

Women's Mental Health PGY 4 Outpatient Elective

Location:

The Motherhood Center

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Description of Rotation:

During the Women's Health elective, residents will be exposed to a unique treatment setting that provides services for new and expecting mothers and their partners, including a range of treatment options for women experiencing perinatal mood and anxiety disorders. The resident will ultimately be expected to assess and manage these patients using various biological and psychosocial treatment modalities under general supervision from the Center's staff. This rotation will include evaluating new and acute perinatal patients, assessing safety and level of care based on patient's initial presentation, participating in specialized evaluations such as pre-conception consultations, and attending group supervisions within our center. There will be an orientation for the resident at the outset of their rotation, weekly supervision, and participation in didactics.

Outpatient Schedule: Weekly half day rotation for at least a 6-month commitment. The schedule would either be from 9am-1pm or 1pm-5pm depending on the trainee's preference. Emphasis would be on conducting evaluations, offering medication management, and utilizing psychotherapy interventions. Trainees would also have the opportunity to participate in weekly prescriber supervision with both clinicians from our outpatient and partial hospitalization program to expand their knowledge of complex presentations of perinatal mood and anxiety disorders.

The knowledge and associated skills and professional attitude to be acquired during this elective, as part of the PGY-4 year of residency for demonstrating progress toward achievement of the core competencies are:

Patient Care – residents will be expected to:

- Refine their performance of the psychiatric interview and of the mental status examination to incorporate special attention to the issues pertinent in women during the peripartum period. They will be expected to integrate this information into a bio-psycho-social formulation that is specific to each patient’s illness and presentation.
- Formulate and document appropriate diagnoses utilizing the criteria in the DSM-5, including but not limited to depressive disorders, anxiety disorders, OCD, PTSD, and bipolar disorders.
- Recognize any co-occurring psychiatric, psychological, interpersonal, and medical disorders which may occur in women during their pre-conception or peripartum periods.
- Identify and recommend appropriate pharmacological treatment for diagnosed psychiatric disorders and be able to properly consent the patient for their use, including, at a minimum, the indications, side effects, risks and benefits. The resident must be able to participate in an informed and compassionate conversation about the indication of medications in this patient population.
- Collaborate with the patient’s obstetrical providers when appropriate and when consented to by the patient.
- Recognize the necessity of a partial hospitalization program or inpatient psychiatric referral when present.

Medical Knowledge – residents are expected to:

- Refine their knowledge of the DSM-5 criteria for peripartum mood and anxiety disorders, sexual dysfunctions, relationship distress with spouse or intimate partner, spouse or partner abuse or violence, phase of life problems, problems related to unwanted pregnancies or multiparity, and other conditions that are diagnosed.
- Understand the unique impact that hormones in the peripartum period can have on a patient’s mental state and/or mood.
- Be sensitized to the presentation of postpartum psychosis, infanticidal fantasies, or suicidal ideations.
- Understand the difference between the “baby blues” (i.e., normal adjustment to childbirth) and PMADs.
- Understand the changes that may be necessary with psychopharmacologic medication dosing before, during, and after childbirth as a result of the changes in the volume of distribution of the mother.
- Recognize the signs and symptoms of any substance use disorders in the mother or the newborn.
- Be introduced to concepts of Attachment Theory and Dyadic Treatment.
- Become familiar with the concept of Adverse Childhood Events (ACE’s) and how to identify them in the context of the new mother.

Practice-Based Learning and Improvement – residents are expected to:

- Use information technology to access on-line medical information related to treatment of illnesses and conditions that affect women.
- Refine their skills in collaborating with other health care professionals in the fundamentals of supportive therapy for perinatal conditions.
- Evaluate, measure, and utilize at least three measures of clinical effectiveness during the rotation. The resident would be expected to work with their supervisor to devise possibilities.
- Be able to function independently with minimal supervision from the attending.

Interpersonal and Communication skills – residents are expected to:

- Refine their communication skills with female patients and their partners about their ongoing treatment and goals for the future.
- Empathize with patients suffering from perinatal mood disorders so as to understand the effect of the illness/condition on their lives.
- Communicate with other treatment providers, both at the Center and on the patient’s healthcare team.
- Work with the Center’s staff to determine the best disposition plan for the patient.
- Write clear, legible, well-organized, accurate and appropriately detailed psychiatric notes, evaluations and consults when necessary, in a timely manner.

Professionalism – residents are expected to:

- Arrive on time to perform the psychiatric evaluations, see follow up patients, and participate in other modalities of care at the Center.
- Inform the supervising attending at the beginning of the month of the times that the resident will be unavailable due to meetings, vacation, patient care responsibilities, etc.
- Relate to patients, their family and concerned others with compassion, respect, and professional integrity
- Develop the necessary objectivity, initiative, judicious decision making, and foresight inherent in the role of more complex and responsible patient care and administrative positions.

Systems-Based Practice – residents are expected to:

- Gain experience and understanding of the frequently complex medical, vocational, financial, and psychosocial needs of families during this time in their lives.
- Gain experience and understanding of different women’s health programs available to patients in the community.
- Gain experience in placement of patients in aftercare programs in both the inpatient and outpatient setting.
- Be familiar with different insurance issues that may arise during care.
- Be familiar with resources available through groups such as:
 - The Office of Women’s Health: <https://www.womenshealth.gov/mental-health>

- The National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/women-and-mental-health/index.shtml>
- The World Health Organization: https://www.who.int/mental_health/maternalchild/en/
- The American Psychiatric Association: <https://www.psychiatry.org/psychiatrists/practice/professional-interests/women>
- Postpartum Support International: www.postpartum.net
- MGH Center for Women's Mental Health: www.womensmentalhealth.org

Teaching Methods

- Clinical Teaching
- Role Modeling
- Individual Supervision
- Reading Material Provided

Assessment Methods (of residents)

- Resident's Global Performance Evaluation - by Attending

Assessment Methods (of program)

- Evaluation of Teaching Faculty
- Evaluation of Clinical Rotation
- Annual Psychiatry Residency Program Evaluation

Measures of Clinical Effectiveness or Data used to demonstrate clinical effectiveness:

- Rating scales and interval comparison
- Patient Surveys
- Clinical Interviews
- Discharge criteria

Level of supervision

- Resident receives daily supervision from the service attending. All cases seen by resident are supervised by the attending. This supervision includes discussion of diagnosis and treatment plan for the patient. There is also time allocated separately to discuss any other questions that arise in the context of substance use not necessarily related to the patients seen that day.

Elective Requirements

- At least one case conference or journal article presentation during didactic hour

Suggested Reading:

- Relevant literature to be provided