THIRD POST-GRADUATE YEAR

CLINICAL ASSIGNMENTS

The major rotations for the third year occur at the Texas Tech Outpatient Clinic, EPPC Inpatient Child & Adolescent Unit, Thomason Consultation Liaison Service, and El Paso Mental Health and Mental Retardation Center Outpatient Clinics. The structure of the PGY-III and PGY-IV clinical rotations and curriculum reflect a strong commitment to continuity of care as well as being important to the patient, such continuity is necessary to master the skills required for psychotherapeutic involvement. Short and long term cases are followed and a full range of ambulatory, office based intervention are taught. The programs of the final two years of residency allow for at least twenty-four months of continuous outpatient exposure.

CHILD/ADOLESCENT PSYCHIATRY

This is a two-month half time inpatient rotation where the resident participates as a team member with a child Psychiatry faculty person in the Child and Adolescent Unit of the El Paso Psychiatric Center from 8:00 a.m. to 2:00 p.m. The resident performs assessments and does follow-up with children, adolescents and their families. The resident is expected to become familiar with both child and family treatment modalities. Resident work is supervised Monday through Friday by the on-site child Psychiatry faculty member. Child and adolescent patients are seen at least once during the weekend by the on-call faculty. From 2:00 - 5:00 p.m. the resident is expected at the Texas Tech Outpatient Clinic for one hour of research project work and one hour of outpatient clinic continuity patient appointments. Continuity experiences occur with some patients followed as outpatients after release from hospital.

GOALS & OBJECTIVES:

By the end of this rotation the resident is expected to:

1. Be able to conduct a thorough evaluation of children and their families and to properly assess the nature and the significance of the presenting problems.
2. To develop a greater understanding of the physical, cognitive and emotional maturation of the child.
3. Have learned the common psychiatric disorders of children and adolescents.
4. Identify the significant, social, psychological, biological, and communication variables that predispose the family system to the target symptoms.
5. To know the principles of intervention in child and adolescent Psychiatry.
6. To have the experience and be able to discuss evaluation and treatment planning for the mentally retarded.
7. Understand the principals of cultural formulations.
8. Understand the principals of system based practices.

EL PASO MENTAL HEALTH AND MENTAL RETARDATION OUTPATIENT CLINIC

The resident is required to have a community outpatient rotation at the El Paso MHMR Center Outpatient Clinic under the supervision of Martin Guerrero, M.D. and James A. Wilcox, D.O., Ph.D. The resident is exposed to various treatment approaches, depending on the individual needs of each patient, to include individual and family therapy, psychotropic medication, psychosocial education and others. This rotation is two half days per week from 8:00 a.m. to 12:00 p.m. See Section 15 for a full description of this facility.

By the end of this rotation the resident is expected to:

1. Have a basic understanding of community-based mental health services.
2. Have an ability to formulate a competent treatment plan for the ambulatory patient in the public sector.
3. Have the ability to manage psychiatric emergencies in the outpatient setting.
4. Have the ability to manage patients with severe and persistent mental illness.
5. Understand how to manage community resources available in a public sector clinic.

GERIATRIC PSYCHIATRY ROTATION

DEFINITION

The geriatric Psychiatry rotation provides the resident in training an opportunity to evaluate, diagnose, and manage a spectrum of psychiatric disorders that present during the patient's last years of life, typically defined as age 65 and above. Residents will be expected to interview, examine, and "work-up" patients referred to the Texas Tech Outpatient clinics. Residents will also participate in relevant forensic evaluations pertinent to their patients. These include competency and guardianship examinations.

Residents will handle an outpatient caseload during the rotation which will primarily consist of geriatric patients referred to the department for research studies and routine consultation evaluations. This part of the rotation will expose the resident to learning more structured methods of assessment which include detailed cognitive exams, depression and anxiety rating scales, behavioral assessment inventories, and executive function exams.

OUTCOME/GOAL

At the end of the rotation, the resident should have competency in evaluating and treating psychiatric disorders commonly seen in a geriatric population. Competencies include diagnostic interview/examination, fundamental blood and lab work analysis, pharmacomanagement, and handling routine psychosocial matters related to the patient's overall care. The optimal outpatient research experience will introduce the resident to more formal geriatric assessment protocols and the clinical relevance of research design and queries in this population.

KNOWLEDGE/OBJECTIVE

The basic reading list for this rotation is:

1. The Textbook of Geriatric Neuropsychiatry. Cummings and Coffey.
2. The Textbook of Geriatric Psychiatry. Busse and Blazer
3. Selected articles from the current geriatric psychiatric literature:
    a. The Journal of the American Association for Geriatric Psychiatry
    b. Clinical Geriatrics
    c. Annals of Long Term Care

The resident will demonstrate knowledge of:

1. The role of aging and pathologic neurodegenerative process on pre-existing and underlying psychiatric disorders and in creating new-onset clinical pathology.
2. The impact and interplay of medical and neurological conditions commonly seen in the geriatric population on their concurrent psychiatric state.
3. Basic principles of geriatric psychopharmacology and special considerations in dosing medications in the elderly with their comorbid medical conditions.
4. Basic elements of a competency and guardianship evaluation.
5. Basic community services and state agencies available to geriatric patients.
6. Assessment tools related to geriatric Psychiatry clinical care and research.

    a. Basic geriatric Psychiatry history and exam.
    b. Mini-Mental Status Exam.
    c. Executive function assessment tools.
    d. Depression and anxiety rating scales.
    e. Behavior in dementia rating scales.
    f. Activity of daily living assessment scales.

SKILLS OBJECTIVES

The resident will demonstrate the ability to:

1. Perform a basic geriatric psychiatric interview and cognitive assessment.
2. Formulate an initial differential diagnosis and treatment plan.
3. Prioritize basic and more advanced blood work and laboratory analysis, including needs for neuroimaging.
4. Assess patient's basic cognitive abilities, activities of daily living, and relevant higher cortical functions.
5. Manage the care of geriatric patients and monitor clinical progress and coordinate outpatient care with various local and state agencies.
6. Work closely with medical and neurology consultants.
7. Confer with family members and conduct relevant family conferences.
8. Perform relevant diagnostic and rating scale assessments used in an outpatient geriatric research setting.

ATTITUDE OBJECTIVES

The resident will:

1. Demonstrate a manner of professionalism and respect for the members of the inpatient treatment team and conduct him/herself with respect toward all patients and hold the patient's best interests as a clinical priority.
2. Maintain a demeanor of respect and sensitivity toward medical students and junior residents under his/her supervision and tutelage.

ASSESSMENT

The resident's knowledge, skills, and attitudes regarding geriatric Psychiatry patients will be assessed by:

1. Monitoring clinical practice in the outpatient setting through verbal reports and review of the clinical chart.
2. Observation by faculty of their interactions with treatment team members, consultants, students, and community agency staff.
3. Review of written documents including clinical evaluations, examinations, progress notes, research rating scales and assessment tools.

CONSULTATION-LIAISON

This is a rotation at Thomason General Hospital and their specialty clinics. The resident interacts with the medical-surgical subspecialties and performs interdisciplinary teaching and consultation activities.

All consultation patients are supervised by faculty and are co-signed by faculty prior to finalization.

Consultation

The resident is responsible for all floor inpatient consultation requests and performs activities commensurate with liaison relationships to other departments. The resident learns how to effectively communicate with other physicians both verbally and through concise non-technically worded patient management reports. The resident discusses with physician and nursing staff about alternative methods to interact with difficult patients in order to facilitate treatment and about ways to counsel patients and families. The resident recommends to the requesting physician techniques in the use of psychopharmacological agents, and on disposition and follow-up treatment. Teaching rounds review new and ongoing cases with attending faculty five times a week. Interesting cases are also discussed at the formal Consultation-Liaison seminar or in case conferences such as the grand rounds or other noon conferences.

Schedule will be provided prior to the start of the rotation.

Liaison

This service is provided as a mutually acceptable educational activity on services with a large ongoing number of consultation cases.

Another trainee responsibility is the formal or informal bedside teaching by the service to physicians on other services. The resident may present a formal psychiatric theme on timely topics during the rotation.

GOALS:

1. To expose the residents to a wide range of neuropsychiatric presentations in medical and surgical patients.
2. To teach concise interviewing skills and rapid differential diagnostic formulation in medical and surgical settings.
3. To understand the impact of illness, hospitalization and medical care on the psychological functioning of patients.
4. To educate residents about the role of psychiatric, psychological and behavioral factors in the pathogenesis of medical disorders.
5. To develop a fund of knowledge in C-L Psychiatry through didactic means including teaching rounds, selected readings and seminars.
6. To demonstrate the utility of the liaison process to the resident by assigning him/her to answer all consults from a particular floor or unit in addition to answering consult requests in rotation.
7. To demonstrate appropriate approaches to the execution of a psychiatric consultation.
8. To demonstrate appropriate interventions and treatments relevant to medically ill patients.
9. To understand how his/her patient care and other professional practices affect other healthcare professionals, the Texas Tech University Health Sciences Center system, and the larger society, and how these elements of the system affect his/her own practice.
10. To understand cultural factors in patient care and how the patient's culture contributes to psychiatric and/or medical symptoms.

Objectives:

Upon completion of their rotation, residents should be able to demonstrate the capacity to:

1. Consultation-Liaison Process
    a. Engage in effective interactions with a variety of consultees, including determination of consultation questions and reporting of findings/recommendations.
    b. Gather data from appropriate sources, including the chart, hospital staff, family and other relevant people.

2. Examination Skills
    a. Interview medically ill patients in a variety of settings.
    b. Quickly develop a therapeutic alliance with medically ill patients.
    c. Evaluate for psychopathologic processes in patients with concomitant medical and

surgical conditions.

3. Therapeutic Interventions
    a. Advise and guide consultees about the role of psychosocial factor in medical disease and the effect of medications on the patient's presenting symptoms.
    b. Understand the use of psychotropic medications and ECT in medical/surgical patients, including physiological effects, contraindications, drug interactions, and dosing concerns.
    c. Understand the use of non-organic treatments, including brief psychotherapy, behavioral management techniques, family interventions and psychoeducation.
    d. Work as a member of a multidisciplinary staff to maximize the care of complex medically ill patients.

ADULT OUTPATIENT PSYCHIATRY

The resident is expected to work with adult patients using the following treatment modalities:

1. Insight Oriented Psychotherapy
2. Cognitive/Behavioral Psychotherapy (CBT)
3. Supportive Psychotherapy
4. Short-Term Psychotherapy
5. Combined Pharmacotherapy and Psychotherapy
6. Behavior Modification (sleep hygiene, stimulus control)
7. Pharmacotherapy
8. Group Therapy
9. Family Therapy

GOALS AND OBJECTIVES

By the end of the third year Psychiatry outpatient rotation the resident is expected to be able to:

1. Conduct a comprehensive patient interview and construct the comprehensive formulation of the problem including attention to the life setting and specific circumstances leading the patient to seek treatment.
2. To develop an awareness of the types of cases treated in an outpatient clinic in contrast to those treated in inpatient settings.
3. To define the psychopathological issues that brought the patient or patients to the clinic.
4. To define and implement an appropriate treatment intervention specific to the patient's problem.
5. To work effective as a member of a team which includes social workers, psychologists and para-professionals.
6. Have gained more skill in understanding individuals, couples, families and groups as well as the treatment conflicts.
7. Discuss in some depth issues in psychotherapy and the patient/doctor relationship, including countertransference, transference, techniques of intervention, and other specific

effects of the psychotherapy intervention.

8. Perform psychodynamic, cognitive, supportive, brief and combined drug psychotherapy at a beginning level of competency.
9. Be knowledgeable of issues in social Psychiatry, community Psychiatry, and specific treatment issues of minority and disadvantaged populations.
10. Have a deeper understanding and be more knowledgeable of the basic principles taught in the second post-graduate year, including indications and contraindications for the use of different psychotherapeutic techniques.
11. Prescribe appropriate treatment programs for the chronically disabled patient.
12. Do family evaluations, develop a genogram and a system formulation, as well as possible treatment strategies using a systems format.
13. Work with psychological tests, ordering and interpreting the results.
14. Have a basic orientation to managed care concepts and strategies.
15. Have receive supervised responsibility for the care of acute and persistently chronically ill patients in the Mental Health Center setting (El Paso Mental Health Mental Retardation).

SUPERVISION

During the adult outpatient rotation the resident has at least two hours of weekly individual supervision from full-time and clinical faculty. All new patient intakes and individual sessions are supervised on the spot as well as during supervision. Supervision of group and family sessions are supervised during these times. Supervision of group and family sessions can be done on-site, utilizing a two-way mirror, or audiovisual techniques.

Supervision of children/adolescent in-depth workups take place with Child Psychiatry staff, every Thursday at 7:00 a.m. Each resident also has an individual supervision session each week for therapy cases with a faculty member. The residents are required to present cases at team staffings, headed by the faculty child psychiatrist, at least once a week.

EDUCATIONAL OBJECTIVES FOR PGY-III YEAR

KNOWLEDGE OBJECTIVES

By the end of the PGY-III year, the resident will demonstrate knowledge of:

1. A more thorough understanding of human development and child psychiatry.
2. Basic theory and practice of geriatric psychiatry.
3. Basic theory and practice of consultation-liaison psychiatry.
4. Basic theory and practice of substance abuse treatment.
5. A more thorough understanding of forensic issues in psychiatry including malpractice and major areas of liability, the nature of the doctor-patient relationship, confidentiality and testimonial privilege, informed consent and the right to refuse treatment, and the laws involving seclusion and restraint, involuntary hospitalization, and patient violence.
6. A more thorough understanding of psychodynamics and learning theory.

7. The elements of research design.
8. A basic understanding of managed mental health care and its impact on psychiatry.
9. A basic understanding of the history of psychiatry.
10. A basic understanding of the interface of psychiatry with religion and spirituality.
11. A more thorough understanding of the uses of somatic therapy in psychiatry.
12. A basic understanding of sleep medicine and the impact of sleep related problems in psychiatry.
13. A basic understanding of the principals and practice of community psychiatry.
14. Have a basic understanding of general research design, study volunteer protections, and the principals of Good Clinical Practice (GCP) as they are applied to human research.

SKILL OBJECTIVES

By the end of the PGY-III year, the resident will demonstrate the ability to:

1. Provide effective treatment for the common problems generally seen in child and adolescent psychiatric inpatients. Begin following and treating child and adolescent.
2. Provide effective treatment for the common problems generally seen in patients in the outpatient setting.
3. Provide adequate psychiatric consultation to physicians and other professionals working with medical, surgical and pediatric patients.
4. Manage substance intoxication and withdrawal problems, not requiring medical intensive care, in both inpatient and outpatient settings.
5. Use various screening instruments and rating scales commonly used in the evaluation and management of patients, such as the EXIT-25, the CLOX I and II, the Hamilton and Beck anxiety and depression scales, activities of daily living assessment scales, various dementia rating scales, and the Mini-Mental State Exam.
6. Include in differential diagnosis, refer for evaluation, and treat or cooperate in treatment of the various sleep disorders frequently seen in psychiatric settings.
7. Begin following and treating general psychiatric outpatients using supportive therapy, brief therapy, cognitive therapy, psychodynamic therapy and combinations of psychotherapy and medications.
8. Begin performing formal forensic evaluations of outpatients including competency, guardianship, ability to stand trial, and ability to work.
9. Participate in a formal way in the teaching of medical students and junior residents.
10. Provide effective treatment of the common problems generally seen in the Community Mental Health Center setting.
11. Participate in active human subject research, with experience in recruitment of subjects, informed consent and administration of research instruments and rating scales.

ATTITUDE OBJECTIVES:

By the end of the PGY-III year, the resident will have demonstrated the following attitudes:

1. Sensitivity to the needs and problems of the elderly psychiatric patient.
2. Sensitivity to the relationship problems at the core of so many childhood and adolescent

problems.

3. Seeing substance abuse/dependence as a problem to be addressed rather than as a moral defect to be punished.
4. Sensitivity to how physical illness impacts upon a patient's coping abilities and presentation of personality.
5. An increasing level of appreciation for the emotional, ethical and social elements of the physician-patient relationship and the curatives powers contained within this relationship.

ASSESSMENT TOOLS:

The PGY-III objectives will be assessed by:

1. Written evaluations of clinical care by assigned clinical supervisors.
2. Performance during clinical presentations to assigned supervisors.
3. Participation in PGY-III seminars as evaluated by the seminar director.
4. Bi-annual review of the resident's performance by the Training Director and the Residency Training Committee.
5. Written documentation by individual (one hour weekly) supervisors.
6. Periodic psychotherapy skills assessment utilizing live patient or chart exams by faculty.
7. Annual resident self-evaluation and plan for improvement.
8. Participation in the PRITE examination.
9. Seminar written exams.
10. Periodic resident skills assessment of systems based practice and cultural formulation skills.
11. Participation in mock oral examinations.
12. Case logs.
13. 360° evaluations.
14. Record reviews.

PGY-III SEMINAR DESCRIPTIONS AND OUTLINES

Title: **NOON CONFERENCES**

Presented by: Various Faculty **Location:** Neuro. Conf. Room
Date: July 2004 - June 2005 **Time:** Mon., Wed., Fri., 12:00 – 1:00 p.m.

Texts: Assigned Reading

Conferences are regularly scheduled during the noon hour throughout the year. These Regularly scheduled case conferences are programmed during the noon time hour. These include case conferences, journal clubs, grand rounds, and special topic presentations, such as Substance Abuse and Neuropsychiatry. Case conference presentations are presented by residents in a format in which a chosen faculty will be the commentator. These conferences are intended to review clinical cases seen by the residents with faculty, residents and students in attendance.

The cases presented are supported by a review of pertinent literature and theoretical discussions. The Training Director oversees the scope and nature of the cases presented. Through these conferences, the resident is expected to:

1. Learn to present a formal structured overview of the patient utilizing the chief complaint, history of present illness, past medical history, social history, substance abuse history, mental status examination, and diagnostic formulation. The resident will learn to present the specific treatment plan utilizing a biopsychosocial formulation. If appropriate, a cultural formulation will be generated.
2. Learn to give constructive feedback to peers and faculty members who present cases.
3. Learn to provide appropriate commentaries and suggestions regarding treatment and inject theoretical or research issues pertinent to the case.
4. Review cases underscoring general competencies, including practice based learning, systems based care and evidence based care.

The balance of the presentations are supervised by the Training Director and Residency Training Committee. Each year the following topics will be approached:

1. Neuropsychiatry.
2. General Neurology.
3. Regularly scheduled substance abuse case conferences or lectures designed to complement the patient population seen by residents on the various services.
4. Geropsychiatry.
5. Child Psychiatry.
6. Emergency Psychiatry.
7. Sleep Disorders Medicine.
8. General Medical topics (diabetes, hypertension, etc.).
9. Consultation Liaison.
10. Cultural Psychiatry (minority issues, women issues, religion and spirituality).
11. Special topics appropriate to current timely clinical or socio-economic issues such as managed care, ECT update, ethics, partial hospitalization, community Psychiatry, and others such as legal/forensic Psychiatry).
12. The basic principals of psychometric testing and consultation.
13. Psychopharmacology.
14. Hospital and Community Psychiatry.

These conferences are designed to complement the Journal Club and Grand Rounds presentations. Substance abuse case conferences are part of a structured curriculum and are regularly scheduled on approximately a monthly basis, with a primary focus on existing inpatient cases and include issues such as detoxification, alcohol and substance abuse treatment plans, dual diagnosis treatment, and appropriate treatment planning for outpatient or specialized chemical dependency programs.

There is regular participation by the Neurology Members of the department and general neurology cases are scheduled throughout the year focusing on neuropsychiatry, general neurology (epilepsy, degenerative and demyelinating disorders, dementias and others), and

neurosurgical issues (head trauma). General medical topics that are important primary care issues relative to psychiatric practice are also presented. All topics are reviewed regularly by the Residency Training Committee, and include input from faculty and residents members of the Committee.

Title: **RESEARCH DESIGN**

Presented by:	Liz Ledger**,** M.T., M.S.	**Location:**	Neuropsych. Conf. Rm.
Dates:	July 2004 – Oct. 2004	**Time:**	Wednesday, 1:00 – 2:00 p.m.

Outline:

This course will allow residents to understand basic critical concepts in statistics. Lectures will focus on single concepts so that each resident will have a basis for inferential reasoning, and understand the purpose of various statistical tests. Lectures are interspersed with actual case studies and primary literature papers for practical application of biostatistical methods.

Texts: Basic Biostatistics in Medicine and Epidemiology, 1980. Alfred A. Rimm, Arthur J. Hartz, John H. Halbfleisch, Alfred J. Anderson, Raymond. G. Hoffman.
Case Control Studies: Design, Conduct, Analysis, 1982. James J. Schlessman.
Clinical Trials, A Practical Approach, 1993. Stuart J. Pocock.
Fundamentals of Biostatistics, 1982. Bernard Rosner.
Primer of Biostatistics, 1992. Stanton A. Glantz.

Goals and Objectives:

By the end of this seminar, the resident will have obtained a working knowledge on:

1. The reason an understanding of statistics is important for doctors as researchers.
2. Basic understanding of statistical methods and definitions.
3. Use of parametric vs. nonparametric tests, multiple regression, student t-test and ANOVA.
4. The reason an understanding of epidemiology is important for doctors as clinicians.
5. Basic understanding of epidemiological terms.
6. Reading and interpreting primary literature research papers, understanding and discussing the STATS of each article.

Title: **MANAGED MENTAL HEALTH CARE**

Presented by:	David F. Briones, M.D.	**Location:**	Neuropsych. Conf. Rm.
Dates:	Nov. 2004 – March 2005	**Time:**	Wednesday, 1:00 – 2:00 p.m.

Outline

This seminar presents an introduction to, and overview of, modern managed health care with a special focus on mental behavioral health. Readings will be assigned from the selected references. The seminar participants will be expected to read the assigned material ahead of time and be prepared to discuss it with faculty. Topics covered will include definitions of managed care, types of managed care organizations, utilization management under managed care, quality issues in managed care, payment issued in managed care, managed care issues specific to mental health, and ethical issues in managed care. From time to time, individuals experienced in working within the current managed care environment may be invited to lead a particular seminar.

References:

1. Kongstvedt, Peter R., ed.: The Managed Mental Health Care Handbook, 4th edition. Aspen Publishers, Gaithersburg, MD 2001
2. Lyle, J.R. and Torras, H.W.: Physicians Guide to Managed Care. Health Care Consultants of America, Inc., 609 15th St., Augusta, GA 30901. 1996
3. Nash, D.B., ed.: The Physician's Guide to Managed Care. Aspen Publishers, Gaithersburg, MD. 1994.

Goals and Objectives: By the end of this seminar, the resident should be able to:

1. Give a reasonable explanation of what a managed care is.
2. Discuss the various types of managed care organizations.
3. Speak knowledgeably about utilization review and quality management issues as they are applied in the modern managed care environment.
4. Provide an explanation of the various reimbursement systems utilized by managed care organizations and how they impact the clinician.
5. Discuss ethical pitfalls confronting the clinician in the modern managed care environment.
6. Provide a reasonable description about how modern managed care methods are applied to the mental and behavioral health field.

Title: **INTRODUCTION TO SOCIO-CULTURAL AND SPIRITUAL ASPECTS OF PSYCHIATRY**

Presented by: Rafael Aguirre, LMSW-ACP **Location:** Neuropsych Conf. Rm
Dates: April 2005 - June 2005 **Time:** Wednesday, 1:00 – 2:00 p.m.

Texts: Larson DB, Lu FG, and Swuers JP: Religion & Spirituality in Clinical Practice. Nat'l. Institute for Healthcare Research. Rockville. Jul 97.

Outline:

A case focused course designed to identify sociological, cultural, ethnic and spiritual aspects of psychiatric diagnosis and treatment.

The course utilizes live case participation field trips and APA sponsored case summaries. By the end of the course the resident will be able:

1. To identify the socio-cultural-spiritual aspects of her/his own clinical cases.
2. To be able to generate a cultural formulation as a supplement to the DMS-IV Multi-Axial Diagnostic Assessment.

Readings:

1. Appendix I, DMS-IV manual.
2. American Psychiatric Association Grand Rounds Forum: "Cultural Assessment in Clinical Psychiatry: How it can Help in Diagnosis and Treatment". F.G. Lu, Forum Chairperson. Feb. 3, 2003.
3. Frances G. Lu, M.D., Russell F. Lim, M.D. and Juan E. Mezzich, M.D., Ph.D.: "Issues in the Assessment and Diagnosis of Culturally Diverse Individuals", IN: Oldham J, Riba M, Editors. Review of Psychiatry: Vol. 14. Washington (DC): American Psychiatric Press, Inc.; 1995. pp. 477-510.

Title: **CONSULTATION AND MEDICAL PSYCHIATRY**

Presented by:	James A. Wilcox, D.O, Ph.D.	**Location:**	Neuro. Conf. Rm.
	Martin Guerrero, M.D.	**Time:**	Wednesday, 2:00 – 3:00 p.m.
Date:	July 2004 to June 2005		

Outline:

A comprehensive survey of the biopsychosocial spectrum of diagnosis and multidisciplinary management of medically ill patients with psychiatric disorders. Utilizes literature reviews balanced with case studies.

Title: **INTRODUCTION TO SUPPORTIVE INSIGHT ORIENTED PSYCHOTHERAPY**

Presented By:	S.F. Aguirre-Hauchbaum, M.D.	**Location:**	Neuropsych. Conf. Rm.
Dates:	July 2004 – Sept. 2004	**Time:**	Wednesday, 3:00 – 4:00 p.m.

Text: Primer of Supportive Psychotherapy - Henry Pinsker, M.D.

Outline:

This course focuses on the general principles of supportive psychotherapy and its techniques focusing on three main components: Building self esteem, improving adaptive skills and strengthening the ego structure. Didactic, lectures combined with live patient interviews with

behind the mirror supervision.

Objectives:

1. Familiarize with the definition of supportive psychotherapy.
2. Understand some of the basic techniques.
3. Apply the techniques on their current patient caseload.
4. Identify patients that will benefit from this techniques.
5. Familiarize with behind the mirror supervision.

Title: INTRODUCTION TO BRIEF INSIGHT ORIENTED PSYCHOTHERAPY

Presented By: S.F. Aguirre-Hauchbaum, M.D. **Location:** Neuropsych. Conf. Rm.
Dates: Oct. 2004 – Dec. 2004 **Time:** Wednesday, 3:00 – 4:00 p.m.

Reviews the theories and practice of schools of brief, time-limited psychotherapy. Format utilizes literature overview complemented by case presentations.

Title: COMBINED PSYCHOPHARMACOLOGY & PSYCHOTHERAPY

Presented By: S.F. Aguirre-Hauchbaum, M.D. **Location:** Neuro. Conf. Room
Date: Jan. 2005 - March 2005 **Time:** Wednesday, 3:00 – 4:00 p.m.

Outline: To be provided at the beginning of the seminar.

Text: Psychopharmacology & Psychotherapy: Strategies for Maximizing Treatment Outcomes by Len Sperry

Goals and Objectives:

At the end of the psychopharmacology seminar, the resident should demonstrate the following:

1. Have a sound and basic understanding of the mechanisms of actions of antipsychotics, antidepressants, and other relevant psychotropic medication.
2. Learn the indications and contraindications with respect to prescribing psychotropic medications, to include, but not limited to, antidepressants, antipsychotics and mood stabilizers.
3. Learn the complex clinical indications for combination psychotropic treatment.
4. Appreciate the clinical indication for electro convulsive treatment in the event of psychopharmacologic non-response.
5. A preliminary knowledge of the neurochemical, neurophysiological, and neuroanatomical basis of psychopharmacology.

Title: SUBSTANCE ABUSE DISORDERS AND PSYCHIATRIC

PHENOMENOLOGY

Presented by:	James Wilcox, D.O., Ph.D.	**Location:**	Neuropsych. Conf. Rm.
Dates:	April 2005 – June 2005	**Time:**	Wednesday, 3:00 – 4:00 p.m.

Texts: Richard J. Frances, Sheldon I. Miller, eds., Clinical Textbook of Addictive Disorders, Guildford Press, 1991. Assigned Reading

Goals and Objectives:

By the end of this seminar the resident will be able to:

1. Have a working understanding of the various diagnostic categories related to substance abuse.
2. Have a working understanding of the basic phenomenology, epidemiology, and nosology of substance abuse disorders.
3. To understand the various therapeutic options used in treating the substance abuse patients.
4. Be able to formulate the treatment plan for substance abuse patients using a psychosocial model.
5. Have an understanding of the psychopharmacologic and psychotherapeutic approaches.
6. Have an understanding of the criteria useful in determining whether a patient can be managed on an inpatient or an outpatient basis.
7. Evolving concepts in managed care approaches to substance abuse treatment.

Title: CLINICAL APPLICATIONS OF COGNITIVE-BEHAVIORAL THERAPY (CBT)

Presented by:	Art Blume, Ph.D.	**Location:**	Neuropsych. Conf. Rm.
Dates:	July 2004 - June 2005	**Time:**	Wednesday, 4:00 – 5:00 p.m.

References:

1. Barlow, D.H., & Craske, M.G. (1994). *Mastery of your anxiety and panic II.* San Antonio, TX: The Psychological Corporation.
2. Beck, A.T., Rush, A.J., Shar, F.B., & Emery, G. (1979). *Cognitive Therapy of Depression.* New York: Guilford Press.
3. Linehan, M.M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press.
4. Linehan, M.M. (1993). *Skills Training Manual for Treating Borderline Personality Disorder.* New York: Guilford Press.
5. Marlatt, G.A., & Gordon, J.R. (1985). *Relapse Prevention*. New York: Guilford Press.
6. Masters, J.D., Burish, T.G., Hollon, S.D., & Rimm, D.C. (1987). *Behavior Therapy*. Orlando, FL: Harcourt, Bruce, Jovanovich Publishers.
7. Miller, W.R., & Rollnick, S. (1991). *Motivational Interviewing*. New York: Guilford

Press.

8. Pryor, K. (1999). *Don't Shoot the Dog: The New Art of Teaching and Training.* New York: Bantam Books.

Goals and Objectives:

By the end of the course, the residents will have developed competence in the following areas:

1. Using CBT to develop strong and empathetic therapeutic alliances with patients.
2. Identifying and challenging cognitive errors and cognitive distortions.
3. Conducting behavioral analyses and using appropriate behavioral interventions.
4. Using CBT strategies such as exposure, contingency management, monitoring and assessment, skills training (e.g., assertiveness), hypothesis testing and cognitive modification, and assigning appropriate homework between sessions for in vivo practice.
5. Using CBT in a manner that is sensitive to cross-cultural applications.

Title: FAMILY THERAPY PRACTICUM

Presented by:	Walter Aeschbach, M.D. Rafael Aguirre, LMSW-ACP, LMFT	**Location:**	Neuro. Conf. Rm.
Dates:	July 2004 – June 2005	**Time:**	Thursday, 3:00 – 4:00 p.m.

Outline:

This is a two hour per week practicum on family therapy techniques and family dynamics for third and fourth year residents. The time frame is 3:00-5:00 p.m. on Thursdays throughout the academic year. Residents are assigned to one of two groups who meet on alternate Thursdays. Families are selected and scheduled from the resident's outpatient treatment caseload. Faculty participate as co-therapists and consultants to the residents. The remaining residents are participant observers in the session or behind the one-way mirror. Sessions are video taped for self-evaluation or group discussion techniques, dynamics, and family strategies.

Objectives:

By the end of this special seminar, the residents will be able to:

1. Identify families that are appropriate for family therapy.
2. Have experience as a therapist and co-therapist in family therapy.
3. Have an understanding of the techniques, dynamics, and family strategies through and experiential on-going contact with families.
4. Identify a variety of theoretical issues as they apply to practical clinical situations.

Title: GRAND ROUNDS: PSYCHOMETRICS, ASSESSMENT AND APPRAISAL OF INDIVIDUALS

Presented by: Robin Hilsabeck, Ph.D.
Dates: July 2004 – June 2005
Location: Neuropsych. Conf. Rm. and Clinical Settings
TIME: 3rd Thursday, 12:00 – 1:00 p.m.

Texts: Psychological Testing, Anne Anastasi; New York: MacMillian Publishing Co., Latest Edition

Objectives:

1. To provide psychiatric residents with a working knowledge of common psychological instruments utilized in the assessment of individuals. Instruments reviewed include Intelligence Scales, Self-Report Personality Inventories, and Neuropsychological Tests.
2. Introduce psychiatry residents to principles of individual psychotherapy, including cognitive-behavioral therapy, interpersonal therapy and family therapy.
3. Use live patient experience to demonstrate the application of the biopsychosocial model to case studies, including the clinical interview, mental status examination, and psychological and neuropsychological testing.

Title: **CLINICAL PSYCHODYNAMIC ISSUES & CASE CONFERENCE**

Presented by: S.F. Aguirre-Hauchbaum, M.D.
Dates: July 2004 - Jun. 2005
Location: Neuropsych. Conf. Rm.
Time: Friday, 3:00 – 4:00 p.m.

Texts: Assigned Readings

Outline:

Residents alternate in presenting cases and the discussion centers around different approaches to diagnosis as well as treatment strategies.

Criteria for Advancement of Residents
Psychiatry Categorical Residency Program
TTUHSC – El Paso

Advancement from PGY-3 to PGY-4

- Successful completion of PGY-3 rotations. The RTC will review any unsatisfactory evaluations for determination of any necessary remediation.
- Competence to supervise and serve as a role model for PGY-I, II and III residents and medical students.
- Ability to perform resident duties with minimal supervision.
- Ability to make independent decisions.
- Ability to recognize and skillfully manage clinical problems not previously encountered.
- Demonstrated basic skills in supportive, cognitive-behavioral, and brief and combined psychotherapy.

At every level of advancement and at the time of completion of training, the resident must demonstrate the following:

- Interpersonal and communication skills that are satisfactory or superior, as documented by evaluators in inpatient and ambulatory settings.
- The ability to work well with patients and members of their support systems, fellow residents, faculty, consultants, ancillary staff and other members of the health care team in a manner that fosters mutual respect and facilitates the effective handling of patient care issues as demonstrated by satisfactory staff and faculty professional behavior evaluations. Any disciplinary action plans that result from unprofessional behavior must be successfully completed.
- Absence of impaired function due to mental or emotional illness, personality disorder, or substance abuse. Any disciplinary actions or treatment programs implemented on impaired function must have been successfully completed and reinstatement approved by the Program Director.