

Child and Adolescent Psychiatry

- a. This is a required PGY-2 outpatient rotation of two 4-week blocks. Residents spend time at several sites with faculty child and adolescent psychiatrists and a child psychologist. Sites include the MSU Outpatient Psychiatry Clinic and Community Mental Health Centers.
- b. This rotation is supervised by six board-certified child and adolescent psychiatrists and one fully licensed child psychologist.
- c. Residents are required to attend 5 hours of seminars weekly at MSU. In addition, informal didactic lectures are provided at least weekly. The teaching psychiatrists and psychologist provide on-site supervision and are available for unscheduled supervision or by phone as needed.
- d. Since this rotation encompasses several different sites, the patient populations are somewhat different depending on the site. In the community mental health centers, the patient population is approximately 75% male, 25% female, 95% white, 1% African-American, 2% Hispanic, and 2% Asian. In the urban site the population is approximately 75% male, 25% female, 80% white, 10% African-American, 5% Hispanic, and 5% Asian. A mix of socioeconomic levels is seen with higher SES and practically all self-pay or insurances seen in the MSU Clinic and lower SES with virtually 100% Medicaid in the rural sites. Residents on this rotation are required to participate in the comprehensive evaluations of children and adolescents. This includes evaluations of the family system, the identified patient, contact with the school system and with therapists and primary care physicians. Structured questionnaires are used at times.
- e. The average caseload over all sites is 1-4 new evaluations each week, and 16-18 returning patients each week. The most common diagnoses in the CMH sites include Attention-Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Learning Disorders, Speech and Language Disorders, Depressive Disorders and Anxiety Disorders. In the urban sites common diagnoses tend to be Attention-Deficit Hyperactivity Disorder, Pervasive Developmental Disorders, Depressive Disorders, Separation Anxiety Disorder, Oppositional Defiant Disorder and Learning Disorders.
- f. Direct supervision is provided throughout and case review is completed immediately after patients are seen, and periodically as residents present collateral information. Informal lectures are given at least weekly. All PGY-2 residents have required individual supervision twice weekly with their psychiatry supervisors.
- g. Residents meet with a multidisciplinary team at the Shiawassee County Community Mental Health Center to discuss patients seen by team members on an every other week basis. At MSU, residents attend a weekly interdisciplinary meeting with the child psychiatrists, child psychologists, child psychiatry residents, social work students and educational psychology students where all the new evaluations of the week are presented and discussed.