e.g., anticonvulsants, antiparkinsonian agents
      (2) Side effects, e.g., delusions, mood changes
      (3) Neurologic complications of somatic therapies, e.g., movement disorders

7. Employment of principles of quality improvement in practice

III. Interpersonal and Communications Skills
   A. Psychiatrists shall demonstrate the following competencies:
      1. To listen to and understand patients and to attend to nonverbal and electronic communication
      2. To communicate effectively with patients using verbal, nonverbal, and written skills as appropriate
      3. To develop and maintain a therapeutic alliance with patients by instilling feelings of trust, honesty, openness, rapport, and comfort in their relationships with psychiatrists
      4. To partner with patients to develop an agreed-upon health care management plan
      5. To transmit information to patients in a clear and meaningful fashion
      6. To understand the impact of the psychiatrist’s own feelings and behavior so that it does not interfere with appropriate treatment
      7. To communicate effectively and work collaboratively with other health care and other professionals involved in the lives of patients and their families
      8. To educate patients, their families, and professionals about medical, psychosocial, and behavioral issues
      9. To preserve patient confidentiality
   B. Psychiatrists shall demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties. This shall include:
      1. Knowing when to solicit consultation and having the sensitivity to assess the need for consultation
      2. Formulating and clearly communicating the consultation question
3. Discussing the consultation findings with the consultant
4. Discussing the consultation findings with the patient and family

C. Psychiatrists shall serve as effective consultants to other medical specialists, mental health professionals, and community agencies by demonstrating the abilities to:
   1. Communicate effectively with the requesting party to refine the consultation question
   2. Maintain the role of consultant
   3. Communicate clear and specific recommendations
   4. Respect the knowledge and expertise of the requesting professionals

D. Psychiatrists shall demonstrate the ability to communicate effectively with patients and their families by:
   1. Matching all communication to the educational and intellectual levels of patients and their families
   2. Demonstrating sociocultural competence to patients and their families
   3. Providing explanations of psychiatric disorders and treatment that are jargon free and matched to the educational/intellectual levels of patients and their families
   4. Providing preventive education that is understandable and practical
   5. Respecting patients’ cultural, ethnic, religious, and economic backgrounds
   6. Developing and enhancing rapport and a working alliance with patients and their families
   7. Ensuring that the patient and/or family have understood the communication
   8. Responding promptly to electronic communications when used as a communication method agreed upon by psychiatrists and their patients and patients’ families

E. Psychiatrists shall maintain up-to-date medical records and write legible prescriptions. These records must capture essential information while simultaneously respecting patient privacy, and they must be useful to health professionals outside psychiatry.

F. Psychiatrists shall demonstrate the ability to work effectively within a multidisciplinary treatment team, including being able to:
   1. Listen effectively
   2. Elicit needed information from team members
   3. Integrate information from different disciplines
   4. Manage conflict
   5. Clearly communicate an integrated treatment plan

G. Psychiatrists shall demonstrate the ability to communicate effectively with patients and their families while respecting confidentiality. Such communication may include:
   1. The results of the assessment
   2. Use of informed consent when considering investigative procedures
   3. Genetic counseling, palliative care, and end-of-life issues when appropriate
4. Consideration and compassion for the patient in providing accurate medical information and prognosis
5. The risks and benefits of the proposed treatment plan, including possible side effects of medications and/or complications of non-pharmacologic treatments
6. Alternatives (if any) to the proposed treatment plan
7. Appropriate education concerning the disorder, its prognosis, and prevention strategies

IV. Practice-Based Learning and Improvement

A. Psychiatrists shall recognize limitations in their own knowledge base and clinical skills, and understand and address the need for lifelong learning.

B. Psychiatrists shall demonstrate appropriate skills for obtaining and evaluating up-to-date information from scientific and practice literature and other sources to assist in the quality care of patients. This shall include, but not be limited to:
   1. Use of medical libraries
   2. Use of information technology, including Internet-based searches and literature databases
   3. Use of drug information databases
   4. Active participation, as appropriate, in educational courses, conferences, and other organized educational activities at both local and national levels

C. Psychiatrists shall evaluate caseload and practice experience in a systematic manner. This may include:
   1. Case-based learning
   2. Use of best practices through practice guidelines or clinical pathways
   3. Review of patient records
   4. Obtaining evaluations from patients, e.g., outcomes and patient satisfaction
   5. Employment of principles of quality improvement in practice
   6. Obtaining appropriate supervision and consultation
   7. Maintaining a system for examining errors in practice and initiating improvements to eliminate or reduce errors

D. Psychiatrists shall demonstrate the ability to critically evaluate relevant medical literature. This may include:
   1. Using knowledge of common methodologies employed in psychiatric research
   2. Researching and summarizing a particular problem that derives from their own caseloads

E. Psychiatrists shall demonstrate the abilities to:
   1. Review and critically assess scientific literature to determine how quality of care can be improved in relation to one’s practice, e.g., reliable and valid assessment techniques, treatment approaches with established effectiveness, practice parameter adherence. Within this aim, psychiatrists shall be able to assess the generalizability or applicability
of research findings to their patients in relation to their sociodemographic and clinical characteristics

2. Develop and pursue effective remediation strategies that are based on critical review of the scientific literature

V. Professionalism

A. Psychiatrists shall demonstrate responsibility for their patients’ care, including:
   1. Responding to communication from patients and health professionals in a timely manner
   2. Establishing and communicating back-up arrangements, including how to seek emergent and urgent care when necessary
   3. Using medical records for appropriate documentation of the course of illness and its treatment
   4. Providing coverage if unavailable, e.g., when out of town or on vacation
   5. Coordinating care with other members of the medical and/or multidisciplinary team
   6. Providing for continuity of care, including appropriate consultation, transfer, or referral if necessary

B. Psychiatrists shall demonstrate ethical behavior, integrity, honesty, compassion, and confidentiality in the delivery of care, including matters of informed consent/assent, professional conduct, and conflict of interest.

C. Psychiatrists shall demonstrate respect for patients and their families, and their colleagues as persons, including their ages, cultures, disabilities, ethnicities, genders, socioeconomic backgrounds, religious beliefs, political leanings, and sexual orientations.

D. Psychiatrists shall demonstrate understanding of and sensitivity to end-of-life care and issues regarding provision of care and clinical competence.

E. Psychiatrists shall review their professional conduct and remediate when appropriate.

F. Psychiatrists shall participate in the review of the professional conduct of their colleagues.

VI. Systems Based Practice

A. Psychiatrists shall have a working knowledge of the diverse systems involved in treating patients of all ages, and understand how to use the systems as part of a comprehensive system of care in general and as part of a comprehensive, individualized treatment plan. This shall include the:

   1. Evaluation and implementation, where indicated, of the use of practice guidelines
   2. Ability to access community, national, and allied health professional resources that may enhance the quality of life of patients with chronic psychiatric and neurologic illnesses
   3. Demonstration of the ability to lead and work within health care teams needed to provide comprehensive care for patients with psychiatric and neurologic disease and respect professional boundaries
4. Demonstration of skills for the practice of ambulatory medicine, including time management, clinical scheduling, and efficient communication with referring physicians
5. Use of appropriate consultation and referral mechanisms for the optimal clinical management of patients with complicated medical illness
6. Demonstration of awareness of the importance of adequate cross-coverage
7. Use of accurate medical data in the communication with and effective management of patients

B. In the community system, psychiatrists shall:
   1. Recognize the limitation of health care resources and demonstrate the ability to act as an advocate for patients within their sociocultural and financial constraints
   2. Demonstrate knowledge of the legal aspects of psychiatric diseases as they impact patients and their families
   3. Demonstrate an understanding of risk management.

C. Psychiatrists shall demonstrate a working knowledge of different health care systems, including:
   1. Working within the system of care to maximize cost-effective utilization of resources
   2. Participating in utilization review communications and, when appropriate, advocating for quality patient care
   3. Educating patients concerning such systems of care

D. Psychiatrists shall demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services. This requires knowledge of treatment settings in the community, which include ambulatory, consulting, acute care, partial hospital, skilled care, rehabilitation, nursing homes and home care facilities, substance abuse facilities, and hospice organizations. Psychiatrists shall demonstrate knowledge of the organization of care in each relevant delivery setting and the ability to integrate the care of patients across such settings.

E. Psychiatrists shall be aware of safety issues, including acknowledging and remediating medical errors, should they occur.
**RESIDENT LEVELS OF CARE**

**DEPARTMENT of PSYCHIATRY**

Resident Level: PGY I (First Month Observation)

<table>
<thead>
<tr>
<th>Core Competencies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1) Medical Knowledge</td>
<td>4) Interpersonal and communication skills</td>
</tr>
<tr>
<td>2) Patient Care Skills</td>
<td>5) Systems-based practice</td>
</tr>
<tr>
<td>3) Practice-based learning</td>
<td>6) Professionalism</td>
</tr>
</tbody>
</table>

**Direct Supervision:**
- The supervising physician is physically present with the PGY-I resident and patient.

**Indirect Supervision:**
- With direct supervision immediately available—the supervision physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- With direct supervision available—the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

**Oversight:**
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### 1) Medical Knowledge

The Resident will
- Recognize acute psychiatric symptoms and major CNS disorders
- Recognize medical disorders that mimic psychiatric symptoms
- Recognize psychiatric disorders that mimic medical illnesses
- Recognize drug interactions
- Complete initial evaluations on patients with the following diagnoses: schizophrenia, bipolar disorder, major depressive disorder, substance dependence, abuse and intoxication
- Successfully complete a written cognitive exam

### 2) Patient Care

The Resident will
- Perform and document a history and physical exam
- Obtain social and family histories
- Perform a basic mental status exam
- Manage the agitated patient
- Manage the acutely suicidal patient
- Order seclusion and restraints appropriately
- Demonstrate empathy in acutely ill patient care
- Participate in treatment decisions and discharge planning
- Become acquainted with telepsychiatry evaluations

### 3) Practice Based Learning
The Resident will
- Read about issues related to patient care and acute illness
- Apply evidence-based medicine to patient care decisions
- Access and use on-line information
- Videotape/audiotape and/or perform an interview in front of faculty for critique and feedback
- Identify evidence-based practices in daily rounds and in didactics

### 4) Interpersonal and Communication Skills
The Resident will
- Develop good rapport with acutely ill patients and their families
- Relate well within the healthcare team
- Educate patients and their families about illness and recurrence prevention
- Obtain collateral information in an appropriate manner
- Successfully complete a mock oral board exam

### 5) Systems-Based Practice
The Resident will
- Recognize and utilize appropriate community resources for patients
- Demonstrate knowledge of legal issues related to acute patient care
- Consider financial implications of patient care
- Advocate appropriately for patients and their families
- Evaluate at least 50 patients with psychiatric disease in an ER setting with appropriate disposition decision-making

### 6) Professionalism
The Resident will
- Prepare for and arrive to team meetings in a timely manner
- Answer pager reliably
- Use supervision appropriately
- Demonstrate knowledge of self-limitations
- Respect diversity of culture, gender and race
- Act and dress in an appropriate manner for a physician
- Timely completion of admission and discharge summaries

*A faculty physician, other than another resident, is physically present during the key portions of the procedure or is immediately available.*
LSUHSC-Shreveport and LSUHSC-Monroe
Major Participating Institutions-Brentwood Behavioral Health Company, Huey P. Long Medical Center, Overton Brooks Veterans Affairs Medical Center, Willis Knighton Medical Center

RESIDENT LEVELS OF CARE

DEPARTMENT of PSYCHIATRY

Resident Level: PGY I STANDARD (Post-Observation)

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>1) Medical Knowledge</th>
<th>2) Patient Care Skills</th>
<th>3) Practice-based learning</th>
<th>4) Interpersonal and communication skills</th>
<th>5) Systems-based practice</th>
<th>6) Professionalism</th>
</tr>
</thead>
</table>

**Direct Supervision:**
- The supervising physician is physically present with the resident and patient.

**Indirect Supervision:**
- With direct supervision immediately available—the supervision physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- With direct supervision available—the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

**Oversight:**
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### 1) Medical Knowledge

The Resident will
- Recognize acute psychiatric symptoms and major CNS disorders
- Recognize medical disorders that mimic psychiatric symptoms
- Recognize psychiatric disorders that mimic medical illnesses
- Recognize drug interactions
- Follow multiple patients with the following diagnoses: schizophrenia, bipolar disorder, major depressive disorder, substance dependence, abuse and intoxication
- Successfully complete a written cognitive exam

### 2) Patient Care

The Resident will
- Perform and document a history and physical exam
- Obtain social and family histories
- Perform a basic mental status exam
- Manage the agitated patient
- Manage the acutely suicidal patient
- Order seclusion and restraints
<table>
<thead>
<tr>
<th>3) Practice Based Learning</th>
</tr>
</thead>
</table>
The Resident will |
- Read about issues related to patient care and acute illness |
- Apply evidence-based medicine to patient care decisions |
- Access and uses on-line information |
- Videotape/audiotape and/or perform an interview in front of faculty for critique and feedback |
- Identify evidence-based practices in daily rounds and in didactics |

<table>
<thead>
<tr>
<th>4) Interpersonal and Communication Skills</th>
</tr>
</thead>
</table>
The Resident will |
- Successfully complete a mock oral board exam |

<table>
<thead>
<tr>
<th>4) Interpersonal and Communication Skills</th>
</tr>
</thead>
</table>
The Resident will |
- Develop good rapport with acutely ill patients and their families |
- Relate well within the healthcare team |
- Educate patients and their families about illness and recurrence prevention |
- Obtain collateral information in an appropriate manner |

<table>
<thead>
<tr>
<th>5) Systems-Based Practice</th>
</tr>
</thead>
</table>
The Resident will |
- Recognize and utilize appropriate community resources for patients |
- Demonstrate knowledge of legal issues related to acute patient care |
- Consider financial implications of patient care |
- Advocate appropriately for patients and their families |
- Evaluate at least 50 patients with psychiatric disease in an ER setting with appropriate disposition decision-making |

<table>
<thead>
<tr>
<th>6) Professionalism</th>
</tr>
</thead>
</table>
The Resident will |
- Prepare for and arrive to team meetings in a timely manner |
- Answer pager reliably |
- Use supervision appropriately |
- Demonstrate knowledge of self-appropriately |
- Demonstrate empathy in acutely ill patient care |
- Participate in treatment decisions and discharge planning |
- Become acquainted with telepsychiatry evaluations |
<table>
<thead>
<tr>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Respect diversity of culture, gender and race</td>
</tr>
<tr>
<td>▪ Act and dress in an appropriate manner for a physician</td>
</tr>
<tr>
<td>▪ Timely completion of admission and discharge summaries</td>
</tr>
</tbody>
</table>

* A faculty physician, other than another resident, is physically present during the key portions of the procedure or is immediately available.
## RESIDENT LEVELS OF CARE

### DEPARTMENT of PSYCHIATRY

Resident Level: PGY II

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>1) Medical Knowledge</th>
<th>2) Patient Care Skills</th>
<th>3) Practice-based learning</th>
<th>4) Interpersonal and communication skills</th>
<th>5) Systems-based practice</th>
<th>6) Professionalism</th>
</tr>
</thead>
</table>

### Direct Supervision:
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- With direct supervision available—the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

### Oversight:
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### 1) Medical Knowledge
The Resident will
- Know the FDA-approved indications and side effects of most psychiatric medications
- Discriminate between psychiatric patients requiring inpatient from outpatient treatment
- Know how to assess geriatric and pediatric cases emergently
- Know the indications for ECT
- Recognize delirium and dementia
- Correctly apply pharmacology for agitation and understand the etiology of the agitation
- Successfully complete a written cognitive exam

### 2) Patient Care
The Resident will
- Obtain accurate past and present history justifying need for treatment
- Obtain important social, family and developmental histories
- Use past and present medical records appropriately (paper or electronic)
- Begin using the biopsychosocial
|  | case formulation  
|----------------|--------------------------------------------------|
| | ▪ Use the MMSE appropriately  
| | ▪ Complete DSM-IV multi-axial differential diagnoses in addition to the working diagnosis  
| | ▪ Obtain appropriate diagnostic studies to confirm diagnosis  
| | ▪ Participate in telepsychiatry evaluations  
|  |  
| 3) Practice Based Learning  
The Resident will | ▪ Read about issues related to inpatient and outpatient care  
| | ▪ Apply evidence-based medicine to patient care decisions  
| | ▪ Access and use multiple on-line sources of information  
| | ▪ Complete a formal write-up on a patient for review and feedback  
| | ▪ Follow discharged patients and/or PCU (Psychiatric Crisis Unit) patients on an outpatient basis  
| | ▪ Identify evidence-based practices in daily rounds and in didactics  
|  |  
| 4) Interpersonal and Communication Skills  
The Resident will | ▪ Successfully complete a mock oral board exam  
| | ▪ Involve the entire healthcare team in evidence-based decision making  
| | ▪ Educate patients and their family on illness and medications and discuss preventive measures to decrease relapse and chronicity  
| | ▪ Perform individual and group supportive therapy  
| | ▪ Take a greater role in healthcare team leadership  
|  |  
| 5) Systems-Based Practice  
The Resident will | ▪ Contact and utilize appropriate community resources for patients  
| | ▪ Demonstrate knowledge of legal issues related to inpatient and outpatient care  
| | ▪ Consider financial implications of patient care on both inpatient and outpatient levels  
| | ▪ Advocate appropriately for patients and their families  
| | ▪ Evaluate at least 100 patients with psychiatric illness in the ER  
| | ▪ Evaluate discharged patients in an outpatient setting  
|  |  

- Attend court commitment proceedings and be able to justify reasons for continued hospitalization or discharge

**6) Professionalism**
The Resident will
- Prepare for and arrive to team meetings in a timely manner
- Answer pager reliably
- Use supervision appropriately
- Demonstrate knowledge of self-limitations and ask for feedback
- Respect diversity of culture, gender and race
- Timely completion of admission and discharge summaries
- Appropriate transfer of knowledge to next shift for continuity of patient care
- Act and dress in an appropriate manner for a physician

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LSUHSC-Shreveport and LSUHSC-Monroe
Major Participating Institutions- Brentwood Behavioral Health Company, Huey P. Long Medical Center, Overton Brooks Veterans Affairs Medical Center, Willis Knighton Medical Center

**RESIDENT LEVELS OF CARE**

**DEPARTMENT of PSYCHIATRY**

Resident Level: PGY III

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>1) Medical Knowledge</th>
<th>4) Interpersonal and communication skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Patient Care Skills</td>
<td>5) Systems-based practice</td>
<td></td>
</tr>
<tr>
<td>3) Practice-based learning</td>
<td>6) Professionalism</td>
<td></td>
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**Oversight:**
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### 1) Medical Knowledge

**The Resident will**

- Formulate a correct treatment plan for each diagnostic category
- Diagnose and treat substance abuse/dependence on an outpatient basis
- Understand and identify substance abuse/dependence in the presence of psychiatric symptoms

### 1) Medical Knowledge

**The Resident will**

- Initiate and maintain correct treatments for all diagnoses based on EBM
- Recognize issues related to clinical research and how the field benefits from such participation
- Understand Axis I and II illnesses, the interplay between them as well as comorbid Axis III diseases
- Complete a scholarly project under faculty supervision
- Successfully complete a written cognitive exam

### 2) Patient Care

**The Resident will**

- Present reasonable differential diagnoses in addition to a working diagnosis
- Present cases in a coherent fashion both verbally and in written form

### 2) Patient Care

**The Resident will**

- Be able to elicit a complete history and perform a complete neurological exam
- Include collateral information in treatment plan
- Include risk assessment as appropriate in all patients
- Documentation of patient care is complete and thorough
- Attend to healthcare prevention and maintenance needs of the
<table>
<thead>
<tr>
<th>3) Practice Based Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Resident will</td>
</tr>
<tr>
<td>- Improve skills through direct therapy supervision and feedback</td>
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<tr>
<th>4) Interpersonal and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Resident will</td>
</tr>
<tr>
<td>- Successfully complete a mock oral board exam</td>
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<tr>
<th>4) Interpersonal and Communication Skills</th>
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</thead>
<tbody>
<tr>
<td>The Resident will</td>
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<tr>
<td>- Understand when and how to consider a medical referral and maintain communication with the other provider</td>
</tr>
<tr>
<td>- Discuss risks, benefits, and alternative treatments</td>
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<table>
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<tr>
<th>5) Systems-Based Practice</th>
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</thead>
<tbody>
<tr>
<td>The Resident will</td>
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<tr>
<td>- Follow a number of outpatients on a weekly basis for psychotherapy</td>
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<tr>
<th>5) Systems-Based Practice</th>
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<tbody>
<tr>
<td>The Resident will</td>
</tr>
<tr>
<td>- Diagnose and treat psychiatric symptoms in non-psychiatric patients</td>
</tr>
<tr>
<td>- Contact and utilize community resources as part of a system of care</td>
</tr>
<tr>
<td>- Consider financial resources of patient in all aspects of care</td>
</tr>
<tr>
<td>- Know about legal issues related to patient care and how it may affect stability</td>
</tr>
<tr>
<td>- Advocate appropriately for patients and participate in regional, state or national mental health organizations</td>
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<table>
<thead>
<tr>
<th>6) Professionalism</th>
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</thead>
<tbody>
<tr>
<td>The Resident will</td>
</tr>
<tr>
<td>- Function in the role of consultant and/or liaison psychiatrist for other medical services, as well as between providers</td>
</tr>
<tr>
<td>- Provide leadership for clinical team and junior residents as well as medical students</td>
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<table>
<thead>
<tr>
<th>6) Professionalism</th>
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</thead>
<tbody>
<tr>
<td>The Resident will</td>
</tr>
<tr>
<td>- Demonstrate efficiency and citizenship</td>
</tr>
<tr>
<td>- Advocate for your peers as well as your patients</td>
</tr>
<tr>
<td>- Timely completion of paperwork</td>
</tr>
<tr>
<td>- Answer telephone calls promptly</td>
</tr>
<tr>
<td>- Respond to patient and family communications in a timely manner</td>
</tr>
<tr>
<td>- Arrange back-up when unavailable</td>
</tr>
</tbody>
</table>

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**RESIDENT LEVELS OF CARE**

**DEPARTMENT of PSYCHIATRY**

Resident Level: PGY IV-V

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>1) Medical Knowledge</th>
<th>2) Patient Care Skills</th>
<th>3) Practice-based learning</th>
<th>4) Interpersonal and communication skills</th>
<th>5) Systems-based practice</th>
<th>6) Professionalism</th>
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- With direct supervision available—the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

### Oversight:
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### 1) Medical Knowledge
The Resident will
- Complete a scholarly project or submit an IRB protocol for implementation under faculty guidance

### 1) Medical Knowledge
The Resident will
- Be able to diagnose and treat all categories of psychiatric illness, including disorders of childhood and adolescence
- Prepare for the written board certification exam
- Demonstrate competency in combining medications and psychotherapy
- Successfully complete a cognitive exam in preparation for the board certification exam

### 2) Patient Care
The Resident will
- Be able to complete a psychodynamic formulation concerning long-term therapy patients
- Be able to discuss transfer and termination issues with patients
- Follow children, adolescents and families in therapy

### 3) Practice Based Learning
The Resident will
- Practice medical ethics and seek supervision for difficult and

### 3) Practice Based Learning
The Resident will
- Critically evaluate new drug therapies and other treatments
<table>
<thead>
<tr>
<th>4) Interpersonal and Communication Skills</th>
<th>4) Interpersonal and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Resident will</td>
<td>The Resident will</td>
</tr>
<tr>
<td>▪ Successfully complete a mock oral</td>
<td>▪ Teach a seminar for junior residents</td>
</tr>
<tr>
<td>board exam in preparation for the</td>
<td>and medical/graduate students</td>
</tr>
<tr>
<td>board certification exam</td>
<td>▪ Act as a liaison between residents</td>
</tr>
</tbody>
</table>
<pre><code>                                                             | and faculty in all educational endeavors |
                                                             | ▪ Communicate well with colleagues,      |
                                                             | patients and their families and peers    |
</code></pre>

<table>
<thead>
<tr>
<th>5) Systems-Based Practice</th>
<th>6) Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Resident will</td>
<td>The Resident will</td>
</tr>
<tr>
<td>▪ Practice cost-effective medicine</td>
<td>▪ Mentor PGY I/II residents</td>
</tr>
<tr>
<td>that still provides the best care for</td>
<td>▪ Advocate for the field of psychiatry</td>
</tr>
<tr>
<td>patients</td>
<td>so our patients receive the full effect</td>
</tr>
<tr>
<td>▪ Facilitate learning in other members</td>
<td>of our training</td>
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<tr>
<td>of the treatment team</td>
<td>▪ Participate in the training of</td>
</tr>
<tr>
<td>▪ Consult with community agencies</td>
<td>medical students and junior residents</td>
</tr>
<tr>
<td>for the advocacy of their patients and</td>
<td>▪ Provide role-modeling for other</td>
</tr>
<tr>
<td>families</td>
<td>trainees and become involved in</td>
</tr>
<tr>
<td>▪ Work with Primary Care physicians</td>
<td>societies or community programs</td>
</tr>
<tr>
<td>to integrate and teach psychiatric</td>
<td>▪ Become a leader in some aspect of</td>
</tr>
<tr>
<td>services to ensure excellent care in</td>
<td>your training program</td>
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<tr>
<td>patients seen in other fields</td>
<td></td>
</tr>
<tr>
<td>▪ Participate in regional, state or</td>
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<tr>
<td>national mental health organizations</td>
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</tbody>
</table>

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Rotation Goals

- To provide residents exposure to a variety of acutely ill psychiatric patients with a range of psychiatric diagnoses
- To help residents develop skills of participation in a multidisciplinary team for diagnosis and treatment objectives
- To help residents develop skills and knowledge in diagnosis and range of somatic and psychosocial interventions

Rotation Objectives – Core Competencies

Patient Care

Under supervision of an appropriately credentialed staff psychiatrist the resident will:
- Be able to conduct a psychiatric interview and perform a complete mental status exam
- Make 5 axes diagnoses using DSMIV-TR criteria
- Develop skills in formulation of problems, objectives of treatment, methods of treatment, and evaluations of treatment
- Will act as primary physician for up to 13 patients, perform physicals, follow lab-work, and complete other disciplines when indicated
- Develop understanding and skills of using social work reports, group therapy reports, psychological measurements, and occupational therapy reports to assess and treat patients
- Be able to participate in and direct family interviews
- Develop skills in brief and supportive psychotherapy
- Participate in directing follow up care and social placement of all their patients
- Be able to use psychopharmacological agents effectively
- Maintain adequate records (written and/or electronic) about history, mental status, physical examination, diagnostic tests, program of treatment, and discharge plan with summary.
- Be able to use appropriate precautions (ex. suicide, violence, elopement) and advance patients through levels of care with appropriate recognition of patients’ acuity

Medical Knowledge

The resident will
- Demonstrate knowledge of DSM-IV diagnostic criteria for all Axis I and Axis II diagnoses
• Gain understanding of criteria for admission including dangerousness to self/ others or grave disability
• Understand patients’ legal status and execution of commitment procedures
• Use knowledge of indications, contraindications, mechanisms, dosing schedules, and side effects of antidepressants, antipsychotics, mood stabilizers, cognitive enhancers, other psychotropics, and electroconvulsive therapy (ECT)
• Demonstrate indications and understanding of neuropsychological testing procedures

Interpersonal and Communication Skills

The resident will
• Develop a collegial relationship with fellow residents and staff as well as serve as role models for medical students and students of other disciplines
• Work harmoniously as a member of a mental health team in information gathering and treatment planning
• Develop an appreciation of psychology, social work, and occupational therapy’s relationship to psychiatry

Professionalism

The resident will be
• Empathetic, respectful, nonjudgmental, collaborative, and display confidence towards patient care and staff interactions
• Sensitive to sociocultural and socioeconomic issues

Practice Based Learning and Improvement

The resident will
• Have the ability to utilize a variety of educational resources in self-directed learning.
• Seek out clinical knowledge without prompting.
• Use information technology to manage information and expand education.
• Facilitate the teaching of medical students and other health care professionals.
• Demonstrate autonomy in medical decision making and team leadership

Systems Based Practice

The resident will
• Demonstrate knowledge of available resources for aftercare
• Demonstrate knowledge of practice and delivery systems
• Understand the legal issues involved in inpatient psychiatry, including indications for involuntary commitment, informed consent, duty to warn, and medical-legal aspects of record keeping
• Evaluate risks, benefits, limitations and costs of available resources
**Emergency Psychiatry – LSU Health, EAC**

PGY-I through PGY-V

**Rotation Goals**

- To provide residents with an adequate knowledge base in Emergency Psychiatry
- To educate residents in principles of crisis intervention
- To help residents develop a basic knowledge in acute psychopharmacologic interventions
- To educate residents with respect to the impact of both biological and psychosocial factors in psychiatric emergency presentation

**Rotation Objectives – Core Competencies**

**Patient Care**

The resident will be:

- Able to conduct emergency psychiatric evaluation and develop a provisional diagnosis
- Able to perform a physical examination including a detailed neurological examination
- Able to differentiate psychiatric emergencies from medical/surgical emergencies in which the prominent presentation involves psychiatric symptoms
- Able to assess suicidal and homicidal potential or potential for assaultive behavior
- Able to triage psychiatric patients to appropriate level of care (inpatient/outpatient)
- Able to make a distinction between patients appropriate for voluntary admit, vs. involuntary commitment and be familiar with appropriate documentation
- Able to use antipsychotic agents in rapid tranquilization methods
- Able to assess grave disability in severely ill patients
- Able to develop skills for crisis intervention and resolution
- Able to develop appropriate treatment plan in emergency situations

**Medical Knowledge**

The resident will demonstrate knowledge of:

- DSM-IV diagnostic criteria to identify acute affective status, acute psychotic status, acute anxiety symptoms, fugue or dissociative states, and delirium
- Signs and symptoms of substance intoxication and withdrawal
- Risk factors and prognostic indications for suicide/homicide potential
- Criteria for admission to inpatient care
- Indications and protocol for chemical and physical restraints with appropriate evaluation and documentation
- Utilization of psychotropic medications in acute psychiatric emergencies
Interpersonal and Communication Skills

The resident will:
- Be empathetic, respectful, and nonjudgmental with patients, families and staff to create and sustain effective therapeutic relationships.
- Display empathic listening skills
- Work effectively with social workers, nurses, and medical staff in the emergency room.
- Be sensitive to sociocultural and socioeconomic issues
- Work harmoniously as a member of a mental health team in information gathering and treatment planning

Professionalism

The resident will
- Demonstrate respect and compassion for others
- Demonstrate integrity, accountability, responsible and ethical behavior
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients’ culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.

Practice Based Learning and Improvement

The resident will
- Have the ability to utilize a variety of educational resources in self-directed learning.
- Seek out clinical knowledge without prompting.
- Use information technology to manage information and support his or her education.
- Facilitate the teaching of medical students and other health care professionals.
- Demonstrate autonomy in medical decision making and team leadership

Systems Based Practice

The resident will
- Demonstrate knowledge of available community and system resources for aftercare of patients seen in the emergency setting
- Demonstrate knowledge of practice and delivery systems
- Understand the legal issues involved in emergency psychiatry, including indications for emergent commitment, duty to warn, and medical-legal aspects of record keeping
- Evaluate risks, benefits, limitations and costs of available resources
Addiction Psychiatry - VAMC, Brentwood

PGY-I through PGY-V

Rotation Goals

- To provide supervised clinical experiences that increase the resident's knowledge and skills in the assessment and treatment of substance use disorders and coexisting psychiatric conditions.
- To familiarize resident with patterns of substance abuse and dependence including: alcohol, cocaine, opioids, stimulants, sedatives, hypnotics, hallucinogens, phencyclidine (PCP), and others
- To help residents understand phases and principles of treatment/recovery for substance use disorders

Rotation Objectives – Core Competencies

Patient Care

The resident will be able to:
- Perform comprehensive historical and physical evaluation of the patient, including: detailed drug use history, physical examination, screening tests, laboratory work up, and mental status examination
- Apply proper legal procedures in the management of such patients, particularly in the case of those receiving involuntary treatment
- Use intervention, psychoeducation, and confrontation techniques; establish a therapeutic alliance and engaging the patient in treatment
- Treat acute and chronic complications of substance abuse including withdrawal and overdose, multiple disabilities
- Learn skills to provide acute and long-term management, utilizing pharmacotherapy as well as individual, family, and group psychotherapy
- Provide referrals to appropriate community resources and self-help programs
- Participate in group therapy and community meetings for substance use disorder patients and facilitate understanding of common issues related to substance abuse

Medical Knowledge

The resident will demonstrate knowledge of:
- Pharmacological characteristics of major drugs of abuse
- DSM-IV criteria of substance use disorders
- Signs of symptoms of intoxication and withdrawal of major drugs of abuse
- Medical management of acute withdrawal states of commonly abused substances including: alcohol, sedatives, hypnotics, opioids, psychostimulants
- Medical management of various detoxification regimens needed to safely get patients to a clinically safe state for rehabilitation
• Complications (medical and non medical) of drug abuse and dependence

Interpersonal and Communication Skills

• The resident will be empathetic, compassionate, and nonjudgmental towards patients, families and staff
• Demonstrate respect and compassion for others
• Create and sustain effective therapeutic relationships with patients and families.
• Display empathic listening skills.
• Work effectively as part of a multidisciplinary team in the care of patients with substance use disorders with or without coexisting psychiatric disorders.

Professionalism

The resident will
• Demonstrate integrity and accountability in the context of responsible and ethical behavior.
• Become aware of one’s own personal attitudes toward drug abuse and make an assessment of one’s ability to work with these patients
• Appreciate the unique issues and methods of treatment necessary for the optimal rehabilitation of drug abusers; more specifically, to understand the limitations of traditional psychotherapy in this population
• Appreciate the importance and limitations of self-help groups and faith-based treatment programs in the treatment of substance use disorders
• Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to the patient's culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.

Practice Based Learning and Improvement

The resident will
• Locate and critically appraise scientific literature relevant to patient care.
• Regularly use information technology in the service of patient care.
• Participate in practice-based improvement activities.

Systems Based Practice

The resident will
• Display an understanding of the health care system and of the broader context of the patient's care; effectively accesses and utilizes resources; practices cost effective care.
• Appropriately advocate for quality patient care
• Assist patients with system complexities especially with regards to available substance abuse resources in the community and their similarities and differences
Community Psychiatry - occurs on inpatient and outpatient rotations at LSU Health, EAC, HPLH

PGY-I through PGY-V

Rotation Goals

- To enable the residents to have a basic understanding of the management of chronically and severely mentally ill patients in the public sector
- To enable the resident to understand the need for public sector psychiatrists’ involvement in mental health policy making
- To prepare the resident to perform psychiatric evaluations and work with a treatment team to develop treatment plans
- To comprehend the administrative organization of the state mental health system by working in the system
- To learn the subtleties of the practice of outpatient pharmacotherapy

Rotation Objectives – Core Competencies

Patient Care

The resident will be able to:
- Perform evaluations of patients who present to a community clinic with a wide range of typical problems in persons of diverse cultures, ethnic and economic backgrounds
- Become conversant in choosing the best treatment options available for each patient based on consideration of these variables
- Manage and follow-up of assigned long-term chronic psychotic patients.
- List some of the issues in the practice of outpatient pharmacotherapy including its effect on psychotherapy, patient compliance, dosage regulation, and the management of side effects
- Learn techniques of crisis intervention in an outpatient setting
- Participate effectively as part of a treatment team and direct such a team
- Demonstrate familiarity with community resources available in the community
- Discuss and/or demonstrate clinically his/her understanding of the psychiatrist as consultant to the community

Medical Knowledge

The resident will demonstrate knowledge of:
- Descriptive psychiatry including description of various clinical syndromes per DSM-IV
- Develop a differential diagnosis of psychiatric syndromes
- Indications, contraindications, presumed mechanisms, dosing schedules, and side effects for common psychopharmacological agents
Interpersonal and Communication Skills

The resident will

- Be empathetic, compassionate, and nonjudgmental towards patients, families and staff
- Demonstrate respect and compassion for others
- Create and sustain effective therapeutic relationships with patients and families.
- Display empathic listening skills.
- Work effectively as part of a multidisciplinary team in the care of patients in the community psychiatry setting.

Professionalism

The resident will

- Be empathetic, compassionate, open, and nonjudgmental
- Demonstrate appreciation for sociocultural and socioeconomic issues
- Show appreciation of principles of preventive psychiatry at the community and clinical levels
- Show sensitivity towards problems of specific ethnic and underprivileged populations

Practice Based Learning and Improvement

The resident will

- Locate and critically appraise scientific literature relevant to patient care.
- Regularly use information technology in the service of patient care.
- Participate in practice-based improvement activities.

Systems Based Practice

The resident will

- Develop an understanding of community resources and principles of systems based care
- Become an expert in the use of all resources available medically, and in the community, for the benefit of the patient.
- Develop effective leadership skills in coordinating efforts of others in the service of the patients
Geriatric Psychiatry – Willis-Knighton Hospital

PGY-I through PGY-V

Rotation Goals

- To enable the resident to have a basic understanding of the normal physiology of human aging
- To enable the resident to understand the psychological aspects of normal human aging
- To enable the resident to learn the basics of treatment of the elderly and/or medically ill patient with psychiatric illness

Rotation Objectives – Core Competencies

Patient Care

The resident will
- Perform evaluations of geriatric and/or medically ill patients who present with the wide range of typical problems in persons of diverse cultural, ethnic, and economic backgrounds
- Become conversant in choosing the best treatment options available to each patient based on consideration of these variables
- Be familiar with pharmacotherapy, electroconvulsive therapy, and other somatic therapies of patients with psychiatric illness especially those in the geriatric population
- List some of the issues in the practice of geriatric psychiatry including medical problems, medical complications, etc
- Demonstrate familiarity with community resources for the geriatric population
- Become familiar with psychiatric illnesses that commonly present in the geriatric population including dementia, major depression, and other affective disorders, and late onset psychotic disorders
- Recognize genuine medical symptoms in this population and seek consultations from other disciplines whenever appropriate
- Become familiar with ethical issues applying to this population particularly: advance directives (i.e. DNR, health care proxy)

Medical Knowledge

The resident will demonstrate knowledge of:
- Difference between signs/symptoms of normal aging versus those of psychiatric illness
- Interplay of genuine medical issues with psychosomatic problems in this population
- Criteria for differentiating between organic and functional disorders
• Psychological aspects of aging, coping and adaptation, loss, bereavement, and dying in this population
• Principles of evaluation, intervention, and psychopharmacological management in geriatric psychiatry

Interpersonal and Communication Skills

The resident will
• Be empathic, open, compassionate, and nonjudgmental
• Recognize the impact of psychosocial factors including loss of physical abilities, loss of independence, job, loved ones, need for placement in supervised setting for this population
• Be sensitive to sociocultural and socioeconomic issues
• Communicate effectively and work collaboratively with other health care teams, such as internal medicine, geriatric medicine, neurology and others.

Professionalism

The resident will demonstrate
• Respect, compassion, integrity and accountability in all their interactions with patients, families and other health care providers.
• A responsiveness to the needs of geriatric psychiatric patients that supersedes self-interest.
• A commitment to excellence and on-going professional development
• Sensitivity and responsiveness to each patient’s culture, age, gender, disabilities, ethnicity, socioeconomic background, religious beliefs, political leanings and sexual orientation.

Practice Based Learning and Improvement

The resident will
• Locate, critically appraise and assimilate evidence from scientific studies and literature reviews related to geriatric mental health problems to determine how quality of care can be improved in relation to practice.
• Demonstrate evidence-based thinking in their formulations and treatment plans.
• Facilitate the learning of students and other health care professionals.

Systems Based Practice

The resident will
• Demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services.
• Demonstrate awareness of various treatment settings in the community, including ambulatory, acute care, adult day care, rehabilitation, nursing homes, assisted
living, subsidized senior housing, retirement communities, home care, and hospice care settings.

- Partner with health care managers and health care providers to assess, coordinate, and improve geriatric mental health care and understand how these activities can affect system performance.
- Practice cost-effective geriatric psychiatric care and resource allocation that does not compromise quality of care with attention to practice guidelines and the community.
Forensic Psychiatry - Various locations

PGY-I through PGY-V

Rotation Goals

- Introduce resident to Forensic Psychiatry
- Allow supervised evaluation of inmates at parish and state correctional facilities
- Shadow faculty’s work with community forensic services
- Observe courtroom testimony from an expert witness
- Gain experience in treating mental illness in the adult and juvenile correctional populations

Rotation Objectives – Core Competencies

Patient Care

The resident will be able to

- Perform comprehensive psychiatric evaluations in the correctional setting in persons of diverse cultural, ethnic, and economic backgrounds
- Understand culture of correctional settings with its rules and regulations and majority of population coming from a deprived, harsh background, and impact of these factors on mental illness
- Diagnose and treat dually diagnosed patients in this population
- Make appropriate treatment choices within limitation of the correctional setting
- Recognize malingering and factitious disorders in this population
- Recognize poor impulse control secondary to borderline intellectual functioning, mental retardation, and organic brain syndromes in this population
- Recognize psychiatric emergencies, indications, and contraindications for hospitalization in the correctional setting
- Learn to conduct forensic evaluations and give testimony on issues of mental competency
- Perform psychiatric evaluation on inpatients to assess for presence of grave disability, and/ or dangerous to self/ others and provide expert testimony in procedures of involuntary commitment

Medical Knowledge

The resident will demonstrate knowledge of

- Documentation and procedures of involuntary commitment
- Laws of clinical responsibility
- Principles of informed consent, confidentiality, privileged information, and exceptions to confidentiality including Tarasoff’s law
- Malpractice law
- Types of standards of proof
Testamentary capacity and competency evaluation

Interpersonal and Communication Skills

The resident will
- Be empathic, open, compassionate, and nonjudgmental
- Recognize the impact of psychosocial factors including loss of freedom, loss of independence, job, loved ones, need for incarceration in this population
- Be sensitive to sociocultural and socioeconomic issues
- Communicate effectively and work collaboratively with other health care teams
- The resident will interact in a direct and non-threatening manner.

Professionalism

The resident will
- Demonstrate a commitment to excellence and on-going professional development
- Display sensitivity and responsiveness to each patient’s culture, age, gender, disabilities, ethnicity, socioeconomic background, religious beliefs, political leanings and sexual orientation.
- Be empathic, open, compassionate, nonjudgmental, and respectful
- Maintain awareness of countertransference issues in dealings with forensic population and be sensitive to its impact on therapeutic relationship

Practice Based Learning and Improvement

The resident will
- Locate, critically appraise and assimilate evidence from scientific studies and literature reviews related to forensic psychiatry to determine how quality of care can be improved in relation to practice.
- Demonstrate evidence-based thinking in their formulations and treatment plans in the forensic setting
- Facilitate the learning of students and other health care professionals.

Systems Based Practice

The resident will
- Demonstrate the ability to examine patients with the legal context as well as the clinical question in mind.
- Learn to prepare reports that are appropriate and understandable communication to the legal system which is a non-medical audience.
- Learn to providing evidence and testimony in a court setting.
Child and Adolescent Psychiatry – LSU Health, Brentwood

PGY-I through PGY-V

Rotation Goals

- To enable the general resident to become clinically competent and to master theoretical frames of reference in the diagnosis, assessment, evaluation, and treatment of children
- To enable the resident to understand different stages of development along specific developmental lines
- To prepare the resident to handle child and adolescent patients in both the public and private sector and to function competently in various agencies in the mental health field

Rotation Objectives – Core Competencies

Patient Care

The resident will be able to
- Demonstrate accurate assessment and diagnosis of children and adolescent psychotherapy
- Initiate appropriate treatment modalities for children and adolescents
- Discuss the different modalities of group therapy and family therapy
- Demonstrate appropriate initial level skills for these therapies
- Participate effectively as part of a treatment team and direct such a team
- Demonstrate familiarity with the variety of current treatments for children and adolescents (including biological)
- Demonstrate familiarity with community resources available for children and adolescents
- Prescribe appropriate psychopharmacologic medications for children and adolescents

Medical Knowledge

The resident will demonstrate knowledge of
- Normal stages of development of children and adolescents
- Theories of development including Freud’s psychosexual stages, Piaget’s cognitive development stages, Erikson’s life stages, Mahler’s theory of separation-individuation, Bowlby’s theory of attachment
- Development issues related with adolescence and personality development theories
- Signs of sexual and physical abuse and how this abuse affects development
- Principles of evaluating children and their families
- Principles of intervention in child and adolescent psychiatry
• Psychopharmacological considerations in this population
• Basic concepts of family organization and communication

Interpersonal and Communication Skills

The resident will
• Be empathic, open, compassionate, and helpful
• Be sensitive to and recognize the impact of psychosocial factors including sociocultural and socioeconomic issues
• Communicate effectively and work collaboratively with other health care teams
• Appreciate nuances of confidentiality and informed consent that apply to minors (children and adolescents)

Professionalism

The resident will
• Be empathic, compassionate, respectful, open, and nonjudgmental
• Appreciate the need for a non-threatening, compassionate stance to efficiently engage this population in treatment
• Be aware of impact of psychosocial factors (re: school/home environment, economic issues) on psychopathology in this population

Practice Based Learning and Improvement

The resident will
• Locate, critically appraise and assimilate evidence from scientific studies and literature reviews related to child and adolescent psychiatry to determine how quality of care can be improved in relation to practice.
• Demonstrate evidence-based thinking in their formulations and treatment plans in the child and adolescent setting
• Facilitate the learning of students and other health care professionals.

Systems Based Practice

The resident will
• Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
• Understand how their patient 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 their own practice.
• Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
Practice cost-effective health care and resource allocation that does not compromise quality of care.
Outpatient Psychiatry – LSU Health, VAMC (PTSD Clinic)

PGY-I through PGY-V

Rotation Goals

- To expose residents to a variety of psychopathology
- To teach residents skills essential to following patients longitudinally including data collection, financial issues, documentation, treatment planning, and appropriate use of psychopharmacology and psychotherapy
- To train residents skills of maintaining a schedule and boundaries with patients

Rotation Objectives – Core Competencies

Patient Care

The resident will be able to:
- Conduct a comprehensive psychiatric interview and formulate multi-axial DSM-IV diagnoses
- Complete documentation of new patient evaluations including mental status exam, differential diagnosis, and a biopsychosocial treatment plan
- Utilize appropriate collateral information resources and involve families in treatment planning
- Apply psychiatric skills in order to discriminate between patients requiring inpatient care and those needing outpatient treatment
- Have clinical experience with a variety of psychiatric conditions which may include acute or chronically suicidal patients, patients with interpersonal conflicts, and patients who require limit-setting
- Identify patients appropriate for various types of psychotherapies: supportive, psychodynamic, cognitive-behavioral, brief, family, and combination therapies
- Perform above mentioned therapies with patients appropriate for each
- Engage patients in treatment and set appropriate treatment/therapy goals, collaborating with the patient
- Identify patients appropriate for termination of therapy and proceed accordingly
- Utilize somatic treatment medications as appropriate for patients
- Utilize neuropsychological testing procedures as indicated
- Provide competent clinical management, psychopharmacological treatment, and psychotherapeutic treatment to patients
- Evaluate efficacy and course of ongoing treatment

Medical Knowledge

The resident will demonstrate knowledge of
- DSM-IV criteria for Axis I and Axis II disorders
- Differential diagnoses of psychiatric syndromes
• Indications for and limitations of psychological assessment
• Indications and contraindications for various types of psychotherapy: supportive, psychodynamic, cognitive behavioral, brief, family, combination medications and therapy, group and individual therapy
• Theories of above mentioned psychotherapies
• Indications, contraindications, presumed mechanisms, dosing schedules, and side effects for common psychopharmacological agents and ECT
• Community resources- vocational rehab, housing assistance, etc.
• That the patient-therapist relationship is of paramount importance

Interpersonal and Communication Skills

The resident will
• Be empathetic, compassionate, open, and nonjudgmental
• Demonstrate appreciation for sociocultural and socioeconomic issues
• Show appreciation of principles of outpatient psychiatry at the community and clinical levels
• Show sensitivity towards problems of specific ethnic and underprivileged populations
• Develop effective working alliance and facilitate empathic doctor-patient relationship

Professionalism

The resident will be willing to
• Be empathic, compassionate, respectful, open, and nonjudgmental
• Audio/ videotape or have a supervisor perform direct observation of therapy sessions
• Actively participate in medical student and/or personnel teaching
• Maintain appropriate professional attire and demonstrate timeliness for patient appointments and supervision

Practice Based Learning and Improvement

The resident will
• Use supervision and feedback to improve interaction with patients and to improve diagnostic, treatment, and assessment skills
• Consult medical literature as needed to improve knowledge base and care of patients
• Participate in quality improvement activities appropriately
• Manage a clinical practice, collaborating with other professionals, balancing the needs of patients in the practice and the resources available

Systems Based Practice
The resident will
• Implement preventive interventions with patients and their family members
• Document in a timely and accurate manner
• Effectively manage patient scheduling and triaging
• Utilize community resources to improve patient functioning
Psychiatry Research - Psychopharmacology Research Clinic

PGY-I through PGY-V

Rotation Goals

- To become acquainted with the design and implementation of clinical trials and how investigational medications go through the FDA approval process
- To become knowledgeable about clinical trials/protocols and the various aspects of screening, evaluating and objectively assessing patients and data
- To work as part of a research team, and as the physicians, understand protocols in their entirety and maintain the subject’s health as your first priority

Rotation Objectives – Core Competencies

Patient Care

The resident will be able to:
- Recruit and screen potential participants for ongoing studies
- Participate in Informed Consent process
- Participate in inter-rater reliability sessions
- Use rating scales for various psychiatric illnesses in research which can be translated into patient care
- Recognize when a subject must be removed from a study and referred for treatment
- Recruitment and screening of potential participants

Medical Knowledge

The resident will demonstrate knowledge of
- Understanding of Informed Consent process
- Sections of study protocols including investigational drug and mechanisms of actions; type of trial, inclusion/exclusion criteria, outcome measures, and statistical analysis
- Adverse events and causality
- Understanding of Institutional Review Board and its purpose
- Become knowledgeable of SOP’s (Standard Operating Procedures), FDA rules/regulations, confidentiality, HIPAA, and human research protection

Interpersonal and Communication Skills

The resident will
- Be empathetic, compassionate, open, and nonjudgmental
- Demonstrate appreciation for sociocultural and socioeconomic issues
• Show appreciation of principles of outpatient psychiatry at the community and clinical levels
• Show sensitivity towards problems of specific ethnic and underprivileged populations
• Develop effective working alliance and facilitate empathic doctor-patient relationship

Professionalism

The resident will
• Be empathic, respectful, open, and nonjudgmental
• Be sensitive to sociocultural and socioeconomic issues
• Work harmoniously as a member of a research team in information gathering and implementation
• Become familiar with some of the ethical dilemmas of clinical research

Practice Based Learning and Improvement

The resident will
• Use supervision and feedback to improve interaction with patients and to improve research-related diagnostic, treatment, and assessment skills
• Consult medical literature as needed to improve state of the art knowledge base related to research level data
• Participate in quality improvement activities appropriately
• Learn about how to manage a clinical trials practice, collaborating with other professionals in so doing.

Systems Based Practice

The resident will
• Demonstrate an awareness of and responsiveness to the larger context and system of health care research, and the integration of various commercial, local, state, and federal resources to develop a research project or clinical trial.
• Understand how research impacts their patient care and other professional practices and society as a whole.
• Practice cost-effective research in the context of caring for the patient, and utilize resource allocation that does not compromise quality of care or the integrity of the research study.
Consultation-Liaison Psychiatry – LSU Health, EAC, VAMC, HPLH

PGY-I through PGY-V

Rotation Goals

- Expose residents to a wide range of neuropsychiatric presentations in medical and surgical patients
- Learn concise interviewing skills and rapid differential diagnostic formulation
- Explore the impact of illness, hospitalization, and medical care on the psychological functioning of patients
- Increase residents fund of knowledge in C-L psychiatry
- Promote liaison relationships with medical and surgical services, with a particular focus on primary care and psychiatric awareness

Rotation Objectives – Core Competencies

Patient Care

The resident will be able to

- Utilize basic psychiatric knowledge, interviewing and assessment skills, specifically for identification and triage of the chemically dependent, suicidal, depressed, cognitively impaired, and psychotic patients on medical/ surgical units
- Utilize psychotropic medication appropriately in C/ L setting, maintaining awareness of drug interactions
- Perform brief cognitive and supportive therapy for patients that have co-morbid psychiatric and medical/ surgical problems
- Perform interventions on medical/ surgical patients for psychiatric and chemical dependency disorders
- Perform a brief neurological exam and be aware of basics of behavioral neurology
- Gain increased familiarity with DSM-IV-TR diagnoses
- Maintain adequate records about history, mental status, physical examination, diagnostic tests, and progress of treatment
- Develop liaison relationships with physicians, nurses, and social workers
- Construct a comprehensive assessment of the problems of a physically ill or psychosomatically ill patient and communicate it along with treatment plan to the referring physician

Medical Knowledge

The resident will demonstrate knowledge of:

- DSM-IV psychiatric syndromes and their differential diagnosis
- Criteria for differentiating between organic and functional disorders
- Specific syndromes of importance in consultative psychiatry (ex. delirium)
- Models of C-L psychiatry
- Principles of ethics related to psychiatry
- Interactions of psychotropic medications and common physical illnesses

Interpersonal and Communication Skills

The resident will
- Be empathetic, compassionate, open, and nonjudgmental
- Demonstrate appreciation for sociocultural and socioeconomic issues
- Show appreciation of principles of psychosomatic medicine and the need to evaluate patients based on the biopsychosocial model
- Show sensitivity towards problems of specific ethnic and underprivileged populations
- Develop effective working alliance and facilitate empathic doctor-patient relationship

Professionalism

The resident will
- Be empathic, respectful open, and nonjudgmental
- Be sensitive to sociocultural and socioeconomic issues
- Work harmoniously as a member of a team in information gathering and implementation
- Be able to communicate well and work collaboratively with treatment teams on medical and surgical units

Practice Based Learning and Improvement

The resident will
- Use supervision and feedback to improve interaction with patients and to improve patient assessment, diagnosis, and treatment skills in the context of medically complicated patients
- Consult medical literature as needed to improve state of the art knowledge base related to psychosomatic medicine
- Participate in quality improvement activities appropriately

Systems Based Practice

The resident will
- Learn about how to manage a CL service, collaborating with other professionals in so doing.
- Demonstrate an awareness of and responsiveness to the larger context and system of health care, and the integration of various hospital services to provide the patient with the best quality of care.
- Understand how their role as a liaison facilitates good patient care and relationships with other clinical services.
• Practice cost-effective patient care and utilize resources in an efficient manner that does not compromise quality of care.