FAMILIES FIRST

Key Personnel
Paula Moody, LCSW, MS; paula.moody@familiesfirst.org
Chief Executive Officer

Danae Evans, MD (Fellowship Year 2), danevans@msm.edu
Attending

Location
80 Joseph E. Lowery Boulevard, NWAtlanta, GA, 30314

Requirement
All Fellows will need to obtain their DEA license and have it incorporated to their profile on D First by December of their 1sy 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 two rotation will have a rotation /assignment of one fellow, for one day per week, for 6 months.

Overview for Families First CAP Fellowship Year 2 Rotation

Description of Clinical Services
This rotation is designed to equip fellows with advanced knowledge and skills for the evaluation and treat child and adolescent psychiatry patients in an outpatient setting; knowledge and skills for providing clinical supervision and knowledge and skills for the creation and delivery of educational content for adult mental health clinician learners.

Clinical Population and Experience
CAP Fellows evaluate children and adolescent patients and their families who require community psychiatric treatment. This clinic will include an attending psychiatrist, a child psychiatry fellow, and a PGY2 general psychiatry fellow. Under the attending's supervision, the child psychiatry fellow will operate in a supervisory and teaching role with the general psychiatry fellows. In this clinic, the patients are seen for thirty to sixty minutes for medication management, parenting and family therapeutic interventions, and other psychosocial interventions. This rotation begins at 9:30 AM with the first 45 minutes dedicated to lecture and discussion. The following 45 minutes will be a review of notes from the previous week. Lunch will be from 11:10 AM to 12 PM. Starting at 12 PM, the attending,

CAP fellow and general psychiatry fellow will evaluate and treat children and adolescents in a psychopharmacology clinic. The CAP fellow and general psychiatry fellow will see the patient first and present to the Attending Physician in a hand-off format, including the assessment and plan. 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 either have Medicaid or no insurance.

Average Case Load

CAP Fellows are responsible for 1 lecture and providing supervision to his/her assigned general psychiatry fellow supervisee.

Goals

The goal of this rotation is to provide an advanced 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; experience and feedback in teaching and supervising adult learners; experience and feedback in the development of educational content for adult learners.

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, 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.