

Requires drop/add code

Faculty In Charge Of Course:	Dawnelle Schatte, M.D.	<i>Dawnelle.J.Schatte@uth.tmc.edu</i>
Participating Faculty:	Andrew Harper, M.D.	
Location:	Harris County Psychiatric Center	
Offered:	July-Nov, January, February, and April	
Max. # Students/Period:	1	

Course Objective

Material Covered:

HCPC Residential Treatment Center UNIT DESCRIPTION

Faculty and staff on this rotation consist of one full-time child psychiatrist, one full-time M.S.W. and one part-time Ph.D. child psychologist. Adolescents served by this unit are in the custody of the Harris County Juvenile Probation Department. They are primarily 13-17 years old, with representation primarily from Caucasian, Hispanic, and African-American ethnic groups. During the calendar year ending April 2004, 149 adolescents were admitted to this service with a 30-38 day average length of stay. Diagnoses often include disruptive behavior disorders, but there must be an additional comorbid psychiatric disorder present in order to be admitted to this unit. Diagnoses include mood disorders, post-traumatic stress disorders, substance abuse, anxiety disorders, and psychotic disorders. Some patients will also have mental retardation and developmental disabilities. Treatment provided by the team includes assessment, psychopharmacologic interventions, individual and family interventions, and extensive consultation with the Juvenile Probation Department. There is opportunity for residents and students to lead substance abuse groups during this rotation, under the supervision of faculty.

Residents and students spend approximately 30 hours weekly on the service, including 8-10 hours for rounds, planning conferences and case supervision. Residents and students spend their time in medical and psychiatric evaluation, attendance at multidisciplinary team treatment planning conferences and review rounds, in observation of program/administrative activities on the unit, and in individual, family, and group treatment. They also participate in weekly staffings via telemedicine with the staff from Juvenile Probation. Average case load for each resident is all 14-16 cases, and students will carry 2-4 cases at a time. Residents see and write notes on the each patient twice a week, and will see patients more often if required by the patient's level of acuity. Students will see their patients and write notes daily, but will round with the team to be aware of all of the cases on the unit. Case assignments are monitored by the unit-attending physician to achieve a balanced clinical learning experience with the adolescents in regard to the age, sex and diagnostic categories of the patients. Ongoing supervision is provided on a daily basis by the attending physician during rounds and treatment planning conferences. Additional supervision may be provided on an individual basis.

HCPC Residential Treatment Center UNIT DESCRIPTION

In addition to the bulk of the rotation on the juvenile unit as above, approximately 10% of time of the rotation for residents and students will be spent with the child psychiatry faculty on the RTC unit 1-B ("the Oasis"). Faculty and staff on this unit consist of one part-time child psychiatrist (same faculty as on the juvenile forensic unit) and three full-time M.S.W. Adolescents served by this unit are in the custody of Children's Protective Services (approximately 90% of residents) or the Juvenile Probation Department (approximately 10% of residents). They are primarily 13-17 years old, with representation primarily from Caucasian, Hispanic, and African-American ethnic groups. Each day 14-22 adolescents are admitted to this service with a 5 month average length of stay. Diagnoses include mood disorders, post-traumatic stress disorders, substance abuse, anxiety disorders, and psychotic disorders. The majority of these residents have suffered physical or sexual abuse or neglect. Rarely patients will also have mental retardation and developmental disabilities. Treatment provided by residents includes assessment, psychopharmacologic interventions, individual and family interventions, and extensive consultation with the residential treatment team.

Residents and students spend approximately 4 hours weekly on the service, including 3-4 hours for rounds, planning conferences and case supervision. Residents spend their time in medical and psychiatric evaluation, attendance at multidisciplinary team treatment, in observation of program/administrative activities on the unit, and in individual, family, and group treatment. Average case load for each resident or student is 3-4 cases per week seen with the team. Ongoing supervision is provided on a daily basis by the attending physician during rounds and treatment planning conferences. Additionally, the attending physician provides more in-depth individual supervision to address individual and family therapy issues as well as administrative issues. Faculty is available as needed for urgent consultation. Additional supervision may be provided on an individual basis.

Skills Acquired:

New patient evaluation, psychiatric H & P; Psychopharmacology management; Multidisciplinary staffing and case diffusion

Activities Of Elective

Number Of New Patients/Student/Week: 2

Responsibilities Of Student For Assigned Patients:

Does history/physical:	Yes
Who critiques:	Faculty
Follows patients, with appropriate notes as needed:	Yes
Who supervises:	Faculty
Does student see ambulatory patients:	No

Scheduled Duties of Student:

Frequency of rounds on patients:	Daily
Presents patients to preceptor or attending physician:	Yes
Weekly schedule of required teaching sessions:	Non-Bedside Teaching

Describe Optional Rounds And Activities, If Any:

Psychiatry Grand Rounds, MS3 case conferences

Other Required Activities:

	Reading/review of current literature:	Yes
	Writing or Presenting a paper or topic:	No

How Is Student Evaluated:

Subjective Evaluation

Who Evaluates Students:

Faculty with feedback from residents and Staff

Unique Features Of This Selective:

Forensic psychiatry, sub-acute unit (~45 day inpatient stay)