

**UCLA Department of Neurology
Psychiatry & Behavioral Neurosciences Rotation
VAGLA West LA Campus
Modified: January, 2009**

Rotation Overview:

Psychiatric Services at the West LA VA campus include multiple general and subspecialty programs in psychiatry and behavioral neurosciences. Residents rotate through these programs during this rotation. The rotation is a 4-week mandatory rotation in the PGY4 year. Participating residents examine patients in the various inpatient and outpatient programs under the supervision of attending psychiatrists and behavioral specialists with expertise in each subspecialty area.

Clinical teaching and patient encounters are meant to introduce the residents to the main areas in psychiatry and to the specific management issues common to each clinical entity. This rotation is designed to provide the fundamentals of psychiatry and behavioral neurosciences and a platform from which to anchor and enhance further knowledge in the field. This rotation may also motivate a given resident to take elective rotations in psychiatric subspecialties or in behavioral neurology.

This overview outlines the Psychiatry & Behavioral Neurosciences Rotation curriculum. This rotation provides a structure for resident education in all of the core competency areas; however there are rotation activities that promote growth in specific competency areas, which are further identified below using the following key:

Patient Care: 1

Medical Knowledge: 2

Practice-Based Learning and Improvement: 3

Interpersonal and Communication Skills: 4

Professionalism: 5

Systems-Based Practice: 6

Principle Teaching / Learning Activities:

- 1) **Scheduled clinical activities** are as noted below with the expectation that morning clinics begin at 8:00 a.m. and afternoon clinics at 1:00 p.m. Clinic activities occur at the VAGLA West LA VA campus and the specific venue locations are noted below in the schedule. Directions to this location are attached to these goals and objectives as an addendum.

Competencies addressed: 1, 2, 3, 4, 5, and 6.

Time	Clinic	Primary Attending
Monday a.m. Monday p.m.	Gen Inpatient Psychiatry ^A Gen Outpatient Psychiatry ^B	Dr. Jonathan Sherin Dr. Jacob Moussai (#5435)
Tuesday a.m. & p.m.	Inpt Psych Consultations & Geropsychiatry ^C OPTIONAL (if gero slow)	Drs. Sarah Hays & David Sultzer ER Psych Consultations
Wednesday a.m. Wednesday p.m.	Residency Core Didactics Mood Disorders & their Rx ^D	Dr. Lori Altshuler & Staff
Thursday a.m. & p.m.	Neurobehavior Clinic & Consultations ^E	Drs. Mario Mendez, Ron Saul, Ed Teng
Friday a.m. & p.m.	Emergency Psychiatry Consultations ^F OPTIONAL (if ER slow):	Dr. Anosh Tahiri-Tafreshi and staff pm 1-West Neurobehavior

^ABldg 500, 2West Conference Rm; ^BPACC-Psychiatry, Silver Team (first floor);
^CBldg 500, 2N geriatric psychiatry conf rm; ^DBipolar Clinic, Bldg 206, 2nd floor;
Bldg 206, 2nd floor; ^ENeurobehavior, Bldg 500, 3South Conf rm; ^FER, psychiatry

2) **Didactics:**

- **Inpatient Psychiatry Case Conference:** Monday 8-10 a.m., Bldg 500, 2W Conference Rm; Dr. Sherin leads team discussion of the management of difficult and challenging psychiatric inpatients in a multi-disciplinary setting
Competencies addressed: 1, 2, 3, and 6.
- **Geriatric Psychiatry Conference** covers a range of topics applicable to the mental health of the elderly; Tuesday 12-1 p.m., NPI C level first corridor conference room.
Competencies addressed: 1, 2, 3, and 6.
- **Bipolar post-clinic discussion:** Dr. Altshuler and staff discuss the psychopharmacology of mood disorders; Wednesday afternoons.
Competencies addressed: 1, 2, 3, and 6.
- **Cognitive Neuroscience Conference** is a series didactic sessions with Dr. Mendez covering brain-behavior disorders and topics in cognition. This conference is scheduled on Thursdays from 8:00 a.m. – 9:00 a.m. in the Neurobehavior unit prior to starting the scheduled Neurobehavior clinic.
Competencies addressed: 1, 2, 3, and 6.
- **Behavioral Neuroscience Case Presentation** involves the discussion and examination of a patient with a brain-behavior disorder in a didactic format on Thursday afternoons 1:30-2:45 pm
Competencies addressed: 1, 2, 3, and 6.

**** In addition, all residents rotating through this Psychiatry Rotation are expected to attend and benefit from the competency-based curriculum or DIDACTIC THREAD covered in the Wednesday lecture series (Grand Rounds, Core Curriculum, Resident Update Meetings, Journal Club, Neuroanatomy Case Review, and NOC).**

Principle Educational Goals / Objectives:

1. The residents will participate in the management of patients with psychiatric disorders, including disturbances of behavior and cognition.
2. The residents will learn about the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in disease processes and their clinical expression.
3. The residents will learn principles of psychopathology and psychiatric diagnosis.
4. The residents will learn about therapeutic choices based on psychiatric diagnosis with emphasis on psychopharmacology, indications for treatment, and potential complications inherent to the drugs used in psychiatry.
5. Specific goals and objectives as detailed below will be accomplished through clinical rotation experiences or venues including:
 - a) Outpatient general psychiatry experience
 - b) Inpatient general psychiatry experience
 - c) Psychiatric consultations in medical-surgical setting
 - d) Specific experience with mood disorders and psychopharmacology
 - e) Cognitive disorders and neurological neuropsychiatry
 - f) Emergency psychiatry

Inpatient Psychiatry:

- Know how to distinguish psychotic disorders.
- Learn how to use psychoactive medications for the treatment of psychotic disorders.
- Learn about the use of non-pharmacological therapies
- Learn psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in disease.
- Understand the role and importance of a multidisciplinary team in mental health.

Outpatient Psychiatry:

- Recognize common presentations of anxiety, depression, psychosis, and other general psychiatric disorders.
- Learn how to evaluate patients with behavioral complaints or symptoms.
- Perform a psychiatric examination under supervision.
- Learn how to manage these patients with psychoactive interventions.

- Learn when to triage or refer patients with behavioral complaints or symptoms.

Psychiatric Consultations and Geropsychiatry:

- Be able to perform and understand aspects of the psychiatric consultation in a medical-surgical setting.
- Further expertise in performing a psychiatric examination under supervision.
- Be able to evaluate patients for competencies and referral for conservatorship.
- Learn to recognize the psychiatric manifestations of medical diseases.
- Learn to recognize the principle psychiatric illnesses of the elderly.

Behavioral Neurosciences:

- Recognize the common manifestations of brain-behavior disorders (behavioral manifestations of brain disease)
- Develop skill in the performance of mental status assessment and an understanding of the breadth of possible cognitive and neuropsychological evaluations
- Gain an understanding of some of the basic principles of behavioral and cognitive neurology and the diseases associated with them
- Evaluate at least 1 patient from each of the three basic domains of Neurobehavior:
 - Dementia/delirium
 - Focal cognitive disorders
 - Neurological neuropsychiatry.
- Gain a familiarity with the use of psychoactive medications in brain disorders

Psychiatric Emergencies:

- See at least one example each of major psychiatric emergencies:
 - Acute psychosis
 - The suicidal patient
 - Panic disorder or major anxiety attack
 - PTSD
 - The aggressive or violent patient
 - Other psychiatric emergencies
- Discuss the differential diagnosis of psychiatric emergencies.
- Learn how to acutely manage the major, urgent psychiatric symptoms and disorders.

Recommended Resources / References:

- 1) Sadock BJ, Sadock VA. Kaplan & Sadock's Concise Textbook of Clinical Psychiatry, 2nd Edition. Philadelphia: Lippincott Williams & Williams, 2004.
- 2) Clark D, Boutros N, Mendez M. Brain-Behavior Disorders. Cambridge, 2006.
- 3) Behavioral Neurology and Neuropsychology, Todd E. Feinberg, Martha J. Farah, 2003.
- 4) Computer access to internet sources and the UCLA Website with available links to the following resources:
Pub Med Medline, Harrison's On Line, MD Consult

Evaluation Methods:

- At the end of the rotation the attending faculty that have worked with the resident team are asked to fill out a comprehensive evaluation form that is based on the core competency areas and the goals/objectives listed above. These evaluations are compiled and reviewed with each resident biannually.
- The residents and medical students assess the performance of each member of rotating health care team by completing peer evaluations. These peer evaluations are compiled and reviewed with each resident biannually.
- Residents are asked to assess the faculty mentors that they have worked with as well as the overall rotation, again with the use of an evaluation form.
- Resident Update Meetings, Residency Training Committee meetings, and Resident retreats provide an ongoing forum for recommending curricular or structural changes in the rotation.

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