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| **Consult Liaison and Emergency Psychiatry**  | **Faculty Attending: Dr. Sangani and Dr. Yasaei**  |
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| **Location:** Kaweah Health Medical Center |
| **Prior to start of rotation:** Review document created by residents and/or attending for tips, templates, codes, and other rotation specific information. |
| **Rotators:** *Psychiatry Residents, Family Medicine Residents* **Other:** Medical Students  |

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| **Goals, Objectives, & Milestones**  |
| To gain experience in providing psychiatry consultation on other medical and surgical services and in crisis evaluation, management and triage of psychiatric patients. Develop the knowledge, skills and competence in the practice of consult-liaison and emergency psychiatry through clinical experience, didactics, case based learning, supervision, and self-directed learning. **Learning Objectives:**1. Develop competence in diagnosing and treatment of psychiatric disorders
2. Perform risk assessments
3. Manage ongoing care of patients
4. Use and manage psychopharmacology in medical, surgical and emergency settings
5. Coordinate care with multiple disciplines
6. Develop knowledge of current research and evidence based approaches to patient care
7. Develop knowledge of appropriate ethical and/or legal standards
8. Develop knowledge of cost awareness, resource management and risk-benefit analysis
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| **Patient Care (PC)***To provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.** evaluation and treatment of patients of different ages and genders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural, and economic backgrounds
* formulating a clinical diagnosis for patients by conducting patient interviews
* eliciting a clear and accurate history
* performing a physical, neurological, and mental status examination, including use of appropriate diagnostic studies
* Complete systematic recording of findings in the medical record
* formulating an understanding of a patient’s biological, psychological, behavioral, and sociocultural issues associated with etiology and treatment
* developing a differential diagnosis and treatment plan
* managing and treating patients using pharmacological regimens
* managing and treating chronically-mentally ill patients with appropriate psychopharmacologic, psychotherapeutic, and social rehabilitative interventions
* recognizing and appropriately responding to family violence (elder physical, emotional, and sexual abuse and neglect)

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| **PC1: Psychiatric Evaluation** | *To gather and organize findings from the patient interview; mental status and cognitive exams; targeted physical and neurologic exams; data from collateral sources including information gathered from the medical record, family members, other treaters; and laboratory and imaging results; to screen for risk, and integrate risk assessment into the patient evaluation* |
| * Collects general medical and psychiatric history and completes a mental status examination
* Collects relevant information from collateral sources
* Efficiently acquires an accurate and relevant history and performs a targeted examination customized to the patient's presentation
 |
| **PC2: Psychiatric Formulation and Differential Diagnosis** | *To organize and summarize findings and generate differential diagnosis; identify contributing factors and contextual features and creates a formulation, and use the emotional responses of clinician and patient as diagnostic information* |
| * Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression
* Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient’s presentation
* Recognizes that clinicians have emotional responses to patients
* Integrates information from the most relevant sources to develop a basic differential diagnosis for common patient presentations
* Identifies the biological, psychosocial, and developmental/life cycle factors that contribute to a patient’s presentation
* Recognizes that clinicians’ emotional responses have diagnostic value
 |
| **PC3: Treatment Planning and Management** | *To create a treatment plan, monitor and revise treatment when indicated, and incorporate the use of community resources* |
| * Identifies potential biopsychosocial treatment options
* Recognizes that acuity affects level of care and treatment monitoring
* Gives examples of community resources
* Engages the patient in the selection of evidence-based biopsychosocial treatment, recognizing that comorbid conditions and side effects impact treatment
* Selects the most appropriate level of care based on acuity and monitors treatment adherence and response
* Coordinates care with community resources
 |
| **PC4: Psychotherapy** | *To establish a therapeutic alliance, select and provide psychotherapies, and manage therapeutic process* |
| **Milestones:** * Establishes a working relationship with patients demonstrating interest and empathy
* Accurately identifies patient emotions, particularly sadness, anger, and fear
 |
| **PC5: Somatic Therapies** | *To understand the mechanisms of action, indications, and evidence base for somatic therapies and appropriately apply them to patient care; educate patients about somatic therapies including access to accurate psychoeducational resources; and appropriately monitor a patient’s response to treatment* |
| * Lists commonly used somatic therapies and their indications to target specific psychiatric symptoms
* Reviews with the patient general indications and common adverse effects for commonly prescribed drugs and other somatic treatments
* Lists key baseline assessments necessary before initiating somatic treatments to ensure patient safety
* Appropriately prescribed commonly used somatic therapies and understands their mechanism of action
 |
| **PC6: Clinical Consultation** | *To consult in interdisciplinary/integrated care settings* |
| * Clearly and concisely requests a consultation
* Clearly and concisely responds to a consultation request
* Demonstrates understanding of the consultation model, including liaison function
* Applies consultant recommendations judiciously to patient care
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| **Medical Knowledge** *To develop and demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.** approaches to understanding the patient-doctor relationship
* biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that influence physical and psychological development
* fundamental principles of the epidemiology, etiologies, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard diagnostic statistical manual
* diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice, including neoplasm, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, neurocognitive disorders, seizure disorders, stroke, intractable pain, and other related disorders
* history of psychiatry and its relationship to the evolution of medicine
* legal aspects of psychiatric practice
* aspects of American culture and subcultures, including immigrant populations, particularly those found in the the local community, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values and preferences, and power; and medical conditions that can affect evaluation and care of patients

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| **MK1: Development through the lifecycle** | *To demonstrate knowledge of human development and the impact of pathological and environmental influences* |
| * Conceptualizes development as occurring in stages throughout the life cycle
* Recognizes major deviations from typical development
* Describes the basic stages of typical biological, sociocultural, sexual, and cognitive development throughout the life cycle
* Gives examples of biological, psychological, sociocultural, cognitive, and sexual factors that contribute to a shift towards an atypical developmental trajectory
 |
| **MK2: Psychopathology** | *To identify and treat psychiatric conditions, assess risk and determine level of care, and understand the interface of psychiatry and the rest of medicine* |
| * Identifies the major psychiatric diagnostic categories
* Gives examples of interactions between medical and psychiatric symptoms and disorders
* Demonstrates sufficient knowledge to identify and assess common psychiatric conditions
* Demonstrates sufficient knowledge to identify common medical conditions in psychiatric patients
 |
| **MK3: Clinical Neuroscience** | *To complete neurodiagnostic and neuropsychological testing, identify neuropsychiatric comorbidity, and apply neuroscientific findings in psychiatry* |
| * Lists commonly available neuroimaging, neurophysiologic, and neuropsychological tests
* Describes basic components and functions of the nervous system
* Describes basic features of common neurologic disorders
* Describes indications for common neuroimaging, neurophysiologic, and neuropsychological tests
* Describes major neurobiological processes underlying common psychiatric illness
* Describes with the interplay between psychiatric and neurologic disorders
 |
| **MK4: Psychotherapy** | *To understand the fundamentals, practice and indications, and evidence base of psychotherapy* |
| * Identifies psychotherapy as an effective modality of treatment
* Lists the basic indications and benefits of using psychotherapy
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| **Professionalism** *To develop and demonstrate a commitment to professionalism and an adherence to ethical principles.*Residents, in their overall training, must demonstrate competence in* compassion, integrity, and respect for others;
* responsiveness to patient needs that supersedes self-interest;
* respect for patient privacy and autonomy
* accountability to patients, society, and the profession
* respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation
* ability to recognize and develop a plan for one’s own personal and professional well-being; and,
* appropriately disclosing and addressing conflict or duality of interest

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| **PROF1: Professional Behavior and Ethical Principles** | *To recognize and address lapses in ethical and professional behavior, demonstrates ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas* |
| * Identifies and describes core professional behavior
* Recognizes that one’s behavior in professional settings affects others
* Demonstrates knowledge of core ethical principles
* Demonstrates professional behavior in routine situations
* Takes responsibility for own professionalism lapses and responds appropriately
* Analyzes straightforward situations using ethical principles
 |
| **PROF2: Accountability/ Conscientiousness** | *To take responsibility for one’s own actions and the impact on patients and other members of the health care team* |
| * Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future
* Introduces self as patient’s resident physician
* Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations
* Accepts the role of the patient’s physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care
 |
| **PROF3: Self-Awareness and Help Seeking** | *To manage and improve own personal and professional well-being in an ongoing way* |
| * Recognizes the importance of addressing personal and professional well-being
* Lists available resources for personal and professional well-being
* Describes institutional resources designed to promote well-being
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| **Interpersonal and Communication Skills***To develop and demonstrate interpersonal and communication skills that result in the effective* *exchange of information and collaboration with patients, their families, and health professionals and**residents must learn to communicate with patients and families to partner with them to assess their* *care goals, including when appropriate, end of life goals.* Residents, in their overall training, must demonstrate competence in:* communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
* communicating effectively with physicians, other health professionals, and health-related agencies
* working effectively as a member or leader of a health care team or other professional group
* educating patients, families, students, residents, and other health professionals
* acting in a consultative role to other physicians and health professionals
* maintaining comprehensive, timely, and legible medical records, if applicable
* Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals

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| **ICS1: Patient and Family-Centered Communication** | *To deliberately use language and behaviors to form constructive relationships with patients, to identify communication barriers including self-reflection on personal biases, and minimize them in the doctor-patient relationships; to organize and lead communication around shared decision making* |
| * Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport
* Identifies common barriers to effective communication; accurately communicates own role within the health care system
* Recognizes communication strategies may need to be adjusted based on clinical context
* Establishes a therapeutic relationship in straightforward encounters using active listening and clear language
* Identifies complex barriers to effective communication
* Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying understanding of the clinical situation
 |
| **ICS2: Interprofessional and Team Communication** | *To effectively communicate with the health care team, including consultants, in both straightforward and complex situations* |
| * Uses language that values all members of the healthcare team
* Recognizes the need for ongoing feedback with the health care team
* Communicates information effectively with all health care team members
* Solicits feedback on performance as a member of the healthcare team
 |
| **ICS3: Communication within Health Care Systems** | *To effectively communicate with the health care team, peers, learners, and faculty members using a variety of methods* |
| * Accurately records information in the patient record
* Safeguards patient personal health information
* Communicates about administrative issues through appropriate channels, as required by institutional policy
* Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record
* Uses documentation shortcuts accurately and appropriately to enhance efficiency of communication
* Respectfully communicates concerns about the system
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| **Practice Based Learning and Improvement** *To develop and demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.*Resident, in their overall training, must demonstrate competence in* identifying strengths, deficiencies, and limits in one’s knowledge and expertise
* setting learning and improvement goals
* identifying and performing appropriate learning activities
* systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement
* incorporating feedback and formative evaluation into daily practice
* locating, appraising, and assimilating evidence from scientific studies related to their patients’ health problems
* using information technology to optimize learning

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| **PBLI1: Evidence-Based and Informed Practice** | *To appraise and apply evidence-based best practices* |
| * Demonstrates how to access and summarize available evidence for routine conditions
* Articulates clinical questions and initiates literature searches to provide evidence-based care
 |
| **PBLI2: Reflective Practice and Commitment to Personal Growth** | *To know how to seek performance data, to conduct reflective practice, and to create and use a learning plan* |
| * Accepts responsibility for personal and professional development by establishing goals
* Identifies the factors which contribute to gap(s) between one’s expected and actual performance
* Actively seeks opportunities to improve
* Demonstrates openness to performance data (feedback and other input) in order to inform goals
* Analyzes and reflects on the factors which contribute to gap(s) between one’s expected and actual performance
* Designs and implements a learning plan, with prompting
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| **System Based Practice** *To develop and demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.* *To learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end of-life goals* * knowing how types of medical practice and delivery systems differ from one another, including methods of controlling health care cost, ensuring quality, and allocating resources
* practicing cost-effective health care and resource allocation that is aligned with high quality of care, including an understanding of the financing and regulation of psychiatric practice, as well as information about the structure of public and private organizations that influence mental health care
* assisting patients in dealing with system complexities and disparities in mental health care resources; and
* advocating for the promotion of mental health and the prevention of mental disorders

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| **SBP1: Patient Safety and Quality Improvement** | *To analyze patient safety events, appropriately disclose patient safety events, and participate in quality improvement* |
| * Demonstrates knowledge of common patient safety events
* Demonstrates knowledge of how to report patient safety events
* Demonstrates knowledge of basic quality improvement methodologies and metrics
* Identifies system factors that lead to patient safety events
* Reports patient safety events through institutional reporting systems (simulated or actual)
* Describes local quality improvement initiatives (e.g., reduced restraint rates, falls risk, suicide rates)
 |
| **SBP2: System Navigation for Patient-Centered Care** | *To effectively navigate the health care system, including the interdisciplinary team and other care providers, to adapt care to a specific patient population to ensure high-quality patient outcomes; to coordinate patient care, safely transition care, and appropriately adapt care to meet community needs* |
| * Demonstrates knowledge of care coordination
* Identifies key elements for safe and effective transitions of care and handoffs
* Demonstrates knowledge of population and community health needs and disparities
* Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams
* Performs safe and effective transitions of care/handoffs in routine clinical situations
* Identifies specific population and community health needs and inequities for their local population
 |
| **SBP3: Physician Role in Health Care Systems** | *To identify components of the health care system, to promote health care advocacy, and to transition to independent practice* |
| * Identifies key components of the complex health care system
* Describes practice models and basic mental health payment systems
* Identifies basic knowledge domains for effective transition to residency
* Describes how components of a complex health care system are interrelated, and how this impacts patient care
* Identifies barriers to care in different health care systems
* Demonstrates use of information technology and documentation required for medical practice
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| **Supervision** |
| 1. Residents and faculty members will inform each patient of their respective roles.
2. Residents are supervised by the attending and can be supervised by a senior resident.
3. In the event the supervising physician is unreachable, the resident can seek alternate supervision in the order outlined below.
* Senior Resident
* Other Available Attending
* Chief Resident
* Department Chair
* Department Vice Chair/Program Director
1. To promote appropriate resident supervision while providing for graded authority and responsibility, the following classification of supervision are used.
* ***Direct:*** the supervising physician is physically present with the resident during the key portions of the patient interaction; **or** the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
* ***Indirect:*** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
* ***Oversight:*** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Each supervising faculty will take into consideration the skill and experience of the resident with the particular care situation, the familiarity of the supervising physician with the resident's abilities, the acuity of the situation and the degree of risk to the patientSenior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident. |

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| **Mandatory Attending Notification** |
| Resident must immediately communicate with a supervisor for the following circumstances:* A change in a patient status that require adjustments or clarification in orders
* Patient transfer to higher level of care (ED, etc.)
* Patient code or rapid response team
* Patient death
* Any event during which the resident feels clinical care exceeds the residents abilities
* Suicide attempt or violence
* Unplanned patient discharge
* Formal complaint filed involving patient care
* Contact from law enforcement/attorney/court impacting patient care
* Patient arrest or criminal charges
* Patients at imminent risk for lethal behavior and those warranting the implementation of Tarasoff/Duty to Warn notifications
* Referrals made to Child and/or Adult Protective Services
* Other high-risk or unusual incidents
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| **Educational Resources**  |
| 1. <https://psychiatryonline.org/books-library>
2. The American Psychiatric Publishing Textbook of Psychiatry
3. Textbook of Psychosomatic Medicine
4. The American Psychiatric Publishing Textbook of Psychopharmacology
5. The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults
6. Diagnostic And Statistical Manual of Mental Disorders Fifth Edition
7. Essentials of Consultation-Liaison Psychiatry
8. UpToDate
9. OVID
10. Kaplan & Sadock’s Comprehensive Textbook of Psychiatry
11. Kaplan & Sadock’s Synopsis of Psychiatry
12. <https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines>
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| **PRITE CONTENT**  |
| **NEUROSCIENCES**1. Neurodevelopment (across the lifespan)2. Neuroanatomy3. Cells and circuits4. Neurotransmitters and receptors5. Modulators (hormones, inflammatory responses)6. Neurobiological bases of basic behaviors7. Genetics |
| **CLINICAL NEUROLOGY** 1. Diagnostic procedures2. Diagnostic and clinical evaluation of neurologic disorders/syndromes3. Management and treatment of neurological disorders/syndromes |
| **CLINICAL PSYCHIATRY**1. Development and Maturation across the Lifespan2. Behavioral and Social Sciences3. Epidemiology4. Diagnostic Procedures5. Psychopathology and Associated Conditions across the Lifespan6. Treatment across the Lifespan7. Consultation/Collaborative-Integrated Care8. Issues in Practice9. Research and Scholarship Literacy 10. Administration and Systems |
| **MEDICAL KNOWLEDGE MILESTONES*** MK1 Development through the Life Cycle
* MK2 Psychopathology
* MK3 Clinical Neuroscience
* MK4 Psychotherapy
* MK5 Somatic Therapies
* MK6 Practice of Psychiatry
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| **ABPN Board Certification Exam Content**  |
| **Psychiatric Disorders and Topics**01. Developmental processes and development through the life cycle 1-3%02. Disorders usually first diagnosed in infancy, childhood, or adolescence (Neurodevelopmental disorders) 1-3%03. Substance-related and addictive disorders 8-12%04. Schizophrenia spectrum and other psychotic disorders 8-12%05. Depressive disorders 8-12%06. Bipolar and related disorders 6-8%07. Anxiety disorders 7-9%08. Obsessive-compulsive and related disorders 2-4%09. Trauma- and stressor-related disorders 5-7%10. Dissociative disorders 1-2%11. Somatic symptom and related disorders 4-6%12. Eating disorders 2-4%13. Sleep-wake disorders 2-4%14. Sexual dysfunctions 1-3%15. Gender dysphoria 1-3%16. Disruptive, impulse-control, and conduct disorders 1-2%17. Personality disorders 6-8%18. Paraphilic disorders 1-2%19. Other conditions that may be a focus of clinical attention 1-2%20. Neurocognitive disorders 7-9%21. Neurologic disorders 4-6%22. Dimension 2 topics without a corresponding Dimension 1 topic 2-4% |
| **Physician Competencies and Mechanisms**A. Neuroscience and mechanisms of disease 4-6%B. Behavioral and social sciences 4-6%C. Clinical aspects of psychiatric and neuropsychiatric disorders 17-23%D. Diagnostic procedures 17-23%E. Treatment 25-35%F. Interpersonal and communication skills 4-6%G. Professionalism, ethics, and the law 4-6%H. Practice-based learning and improvement 4-6%I. Systems-based practice 4-6% |

**Rotation Workflows**

**We will be providing Psych ED/CL coverage every day from 7am – 7pm.**

***--Wednesday coverage for Residents will be 7am – 12pm.***

**WEEKDAYS (except Wednesdays):**

**Residents will divide themselves into 2 teams – *AM team* and *PM team.***

***AM team* shift will be from 7am – 2pm**

***PM team* shift will be from 12pm – 7pm**

**On Wednesdays**, all residents on service will work from **7am – 12pm**.

-Residents are expected to arrive on time at the start of their shifts.

-Psychiatry Residents on service will divide themselves evenly amongst both teams.

- FM Resident or Medical Students can go to either team, with preference being that they join the AM team. *(i.e. If there are 4 psych residents and 1 FM resident during a block, there must be 2 psych residents on the AM team and 2 psych residents on the PM team; FM resident can be on either team, which will likely be dependent on their clinic schedule).*

- If you have clinic in the afternoon, you are expected to be on service in the AM and vice versa. It is Residents’ responsibility to sort out the teams the day prior, especially if you have clinic the following day.

- Please send a group text to the Attending at the beginning of the shift and indicate how many consults are pending to be seen.

- Please have a patient list printed out for your Attending and indicate resident assignments.

**- Rounds will start around 9:30am beginning with the ED consults, followed by the CL floor consults.**

**WEEKENDS:**

-There will be one resident covering the team on both Saturday and Sunday from 7am-7pm. *While this is indeed a long shift for Residents covering weekends, it is intended to assess and verify that the covering Resident can manage the team independently and is prepared for moonlighting.*

-There is no TYSB Child Crisis team or Child CL coverage on weekends (unless Dr. Jaques or Dr. Saadabadi are covering). Minors age 14 and up may be seen at discretion of Attending. Otherwise, may attempt to reach Dr. Jaques or Dr. Saadabadi if urgent case or have patient wait until Child CL coverage becomes available on Monday morning.

**Cutoff time for CL floor consult to be received is 5:30pm.**

**Cutoff time for ED consult to be received is 6:00pm.**

**Patient Caps for Residents:**

-New floor consult: 1.5 hrs

-New ED consult: 1 hour

-All follow ups: 45 mins

**Weekdays:** Residents will be capped at **‘6 hours’** of work

**Weekends:** There will be NO CAP for Residents on the weekends.

-Please utilize numbering system on our patient list for triaging purposes:

*1 = New consult pending*

*2 = High priority follow up*

*3 = Patients on a 5150 hold pending placement*

*4 = Patients pending medical clearance*

*9 = Peripheral follow ups and Long-stay patients*

-Dot phrases for consults are available for all to use and can be found under ..BEH and ..BEH\_.

Please use the following NOTE TEMPLATES for ED/CL Psych:

* BEH\*Psychiatrist ED Consult Note
* BEH\*Psychiatrist CL Initial Consult Note
* BEH\*Psychiatrist CL Follow Up Note

**See next page for important workflow reminders!**

**\*IMPORTANT WORK-FLOW REMINDERS\***

-5150 Holds must be submitted ASAP. **Fill out 5150 from electronic copy and don’t forget to credit time on the hold if patient was placed on a 1799**, sign the hold, and email PAT team (PATTeam@kaweahhealth.org), PFS Main (PFSMain@kaweahhealth.org), and cc your Attending.

-Verbally communicate recommendations with Primary team and make sure the plan is the first thing written and saved in your note. Please bold relevant recs in the plan. All notes must be completed same day.

-Primary team should place orders; however, CL team may place orders on a case-by-case basis at the discretion of CL Attending. Must discuss and get approval from CL Attending and inform Primary Team prior to placing any orders.

-If curbside recs are provided or you have concerns about patient not being medically stable enough to participate in evaluation, please document with a brief free text note as such in the patient’s chart.

-All consults where treatment recs were made will need follow up. CL team may sign off on patients at the discretion/ approval of the CL Attending.

-If any patient is on a 5150 hold and still pending placement more than 24 hours from time hold was written, CL team will re-evaluate and consider starting meds to avoid delay in care.

-For any patients with holds expiring in the ED/ medical floor, CL team will re-evaluate patient and determine if hold needs to be continued.

-Please adjust priority list daily and remove patients we have signed off on.

-Senior Resident will also chart review peripheral follow ups/ long stay patients daily and determine if need to be seen (e.g. hold expiring, pending medical clearance, pt received emergency IM meds for agitation, etc.).

-Must discuss and get approval from CL Attending if you feel strongly that a consult should be deferred. Primary team may contact CL Attending directly if they are insistent upon the consult. Please reply to consult request email from PAT team if consult has been deferred/ rescinded with brief explanation and write a brief note in the patient’s chart. *(e.g. Discussed w/ primary. Pt not medically cleared or stable for discharge. Recommend to place safety precautions and 1:1 sitter. Place 1799 if pt tries to leave AMA. Psych will evaluate once medically cleared).*

Lastly, **TAKE ACCOUNTABILITY AND OWNERSHIP OF YOUR PATIENTS**. Residents are encouraged to propose and advocate for their plans. If Attending disagrees, do not be afraid to challenge them but be sure to provide support/ evidence for your argument.