

Site-specific Learning Objectives

Stanford Child Psychiatry Psychopharmacology Clinic

Description

The psychopharmacology clinic provides initial consultation and follow-up for children with a variety of psychiatric disorders, including ADHD, anxiety, depression, and other mental health disorders. The majority of patients are seen for initiation and maintenance of pharmacologic treatment – as part of a multidisciplinary approach involving primary care providers, schools, and other outside agencies.

Resident Role and Expectations

- One half-day clinic experience
- After initial data-gathering, the pediatric resident will collaborate with the Child Psychiatry Fellow and attending to develop a working diagnosis and treatment plan. The resident may also participate in making follow-up phone calls to teachers, primary care providers, and other members of the multidisciplinary team.
- The resident will take a secondary role during patient encounters, with the Child Psychiatry Fellow in the lead interviewer role.

Address

Stanford Child Psychiatry Clinic
401 Quarry Road, 1st Floor
Stanford, CA 94305

Required Readings (see PubMed, URL, or DBP Handbook¹)

1. The AAP ADHD Toolkit
1. Parker S: *Attention Deficit Hyperactivity Disorder*, in DBP: A Handbook for Primary Care¹
2. Brown R, et al: Treatment of Attention-Deficit/Hyperactivity Disorder: Overview of the Evidence, *Pediatrics*, Jun 2005; 115: e749 - e757.
3. Jellinek M: Depression, in DBP: A Handbook for Primary Care¹

Educational Goals

The Psychopharmacology Clinic experience prepares trainees to:

- Decide when to manage common mental health disorders in the primary care setting and when to refer patients for psychiatric consultation and/or treatment
- Initiate and monitor the pharmacotherapy of common mental health disorders in children
- Develop and participate in a multimodal treatment plan for mental health disorders in children and adolescents
- Provide guidance to families of children who are undergoing or considering initiating pharmacologic treatment for mental health disorders

Learning Objectives

Because of participating in the Psychopharmacology Clinic experience, residents will develop competencies with regard to:

PATIENT CARE

- PC1. Gather essential and accurate information about the patient - Distinguish among common disorders seen in psychopharmacologic consultation work with children, including ADHD, bipolar disorder, depression, anxiety, adjustment disorder, and parent-child relational problems
- PC5. Develop and carry out management plans - Describe and demonstrate the use of the ADHD Tool Kit (AAP); discuss the appropriate use of ADHD rating scales

¹ The Zuckerman Parker Handbook of Developmental and Behavioral Pediatrics for Primary Care, 3rd Edition (2010). M. Augustyn, B. Zuckerman, E.B. Caronna (Eds). Lippincott Williams & Wilkins. Philadelphia, PA.

Site-specific Learning Objectives

- PC4. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment - For a series of clinical situations: (1) determine which would warrant the initiation of pharmacotherapy; and, (2) distinguish those that could be appropriately managed by the primary care physician from those that warrant psychiatric consultation

MEDICAL KNOWLEDGE

- MK1. Locate, appraise, and assimilate information from scientific studies related to their patients' health problems
 - List FDA-approved medications and dosage ranges for children and teens with ADHD, mood disorders, and anxiety disorders
 - For the each of the medications listed in the table below,
 - List FDA-approved and off-label uses
 - Describe how to initiate therapy (if appropriate) in the primary care setting
 - Outline target symptoms and potential adverse effects
 - Summarize guidelines for follow-up

ADHD	methylphenidate, amphetamine, atomoxetine, modafinil clonidine, guanfacine, bupropion
Antidepressants	SSRIs, tricyclic antidepressants
Sedative/sleep agents	antihistamines (hydroxyzine, diphenhydramine), trazodone, mirtazapine, benzodiazepines
Antipsychotics	risperidone, olanzapine, haloperidol
Mood stabilizers	lithium, divalproex, lamotrigine

SYSTEMS-BASED PRACTICE

- SBP7. Know how to advocate for the promotion of health and the prevention of disease and injury in populations - List two books and two Internet-based resources for families of children who are undergoing or considering pharmacotherapy for mental health disorders.