Requirement
All Fellows will need to obtain their DEA license and have it incorporated to their profile on Drs. First by December of their 1st year of Fellowship. This aides in their training and development of autonomy as a goal and objective of the rotation.

Frequency and Duration
The CAP fellowship year one rotation will have a rotation/assignment of two fellows, for one day per week, 1:00PM –5:00PM for 12 months. The CAP fellowship year two rotation will have a rotation /assignment of one fellow, for one day per week, for 6 months.

Overview for MHC East Point CAP Fellowship Year 1 Rotation

Description of Clinical Services
This rotation is designed to equip fellows with basic knowledge and skills to evaluate and treat child and adolescent psychiatry patients in an outpatient setting.

Clinical Population and Experience
Fellows evaluate children and adolescent patients and their families who require community psychiatric treatment. The patients are seen for thirty to sixty minutes for psychopharmacology treatment appointments, which will include varying degrees of additional parenting and family therapeutic interventions. There will be two clinical sessions. One fellow per session and both from 1 PM – 5 PM. There will be didactics and supervision over lunch from 12 PM – 1 PM. The Fellows will lead the interview of each appointment with the attending monitoring. For all aspects of the interview performed by the Fellow, the attending will have indirect supervision. The Fellows also can observe the attending's interview and therapeutic techniques. They will interview patients and families together as needed. The fellow documents in the electronic health record with links for the Attending Physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression, and Autism Spectrum Disorder. The vast majority of patients seen in this clinic will have Medicaid or no insurance.

Average Case Load
Fellows are responsible for the treatment of 3-8 patients/families per session.

Goals

The goal of this rotation is to provide a solid base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in an outpatient community psychiatry setting serving child and adolescent patients.

Patient Care

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints (PC1).

- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation (PC1).
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances (PC1).
- The fellow will assess patient safety (PC1).
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations (PC2).
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account (PC2).
- The fellow will apply an understanding of psychiatric, neurologic, and medical co-morbidities to treatment selection (PC3).
- The fellow will appropriately prescribe commonly used psychopharmacologic agents (PC5).

Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others (MK2).
- The fellow will identify sufficient knowledge to identify common medical conditions (MK2).
- The fellow will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms (MK5).
- The fellow will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications (MK5).
- The fellow will be able to list situations that mandate reporting or breach of confidentiality (MK6).

Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety (SBP1).
- The fellow will demonstrate a knowledge of the relative cost of care, for example, medication costs (SBP2).
- The fellow will coordinate patient access to community and system resources (SBP2).
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups (SBP3).

Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback to improve performance (PBLI1).
- The fellow will assume a role in the clinical teaching of early learners (PBLI3).

Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity (PROF1).
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations (PROF1).
- The fellow will notify the team and enlists back-up when fatigued or ill (PROF2).
- The fellow will recognize the importance of participating in one's professional community (PROF2).
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care (PROF2).

Interpersonal and Communication Skills

- The fellow will develop a therapeutic relationship with patients in uncomplicated situations (ICS1).
- The fellow will sustain working relationships in the face of conflict (ICS1).
- The fellow will consistently engage patients and families in shared decision-making.