

## **Pediatric Psychiatry Consultation/Liaison**

*At the end of the Pediatric Psychiatry Consultation/Liaison rotation, the pediatric resident will be able to demonstrate the following knowledge, skills and attitudes of all six core competencies:*

### **Knowledge:**

1. Become familiar with the psychiatric and psychological symptoms that manifest in physically ill youth.
2. Learn how to evaluate youth on an inpatient pediatrics unit for primary psychiatric problems including but not limited to: mood disorders, adjustment disorders, substance use disorders, psychosis, delirium, anxiety disorders, factitious disorders, somatoform disorders, eating disorders and failure to thrive.
3. Learn how to form a therapeutic alliance with pediatric patients and their caregivers.
4. Recognize the impact of the child's illness upon other family members and how the family members impact the child's ability to cope.
5. Learn strategies to help patients and their families cope and adapt to their physical illness during their hospitalization.
6. Learn how to develop a biopsychosocial formulation in the context of psychosomatic medicine.
7. Become familiar with psychopharmacological interventions appropriate to the consultation service.
8. Understand legal and forensic issues that may arise in consultation including consent, confidentiality and privilege, assessment for parenting capacity and medical neglect.

### **Skills:**

1. Observe and explain a psychiatric assessment of the child and/or family on a pediatric inpatient unit that incorporates biological, psychological and social data.
2. Provide feedback and recommendations to patients, caregivers and the primary treatment team in a way that they can best understand and utilize the information given.
3. Ability to recognize the psychological and medical factors to a child's coping strategy and behavior and communicate it to both the child and the family that respects a child's defenses and maintains the therapeutic alliance.
4. Ability to gather information about the child's premorbid functioning in order to understand the child and family's current style of coping and communicate this information to the medical team.
5. Write an appropriate biopsychosocial consultation note in the hospital chart, and appropriate follow up notes.
6. Assist in planning an appropriate psychiatric disposition at discharge from the pediatric unit. (PC) 6

### **Attitudes:**

1. Ability to appreciate different perspectives and experiences from other members of the multidisciplinary team.
2. Ability to evaluate children and families with sensitivity, empathy and clinical acumen.
3. Ability to be attuned to ethnic and cultural issues affecting the child and family's experience in the hospital.
4. Ability to adjust language to be comprehensible and sensitive to the child and family.
5. Ability to discuss countertransference feelings with appropriate supervisors.
6. Ability to listen nondefensively to feedback given by supervisors.