Student Health and Wellness Center

Key Personnel
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TBD
Administrative Contact

Location
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Overview

Appendix A – Goals and Objectives

Description of Clinical Services

- Evaluate and treat emerging adult and adult psychiatry patients in a counseling center setting.
- Provide clinical supervision.
- Create and deliver educational content to staff clinicians.

Clinical Population and Experience
Residents 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 resident per session. The first is 8- noon and the second is l -5p. There will be didactics and supervision over lunch from noon-1. Together, the resident and attending will assess patients together. For all aspects of the interview performed by the resident, the attending will have direct supervision. The resident will also have the opportunity to observe the attendings interview and therapeutic techniques. They will interview patients and families together. The resident 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
Residents are responsible for the treatment of approximately 3-8 patients per semester

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 a college counseling center serving university students.

Objectives

Patient Care

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

Medical Knowledge

- The resident 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 resident will identify sufficient knowledge to identify common medical conditions (MK2).
- The resident will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms. (MK.5).
- The resident wilt describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications (MK5).
- The resident will be able to list situations that mandate reporting or breach of confidentiality (MK6).
- System-Based Practice
- The resident will describe systems and procedures that promote patient safety (SBPl).
- The resident will demonstrate a knowledge of the relative cost of care, for example, medication costs (SBP2).
- The resident will coordinate patient access to community and system resources (SBP2).
- The resident will coordinate care with community mental health agencies, including case managers and self-help groups (SBP3).

Practice-Based Learning and Improvement

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

- Professionalism
- The resident 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 resident will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations (PROFl).
- The resident will notify the team and enlists back-up when fatigued or ill (PROF2).
- The resident will recognize the importance of participating in one's professional community (PROF2).
- The resident 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 resident will develop a therapeutic relationship with patients in uncomplicated situations.(ICSl)
- The resident will sustain working relationships in the face of conflict (ICS1).
- The resident will consistently engage patients and families (when appropriate) in shared decision making.

Appendix B – Goals and Objectives

Description of Clinical Services

This rotation is designed to equip residents with advanced knowledge and skills for the evaluation and treatment of emerging adult and adult psychiatry patients in a counseling center setting; knowledge and skills for providing clinical supervision and knowledge and skills for the creation and delivery of educational content to staff clinicians.

Clinical Population and Experience

CAP Residents evaluate emerging adult and adult patients at a University Counseling Center who require psychiatric treatment. 'ntis clinic will include a contracted attending psychiatrist, and a child psychiatry resident. In addition, there are social workers, psychologists, and counselors who provide mental health services to students. The resident will see patients for psychiatric assessments and follow-up appointments. In addition, they will provide one (1) integrated health case conference per semester to the integrated health team consisting of health care providers, mental health clinicians, and nutritionists. In this clinic, patients are seen for a 45-50 minute initial psychiatric appointment followed by 30-minute follow-up medication management appointments. This rotation is on Thursdays and will begin at 9:00 a.m. and end at 1 p.m. The resident will see the patient and present the information in supervision or as needed in between patients to the attending. Supervision will take place each week for 1 hour. The resident 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 majority of patients seen in this clinic will either have Medicaid or no insurance. There is no fee for service at this clinic as long as the patient is a registered GSU student. Students must be in individual counseling to be seen at this clinic. This enables consultation and coordination of care between therapist and psychiatrist.

Average Case Load

CAP Residents are responsible for seeing 1-5 patients per week and for providing 1 case conference per semester to the integrated health team of practitioners.

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 a college counseling center psychiatry setting serving emerging adult and adult patients; experience and feedback in the development of educational content for integrated health practitioners.

Objectives

Patient Care

- The resident will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints (PCl)
- The resident will select laboratory and diagnostic tests appropriate to the clinical presentation (PCl).
- The resident will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances (PC1).
- The resident wi 11 assess patient safety (PC1).
- The resident will develop a basic differential diagnosis for common syndromes and patient presentations (PC2).
- The resident will organize formulations around comprehensive models of phenomenology that take etiology into account (PC2).
- The resident will apply an understanding of psychiatric, neurologic, and medical co-morbidities to treatment selection (PC3).
- The resident will appropriately prescribe commonly used psychopharmacologic agents (PC5).

Medical Knowledge

- The resident 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 resident will identify sufficient knowledge to identify common medical conditions (MK2).
- The resident will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms (MK5).
- The resident will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications (MK5).

- The resident will be able to list situations that mandate reporting or breach of confidentiality (MK6).

System-Based Practice

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

Practice-Based Learning and Improvement

- The resident will regularly seek and incorporate feedback to improve performance. (PBLI 1)
- The resident will assume a role in the clinical teaching of integrated health practitioners. (PBLI3)

Professionalism

- The resident 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 resident will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations (PROF1).
- The resident will notify the team and enlists back-up when fatigued or ill (PROF2).
- The resident will recognize the importance of participating in one's professional community (PROF2).
- The resident 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).