

Challenges in Education

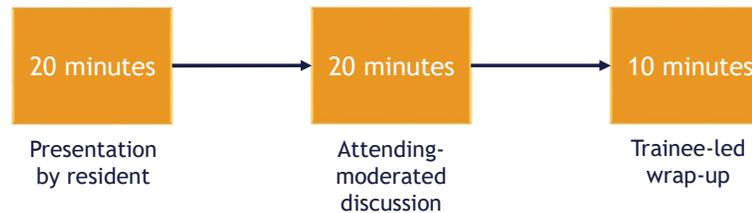
- Didactic curriculum for PGY-1/PGY-2 psychiatry residents offers **no** dedicated time for resident-driven, faculty-moderated case discussion.
- Case presentations are held with medical students, causing attending moderators to address participants at the student level.
- Resident participation increases when medical students are absent, creating an opportunity to engage residents in learning through resident-driven case conferences.

Objectives

- Residents will learn to think critically, ask pertinent questions, and prepare for independent practice using recent consultation-liaison cases as a springboard for discussion.
- The idea is not to come up with the “right” answer but to learn how to think, incorporate new information, and address uncertainty.

Innovative Approach

A monthly case series is a platform to discuss our most difficult and thought-provoking cases, modeling the unique consultation-liaison thought process to trainees while increasing collaboration between house officers and attending physicians.



Case Example

HPI:

41y F at 31w6d with HIV on ART and B-cell lymphoma admitted for PPRM with subsequent induction of labor with prolonged hospital course complicated by DIC, ARDS, intubation, dialysis. Flat affect, slow to respond to questions, minimal eye contact, one word answers. Told nursing she was depressed.

Psychiatric History:

- SSRI for depression; stopped >5 years ago

Workup:

- MRI: PRES
- EEG: diffuse slowing
- LP: unremarkable
- ECG: QTc >500 (501-530s)

Hospital Course:

- Mental status fluctuated between psychotic, agitated, confused, and bizarre.
- Tried aripiprazole, haloperidol, and quetiapine.
- Quetiapine titrated to 400mg qHS as an outpatient.

Discussion Questions

1. What is the differential?
2. Is she safe to go home with her baby? What risks are involved? How can those risks be mitigated?
3. Are we obligated to tell the father of the baby that she is HIV+?

Impact

- Monthly case conferences since March 2018
- Average of 2-3 attendings, 7-8 residents
- **Strengths:** Resident presence at attending-level patient care discussions while requiring little preparation.
- **Limitations:** Busy schedules
- Clinically oriented discussions between residents and attendings allows residents to make connections between clinical cases and academics while preparing them for independent practice.