

Division of Intramural Research Programs

Psychiatric Consultation-Liaison Service



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PSYCHIATRY CONSULTATION-LIAISON SERVICE RESPONSIBILITIES

On those occasions when you are asked to perform consultations, we ask that you do so in a timely and careful fashion. Drs. Rosenstein and Pao are available for supervision on all consultative activities. Dr. Rosenstein may be reached at 301-594-0859 or paged at 102-12173. Dr. Pao may be reached at 301-435-5770 or paged at 102-12172.

When you are notified of the consultation request you should contact the requesting physician as soon as possible. Please introduce yourself as the psychiatric consultant assigned to the case, hear from the physician the nature of the problem, and ask the physician if the patient has been notified of your interview. It is important that patients are aware of your purpose and that you see them promptly. All consult requests must be entered in the CRIS and electronically “completed” by you. The consultation report should be written and your findings communicated not only in writing but also verbally to the requesting physician and other pertinent staff, such as nurses and social workers. A copy of your consultation should be brought to Dr. Rosenstein’s office when completed. Supervision is provided by Drs. Rosenstein or Pao.

The Consultation Report

It is important in your assessment of the consultation request and the patient that you respond directly to the concerns of the referring physician. The consultation is also an opportunity to educate the referring physician and the ward staff. It is important to elicit information from individuals who know that patient such as the primary nurse, the Clinical Center social worker, or family members.

Central to the process is the thoughtfully composed consultation report. It should succinctly present the pertinent historical data and respond directly to the questions posed by the requesting physician. An adequate report should cover the following areas:

1. Reason for the request: This may involve reaffirming the written request but also may include the unspoken question or problem of the ward staff.
2. What was done, who was seen: A brief description of the informants and the manner in which the consultation was accomplished.
3. Brief present history and pertinent past, medical, family, and social history.
4. A summary of current medications. (The Pharmacy Drug Interaction Service may be consulted at 301-496-2407.)
5. A mental status exam: This should include your careful documentation of the cognitive testing as well as an objective description of the patient and his/her mental condition. Comment specifically on your assessment of the presence or absence of suicidality and dangerousness to others.
6. Diagnostic formulation: Use DSM-IV diagnoses.

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The Consultation Report (cont.)

7. Suggestions on management and treatment: These suggestions should be direct, concrete and specific. If you are recommending the initiation of psychotropic medication, this should also include the manner of administration, the dosage schedule, and the possible problems the physician may encounter in its administration.

All of the above should be provided on the front and (if necessary) back of the consultation request sheet (no longer). Follow-up visits with the patient should then be documented in progress notes, clearly identifying your note as that of the psychiatric consultant on the case. Make it clear how you can be reached and when you have signed off on the case.

Oral Communication

In addition to the written report (and often before you have completed the full written report), you should contact the referring staff members with interim recommendations regarding the patient. This informal contact is an important part of successful consultation psychiatry.

Emergency Consultations

The Officer-of-the-Day (OD) will be responsible for responding to all consultation requests that are of an emergency nature during his/her 24-hour period of duty. (An emergency consultation is one that must be seen that day.) It is the responsibility of the OD to ensure that he/she can be easily contacted when necessary. This necessitates checking the pager periodically to be certain that it functions properly. Be sure to inform Maryland Pao, M.D. via electronic mail concerning all emergency consults received during night time or weekends on the next business day.

Outpatient Consultations

Request for outpatient consultations should be responded to in the same fashion as inpatient consultations, except that arrangements for scheduling a specific time and place for seeing the patient will be made either through the referring physician or directly with the patient. Please work this out with the referring physician when you contact him or her. Outpatients should be seen in the clinic where they are being followed and not in OP4.

Evaluations

Your ability to successfully perform and present consultations will be evaluated by the Consultation Service attendings and included in the annual performance evaluation mandated by ACGME.

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Consultation Rounds

Weekly C-L Service work and walk rounds are held Monday mornings from 10:00-11:00 a.m. in the OCD conference room (6-5340). Clinical rounds to discuss consultations are held twice a month on Tuesdays at 2:00 p.m. in room 4N230. You will be asked to make a formal presentation of at least one of your consultation cases. Specific instructions regarding this presentation will be provided at a later date. The case will be discussed in the presence of your peers and an attending senior staff physician. This meeting is designed to help you to deal with the difficult clinical problems presented by your patients and also to help you to become a more effective consultant.

Psychiatric Research Bioethics Seminar

This seminar takes place in the Fall during our weekly Tuesday afternoon meetings (at 2:00 p.m. in room 4N230 - see seminar schedule). The course is taught by Donald L. Rosenstein and Frank Miller of the Clinical Bioethics Department and features guest speakers.

Vacations and Absences

When you are absent from the Clinical Center, you must notify the Psychiatry Consultation Coordinator, Anne Bowles (301-496-9675), and provide coverage for those patients whom you have seen in consultation.

Neuropsychological Consultations

If as part of your consultation you feel that a neuropsychological consult is indicated, you may arrange for one to be performed by selecting from the list of consulting psychologists on the CRIS under the MD Information screen.

Emergency Transfers of Clinical Center Medical or Surgical Patients to an NIMH Unit

From time to time it is necessary for patients on the medical and surgical units of the NIH to be treated in a psychiatric setting, although the general expectation is that patients with psychiatric problems will continue to be treated on their medical or surgical unit with the assistance of the psychiatrist. On very rare occasions, however, the patient's condition may necessitate transfer from one of the NIH units to the NIMH. After a psychiatric consultation is obtained by the physicians on the medical and surgical unit, and the psychiatric consultant feels that transfer is necessary, the consultant should discuss the case with Dr. Rosenstein or Dr. Pao. The Chief of the Behavioral Health Nursing Service should then be informed to arrange the transfer and assure a smooth transition in nursing care. It is expected that these admissions would be of short duration, and unless these patients meet an NIMH research protocol they will be transferred elsewhere for ongoing psychiatric care as soon as clinically indicated.