

# Child and Adolescent Psychiatry Fellowship Program Rotations

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## INPATIENT SETTING

### **PALO VERDE BEHAVIORAL HEALTH**

Palo Verde Behavioral Health is located in Tucson, nine miles from the primary training site. It is an 18-bed unit for youth who are 13-18 years old. The patient population is ethnically diverse with approximately 57% Caucasian, 17% Hispanic, 14% Native American and 12% “other” represented. The patient population is approximately 57% female and 42% male. Adolescents treated at this facility have complicated psychiatric presentations including primary mood and anxiety disorders (30%), disruptive disorders (50%), psychotic disorders (5%), autistic spectrum disorders (5%) and substance use disorders (10%). Complicated comorbid disorders are often present.

Fellows have a required rotation at this facility during the first year of training to gain experience in the diagnostic assessment and treatment planning of acutely-ill and severely-disturbed children and adolescents requiring inpatient psychiatric stabilization. The fellow is an active member of the treatment team and will perform psychiatric evaluations, develop comprehensive biopsychosocial formulations, risk assessments, and treatment plans and provide medication management for their assigned patients. Specific experience is gained in managing psychiatric emergencies, including psychopharmacological interventions, de-escalation techniques, seclusion and restraint training and experience in milieu management. Other interventions include experience in milieu management, interdisciplinary team meetings, individual and family psychotherapy.

Fellows are supervised directly by a board-certified child and adolescent psychiatrist. Fellows have increasing responsibility with indirect supervision with direct supervision immediately available as the rotation progresses.

## **ADOLESCENT INPATIENT SETTING LEARNING OBJECTIVES**

### **PATIENT CARE**

The fellow will be able to:

- Obtain information from the patient, family, referral agency, outpatient providers, old charts to complete a thorough assessment of the following areas:
  1. History of Present illness including assessment of symptomatology, course of illness, stressors and participating factors
  2. Past Psychiatric, Substance Abuse and Legal History
  3. Family History
  4. Development History
  5. Medical History
  6. Social and Education History
- Complete mental status examination
- Formulate a thoughtful differential diagnosis and biopsychosocial formulation



- Develop a comprehensive treatment plan including the following:
  1. Milieu treatment
  2. Medication management
  3. Group, individual and family therapy
  4. Psychoeducation
  5. Substance abuse treatment
  6. Discharge planning
- Document the history, mental status examination, differential diagnosis, diagnostic formulation and treatment plan in the psychiatric evaluation. For children who require reassessment after initial evaluations, the treatment course, lab or medical findings, final diagnosis, treatment recommendations and plans for outpatient treatment will be documented in a psychiatric progress note.
- Write admission and discharge orders for youth admitted to the Observation Unit

### **MEDICAL KNOWLEDGE**

The fellow will be able to:

- Make a differential diagnosis based on DSM-5 criteria
- Prescribe medication and utilize lab studies and blood levels as required, and manage side effects of various medications
- Learn milieu management skills and behavioral interventions
- Learn crisis stabilization and emergency intervention skills

### **SYSTEM BASED PRACTICE**

The fellow will be able to:

- Elicit and utilize information from other disciplines
- Demonstrate an understanding of medico-legal issues as it relates to out of home placement and issue of confidentiality.
- Understand and interact with the various systems of care involved with youth in our community
- Understand the limitations of available services and how to incorporate this knowledge into an evidence-based and practical treatment plan

### **INTERPERSONAL AND COMMUNICATION SKILLS**

The fellow will be able to:

- Express findings in a coherent, organized oral and written fashion
- Demonstrate capacity to relate and work well as a team player with interdisciplinary staff
- Demonstrate capacity to be empathic and develop rapport with patients and families
- Demonstrate the capacity for introspection and increased self-awareness, especially in understanding and appreciating transference and countertransference issues.

### **PROFESSIONALISM**

The fellow will be able to:



- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession
- Understand and appreciate input from other professionals including nursing, social work, mental health counselors, pediatricians and other providers.

### **Crisis Response Center (CRC)**

The CRC provides 24/7 access to mental health and substance use services for both youth (age 0-17) and adults (18+). Common reasons for coming to the CRC include connection to services, suicidal thoughts or behaviors, anxiety, hallucinations, and substance use/detox. We help everyone regardless of ability to pay and can help you or your loved one enroll in benefits.

Second year fellows will gain experience in providing or observing the following services at the CRC Tuesday mornings from 8am-noon:

- Psychiatric Evaluation
- Medication Management
- Individual, Group and Family Crisis Counseling
- Peer Support
- Crisis Services – Walk-in clinic, 23-hour observation, Level I sub-acute
- Court Ordered Evaluation and Treatment Services
- Co-morbid treatment for select medical conditions
- Treatment of co-occurring substance use disorders, including substance use counseling, detoxification and initiation of medication assisted treatment for opiate use disorders
- Financial eligibility screening and benefits enrollment
- Connection to outpatient and other community resources

### **Goals and Objectives - Crisis Response Center Rotation**

#### **PATIENT CARE**

- The fellow will be able to obtain information from the patient, family, referral agency, outpatient providers, old charts to complete a thorough assessment of the following areas:
  1. History of Present illness including assessment of symptomatology, course of illness, stressors and participating factors.
  1. Past Psychiatric, Substance Abuse and Legal History
  2. Family History
  3. Development History
  4. Medical History
  5. Social and Education History
- Complete mental status examination
- Formulate a thoughtful differential diagnosis and biopsychosocial formulation
- Develop a comprehensive treatment plan including the following:
  1. Milieu treatment
  2. Medication management



3. Group, individual and family therapy
  4. Psychoeducation
  5. Substance abuse treatment
  6. Discharge planning
- Document the history, mental status examination, differential diagnosis, diagnostic formulation and treatment plan in the psychiatric evaluation. For children who require reassessment after initial evaluations, the treatment course, lab or medical findings, final diagnosis, treatment recommendations and plans for outpatient treatment will be documented in a psychiatric progress note.
  - Write admission and discharge orders for youth admitted to the Observation Unit

### **MEDICAL KNOWLEDGE**

The fellow will be able to:

- Make a differential diagnosis based on DSM-IV/5 criteria
- Prescribe medication and utilize lab studies and blood levels as required, and manage side effects of various medications
- Learn milieu management skills and behavioral interventions
- Learn crisis stabilization and emergency intervention skills

### **SYSTEM BASED PRACTICE**

The fellow will be able to:

- Elicit and utilize information from other disciplines
- Demonstrate an understanding of medico-legal issues as it relates to out of home placement and issue of confidentiality.
- Understand and interact with the various systems of care involved with youth in our community
- Understand the limitations of available services and how to incorporate this knowledge into an evidence-based and practical treatment plan

### **INTERPERSONAL AND COMMUNICATION SKILLS**

The fellow will be able to:

- Express findings in a coherent, organized oral and written fashion
- Demonstrate capacity to relate and work well as a team player with interdisciplinary staff
- Demonstrate capacity to be empathic and develop rapport with patients and families
- Demonstrate the capacity for introspection and increased self-awareness, especially in understanding and appreciating transference and countertransference issues.

### **PROFESSIONALISM**

The fellow will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession

Understand and appreciate input from other professionals including nursing, social work, mental health counselors, pediatricians and other providers

## **Pediatric Consultation-Liaison Rotation**

Fellows on the Consultation-Liaison (C/L) Service will develop expertise in the emergency evaluation and treatment of children and adolescents presenting to the emergency room or admitted to a pediatric general medical unit.

The C/L Service is based at the Banner University Medical Center – Tucson (BUMT) campus. Consultations are provided to the BUMT emergency room, and the pediatric inpatient and outpatient clinics, including the Pediatric Intensive Care Unit, Obstetrics/Gynecology Service or the various Surgical or Trauma Services. The patient populations are approximately 1:1 male to female and the ethnicity is consistent with that seen in the Tucson area, including approximately 65% Caucasian, 20% Hispanic, 10% Black and 5% “other”. The patients seen are from infancy through the age of 17.

In the emergency room, residents are consulted for children or adolescents presenting with suicidal ideation or suicide attempts, aggressive or dangerous behaviors, acute symptoms of psychosis or other disruptive behaviors. Psychiatric evaluations are completed and treatment recommendations are communicated to the primary treatment team. On the pediatric inpatient units, residents are consulted for a range of problems, including follow-up on suicidal patients who are medically unstable or for concerns of depression, anxiety, psychosis, psychosomatic complaints or psychiatric symptoms related to a chronic medical condition. Residents may take part in a multidisciplinary approach to patient care on the inpatient units, providing consultation on issues related to mental health, or by helping the primary treatment team work with and manage difficult or complicated patients.

C/L services are provided in these settings at all times telephonically. In person consults take place all days of the week from 8-5pm and all consults placed after 5pm are responded to the next morning. Consults placed prior to 5pm will be completed same day which may necessitate completing them after 5pm. Requests for consultation from the emergency room are considered urgent and should be responded to prior to floor consults.

PGY2 general psychiatry residents also rotate on the C/L service. Other disciplines may also be included in the C/L team, depending on the month, including a pediatric resident, child psychology interns and medical students. A board-certified child and adolescent psychiatry attending provides direct or indirect supervision each morning. In the afternoons, urgent consults are responded to by the PGY2 resident and each case is discussed with the CAP Attending who is available by phone.

On-call emergency consultation service is provided by the fellows/residents on a rotating basis with a CAP Attending available 24 hours a day.

## **Goals and Objectives for Pediatric Consultation-Liaison Rotation:**

### **Interpersonal and Communication Skills**

1. Fellows will develop their skills and demonstrate capacity to relate and work well with their colleagues in other medical specialties, staff and other health care providers involved in the care of children and adolescents.
2. Fellows will develop and demonstrate capacity to be empathic and the ability to establish rapport with patients and families.
3. Fellows will further their understanding and increase their self-awareness of transference and counter-transference issues and to develop skills to effectively communicate these issues to colleagues and staff when appropriate.
4. Fellows will demonstrate their abilities to express clinical findings in concise and organized written evaluations, and in oral presentations.

### **Patient Care:**

1. Fellows will obtain information from the patient, the guardian and other collateral sources of information to complete a psychiatric evaluation including the following areas:
  - a. History of the present illness, including current presenting symptoms or issues, course of illness, precipitating factors and contributing stressors
  - b. Past Psychiatric History, Past Medical History, Allergies and Substance Abuse History
  - c. Family History
  - d. Developmental History
  - e. Social History, Educational History, Legal History and Trauma History
2. Fellows will complete a mental status exam, develop a differential diagnosis, risk assessment and treatment plan with recommendations including disposition, medication management if indicated and outpatient treatment recommendations when appropriate.

### **Medical Knowledge:**

1. Fellows will improve their medical knowledge base by developing and formulating a differential diagnosis that is informed to the chief complaint.
2. Fellows will develop and improve their ability to assess psychiatric emergencies in pediatric patients, including assessments of dangerousness to self or others.
3. Fellows will develop and improve their ability to assess for psychiatric issues that co-occur or contribute to medical problems in children and adolescents.

4. Fellows will develop a thorough biopsychosocial formulation of each patient to develop a rational differential diagnosis and to inform treatment recommendations.

**Practice Based Learning and Improvement:**

1. Fellows will be able to locate, appraise and assimilate evidence from the scientific literature that is related to their patients' psychiatric issues.
2. Fellows will develop and communicate evidence-based recommendations to the primary treatment teams, patients and families.

**Professionalism and Ethical Behavior:**

1. Fellows will exemplify personal and intellectual integrity and will demonstrate an understanding of ethical values and code of conduct as a member of the medical profession at all times.
2. Fellows will demonstrate and model the appropriate attitude and empathy for their patients at all times.
3. Fellows will maintain a professional stance that is respectful, compassionate and sensitive to each patient's culture, ethnicity, age, gender or disability.
4. Fellows will demonstrate professional and ethical behavior by responding to all consults in a respectful and timely manner and will work collaboratively with other health care providers to provide the best possible care for their patients.
5. Fellows will demonstrate respectful advocacy for the needs of patients with psychiatric symptoms and to liaison with other healthcare professionals to assist them in providing for the specialized needs of children and adolescents with mental health issues.

**Systems Based Practice:**

1. Fellows will develop their skills in collaborating and communicating clinical issues of importance to the primary treatment team, patients, families and other systems of care as indicated.
2. Fellows will develop their skills to liaison with their colleagues in other medical specialties and systems of care by communicating clinical issues of importance and to provide education or assistance in dealing with difficult or complicated patients.
3. Fellows will continue to develop familiarity with community resources and available systems of care for children and adolescents and make referrals recommendations to the primary treatment team.

## **CPAE Outpatient Consult/Liaison Experience**

CAP fellows will also be a part of CL/Psychosomatics rotation as a weekly outpatient experience at the children's post infectious autoimmune encephalopathy (CPAE) clinic. This clinic is a nationally recognized Center of Excellence using a multidisciplinary, integrated care approach to the consultation and treatment of children who have acute onset of neuropsychiatric phenomenon. Patients are in close collaboration with a developmental pediatrician, attending psychiatrist, psychologist and immunologist assess for the presence or absence of post infectious autoimmune encephalopathy, rule out other medical causes, make formal recommendations in consultation to primary care and other mental/behavioral health professionals for medical workup and tiered interventions for inflammation and autoimmune processes as well as psychiatric and psychological care.

The clinic serves children and families from across the country, and occasionally internationally. CPAE is a grant funded program with research and educational goals both regionally and nationwide and collaborate with NIMH funded research studies as part of the PANS/PANDAS Consortium. Research involves participation in a nationwide patient registry working to characterize and better understand the natural history of these conditions, as well as more specific progress projects looking at the benefits of intravenous immunoglobulin (IVIg) on functional outcomes, symptom outcomes, and the interaction with microbiome.

The clinic operates on Thursday mornings from 8am-12pm at 535 N Wilmot Road, on the first floor in the pediatric multispecialty clinic. There is no CPAE clinic the first week of each month. Fellows will attend Epicenter clinics on the first Thursday of the month, through the end of December, to ensure a robust experience.

### **Goals and Objectives**

#### **Professionalism**

- Fellows will demonstrate a commitment to professionalism and an adherence to ethical principles including:
- Exemplify personal and intellectual integrity.
- Demonstrate understanding of ethical values and code of conduct as a member of the medical profession at all times.
- Demonstrate and model an appropriate attitude and empathy for their patients at all times.
- Maintain a professional stance that is respectful, compassionate and sensitive to each patient's culture ethnicity, age, gender or disability.
- Demonstrate respectful advocacy for the needs of patients with psychiatric symptoms.
- Liaison with other healthcare professionals to assist them in providing for the specialized needs of children and adolescents.
- Follow HIPPA compliancy standards.



### **Patient Care and Procedural Skills**

Fellows will provide evaluation and treatment of patients from diverse cultural backgrounds and varied socioeconomic levels that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows will demonstrate competence in performance and documentation of the following:

- Individual history (presenting symptoms or issues, course of illness, precipitating factors and contributing factors, qualitative and quantitative information about each problem).
- Past psychiatric history.
- Past medical history.
- Allergies.
- Substance abuse history.
- Family history.
- Developmental history.
- Social History, educational history, legal history and trauma history.
- A complete a mental status examination.
- Relevant physical and neurological exams as indicated.
- Supplementary medical and psychological data.
- Risk assessment.
- Integration of these data into a biopsychosocial formulation; differential diagnosis.
- Formulate a multidisciplinary comprehensive treatment plan including recommendations for individual or family psychotherapy, medication management, educational planning and other psychosocial interventions when appropriate.
- Recommend medical work-up or lab work prior to the initiation of any medications as indicated, and manage side effects of any medications prescribed.
- Learn behavioral intervention skills for children or adolescents as related to the CPAE population.

### **Medical Knowledge**

Fellows will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care with the CPAE population including:

- Basic neurobiological, psychological, and clinical sciences relevant to the CPAE psychiatric population and the application of developmental, psychological, and sociocultural theories relevant to the understanding of their psychopathology.
- The etiology, epidemiology, diagnosis, treatment, and prevention of related psychiatric conditions that affect children and adolescents.
- Recognition and management of domestic and community violence, including physical and sexual abuse, as well as neglect, as it affects children and adolescents seen in this clinic.
- Diversity and cultural issues pertinent to children, adolescents, and their families presenting to the CPAE clinic.
- The appropriate uses and limitations of psychological tests for the CPAE population.

### **Practice-based Learning and Improvement**

Fellows will demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Fellows will strive to refine the habits of mind required to continuously pursue quality improvement through practice of:

- Locate, appraise and assimilate current evidence from the scientific literature and relate what they learn to their patients' psychiatric symptoms or issues.
- Facilitate the learning of medical students and other trainees through formal and informal presentations of topics relevant to CPAE clinic.
- Demonstrate ability to use up to date information technologies to enhance patient management and self-education.

### **Interpersonal and Communication Skills**

Fellows will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals including:

- Demonstrate capacity to relate and work well as a team player with peers, supervisors and other staff.
- Demonstrate capacity to be empathic and establish rapport with patients and families.
- Demonstrate capacity for Increased self-awareness including issues of transference and countertransference, and to be able to communicate these issues to their supervisor.
- Demonstrate ability to express clinical findings in clear and concise written evaluations and oral presentations.
- Maintain respectful, empathic, professional tone when communicating with all contacts.

### **Systems-based Practice**

Fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care, including:

- Provide consultation to community systems of care and interdisciplinary teams.
- Elicit and use information obtained from other systems of care including outpatient community services and interdisciplinary team providers.
- Develop an awareness of community mental health practice, including appropriate cost-effective medications and treatment interventions.
- Interact and respond to issues or concerns from other systems of care and make recommendations to each agency as appropriate.
- Be familiar with community referrals available for the care of children and adolescents including medical and mental health, social and recreational programs, mentoring programs and educational resources.

## Outpatient Psychiatric Services

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During both years of fellowship training, CAP fellows will provide psychiatric services in the Whole Child Clinic under the supervision of the CAP faculty. This broad-based outpatient experience provides the opportunity for long-term management of patients. Fellows will perform comprehensive psychiatric evaluations, assessments and treatment planning for a variety of diagnoses including neurodevelopmental disorders, disruptive behaviors, mood and anxiety disorders and other associated conditions such as learning disorders, trauma, and substance use disorders. Fellows will manage their own patients with various treatment modalities including psychopharmacology and psychotherapeutic interventions as appropriate.

Each fellow is supervised with direct supervision with each new patient, and then with a combination of direct, indirect and oversight supervision throughout the year with decreasing direct supervision as residents develop their knowledge, skills and competence, and the ability to practice more independently. Therapeutic interventions that will be provided by fellows include psychopharmacology, individual, group, family, and cognitive behavioral psychotherapies, parental education and behavioral management. Fellows will be responsible for ensuring appropriate consent to treat for mental health issues is received and will participate in collaborative care by consulting and liaising with various health care professionals including primary care providers, psychologists and therapists, teachers and other school personnel, Department of Child Safety (DCS) staff, juvenile justice personnel including probation officers, liaisons from the Department of Developmental Disability (DDD), community mental health providers and case managers. Fellows learn the essentials of an outpatient practice including obtaining appropriate consent to treat for mental health issues in minors, collaboration with many systems of care, consent and assent processes for psychiatric care, quality assurance and quality improvement issues in an outpatient setting, and the management of medical charting and forms necessary in an outpatient setting.

First and second year fellows see patients in the Child and Adolescent Psychiatry Offices at the Banner University Medical Center – South (BUMC-S) campus and the second-year fellows have an additional experience providing care to patients at one of the community service provider clinics in the community.

### **Whole Child Clinic at the Banner University Medical Center – South Campus**

Clinic population demographics approximate the ethnic diversity of the greater Tucson area (60% white, 35% Hispanic, 5% black and others). The majority of patients are 4 - 17 years old, with a slight predominance of males over females.

**Clinic Medical Director:** Deepa Khushlani, MD

**Attending Faculty:** Peter Klinger, MD, Deepa Khushlani, MD, Noshene Ranjbar, MD  
Sally Boeve, MD, Andrew Gardner, PhD, and Chad McWhinnie, PhD

Each fellow will begin seeing patients in the outpatient psychiatry clinic during their first year and will continue seeing patients throughout their training. Children are referred from a variety of settings including primary care physicians, schools, therapists, social workers, insurance companies and teachers, among others and represent a variety of symptoms and referral complaints. These clinics can be adjusted to meet the needs of each fellow and ensure each fellow is exposed to a variety of patient ages, experiences, diagnoses and psychopathology. Each fellow is supervised directly for all new patient evaluations and increasingly with “indirect supervision with direct immediately available” over the course of their training. The number of intakes scheduled each month is variable and may be adjusted up or down depending on the volume of patients in each fellow’s clinic. A CAP Attending is available for “direct supervision” throughout the clinic day for initial psychiatric evaluations, emergencies or other issues that require the physical presence of the attending.

The fellow will meet with their supervising psychiatry attending for supervision weekly to biweekly to present patients, discuss diagnostic challenges, medication management, psychotherapy, or other interventions as indicated for each patient. Each fellow will also meet with a psychology PhD attending to discuss psychotherapy cases. Fellows will videotape patient sessions and present for discussion during supervision.

Additionally, each fellow has an additional long-term community supervisor who also provides additional supervision, mentorship, career advising and planning. They will meet with this person at least once per month.

### **Anxiety Disorders Clinic**

**Attending Faculty:** Joanna Katsanis, PhD

This clinic provides a comprehensive assessment and treatment of anxiety disorders in children and adolescents aged 0-18 years. The patients may be referred by pediatricians, family physicians, community therapists, social workers, insurance companies, or teachers and are primarily referred for concerns or symptoms of anxiety.

Patients referred for considerations for psychopharmacology will be scheduled in subsequent appointments in the clinic of the fellow who was present during the initial evaluation when possible, or assigned to another fellow in the clinic. If a patient is referred for a medication evaluation, the fellow will be supervised by the attending physician faculty. Patients referred for other psychotherapeutic interventions may be assigned to the fellow who was present for the initial evaluation or referred to other professionals as needed. Treatment provided by the fellow will be supervised by a CAP faculty member.

Fellows will participate in a multidisciplinary treatment team including medical students, residents, fellows and psychology externs and are supervised by a faculty member who is present during the appointments. The fellow will participate in the initial assessment and interview of both the children and their guardians. Conditions commonly seen in this clinic include generalized anxiety disorder, obsessive compulsive disorder, phobias, panic disorder, separation

anxiety disorder, post-traumatic stress disorder selective mutism, school refusal and others. Fellows will participate in a variety of therapies indicated for the treatment of anxiety, including psychopharmacology, individual psychotherapy, family therapy, cognitive behavioral therapy or others as is appropriate. Fellows will coordinate treatment with primary care physicians, teachers and other agencies as needed.

### **Working with Families/Family Therapy**

**Attending Faculty:** Patricia Harrison-Monroe, PhD

CAP Fellows will participate in family therapy with one or more patients during their fellowship. They will receive supervision and training every other week with Dr. Harrison-Monroe. The supervision and training will focus on how to work with families in context to providing psychiatric care. Supervision sessions will also incorporate videotaping sessions of family therapy and other family interactions.

### **Parent Management Training/Behavior Modification/Parent-Child Interaction Therapy**

**Attending Faculty:** Andrew Gardner, PhD

Fellows will participate in providing guidance to parents on various topics throughout their clinic experience. They will also guide parents on how to address target behaviors in children and adolescents. They will meet with Dr. Gardner every other week with focus on parent management training and behavioral modification techniques, as well as evaluating live patients.

## **COMMUNITY SERVICE PROVIDER (CSP) OUTPATIENT CLINIC**

Casa de los Niños Behavioral Health Services is the designated Community Outpatient Site. Fellows working in the community mental health agency provide psychiatric services and coordinate care with the multidisciplinary behavioral health team, as well as help coordinate care with other systems of care including the Pima County Juvenile Court Center (PCJCC), Department of Child Safety (DCS), Department of Developmental Disability (DDD), schools, foster care providers, primary care providers and others. CAP residents are each assigned to a community service provider ½ - 1 day a week during the entire second year of fellowship training.

### **Goals and Objectives for Outpatient Psychiatry Rotations:**

#### **Patient Care:**

The fellow will be able to:

1. Obtain information from the patient, family and other collateral sources of information to complete a thorough psychiatric evaluation of children and adolescents including:
  - a. History of the present illness, including presenting symptoms or issues, course of illness, precipitating factors and contributing factors
  - b. Past psychiatric history, past medical history, allergies and substance abuse history



- c. Family history
- d. Developmental history
- e. Social History, educational history, legal history and trauma history
2. Complete a mental status examination, develop a differential diagnosis, risk assessment and biopsychosocial formulation for each patient.
3. Formulate a multidisciplinary treatment plan including recommendations for individual or family psychotherapy, medication management, educational planning and other psychosocial interventions when appropriate.

### **Medical Knowledge:**

The fellow will be able to:

1. Formulate a differential diagnosis based on DSM-5 criteria.
2. Recommend medical work-ups or lab work prior to the initiation of any medications as indicated, and manage side effects of any medications prescribed.
3. Learn skills to utilize behavioral interventions for children or adolescents when indicated.

### **System Based Practice:**

The fellow will be able to:

1. Elicit and use information obtained from other systems of care including outpatient community services providers, Child Protective Services, school and school representatives and the juvenile justice system to develop thorough psychiatric evaluations.
2. Develop an awareness of community mental health practice, including appropriate cost-effective medications and treatment interventions
3. Interact and respond to issues of concerns from other systems of care and to make recommendations to each agency as appropriate.
4. Be familiar with community referrals available for the care of children and adolescents including medical and mental health, social and recreational programs, mentoring programs and educational resources.

### **Interpersonal and Communication Skills:**

The fellow will be able to:

1. Demonstrate capacity to relate and work well as a team player with peers, supervisors and other staff.
2. Demonstrate capacity to be empathic and establish rapport with patients and families.
3. Demonstrate capacity for increased self-awareness, including issues of transference and countertransference, and to be able to communicate these issues to their Attending.
4. Demonstrate ability to express clinical findings in clear and concise written evaluations and oral presentations.

### **Practice Based Learning and Improvement:**

The fellow will be able to:

1. Locate, appraise and assimilate current evidence from the scientific literature and relate what they learn to their patients' psychiatric symptoms or issues.



2. Facilitate the learning of medical students and other trainees through formal and informal presentations of topics relevant to child and adolescent psychiatry.
3. Demonstrate ability to use up to date information technologies to enhance patient management and self-education.

### **Professionalism and Ethical Behavior:**

The fellow will be able to:

6. Exemplify personal and intellectual integrity and demonstrate an understanding of ethical values and code of conduct as a member of the medical profession at all times.
7. Demonstrate and model the appropriate attitude and empathy for their patients at all times.
8. Maintain a professional stance that is respectful, compassionate and sensitive to each patient's culture, ethnicity, age, gender or disability.
9. Demonstrate respectful advocacy for the needs of patients with psychiatric symptoms and to liaison with other healthcare professionals to assist them in providing for the specialized needs of children and adolescents with mental health issues.

### **PEDIATRIC NEUROLOGY ROTATION**

CAP Fellows will rotate at The Center for Neurosciences Pediatric Neurology Program for their required pediatric neurology experience. This program provides comprehensive pediatric neurological care in an outpatient setting and is equipped to address the special care required for children with neurological diseases and neurobehavioral conditions. At this clinic, fellows will be involved in the care of children with a wide range of neurological disorders including autistic spectrum disorders, cerebral palsy, developmental disorders, movement disorders, tic disorders, headache and seizure disorders, among others. The fellow will attend the outpatient pediatric neurology clinic for one-half day per week for 3 months during their second year of training. Additionally, the fellow will have the opportunity to participate in a multidisciplinary subspecialty neurology clinic specializing in the treatment of neurocutaneous disorders and provides comprehensive treatment for children with conditions such as Neurofibromatosis and Tuberous Sclerosis.

The fellow will function as an integral member of the treatment team under the direct supervision of a pediatric neurologist. The fellow will complete a history and physical examination, including a comprehensive neurological examination, for at least one new patient each day of the rotation, and 3-4 follow-up appointments during each clinic.

### **Goals and Objectives for Neurology Rotation:**

#### **PATIENT CARE**

The fellow will be able to:

1. Conduct a history and physical examination of a new patient, including a comprehensive neurological examination, and identify appropriate laboratory and diagnostic tests
2. Formulate a differential diagnosis and treatment plan for common pediatric neurological conditions seen in the clinic.

## **MEDICAL KNOWLEDGE**

The fellow will be able to:

- 1) Become familiar with various specialized diagnostic tests and the indications for each, including:
  - a. MRI, CT, EEG and evoked potentials, among others
- 2) Become familiar with the use of medications for various neurological conditions

## **SYSTEM BASED PRACTICE**

The fellow will be able to:

1. Function as a member of the pediatric neurology team and improve their understanding of the treatment and complications of neurological disorders for patients and their families
2. Participate in teaching pediatric colleagues regarding the comorbidity of psychiatric illness with neurologic conditions and the prevalence of the overlap of symptoms and diagnoses between these two specialties
3. Be familiar with community resources including other medical and mental health professionals, social and recreational programs, and educational resources for children with neurological disorders

## **INTERPERSONAL AND COMMUNICATION SKILLS**

The fellow will be able to:

1. Demonstrate capacity to relate and work well as a team player with the pediatric neurology team
2. Demonstrate capacity to be empathic and develop rapport with patients and families
3. Express findings in a coherent, organized oral and written fashion

## **PROFESSIONALISM**

The fellow will be able to:

1. Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values
2. and codes of a member of the medical profession
3. Develop empathy and rapport with patients and their families

## **PRACTICE BASED LEARNING AND IMPROVEMENT**

The fellow will be able to:

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' diagnoses
2. Demonstrate ability to utilize information technology to enhance patient management and self-education in this setting



## School Consultation Rotation

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CAP Fellows rotating in the school consultation rotation will have the opportunity to work with educational professionals in the Sahuarita Unified School District. Fellows will attend the school rotation for one-half day a week for 3 months. During this rotation, fellows will have the opportunity to work with a school psychologist and other professionals to observe psychoeducational testing and speech and language evaluations to understand the criteria used for special education eligibility determinations. Fellows will have the opportunity to observe various special education classrooms and will have the opportunity to participate in Individualized Educational Program (IEP)s meetings with children, their families and school professionals.

Consultation is provided to administrators, teachers, school psychologists and other personnel as needed.

This rotation also provides for an additional opportunity for fellows to observe typically developing children in their primary school and high school classrooms.

### Goals and Objectives for School Consultation Rotation:

#### PATIENT CARE

The fellow will be able to:

- learn how to complete classroom observations of special education and regular education students
- learn about various cognitive and academic assessment methods for students
- learn about various therapeutic groups or interventions used in the schools for children identified as having disruptive classroom behaviors, or other special needs

#### MEDICAL KNOWLEDGE

The fellow will be able to:

- learn skills to conduct individual and group therapy in the school setting
- learn skills to utilize behavioral interventions for children with disruptive behavior disorders
- understand the criteria and process for Section 504 accommodation plans and IEPs
- learn about functional behavior assessments and behavior plans for regular or special education students
- learn the categories of special education eligibility, and the criteria for qualifications
- observe children of various age groups in normal school settings and understand the difference between normal and abnormal variances of child development in the school setting
- Learn about cognitive and academic assessment of students including information about  
measures, interpretation and how data is used to determine special education eligibility

## **SYSTEM BASED PRACTICE**

The fellow will be able to:

- Understand the special education assessment process and the role of the various team members in the process
- Understand how to work with school personnel regarding educational problems that may arise during a psychiatric evaluation
- Provide consultation and work with various educational providers to provide comprehensive mental health treatment for children

## **INTERPERSONAL AND COMMUNICATION SKILLS**

The fellow will be able to:

- Demonstrate capacity to relate and work well as a team player with teachers and other school staff

## **PROFESSIONALISM**

The fellow will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession
- Demonstrate capacity to be empathic and develop rapport with patients and families
- Express observations in a coherent and organized oral and written fashion

## **PRACTICE BASED LEARNING AND IMPROVEMENT**

The fellow will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to patient psychiatric issues and/or educational difficulties
- Facilitate the learning of educational professionals and other trainees through formal and informal presentations on topics relevant to child and adolescent psychiatry and issues related to education

## **Forensic Rotations**

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CAP Fellows will provide psychiatric consultation and medical care to the Pima County Juvenile Detention Center. The PCJDC provides services to youth involved in the juvenile justice system which includes an intake process at the time a youth presents to the facility, assessments for mental health issues, investigations of youth who are referred on delinquent charges or require short-term detention referred by law enforcement, and supervision of adjudicated youth who are on regular and intensive probation. Youth seen at this facility may have a variety of diagnoses, including neurodevelopmental disorders, disruptive behavior disorders, learning disorders, substance use disorders, mood disorders and anxiety disorders.

Fellows will provide psychiatric consultation in multidisciplinary meetings for discussion and disposition planning of mental health services for youth currently adjudicated at the facility

under the supervision of a board-certified child and adolescent psychiatry faculty member at the juvenile court detention center to perform psychiatric evaluations for children and adolescents. The fellow will be supervised under direct supervision and will formulate a focused psychiatric evaluation for new patients and provide ongoing medication management as needed. This a 3-month rotation for one half day per week during the 2<sup>nd</sup> year of fellowship.

### **Goals and Objectives for Forensic Rotation:**

#### **PATIENT CARE**

The fellow will be able to:

- Obtain information from the patient and other available records to complete a thorough assessment of the following areas:
  - History of present illness including assessment of symptomatology, course of illness, stressors and participating factors
  - Past psychiatric, substance abuse and legal history
  - Family history
  - Development history
  - Medical history
  - Social and education history
- Complete a mental status examination
- Formulate a differential diagnosis and biopsychosocial formulation
- Complete a risk assessment for suicidality or homicidality and be able to assign an appropriate level of observation to monitor for safety while in the detention center as needed
- Develop a treatment plan including the following:
  1. Level of observation necessary for risk of harm to self or others
  2. Medication management
  3. Recommendations for group, individual and family therapy as needed
  4. Provide psychoeducation as needed
  5. Provide recommendations for substance abuse treatment
  6. Discharge planning
- Document the history, mental status examination, differential diagnosis, diagnostic formulation and treatment plan in the psychiatric evaluation. For children who require reassessment after initial evaluations, the treatment course, lab or medical findings, final diagnosis, treatment recommendations and plans for outpatient treatment will be documented in a psychiatric progress note.

#### **MEDICAL KNOWLEDGE**

The fellow will be able to:

- Make a differential diagnosis based on DSM-5 criteria
- Prescribe medication and utilize lab studies and blood levels as required, and manage side effects of various medications
- Learn milieu management skills and behavioral interventions for youth in the juvenile justice system
- Learn crisis stabilization and emergency intervention skills for youth involved in

the juvenile justice system

### **SYSTEM BASED PRACTICE**

The fellow will be able to:

- Elicit and utilize information from other disciplines
- Demonstrate an understanding of medico-legal issues as it relates to out of home placement and issue of confidentiality in the juvenile justice setting
- Understand and interact with the various systems of care involved with youth in the juvenile justice system
- Understand the limitations of available services and how to incorporate this knowledge into an evidence-based and practical treatment plan
- Elicit and utilize information from other systems of care including community mental health agencies, Child Protective Services and the educational system
- Provide appropriate interactions with such systems to include input for special education placement, recommendations for evaluation regarding neglect, abuse, custody and visitation.
- Develop an understanding of the juvenile justice system and juvenile codes of law
- Be familiar with and make use of community resources.
- To learn about the interplay of the legal system, culture, community, family and personal history in the lives of youth

### **INTERPERSONAL AND COMMUNICATION SKILLS**

The fellow will be able to:

- Demonstrate capacity to relate and work well with multidisciplinary teams and staff
- Demonstrate capacity to be empathic and develop rapport with youth involved in the juvenile justice system
- Demonstrate the capacity for introspection and increased self-awareness, especially in understanding and appreciating transference and countertransference issues in dealing with youth in this population
- Express findings in a coherent, organized oral and written fashion
- Demonstrate the ability to provide consultation to a multidisciplinary team and understand the differences in the role of consultant and as a direct service provider

### **PROFESSIONALISM**

The fellow will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession
- Understand and appreciate input from other professionals including nursing, social work, mental health counselors, pediatricians and other providers.

### **PRACTICE BASED LEARNING AND IMPROVEMENT**

The fellow will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric issues



- Facilitate the learning of students and other trainees through formal and informal presentations on patient care or other topics relevant to child and adolescent psychiatry as appropriate in this setting
- Demonstrate the ability to utilize information technology to enhance patient management and self- education

## **TYPICAL CHILD DEVELOPMENT OBSERVATION ROTATION**

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This rotation is a core training experience for CAP fellows to observe, recognize and understand the normal development, behaviors and play of young children. This rotation is supervised by a board-supervised child and adolescent psychiatrist and takes place in July and August of the second year of training for a half-day per week. Fellows will observe child play and interactions between peers, families and teachers. During these two months, the fellows will record their observations and meet weekly with the CAP attending who will be on-site to provide direct observations of child behaviors and feedback for the fellows.

This rotation takes place at the Jewish Community Center Early Childhood Education program. This program has two components; an infant and toddler daycare program for children 6 weeks to 24 months old and a separate play-based preschool program for children two to four years old that supports the Arizona Early Learning Standards.

This observational experience concludes with each fellow presenting a 20-30-minute lecture on a topic of interest for the teachers and staff during the JCC's annual in-service educational seminar in August. The in-person observation piece of this rotation is on hold due to the emergency Covid-19 crisis. The rotation may be didactic only this year or may be delayed until Spring.

### **Goals and Objectives for Typical Child Development Rotation:**

#### **1. Medical Knowledge**

- a. Fellows will enhance and further development their knowledge of normal infant, toddler and preschool-aged children.
- b. Fellows will use this knowledge of typical child development to better identify and understand deviations in typical development and to improve their diagnostic skills of problems or issues in this age group.

#### **2. Interpersonal Skills and Communication**

- a. Fellows will develop and enhance their skills by interacting and working with professionals of other disciplines.
- b. Fellows with further development their abilities to discuss observations during supervision in an organized and concise fashion.
- c. Fellows with further develop their written and oral skills by writing and presenting a 30-minute presentation to the teachers and staff at this facility.

#### **3. Patient Care**



- a. Fellows will have no direct patient care responsibilities during this rotation, but this experience will enhance their patient care in other settings by recognizing and understanding typical child development.
- b. Fellows will improve their ability to differentiate typical development from aberrant behaviors or other issues of concern.

#### **4. Practice-Based Learning and Improvement**

- a. Fellows will continue to develop their own self-directed learning by attending various classrooms of different ages to increase the breadth of their exposure to young children.
- b. Fellows will improve their fund of knowledge of typical child development and incorporate this new knowledge into their patient care.
- c. Fellows will be responsible for the development of a 30-minute presentation, using available technology, to be given to the teachers and staff at this facility at the end of their rotation.

#### **5. Professionalism and Ethical Behavior**

- a. Fellows will exemplify professional and intellectual integrity at all times and will demonstrate their understanding of ethical values and code of conduct while observing children and with their interactions with children, families, teachers and staff.
- b. Fellows will be aware of their responsibilities during this rotation as observational only, and will not be providing any diagnostic impressions for any particular child.
- c. Fellows will be aware of referral sources for any concerns about a particular child that may be brought to their attention during the course of this rotation and will bring issues of clinical concern to the attention of their supervisor.
- d. Fellows will be aware of referral sources in the community for clinical care and will bring any issues of clinical concern to the attention of their supervisor.

#### **6. Systems Based Care**

- a. Fellows will interact and collaborate with teachers and staff in an infant, toddler and preschool educational program and improve their understanding of the various caregivers and settings involved in the care and supervision of young children.

### **Clinical/Educational Experiences**

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#### **Emergency On-Call**

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#### **CAP Emergency On-Call Responsibilities**

CAP Fellows and second year general psychiatry residents take "At-Home Call" and follow the ACGME Program Requirements in Graduate Medical Education in Child and Adolescent Psychiatry. Responding to psychiatric emergencies is a routine part of the work of a child and adolescent psychiatrist and is an important and valuable component of CAP

training. Throughout the two years of fellowship training, fellows rotate the responsibility of responding to emergency consultations in the Banner University Medical Center – Tucson (BUMC-T) Campus emergency room and for pediatric patients admitted to the BUMC-T inpatient services. This site is described in more detail in the section describing the Pediatric Consultation- Liaison Rotation.

Fellows will develop expertise in the emergency evaluation and treatment of children and adolescents with suicidal ideation or suicide attempts, aggressive or dangerous behaviors, acute symptoms of psychosis or other disruptive behaviors. Psychiatric evaluations are completed and treatment recommendations are communicated to the primary treatment team.

### **Goals and Objectives:**

#### **Interpersonal and Communication Skills:**

1. Fellows will develop their skills and demonstrate capacity to relate and work well with their colleagues in other medical specialties, staff and other health care providers involved in the care of children and adolescents.
2. Fellows will develop and demonstrate capacity to be empathic and the ability to establish rapport with patients and families.
3. Fellows will further their understanding and increase their self-awareness of transference and countertransference issues and to develop skills to effectively communicate these issues to colleagues and staff when appropriate.
4. Fellows will demonstrate their abilities to express clinical findings in concise and organized written evaluations, and in oral presentations.

#### **Patient Care:**

1. Fellows will obtain information from the patient, the guardian and other collateral sources of information to complete a psychiatric evaluation including the following areas:
  - a. History of the present illness, including current presenting symptoms or issues, course of illness, precipitating factors and contributing stressors
  - b. Past Psychiatric History, Past Medical History, Allergies and Substance Abuse History
  - c. Family History
  - d. Developmental History
  - e. Social History, Educational History, Legal History and Trauma History
2. Fellows will complete a mental status exam, develop a differential diagnosis, risk assessment and treatment plan with recommendations including disposition, medication management as indicated and outpatient treatment recommendations when appropriate.



### **Medical Knowledge**

1. Fellows will improve their medical knowledge by developing and formulating a differential diagnosis related to the chief complaint of each patient.
2. Fellows will develop and improve their ability to assess psychiatric emergencies in pediatric patients, including assessments of dangerousness to self or others and the management of dangerous behaviors.
3. Fellows will develop and improve their ability to assess for psychiatric issues that co- occur or contribute to medical problems in children and adolescents.
4. Fellows will develop a thorough case formulation that incorporates relevant biological, psychological, social and cultural factors of each patient to develop a rational differential diagnosis and to inform treatment recommendations.

### **Practice Based Learning and Improvement:**

1. Fellows will be able to locate, appraise and assimilate evidence from the scientific literature that is related to their patients' psychiatric issues.
2. Fellows will develop and communicate evidence-based treatment recommendations to the primary treatment teams, patients and families.

### **Professionalism and Ethical Behavior:**

1. Fellows will exemplify personal and intellectual integrity and will demonstrate an understanding of ethical values and code of conduct as a member of the medical profession at all times.
2. Fellows will demonstrate and model the appropriate attitude and empathy for their patients at all times.
3. Fellows will maintain a professional stance that is respectful, compassionate and sensitive to each patient's culture, ethnicity, age, gender or disability.
4. Fellows will demonstrate professional and ethical behavior by responding to all consults in a respectful and timely manner and will work collaboratively with other health care providers to provide the best possible care for their patients.
5. Fellows will demonstrate respectful advocacy for the needs of patients with psychiatric symptoms and to liaison with other healthcare professionals to assist them in providing for the specialized needs of children and adolescents with mental health issues.

### **Systems Based Practice:**

1. Fellows will develop their skills in collaboration and communication of clinical issues to the primary treatment team, patients, families and other systems of care as indicated.
2. Fellows will liaison with their colleagues in other medical specialties and systems of care by communicating clinical issues of importance and to provide education or assistance in dealing with difficult or complicated patients.
3. Fellows will continue to develop their familiarity with community resources and available systems of care for children and adolescents and to make



referral recommendations to the primary treatment team as needed.

## ELECTIVES

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### **Integrative Psychiatry Elective Track**

Course Director: Noshene Ranjbar M.D.  
Course Co-director: Amelia Villagomez, M.D.  
Course Coordinator: Susan Lockwood  
July 1, 2020 – June 30, 2021

#### **IMR-Psychiatry I**

Mondays 1-3pm for didactics

Location: Behavioral Health Pavilion, 3<sup>rd</sup> Fl Administrative Conference Room

This elective is open for PGY 4 residents in general psychiatry, as well as CAP fellows.

ACGME Milestones for Psychiatry training emphasize competency in the area of patient care, medical knowledge, practice-based learning and improvement, and professionalism. One goal for training is to become a psychiatrist who serves as a role model and teacher of compassion, integrity, respect for others, and sensitivity to diverse patient populations. A goal under medical knowledge includes knowing drug-supplement/herb interactions. One milestone that is evaluated for residents is “accountability to **self**, patients, colleagues and the profession” with subsection for fatigue management and work balance.

*Integrative Medicine* broadly defines a clinical paradigm that is patient-centered, healing-oriented, health promoting, and embracing of appropriate therapeutic approaches whether they originate in conventional or complementary medicine (Dodds et al, 2013). It reaffirms the importance of the therapeutic relationship, focuses comprehensively on the whole person, and renews attention to healing (Institute of Medicine, 2009b). Practitioners are called to exemplify and commit themselves to self-exploration and self-development. Mind body medicine, which is an important component of integrative medicine, particularly emphasizes and provides skills for provider wellness, self-awareness, reflection, and compassion toward the self and others.

#### **Goals of the IMR-Psychiatry I:**

##### ***Goal 1: Improve resident knowledge of evidence-based Integrative Medicine in Psychiatry***

The primary goal of the curriculum is to introduce the resident/fellow to the field of evidence-based integrative medicine as it related to mental health. Many patients have questions about integrative therapies. It is important for psychiatrists in training to understand this emerging field, and to have familiarity with evidence-based integrative medicine research and resources, whether they will use integrative medicine or not. As the resident participates through the

curriculum, he/she will see that some areas of integrative medicine have strong supporting research and others areas may not. We will delineate the boundaries of the current research.

### ***Goal 2: Improve Resident Wellness and Self-Awareness of their own wellbeing***

A second essential goal of the IMR-Psychiatry curriculum is to raise awareness about the importance of resident health and wellness. For this reason, the resident will find a blend of pediatric and adult evidence-based integrative curriculum throughout the IMR-Psychiatry, especially in the areas of preventative health, integrative mental health and mind-body medicine. A core philosophy of the Arizona Center for Integrative Medicine is self-care for the physician-learner, with an eye to helping them become better role models and more effective counselors to their patients and families.

During IMR-Psychiatry the resident/trainee will also receive an introduction to evidence-based mind-body medicine with a strong foundation in mindfulness in medicine. This topic is emphasized deliberately in large part due to the emerging literature in mindfulness in medicine, and in response to the newly revised core competencies in training in the areas of personal and professional development. This new core competency specifically calls for the development and evaluation of resident skills in self-awareness, effective stress management, and self-regulation. The IMR-Psychiatry curriculum in this area is designed to provide a robust research background in addition to experiential exercises. This was done to provide a multi-dimensional approach to a topic that may be new to many in the medical field.

### ***Goal 3: Incorporating knowledge of Integrative Medicine in the clinical setting***

Finally, IMR-Psychiatry has the goal of training residents/fellows in incorporating their emerging knowledge of integrative medicine in the clinical setting. Therefore, in addition to case-conferences, journal clubs, online interactive modules, and experiential didactics, residents also participate in patient care using integrative medicine principles. This will provide a multi-dimensional, hands-on training for these residents to gain clinical experience in this expanding field.

### **In-person Didactic & Experiential Sessions (Mondays 1-3pm):**

***Mind-Body Skills Groups:*** Each resident/fellow will participate in a series of mind-body skills groups (2-hour group weekly for 10 sessions). The skills include deep breathing techniques, meditation, biofeedback, guided imagery, mindful eating/nutrition, and the therapeutic use of creative arts, music and movement. The goal of the group is to give hands-on experience within a small group to the participants, enhancing knowledge of various evidence-based techniques; even more importantly, the goal is to encourage gaining experience in the practice of self-care, self-awareness, and to enhance a sense of well-being and resiliency.

***Experiential sessions:*** Participants will visit various community-based integrative medicine practitioners in order to experience a wide array of modalities. These may include but are not

limited to motivational interviewing, biofeedback, Tai Chi, meditation, clinical hypnosis, Traditional Chinese Medicine, Reiki, Qi Gong/Chi Nei Tsang, environmental health, accelerated resolution therapy (ART), internal family systems therapy (IFS), supplement/herb store visit, grocery store visit, and aromatherapy.

***Case Conference and Journal Club Presentations:*** Resident/fellow will present 3-4 times over the course of the year during didactic sessions

### **Clinical Practice:**

***PGY4 Residents:*** Flexible number of hours; intakes with integrative psychiatry faculty and follow-ups at the Banner-University Medicine Integrative Psychiatry Clinic (adult and/or child), and weekly supervision.

***Clinical group supervision:*** Mondays 8-9am or Tuesdays 8-9am or Wednesdays 8-9am

***Educational Patient Intakes with Group Case Discussion:*** Residents will participate in 8 educational intakes done thru a one-way mirror in July-August, on Mondays and Tuesdays 9-noon. These educational intakes will involve one of the residents/fellows interviewing the patient with Dr. Ranjbar (or other TBD Integrative Psychiatry Faculty) through a one-way mirror, with other residents/fellows observing. This session will be followed by a discussion session (without patient present), when a comprehensive biopsychosocial case formulation and treatment plan will be discussed.

***Child & Adolescent Psychiatry Fellows:*** Intakes and follow-ups will be with Dr. Ranjbar. Dr. Ranjbar will work with fellows to create an integrative formulation, treatment plan, and ongoing follow-up.

***On-line Interactive Modules:*** Protected time one hour per week will be built into resident/fellow schedules. A unique on-line interactive curriculum provides information on evidence-based interventions for psychiatric care. The on-line curriculum has been carefully chosen to introduce integrative medicine from a psychiatric perspective. In order to graduate, residents/fellows must complete 80% of the required on-line modules by June 1st. Residents are expected to read on a regular basis and progress will be checked monthly by course directors. As the on-line material provides foundational material that will be needed to create integrative treatment plans. It is expected for residents to complete 60% of the on-line material by January 1st. Residents who are not consistent with on-line reading will be expected to create a reading plan and present it to course directors.

***Scholarly Project:*** This will include two writing assignments. One is a reflection paper about a personal or professional awareness, realization, or deeper understanding regarding integrative medicine (2 pages single spaced, Arial font 12, 1-inch margins). The reflection paper will provide an opportunity for the trainee to reflect on his/her own process of personal and professional growth through participation in the curriculum.

**Reflection Paper DUE DATE:** June 4<sup>th</sup>

The second is a research paper (3 pages [not including references] single spaced, Arial font 12, 1-inch margins) based on a literature review of any topic in integrative medicine related to mental health, chosen based on interest. The purpose is to examine an area closely to gain a sense of competency. Integrative medicine literature is vast and expanding rapidly, and learners can often feel a sense that they know a little bit about lots of things but nothing in depth. This is an opportunity to really deepen knowledge in one area. Minimum number of references to include (with bibliography): 10.

In February, each resident/fellow will give a 10-minute presentation and 5 minutes for discussion/questions about the topic with the group.

**Literature Review Paper DUE DATE:** Please email the paper to Dr. Ranjbar February 11<sup>th</sup>, 2020.

**Evaluation:** A Pre- and Post- evaluation survey of the knowledge base of trainees in the field of integrative medicine, as well as assessments of self-care, quality of life, stress management, and level of career satisfaction will be performed.

Completion of 80% of on-line course materials, participation in 80% of in-person sessions and passing the final exam is required; participants meeting this requirement will receive a completion certificate from the Arizona Center for Integrative Medicine and the University of Arizona Department of Psychiatry.

**IMR-Psychiatry II**

Time requirement to be set up in advance with course director, and may range from 2-8 hours per week. Location: Behavioral Health Pavilion (adult and/or child)

This elective is open for PGY4 residents in general psychiatry and CAP fellows who have completed IMR-Psychiatry I.

**Goals of IMR-Psychiatry II:**

- 1) To apply knowledge of evidence-based integrative medicine in the comprehensive psychiatric evaluation of child and/or adult psychiatry patients
- 2) To apply knowledge of evidence-based integrative medicine in the biopsychosocial case formulation of intakes in child and/or adult psychiatry
- 3) To apply knowledge of evidence-based integrative medicine in the comprehensive treatment planning and follow-up of child and/or adult psychiatry patients
- 4) To enhance adult and/or child psychiatry patient care based on up-to-date literature searches of integrative approaches for the treatment of mental health conditions.
- 5) To enhance the resident/fellow's ability to refer to community providers for appropriate evidence-based integrative medicine approaches
- 6) To continue to practice integrative medicine approaches to enhance resident/fellow well-being, self-awareness, and mindfulness in medical practice

**Components:**

***Mind-Body Skills Groups (Optional):*** Each resident/fellow will have the option to participate in a series of mind body skills groups (2-hour group per week for 10 sessions July-September). Since all IMR-Psychiatry II resident/fellows have already completed IMR-Psychiatry I, this will be a repeated experience, with opportunity to deepen knowledge and practice of mind-body medicine. Participation allows for IMR-Psychiatry II resident/fellows to share their knowledge and experience of mind-body medicine with their colleagues who may be new to the experience.

***Adult and/or Child Patient Intakes (Optional):*** The intake frequency may vary from 1-3 per month depending upon scheduling needs. 1.5 hours are allotted for each adult intake. For child and adolescent intakes, two-hour slots are set aside to allow for interviewing child and parent, with ample time for treatment planning and psychoeducation.

***Case Conference/ Journal Club Presentations:*** Resident/fellow will present 2-4 times over the course of the year during didactics

***Group Supervision:*** Residents/fellows can participate in weekly group supervision where new and follow-up cases are presented and discussed with supervising attending. Options include Monday 8-9am, Tuesday 8-9am, or Wednesday 8-9am.

***Teaching opportunities:*** Resident/fellow will have the opportunity to conduct one or more of the experiential didactic sessions for IMR-Psychiatry I participants. This may involve giving an interactive case presentation, designing and facilitating an experiential session based on one of the integrative medicine modalities, leading a journal club, or case presentation session for IMR-Psychiatry I participants in collaboration with the supervising attending.

***Research opportunities:*** With approval of elective directors, resident/fellow may take part in the data gathering, analysis, and/or publication of a quality improvement program related to the IMR-Psychiatry I curriculum; may also include a resident-initiated research project, literature review, case report, etc.

**Table: IMR-Psychiatry I & II Requirements**

Category of Program	Year of Resident	Prior elective experience	Curriculum	Integrative Psychiatry Clinic
IMR-Psychiatry I	PGY-4, 1st & 2 <sup>nd</sup> year child fellow	None	95 hours of on-line interactive modules + 2 hours/week of experiential didactics	Up to 6 hours/week
IMR-Psychiatry II	PGY-4, 2 <sup>nd</sup> year child fellow	Completed IMR-Psychiatry I	Tailored to participant interest and clinical cases	Up to 8 hours/ week