

ROTATION SUMMARY
Pediatric Psychosomatic Medicine

Rotation Contacts and Scheduling Details

Rotation Director:

Richard Shaw, M.D. Professor of Psychiatry and Pediatrics, Medical Director, Pediatric Psychosomatic Medicine Service, Lucile Packard Children's Hospital, Division of Child Psychiatry, Department of Stanford University, Psychiatry and Behavioral Sciences, 401 Quarry Road, Stanford, CA 94305-5719, rjshaw@stanford.edu, (TEL) 650-723-5457, (FAX) 650-723-5531

Pediatric Psychosomatic Medicine Service Attending Pediatric Psychiatrists

Michelle Goldsmith, M.D., M.A., Clinical Educator
Wendy Froelich, M.D., Academic Instructor

Administrator:

Quynh Dang, Psychiatry and Behavioral Sciences, 401 Quarry Road, Room 2204, Stanford, CA 94305
qdang@stanford.edu, (TEL) 650 725-2769, (FAX) 650-725-3762

Positions Available: This is a 4 week (only) elective offered any month open to pediatric interns or residents. Preference will be given to medical students who are already scheduled to rotate on service with a maximum of two trainees to be assigned to the service at each time.

Introduction

The Pediatric Psychosomatic Medicine Service provides psychiatric consultations to inpatients and outpatients cared for at Lucile Packard Children's Hospital and Clinics. Additionally, patients with psychiatric crises who present to the pediatric emergency department are also evaluated by our service. The main educational goals for this rotation are to understand and manage the psychiatric needs of children, adolescents, and families affected by acute and chronic medical conditions, and how to develop therapeutic alliances with these patients and their families. During this elective rotation individuals will learn to conduct a psychiatric interview of patients and families, evaluate for psychiatric diagnoses, understand the impact of medical illness on the patient and family from a functional and developmental perspective, to develop a plan of care including psychotherapeutic and pharmacologic interventions for depression, anxiety, insomnia, behavioral dysregulation, delirium, psychosis and somatoform disorders. A major focus of the rotation will be learning how to liaise effectively with consulting medical services and to provide guidance and consultation regarding psychological aspects of medical illnesses, while also delivering therapeutic support for patients, families, and staff. A secondary goal is to gain an understanding of psychosomatic disorders, while learning to manage these conditions using a culturally informed, biopsychosocial approach. Rotating trainees are supervised by the Attending pediatric psychiatrist and/or psychologist including daily rounds, personalized teaching on assessment, diagnosis and case formulation, bedside teaching including modeling and observation, and weekly didactics. Trainees will also work collaboratively with child psychiatry fellows, child psychology interns, and medical students who are on service.

Trainees will observe Attendings and fellows completing initial evaluations and all phases of psychiatric/psychological care – psychotropic medication management, therapy (e.g.- play, supportive, family, individual), hypnosis and related relaxation techniques (deep breathing, progressive muscle relaxation, visualization) behavioral modification planning, care conferences, and disposition planning. Trainees will also be observed in a variety of hands-on learning opportunities and provided with real time feedback. Teaching will focus on performing psychiatric assessments, differential diagnosis, case formulation and treatment planning with the aim of helping trainees perform the evaluation with increasing autonomy while receiving detailed feedback on written reports, interview techniques and alliance building with patients.

Weekly Schedule

Trainees on this elective will attend daily morning rounds, weekly didactics with Child Psychiatry Trainees, and clinical meetings (*in italics below*) as salient to their patient population.

	MON	TUE	WED	THUR	FRI
8am	Morning Report	Morning Report	Morning Report	Morning Report	8-9 Grand Rounds
	9 am	9 am	8 am-2 pm	9 am	8:00 am

Last updated 03/11/11

	C/L Rounds (3 east conf. room LPCH) 12-1 pm Noon Conference	C/L Rounds (3 east conf. room LPCH) 12 pm <i>SCT Rounds</i> <i>(1 North Work Room)</i> 12-1 pm Noon Conference	Didactics at (401 Quarry Road) 2:15 pm C/L Rounds (3 south group room)	C/L Rounds (3 east conf. room LPCH) 12-1 pm Noon Conference	<i>Heart Transplant Rounds (3 East conf. room)</i> 9am C/L Didactics 10am C/L Rounds (3 east conf. room LPCH) 12-1 pm Noon Conference 1:30 pm <i>Outpatient Pain Patient Rounds</i> <i>(CVICU conf. room)</i>
--	-----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Rotation Specifics

Orientation

Please contact the Attending on service the week prior to beginning the elective. An orientation packet will be provided for review as well as recommended readings. Call 650-723-5511 (Outpatient Pediatric Psychiatry Clinic) for contact information of Attending.

Rounds Overview

Daily sit down rounds in 3 East Conference Room at LPCH are directed by the Attending. Each trainee provides a brief overview of patient presentation, reason for hospitalization and consult question, current medical and psychiatric care, anticipated psychiatric and psychosocial needs after discharge including plan for referrals, communication with primary team and other services including school, social work, child life, etc. Patients are assigned based on the trainees current patient census. Rotating trainees typically care for 4 inpatients and 1-2 outpatients (as appropriate to level of training and complexity of patient) with an effort made to vary patient type to provide variety of educational opportunities. This rotation will be a combination of observation and hands-on learning.

Pagers

Trainees rotating on service are expected to carry their own pager so they can be contacted for new consults between 9-4:30 pm.

Call Schedule

There is no call for trainees rotating on this elective

Weekend Rounds

There are no weekend rounds for trainees rotating on this elective

Night Team

N/A

Resident Roles and Responsibilities

- daily rounds with Attending and other team members
- psychiatric consultations of inpatients and outpatients
- emergency department evaluations and dispositions (9 am-4:30 pm)
- follow-up visits with inpatients (1-3x/wk unless acute need; daily if pt is awaiting psych bed)
- follow-up visits with outpatients (usually 1x/wk)
- participation in care team meetings
- liaison work with pediatric teams and ancillary services regarding our patients' plan of care
- complete clinical notes for encounters
- complete billing sheets for encounters

- one 30-45min presentation about a topic of your choice (relevant to the topic of pediatric psychosomatic medicine) to be given to the pediatric psychosomatic medicine service during Friday rounds

Evaluation and Feedback

Evaluation for this elective will include feedback solicited from all Attendings on service during the time of the elective and condensed into a MedHub Resident Evaluation.

Feedback will be provided by the Attending on a regular basis, but at least weekly. The focus of feedback will be on competency-based goals and objectives. At the end of the rotation a comprehensive feedback session will be conducted by the supervising Attending with the rotating trainee.

Faculty	Pager:	Email:
Richard Shaw, M.D.	13170	rjshaw@stanford.edu
Michelle Brown, Ph.D.	13997	michelle.brown@stanford.edu
Michelle Goldsmith, M.D.	12327	michelle.goldsmith@stanford.edu
Wendy Froehlich, M.D.	23358	wendyf@stanford.edu

References:

1. Clinical Manual of Pediatric Psychosomatic Medicine: Mental Health Consultation with Physically Ill Children and Adolescents, Shaw RJ, DeMaso DR. Washington DC: American Psychiatric Publishing, Inc. 2006
2. Textbook of Pediatric Psychosomatic Medicine, Shaw RJ, DeMaso DR, Washington DC: American Psychiatric Publishing, Inc. 2010
3. Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR Fourth Edition (Text Revision) by American Psychiatric Association, Jun 2000
4. Practice Parameter for the Psychiatric Assessment and Management of Physically Ill Children and Adolescents, Journal American Academy of Child and Adolescent Psychiatry, 2009

Competency-based Goals and Objectives

Goal 1. Learn how to assess and diagnose psychosomatic disorders in children and adolescents

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Conduct psychiatric assessments and document your evaluations in an effort to gain an understanding of the experience of a patient with a psychosomatic disorder	<ul style="list-style-type: none"> Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns Multidisciplinary team rounds Independent reading <ul style="list-style-type: none"> Ref. #1 Chps 2-3 Ref. #2 Chps. 2-3 Ref. #3 PRN Ref. #4 Didactics Direct patient care 	<ul style="list-style-type: none"> Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns Weekly feedback from Attendings Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Medical Knowledge
Explain the treatments available for psychosomatic disorders and the evidence base for this treatment, including behavioral approaches to pain management, hypnosis, and medically-oriented play therapy	<ul style="list-style-type: none"> Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns Multidisciplinary team rounds Independent reading <ul style="list-style-type: none"> Ref. #2 Chps. 28, 29, 31 Ref. #4 Didactics 	<ul style="list-style-type: none"> Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns Weekly feedback from Attendings Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge Systems-based Practice Practice-based Learning and Improvement
Conduct therapies useful for disorders during acute or chronic medical treatment, especially techniques for empowering patients and for increasing adherence of medical therapies in patients	<ul style="list-style-type: none"> Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns Multidisciplinary team rounds Independent reading <ul style="list-style-type: none"> Ref. #1 Chp. 11 Ref. #2 Chp. 13 Ref. #4 Didactics Direct patient care 	<ul style="list-style-type: none"> Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns Weekly feedback from Attendings Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Medical Knowledge Systems-based Practice Practice-based Learning and Improvement
Describe the appropriate use of psychotropic medication with these disorders, and initiate (or continue) these treatments when necessary	<ul style="list-style-type: none"> Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns Multidisciplinary team rounds Independent reading <ul style="list-style-type: none"> Ref. #1 Chp. 15 Ref. #2 Chp. 30 Ref. #4 Didactics Direct patient care 	<ul style="list-style-type: none"> Daily observation by Attendings Child Psychiatry Fellows and Psychology Interns Weekly feedback from Attendings Written evaluation from Attending at the end of the rotation 	Patient Care Interpersonal/Communication Skills Medical Knowledge Systems-based Practice Practice-based Learning and Improvement

Goal 2. Develop relevant skill set and approach to the management of children and adolescents with psychosomatic disorders.

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Educate medical team members on the nature and course of co-morbid psychiatric conditions and medical illnesses	<ul style="list-style-type: none"> • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. #2 Chps. 5-10 • Ref. #2 Chps. 14-27 • Ref. #3 PRN • Ref. #4 • Didactics • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Systems-based Practice Medical Knowledge
Establish a working alliance with patients in crisis and their family members	<ul style="list-style-type: none"> • Direct patient care • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. #1 Chp. 14 • Ref. #2 Chp. 29 • Ref. #4 • Didactics • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills
Set appropriate therapeutic goals and limitations for psychotherapy during a short-term hospitalization	<ul style="list-style-type: none"> • Direct patient care • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. # 1 Chp. 13 • Ref. # 2 Chp. 28 • Didactics 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge Systems-based Practice Interpersonal/Communication Skills

Assess the needs of the patient and the resources available for follow-up treatment after hospitalization	<ul style="list-style-type: none"> • Direct patient care • Multidisciplinary team rounds • Coordinate care for outpatient resources through social work and outpatient psychiatry resources 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Systems-based Practice
Identify the stressors of hospitalization and chronic illness on the child and family	<ul style="list-style-type: none"> • Direct patient care • Didactics • Independent reading <ul style="list-style-type: none"> • Ref. #1 Chps 2, 9 • Ref. #4 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Systems-based Practice
Establish appropriate communication and collaboration with outpatient providers while learning about confidentiality and issues related to the release of information regarding mental health care	<ul style="list-style-type: none"> • Direct patient care, follow-up and discuss cases with outpatient clinicians for the patients you follow • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attending at the end of the rotation 	Patient Care Interpersonal/Communication Skills Systems-based Practice
Goal 3. Increase knowledge and skills related to working with pediatric medically ill patients and their families.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Describe the developmental tasks and changes that occur during specific periods of childhood and adolescence, and how this can affect and be affected by acute conditions and chronic medical illnesses	<ul style="list-style-type: none"> • Direct patient care • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. # 4 • Didactics 	<ul style="list-style-type: none"> • Daily observation by Attendings, Child Psychiatry Fellows and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge
Learn how to adjust and tailor therapeutic interventions to the cognitive and emotional maturity of the patient	<ul style="list-style-type: none"> • Direct patient care • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child 	<ul style="list-style-type: none"> • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge

	Psychiatry Fellows and Psychology Interns <ul style="list-style-type: none"> • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. # 4 • Didactics 		
Delineate salient family issues as the child moves through development including the changing relationship with parents	<ul style="list-style-type: none"> • Direct patient care • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. # 4 • Didactics 	<ul style="list-style-type: none"> • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge

Competency-based Goals and Objectives

Goal 1. Learn how to assess and diagnose psychosomatic disorders in children and adolescents

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Conduct psychiatric assessments and document your evaluations in an effort to gain an understanding of the experience of a patient with a psychosomatic disorder	<ul style="list-style-type: none"> Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns Multidisciplinary team rounds Independent reading <ul style="list-style-type: none"> Ref. #1 Chps 2-3 Ref. #2 Chps. 2-3 Ref. #3 PRN Ref. #4 Didactics Direct patient care 	<ul style="list-style-type: none"> Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns Weekly feedback from Attendings Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Medical Knowledge
Explain the treatments available for psychosomatic disorders and the evidence base for this treatment, including behavioral approaches to pain management, hypnosis, and medically-oriented play therapy	<ul style="list-style-type: none"> Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns Multidisciplinary team rounds Independent reading <ul style="list-style-type: none"> Ref. #2 Chps. 28, 29, 31 Ref. #4 Didactics 	<ul style="list-style-type: none"> Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns Weekly feedback from Attendings Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge Systems-based Practice Practice-based Learning and Improvement
Conduct therapies useful for disorders during acute or chronic medical treatment, especially techniques for empowering patients and for increasing adherence of medical therapies in patients	<ul style="list-style-type: none"> Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns Multidisciplinary team rounds Independent reading <ul style="list-style-type: none"> Ref. #1 Chp. 11 Ref. #2 Chp. 13 Ref. #4 Didactics Direct patient care 	<ul style="list-style-type: none"> Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns Weekly feedback from Attendings Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Medical Knowledge Systems-based Practice Practice-based Learning and Improvement
Describe the appropriate use of psychotropic medication with these disorders, and initiate (or continue) these treatments when necessary	<ul style="list-style-type: none"> Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns Multidisciplinary team rounds Independent reading <ul style="list-style-type: none"> Ref. #1 Chp. 15 Ref. #2 Chp. 30 Ref. #4 Didactics Direct patient care 	<ul style="list-style-type: none"> Daily observation by Attendings Child Psychiatry Fellows and Psychology Interns Weekly feedback from Attendings Written evaluation from Attending at the end of the rotation 	Patient Care Interpersonal/Communication Skills Medical Knowledge Systems-based Practice Practice-based Learning and Improvement

Goal 2. Develop relevant skill set and approach to the management of children and adolescents with psychosomatic disorders.

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Educate medical team members on the nature and course of co-morbid psychiatric conditions and medical illnesses	<ul style="list-style-type: none"> • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. #2 Chps. 5-10 • Ref. #2 Chps. 14-27 • Ref. #3 PRN • Ref. #4 • Didactics • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Systems-based Practice Medical Knowledge
Establish a working alliance with patients in crisis and their family members	<ul style="list-style-type: none"> • Direct patient care • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. #1 Chp. 14 • Ref. #2 Chp. 29 • Ref. #4 • Didactics • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills
Set appropriate therapeutic goals and limitations for psychotherapy during a short-term hospitalization	<ul style="list-style-type: none"> • Direct patient care • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. # 1 Chp. 13 • Ref. # 2 Chp. 28 • Didactics 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge Systems-based Practice Interpersonal/Communication Skills

Assess the needs of the patient and the resources available for follow-up treatment after hospitalization	<ul style="list-style-type: none"> • Direct patient care • Multidisciplinary team rounds • Coordinate care for outpatient resources through social work and outpatient psychiatry resources 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Systems-based Practice
Identify the stressors of hospitalization and chronic illness on the child and family	<ul style="list-style-type: none"> • Direct patient care • Didactics • Independent reading <ul style="list-style-type: none"> • Ref. #1 Chps 2, 9 • Ref. #4 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Interpersonal/Communication Skills Systems-based Practice
Establish appropriate communication and collaboration with outpatient providers while learning about confidentiality and issues related to the release of information regarding mental health care	<ul style="list-style-type: none"> • Direct patient care, follow-up and discuss cases with outpatient clinicians for the patients you follow • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns 	<ul style="list-style-type: none"> • Feedback from primary team • Feedback from patient and family • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attending at the end of the rotation 	Patient Care Interpersonal/Communication Skills Systems-based Practice
Goal 3. Increase knowledge and skills related to working with pediatric medically ill patients and their families.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Describe the developmental tasks and changes that occur during specific periods of childhood and adolescence, and how this can affect and be affected by acute conditions and chronic medical illnesses	<ul style="list-style-type: none"> • Direct patient care • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. # 4 • Didactics 	<ul style="list-style-type: none"> • Daily observation by Attendings, Child Psychiatry Fellows and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge
Learn how to adjust and tailor therapeutic interventions to the cognitive and emotional maturity of the patient	<ul style="list-style-type: none"> • Direct patient care • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child 	<ul style="list-style-type: none"> • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge

	Psychiatry Fellows and Psychology Interns <ul style="list-style-type: none"> • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. # 4 • Didactics 		
Delineate salient family issues as the child moves through development including the changing relationship with parents	<ul style="list-style-type: none"> • Direct patient care • Observe strategies used by Attendings, Child Psychiatry Fellows and Psychology Interns • Patient-related discussions with Attendings, Child Psychiatry Fellows and Psychology Interns • Multidisciplinary team rounds • Independent reading <ul style="list-style-type: none"> • Ref. # 4 • Didactics 	<ul style="list-style-type: none"> • Daily observation by Attendings, Child Psychiatry Fellows, and Psychology Interns • Weekly feedback from Attendings • Written evaluation from Attendings at the end of the rotation 	Patient Care Medical Knowledge