

**Psychiatry Rotation**

**St. Paul’s Hospital**

Rotation Manual

**DESCRIPTION**

St. Paul’s Hospital is a major tertiary care teaching hospital located in downtown Vancouver. The pharmacy department offers residents a diverse range of clinical rotations. The SPH Psychiatry rotation is an elective rotation for the LMPS Pharmacy Practice Residency Program.

 St. Paul’s Hospital has 6 adult Mental Health units, and during this rotation, the resident will be working on 2 of these units:

* 8C – Mental Health Treatment Unit (17-21 beds)
* 9A – Mental Health Treatment Unit (17 beds)

The two units vary slightly in their level of acuity and general patient population; therefore, the resident will have a wide variety of patients to see. Some of the more common psychiatric conditions that they will encounter are schizophrenia, substance-induced psychosis, substance use disorders, schizoaffective disorder, bipolar disorder, depression, and anxiety disorders.

The resident will work as part of an interdisciplinary team to provide pharmaceutical care to patients. The interdisciplinary team includes psychiatrists, other physicians, nurses, social workers, occupational therapists, dieticians, pastoral care workers, and peer support workers.

**GOAL**

* Develop and apply organizational and clinical skills to provide pharmaceutical care to mental health patients
* Expand their knowledge of psychiatric disease states and psychopharmacology/therapeutics
* Develop their knowledge and skills in assessing and interviewing psychiatric patients
* Enhance written and verbal communication skills in the interdisciplinary setting
* Apply evidence based medicine, literature guidelines and protocols

**LEARNING OBJECTIVES**

Per those listed for all LMPS Direct Patient Care (DPC) Rotations, available on our Evaluation Outcomes page at <http://www.lmpsresidency.com/residents/resident-manual/evaluation-outcomes>

The expected level of resident performance by the completion of this 4-week rotation is outlined in the Direct Patient Care Rotation Assessment of the Resident form.

**ROTATION-SPECIFIC OBJECTIVES**

The Resident will:

1. Demonstrate competence in discussing the pharmacology, pharmacokinetics, therapeutic drug monitoring and side effects for the following drug classes:
	1. Antidepressants
	2. Antipsychotics
	3. Mood stabilizers
	4. Benzodiazepines and Hypnotics
	5. Medications for treatment of substance use disorders (e.g. methadone, buprenorphine/naloxone, acamprosate, naltrexone, gabapentin, NRT, etc.)
2. Demonstrate competence in discussing the epidemiology, pathophysiology, etiology, risk factors, onset, course and prognosis, signs and symptoms, DSM IV diagnostic criteria, goals of therapy, therapeutic alternatives, and monitoring of the following conditions:
	1. Depression
	2. General Anxiety Disorder
	3. Schizophrenia
	4. Bipolar disorder
	5. Insomnia
	6. Substance use disorders (e.g. opioid use disorder, alcohol use disorder, nicotine use disorder) – at least one and more if time and patients permit
	7. Other conditions may be reviewed as time and patients permit (e.g. obsessive compulsive disorder, post-traumatic stress disorder, attention deficit hyperactivity disorder, personality disorders etc.)
3. Accurately appraise the literature of specific landmark psychiatry clinical trials, systematic reviews, clinical guidelines, as assigned for the major illnesses (depression, schizophrenia and bipolar disorder) as well as any other literature reviews pertinent to patient care activities.
4. To review the pathophysiology, physical presentation, and treatment options for extrapyramidal symptoms, and be able to conduct at least one movement assessment with a patient for the presence of Extrapyradmidal symptoms or Tardive Dyskinesia.

5. Be able to complete at least one full patient discharge with a focus on medication reconciliation, arranging appropriate medication dispensing, liaising with the community mental health team and pharmacy, and patient education on medications and plan for administration.

**RESIDENT’S OWN OBJECTIVES**

Residents will identify several of their own objectives for the rotation. These should be documented in their ePortfolio and assessed at evaluation points during the rotation.

1.

2.

3.

**REQUIRED ACTIVITIES**

The Resident will:

1. Provide pharmaceutical care (direct patient care) to an assigned group of patients. Patient load will be determined based on the Resident’s previous experience and proficiency and will be modified at the discretion of the preceptor.
2. Attend multidisciplinary ward rounds on a regular daily basis
3. Assist in the initiation and continuation of appropriate therapy, and communicate plan with other team members in verbal and written form
4. Document all clinical activities in the patient’s health care record. Notes should be discussed with the preceptor BEFORE putting them in the chart.
5. Perform medication histories for patients assigned to the student.
6. Provide medication and discharge counseling to patients/families
7. Liaise with community resources to facilitate discharge (including out-patient teams, family physician, community pharmacist).
8. Assist with the patient registration transfer and discharge communication with community providers for any clozapine patient under their care.
9. Attend Grand Rounds and other educational sessions
10. Attend the weekly naloxone training group. Observe the 1st session and help lead a subsequent group during the rotation.
11. Meet with the preceptor at least once weekly to discuss therapeutic topics
12. Meet with the preceptor daily to review patients, therapeutic controversies, follow-up issues and drug information questions.
13. Complete drug information requests as required.
14. Assess at least one patient for movement disorders.
15. Complete a presentation to pharmacy staff and/or psychiatry department staff (e.g. case presentation, review of therapeutic controversy, in-service for nursing staff, etc.)
16. Lead journal article critique discussions with preceptor and other pharmacy staff, or complete another mini-project as per the resident’s learning goals (e.g. case report, creating a medication resource tool, etc.)
17. Other activities assigned by the preceptor
18. Resident will notify preceptor in advance of required off-site activities/absences

**COMMUNICATION EXPECTATIONS**

1. The Resident will discuss all written chart notes with the preceptor prior to placing them in the chart, unless otherwise arranged with the preceptor.

2. The Resident will notify the preceptor in advance of required off-site activities and absences.

**PRECEPTOR RESPONSIBILITIES**

1. Orient the Resident to pharmacy and wards
2. Discuss customization of the Rotation, and the division of topics over the 4 week rotation
3. Introduce resident to the department and healthcare teams
4. Discuss patients on a regular basis
5. Discuss clinical topics with student at least once weekly
6. Provide ongoing feedback and instruction in addition to a midpoint and final evaluation (resident and preceptor will discuss each other’s evaluation)
7. Schedule dates for presentations
8. Available for guidance, addressing questions/ concerns and facilitate the required activities

**EVALUATION PROCESSES**

As detailed in the LMPS residency program policies at:

<http://www.vhpharmsci.com/residency/resources/evaluation.html>

**REQUIRED READING AND RESOURCES**

Will be sent to resident prior to rotation and topic discussions

**WARD ROUNDS SCHEDULE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| 8C 08509A 0915 | 8C 0830Grand Rounds0900  | 9A 0915 | 8C 08509A 0915 | 8C 0850 |