

# Two Year Seminar Schedule

Oct. - June  
2007 – 2009

UNIVERSITY OF UTAH  
Division of Child and Adolescent Psychiatry  
Didactic Schedule  
October 2007 – June 2009

First Wednesday

Grand Rounds	VAMC	12:00 – 1:00 p.m.
Bill McMahon	Research Seminar	1:30 – 2:40 p.m.
Susan Hansen-Porter	Family Therapy Case Conference	2:50 – 4:00 p.m.

Second Wednesday

Anne Lin	Evidence Based Medicine	1:30 – 2:40 p.m.
Phil Baese	Community Resources, Administration & Ethics	2:50 – 4:00 p.m.

Third Wednesday

Chris Rich	Psychopharmacology	1:30 – 2:15 p.m.
Conover & Rich	Board Prep Workshop	2:20 – 3:10 p.m.
Tom Conover	Abnormal Development	3:15 – 4:00 p.m.

Fourth Wednesday

Matt Woolley	Normal Development	1:30 – 2:40 p.m.
Susie Wiet	Case Conference Differential Diagnosis & Treatment Planning	2:50 – 4:00 p.m.

**Fifth Wednesday**

Mock Boards/Additional  
Seminars/Meetings

Every Friday

Rich Ferre	Psychotherapy Seminar	8:00 – 9:00 a.m.
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Monthly Interdisciplinary  
Case Conference

Primary Children's Medical Center (July-June, 3 <sup>rd</sup> Monday of each month)	Coordinated by Lesley Brodie	8:00 – 8:45 a.m.
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# THREE KEYS TO OUR DIDACTIC SCHEDULE

## **1. Resident involvement**

A resident will be assigned for each of the lectures and will be responsible for working with the attending, so that through this teamwork process, we can come up with the best possible seminar/workshop. Residents may be asked to bring clinical material to the seminar, they may be asked to recruit a patient, or a guest speaker, or they may be asked to help review the literature and bring in pertinent journal articles or reviews.

## **2. Clinical material**

Clinical material can come in a variety of forms. Optimally, we would be interviewing patients, or their families. The residents feel that watching attendings interview patients will be very valuable to them. Thus, while the residents are learning about the details of a given case, watching the attending interview the patient or the family will help them learn more about the process involved in practicing child psychiatry.

## **3. Evidence-based medicine**

Besides the clinical interview and the discussion of the particular illness that is presented, it is vital to bring in scientific literature to integrate research into every seminar. The residents can contribute to this process by doing literature searches and finding articles that are pertinent. Typically, the resident that is assigned to that lecture will be doing the presentation, but will try to distribute the journal article ahead of time, so the other residents will have time to read it and ask questions. Mailboxes for lecture attendees are available in the conference room.

We will not be reviewing the basics of childhood psychiatric disorders in a traditional manner. The expectations for the residents will change, including the general psychiatry residents who are attending child psychiatry lectures. **The expectation is that the residents will read a review chapter in a textbook before coming to the lecture on a given topic.**

**Goals and Objectives**  
**Evidence-based Medicine Seminar**  
**Anne Lin, M.D.**

**Goals**

- Child psychiatry residents will have an understanding of the methods and philosophy of evidence-based medicine.
- **Residents will develop evidence-based medicine skills (EBM) and be able to implement them as part of their practice-based learning.**

**Objectives**

- Residents will read and critically review major child psychiatry studies.
- Residents will be able to critically review different types of studies: therapy, diagnosis, systematic reviews, disease frequency and prognosis.
- Residents will understand the different sources for clinical knowledge/evidence and be able to utilize different sources.
- Residents will be able to conduct Medline searches and understand various search strategies.
- Residents will be able to find high quality systematic reviews or practice guidelines.
- Residents will be able to understand and perform basic evidence-based medicine calculations.
- Residents will be able to ask answerable questions and search for the answers based on their clinical questions.
- Residents will be able to understand how the results of the studies apply to their patients.
- One resident is previously assigned to review a paper each month.

**Goals and Objectives**  
**Family Therapy Case Conference**  
**Susan Hansen-Porter, LCSW**

**Goals**

- Residents should become comfortable with a format used to present family therapy cases.
- Residents should develop a knowledge base regarding the general principals used to lead a family therapy session.
- Residents should become familiar with some of the most common theoretical models used by family therapists.

**Objectives**

- Each month from October to June, residents will attend the case conference. They should be prepared to ask questions and they should have completed any reading assignments.
- At least once a year each resident should present a case to the group and to the psychologist who is running the case conference. The residents should present in the format outlined by the course director.
- Residents should be prepared to present follow-up information to the group, when requested, so that some of the case conference is longitudinal.
- In particular, residents should bring up aspects of the case which are difficult for them, whether the situation is complicated, negative counter-transference issues, or other issues which elicit an emotional response.

**Goals and Objectives**  
**Research Seminar**  
**William McMahon, M.D.**

**Goals**

- Residents will learn to evaluate existing and published research studies of psychiatric disorders, with particular emphasis on disorders that have onset during early life.
- Each resident will develop his/her own scholarly project that builds expertise in the diagnosis, etiology, treatment, or other aspect of the scientific basis of psychiatry.
- Each resident will develop skills and attitudes relevant to peer review of psychiatric research.

**Objectives**

- Dr. McMahon, or other guest faculty, will present research projects as they are conceptualized, developed, executed, and prepared for publication. Residents will discuss the presented materials and develop an awareness of the process, the resources available, and importance of peer review.
- Residents will develop their own scholarly activities by presenting their ideas, developing action plans, regularly giving progress reports, and finally making a formal oral or written presentation. The endpoint for scholarly activities may include grant applications, publications, reviews of literature, or Grand Rounds.
- Residents will gain peer review skills by interacting with Dr. McMahon, guest faculty, and other resident participants in critiquing scholarly activities as they are developed in the seminar.
- Residents with specific research interests will use the seminar to identify mentors, locate funding sources, and gain ongoing encouragement to meet goals and deadlines for grants or publications each month in the seminar.

**Goals and Objectives**  
**Community Resources, Administration,**  
**and Ethics Seminar**  
**Phil Baese, M.D.**

**Goals**

- Residents will become aware of ethical issues associated with the practice of child and adolescent psychiatry.
- Residents will develop an understanding of administrative psychiatry, and career opportunities in administrative child and adolescent psychiatry.
- Residents will become familiar with community resources available to their patients.

**Objectives**

- Residents will be involved in case conferences where ethical issues are defined and discussed.
- The role of the child psychiatrist versus the forensic child psychiatrist will be delineated.
- Multiple community agencies will be asked to present their programs, as they pertain to child and adolescent psychiatry patients.
- Community programs will help the residents understand what types of patients they serve, so that more appropriate referrals can be made.
- Issues that are not related to psychiatric diagnosis, such as resilience in children, or divorce, are covered in this seminar.
- The influence of culture, race, and religion on development is reviewed.
- Hospital administrators attend this seminar for open discussions about the role of the administrators in mental health care.
- Managed care and health care delivery systems are discussed.

**Goals and Objectives**  
**Psychopharmacology Seminar**  
**James Ashworth, M.D.**

**Goals**

- Residents will develop the skills to safely and effectively prescribe psychotropic medication.
- Residents will develop their ability to fully discuss the benefits and risks about a medication regimen they are considering.
- Residents will become familiar with augmentation strategies with hard to treat patients.

**Objectives**

- Residents will attend monthly lectures with Dr. Ashworth, Medical Director, Youth Programs, University of Utah Neuropsychiatric Institute.
- The lectures are designed to promote discussion amongst the residents about the medications being reviewed.
- For some medications, residents will be assigned to review the latest literature and bring a copy of a particularly salient article to share with the group.
- Residents are expected to raise questions about difficult cases and the medication management in such a case.
- During the course of 18 months, all main classes of psychotropics should be covered.
- Residents will learn about second- and third-line choices for the treatment of a particular mental illness, as well as older treatments that may be outdated, and why.

**Goals and Objectives**  
**Diagnosis and Treatment Seminar**  
**Susan Wiet, M.D.**

**Goals**

- **Residents integrate the interview of the patient and their parents with specific scientific knowledge from the child psychiatry literature**
- **Residents learn to evaluate complex patients, to prioritize the patient's difficulties, and to set up a treatment plan to match their needs.**
- **Residents learn the art of maintaining the relationship with the patient and family, even when the patient is not fully responding to treatment**

**Objectives**

- Residents observe the interview of a complex child or adolescent
- Parents are also interviewed, to get their perspective
- Prior to the interviews, the patients psychiatric evaluation, is reviewed by the group
- Discussion follows the interviews, which includes looking at the differential diagnosis and treatment plan
- Multiple treatment options are reviewed, including medication, school programming, psychotherapies, community services, and others
- Residents learn about setting treatment priorities, based on the needs of the patient and family
- One resident is previously assigned to perform a computerized literature search prior to the conference, and a brief presentation is made
- Evidence based medicine is then integrated into the seminar
- At times, treatment resistant cases are presented, followed by ideas about how to help the patient and family cope

**Goals and Objectives**  
**Normal Development Seminar**  
**Matthew Wooley, Ph.D.**

**Goals**

- Residents will have an in-depth understanding of normal developmental processes so that they are able to draw quick comparisons in their clinical work with children.
- Residents will become very familiar with the works of major developmental theorists so that they can draw on these in their clinical work.
- Residents will be sensitized to the influence of cultural paradigms in child development.

**Objectives**

- Residents will be given an overview of major issues in normal child development.
- They will be introduced to various child development theories and will understand the stand of each theory on the major issues in child development.
- During the course of 18 months, residents will be familiarized with the main domains of child development, i.e., cognitive and language development, intelligence, emotional development, emergence of the self and social understanding, moral development, development of gender identity, contexts of development and the influence of peers, media and schooling on children.
- Cultural differences in child rearing and development will be introduced at almost all stages during the teaching of the domains of child development in keeping with the increasingly diverse population the residents will see in their practice.

**Goals and Objectives**  
**Abnormal Development Seminar**  
**Thomas Conover, M.D.**

**Goals**

- Child psychiatry residents will have understanding of the neurobiology of normal and abnormal brain development.
- Child psychiatry residents will have an understanding of the clinical manifestations of abnormal brain development and treatment of developmental disorders.

**Objectives**

- Child psychiatry residents will learn about:
  - Development of the cerebral cortex and factors influencing its development.
  - Typical cognitive and adaptive development.
  - The phenomenology of mental retardation.
  - Treatment of children, adolescents, and adults with mental retardation.
  - Typical social and language development
  - The phenomenology of pervasive developmental disorders
  - Treatment of children, adolescents, and adults with pervasive developmental disorders.
  - The phenomenology of co-morbid psychiatric disorders and difficulties in individuals with mental retardation and/or pervasive developmental disorders.
  - Treatment of co-morbid psychiatric disorders and difficulties in children, adolescents, and adults with mental retardation and/or pervasive developmental disorders.
  - The phenomenology and treatment of other developmental disorders.

**Goals and Objectives**  
**Psychotherapy Seminar**  
**Richard Ferre, M.D.**

**Goals**

- The focus of this seminar is individual therapy, using a developmental approach.
- Residents will learn how to apply many different forms of psychotherapy with children and adolescents.
- Residents will learn to look at each patient from several theoretical frameworks.

**Objectives**

- An overview of each theoretical approach is made.
- A developmental model is presented.
- Evidence-based interventions are reviewed.
- Psychodynamic psychotherapy is applied to children and adolescents.
- Residents are given a model for brief therapy.
- Cognitive behavioral therapy is applied to children and adolescents.
- Residents learn behavioral therapy.
- Therapy with a number of complex patients is reviewed.
- Interventions to support chronically ill patients are covered.
- The same case is often reviewed using multiple theories and models.
- Residents are required to present cases and to review audio-visual materials representing their work.

**Goals and Objectives**  
**Interdisciplinary Case Conference**  
**Lesley Brodie, M.D.**

**Goals**

- Residents observe the teamwork between primary care, pediatric sub-specialists, and child and adolescent psychiatrists, around complex cases.
- Residents learn how medical problems carry a psychological response, and how psychiatric disorders can present with medical symptoms

**Objectives**

- Various aspects of the same case are presented by different physicians
- Teamwork is emphasized, but doctors also discuss situations where communication breaks down, with resulting problems
- Residents learn how to explain psychosomatic symptoms of children and adolescents to parents
- The stigma of mental illness, and how this interferes with psychiatric consultation, is reviewed when appropriate
- Residents learn that somatoform diagnoses require ruling out specific medical disorders, but sometimes medical workups can be excessive
- Even after medical workup, residents learn to keep an open mind about the patient's diagnosis, while pursuing the most promising treatment
- One resident is usually assigned to review the literature, and to make a brief presentation regarding the patient's problem, integrating evidence based learning
- Residents and faculty from pediatrics and child psychiatry become more comfortable working together, and develop long term relationships
- The role of the primary care doctor is an area of emphasis