

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE  
DEPARTMENT OF PSYCHIATRY  
ROTATION SCHEDULE

PGY-1

Medicine BJH*	Neurology BJH	Inpatient Psychiatry BJH
<i>4 months</i>	<i>2 months</i>	<i>6 months</i>

*For 1 of the 4 months of medicine, residents may select to do emergency medicine or pediatrics.*

PGY-2

CD Bridgeway*	Ind. Center*	Eating Disorders	Consults BJH	ER Psych	ECT*	Gero*	Selective
<i>2.4 months</i>	<i>1.2 months</i>	<i>1.2 months</i>	<i>2.4 months</i>	<i>1.2 months</i>	<i>1.2 months</i>	<i>1.2 months</i>	<i>1.2 months</i>

*PGY-2 selectives: autism, child psychiatry, forensic psychiatry, neuropsychiatry, neurology consults, research*

PGY-3

Outpatient Psychiatry (including Child Psychiatry)
<i>12 months</i>

PGY-4

Long-Term Patient Follow-up		
Inpatient Supervisory Rotation BJH <i>2 months</i>	Consults BJH <i>2 months</i>	Elective/Research  <i>8 months</i>

**NOTE: The above rotations might need to be modified somewhat depending on the specific changes in the ACGME duty hour policy going into effect 7/1/11.**

- \*BJH – Barnes-Jewish Hospital
- CD Bridgeway – Chemical Dependency at Bridgeway Behavioral Health
- Ind Center – Independence Center (Day Hospital)
- ECT – Electroconvulsive Therapy
- Gero – Geriatric Psychiatry

**GOALS OF EACH ROTATION  
IN THE PSYCHIATRY RESIDENCY TRAINING PROGRAM**

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GENERAL GOALS

The overall goal of the Washington University Medical School Psychiatry Residency Training Program is to help each resident develop the necessary knowledge, skills, and attitudes to enjoy a productive career as a psychiatrist. In order to attain this goal, a resident is active in a progressive series of clinical, educational, and research experiences designed to continuously enhance the resident's abilities. Competence in clinical psychiatry is required, and we expect residents to be superb clinicians by the end of training.

Each resident participates in a variety of clinical and educational activities, including supervised patient management, clinical conferences, departmental conferences, journal clubs, reading courses, and resident-specific didactic courses. Residents also learn from actively teaching Washington University medical students. Residents progressively assume more clinical and educational responsibilities.

Clinical experiences include inpatient adult psychiatry at Barnes-Jewish Hospital, consultation psychiatry, addiction psychiatry, interventional psychiatry, emergency psychiatry, geriatric psychiatry, eating disorders, day hospital, outpatient child psychiatry, outpatient adult psychiatry, advanced consultation psychiatry, and research. Ample elective and selective time allows a resident to study areas of particular interest.

A variety of formal courses are specifically designed for residents including an introductory psychiatry course for PGY-1 residents, an emergency psychiatry/consultation psychiatry course, an addiction psychiatry course, a consultation-liaison course, a child psychiatry course, and a weekly seminar series for all residents that incorporates neurosciences, genetics, epidemiology, pharmacology, and therapeutics into disease-based modules. Additional weekly seminar topics include psychotherapy, psychological testing and personality disorders. Advanced seminars for PGY-3 and PGY-4 residents include Law, Ethics and Psychiatry; Cross Cultural Psychiatry; Functional Anatomy of Emotion and Imaging; Readings with Dr. Richard Hudgens; Translational Research and Reading the Scientific Literature; History of Psychiatry; and Practice of Psychiatry: Business and Administrative Aspects. Weekly departmental seminars add to our residents' learning experience; these include Psychiatry Grand Rounds and Research Seminar. In addition, each rotation has teaching conferences specifically geared toward residents at a particular level of training.

Our psychotherapy curriculum includes interview skills training, didactics on personality, general considerations in psychotherapy, cognitive therapy, interpersonal therapy, motivational interviewing, practical psychodynamics, supportive therapy, family therapy, group therapy, brief therapies, and pharmacologic therapies with psychotherapies.

Residents meet frequently with junior and senior staff members of the department. Full-time attending faculty supervise residents on all psychiatry services and are available 24 hours a day.

Senior and mid-level faculty interact with residents at Attending Rounds, Professor's Rounds, conferences and courses, as well as on an informal basis. Residents also have substantial contact with community-based clinical faculty and have the option to work with them in treating selected inpatients. Community-based psychiatric attendings also actively participate as clinical supervisors. Working with full-time academic faculty as well as psychiatrists practicing in the community allows the resident to develop a broad approach to the treatment of patients with psychiatric symptomatology through exposure to a wide variety of clinical approaches and theoretical perspectives. Also, exposure to both academic and community-based faculty lets the resident gain experience with the effects of changes in health care delivery on academic and private practice career opportunities.

Our curriculum is designed to provide the didactics and experiences necessary for each resident to become competent in the general medical skills required by the ACGME as well as in psychiatry specific skills. The general skill areas include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Psychiatry specific skill areas include psychiatric diagnosis and treatment modalities including psychotherapies, pharmacotherapies, and ECT.

### ROTATION-SPECIFIC GOALS

#### **PGY-1**

##### *Medicine*

Each resident is expected to demonstrate satisfactory performance at a PGY-1 level during a four month rotation on general inpatient adult medicine. Instead of general adult medicine, residents may choose to do one of the four months on pediatric medicine or emergency medicine. Performance is evaluated by the Departments of Internal Medicine, Emergency Medicine, or Pediatrics. A resident is evaluated in terms of knowledge, skills, and attitude.

##### *Neurology*

Each resident is expected to demonstrate satisfactory performance in terms of knowledge, skills and attitude in neurology at a PGY-1 level as evaluated by the Neurology Service. The resident is expected to be able to perform a competent neurological examination and have a firm foundation in the pathophysiology and treatment of frequently occurring neurological illnesses. The resident is expected to gain an excellent working knowledge of the importance and limitations of the relationship between neuropathology and symptomatology. An appreciation for the close relationship between neurology and psychiatry should develop during this rotation.

##### *Inpatient Psychiatry: Barnes-Jewish Hospital*

This service introduces the resident to the basics of psychiatric inpatient care and exposes the resident to patients with a broad variety of psychopathology. A full range of treatment modalities is used to treat inpatients, including pharmacotherapy, electroconvulsive therapy (ECT), and a variety of psychotherapies. Specialized services include a geriatric psychiatry unit and an intensive care unit. Patients' physical health ranges from healthy to seriously ill.

## **PGY-2**

Rotations during the second year of training are geared toward providing the resident with the opportunity to build upon the fundamentals of psychiatry learned during the PGY-1 inpatient rotation. Residents get a broad exposure to most of the specialty areas within psychiatry.

### *Chemical Dependency – Bridgeway Behavioral Health*

This rotation provides the resident with in-depth exposure to substance use disorders in a diverse patient population. The resident learns to identify and accurately diagnose substance use disorders and treat patients in detoxification, inpatient residential, and outpatient treatment settings. The resident also has the opportunity to participate in group treatment models. Both pharmacologic and psychotherapeutic treatment approaches are employed on this rotation.

### *Consultation*

Residents provide psychiatric consultations at Barnes-Jewish Hospital to patients with both medical and psychiatric symptoms. Specific issues regarding the interface of psychiatry and the various medical disciplines are reviewed. Decisions regarding diagnostic and management issues in complicated, physically ill patients require knowledge of psychiatry and psychopharmacology. Residents gain an appreciation of the interaction of illnesses and the significant co-morbidity seen in hospitalized patients. They learn accurate assessment and management of patients and also learn how to function as a consultant to other physicians. The consult team consists of medical students, second year and fourth year residents, and a teaching attending.

### *Eating Disorders*

This rotation allows the resident to gain experience in the evaluation and treatment of patients with eating disorders in an intensive outpatient setting. Residents gain an understanding of the medical management as well as psychiatric treatments of patients with eating disorders. Residents gain experience in psychotherapies, including the group therapy model.

### *Emergency Psychiatry*

During the Emergency Psychiatry rotation, residents gain experience in the initial evaluation and treatment of patients with psychiatric symptoms presenting to a general hospital emergency room. Residents learn the acute presentation of the major psychiatric illnesses. They also gain an appreciation of the co-morbidity of illness in those presenting to the emergency setting. In addition, they gain an understanding of risk assessment in determining the level of service indicated for patients presenting in an emergency situation.

### *Geriatric Psychiatry*

Residents gain experience evaluating and treating geriatric patients in a variety of settings. Residents spend time with a faculty supervisor seeing private patients referred to an academic geriatric psychiatrist. Residents provide consultations to an extended care facility affiliated with the medical center. Residents gain experience working in the memory disorders clinic, staffed by a multidisciplinary team including psychiatrists and neurologists. Residents also obtain

experience evaluating and treating patients with a variety of illnesses that affect the elderly, including strokes, brain injuries, and degenerative illnesses in an inpatient rehabilitation setting.

### *Independence Center*

This rotation involves a community-based day hospital program administrated by Barnes-Jewish Hospital. The program focuses on rehabilitation of patients who have chronic mental illness. Residents learn to provide treatment to patients who have severe chronic psychiatric illness and need intensive treatment but not the acuity of an inpatient setting. The resident is responsible for evaluating and treating new patients and monitoring established patients under the supervision of the rotation coordinator or designee. The resident participates in daily group treatment models. The resident also tours the Independence Center clubhouse. Additional participation in clubhouse activities is available for those residents who are interested. Residents may have the opportunity to see forensic patients as part of this rotation.

### *Interventional Psychiatry*

This rotation exposes residents to the process of evaluating psychiatric patients referred for interventional treatments through the Treatment-Resistant Depression and Neurostimulation Clinic. Although the primary focus of this experience is in mood disorders (unipolar and bipolar depression), residents may also be exposed to other disorders in which interventional techniques are being used (*e.g.*, obsessive compulsive disorder). Residents learn to assess patients, recommend appropriate interventional therapies, and provide safe treatments. Residents evaluate patients referred to the Treatment-resistant Depression and Neurostimulation Clinic and work on the ECT service at Barnes-Jewish Hospital, providing ECT consults to the inpatient psychiatric services and to outpatients referred by their outpatient psychiatrist. Residents also participate in the evaluation and treatment of patients referred for other modalities of treatment when possible.

### *Second Year Selectives*

The objective of the second year selective rotation is to encourage residents to explore areas of special interest in depth. Residents typically have a 1.2 month long rotation in which they can choose from a variety of selectives including: autism, child psychiatry, forensic psychiatry, geropsychiatry, neuropsychiatry, and research.

#### *Autism*

This is a research rotation in the Cognitive & Perceptual Development Lab (John Pruett, PI). The lab has 3 major thrusts: (1) attention to social and non-social stimuli, (2) the comparative cognition of relational reasoning as related to social functioning, and (3) functional connectivity magnetic resonance imaging (fcMRI) studies of inter-regional brain connectivity in autism (currently recruiting subjects for this). During a 1.2-month rotation, the resident shadows various lab members during clinical assessments and experiments with subjects, attends lab meetings and discussions, and gains exposure to different levels of data analysis. Reading is individualized.

#### *Child Psychiatry*

This selective provides an early opportunity for residents to gain experience in child and adolescent psychiatry (CAP). Residents participate in at least one afternoon clinic each week at Washington University. The resident also may observe clinical care in a variety of settings

including: Hawthorn Hospital (which is run by the State of Missouri), a public outpatient clinic, the St. Louis County Special School District, or the consult service at St. Louis Children's Hospital. In addition, the resident may observe clinical care in the context of a variety of CAP clinical research projects and may also participate in one or several divisional CAP research projects.

### *Forensic Psychiatry*

Residents read textbooks, journal articles, and/or legal cases related to specific issues in forensic psychiatry. Residents meet with the coordinator, or designee, regularly to discuss assigned readings, review civil cases, formulate an expert opinion, and engage in mock-testimony. Residents may have the opportunity to observe examinations and/or testimony of the coordinator, or designee. Residents may have the opportunity to observe pretrial evaluations of competency and/or responsibility at St. Louis Psychiatric Rehabilitation Center. They may also have the opportunity to observe group treatment designed to restore competency in those found incompetent.

### *Geropsychiatry*

Residents are exposed to clinical and research methods used to evaluate older adults with cognitive and functional complaints consistent with Alzheimer's disease and other neurodegenerative disorders at Washington University's Alzheimer's Disease Research Center (ADRC) and its Memory and Aging Project. Residents observe the conduct of clinical and research evaluations live and in-person, as well as via videotape; these evaluations cover a range of diagnoses and care issues. Residents gain familiarity and understanding of the Clinical Dementia Rating (CDR). Residents also participate in other educational offerings of the ADRC, including research seminars and a weekly clinical case conference. Enrichment opportunities include evaluations of older adults in the long term care setting and exposure to clinical trial methodology.

### *Neuropsychiatry*

Residents have the opportunity to work in several settings – the movement disorders clinic, the sleep disorders unit, and a geropsychiatric clinic – in which patients can present with both neurologic and psychiatric symptoms. Common patients include those with Tourette's syndrome, Parkinson disease, obstructive sleep apnea, and Alzheimer's disease. This selective provides the resident with the opportunity to enhance his/her ability to do a neurologic exam and review of systems. The resident has additional time to review the current research in neuropsychiatry and participate in journal club.

### *Research*

This selective provides the resident with the opportunity to work with a faculty member (or a research group) either in the Department of Psychiatry or another department at the medical school on a project of mutual interest and thereby gain an appreciation and understanding of how research is conducted. Working with people outside of the medical school is also feasible, but the project should be discussed with the residency director first. The project may be one that is already ongoing in the PI's laboratory or it may be a new one created for the resident. Projects may be either clinical or basic in nature. Residents are not expected to publish or present their findings.

### **PGY-3**

#### *Outpatient Psychiatry*

This year-long rotation allows residents to concentrate on the specific issues involved in managing patients with psychiatric symptomatology in an outpatient setting. Some patients will have disorders that require periodic hospitalization, while other patients will have symptoms that can be successfully managed as outpatients. Residents follow patients long-term in three clinic settings: a traditional hospital adult outpatient clinic, a community adult clinic where residents work with non-physician case managers to provide care, and the Department's outpatient child and adolescent clinic.

### **PGY-4**

#### *Consult Supervision*

On this rotation, residents continue to gain the skills necessary to aid colleagues in other fields who suspect that their patients' illnesses are influenced or caused by psychiatric disorders. These specific skills require experience coupled with close supervision. The PGY-4 resident has increased responsibilities in providing education and supervision to the PGY-2 residents and medical students on the team.

#### *BJH Supervision*

This rotation allows the resident to gain skills in supervising junior residents. The PGY-4 resident assists attending faculty with supervising junior residents on the emergency psychiatry and inpatient psychiatry rotations. The senior resident facilitates junior residents' education about psychiatric diseases and the assessment and management of patients. The senior resident provides supervision to develop the junior residents' accuracy, efficiency and confidence in providing patient care. In addition, the senior resident helps junior residents improve skills related to thorough documentation. The rotation allows the senior resident to develop supervisory skills necessary to function as an independent clinician upon completion of the training program.

#### *Research*

Advances in all fields of medicine are dependent on advances in basic science and clinical research. The approaches used by research scientists in choosing research questions, critically reviewing the literature, designing experiments, gathering, analyzing and interpreting data, communicating results, and developing the next logical research step involve thought processes applicable to clinical situations as well as research projects. Residents are required to participate in a four-month project. Four months of research exposure allow a resident to at least scratch the surface of a few of the above processes. It is not expected that a resident will complete a major project. Our goal is for the resident to be exposed to the process and to develop enthusiasm concerning a specific research question. Some residents will find research to their liking and will undertake up to four months of additional elective time in working on a project. Combined clinical electives/clinical research blocks of 8 months are available and encouraged.

#### *Elective*

The primary objective of the four-month elective period is to allow a resident to pursue training in areas of interest. The resident may choose from a wide variety of predefined electives (administrative psychiatry, geropsychiatry, child consult service, community psychiatry, ECT,

forensic psychiatry, outpatient psychiatry in the university setting, movement disorders, schizophrenia prodrome, and sleep medicine), or he/she may design either a clinical or research elective that is specific to his/her needs.

## EVALUATIONS

Each resident's performance is discussed at least two times a year at the resident evaluation committee meetings headed by the residency director. The evaluation committee consists of the assistant residency director, the department head, the vice-chair for education, representatives from each of the psychiatry rotations and the course master of the third year medical school psychiatry clerkship. Several members of this committee would have had direct knowledge of the performance of a resident during the prior six months.

At the end of each rotation, the appropriate attending discusses with each resident his/her performance. Additionally, each resident has two feedback meetings annually, at least one of which is with the residency director.

Residents annually participate in a written examination to provide feedback from an objective test. In addition, residents participate at least yearly in a clinical skills examination. This exercise is used to provide additional advice to each resident concerning areas of strengths and weaknesses.

The above procedures and feedback are designed to aid the resident in achieving full potential as a psychiatrist. Successful completion of our program is contingent on a resident meeting the goals and objectives of each rotation.

