PSYCHIATRY RESIDENCY
PROGRAM MANUAL
2014 - 2015

Addendum to PBCGME Housestaff Core Training Manual

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OVERVIEW

The Residency Training Program in General Psychiatry of the Palm Beach Consortium for Graduate Medical Education offers a four-year training program. The Program encompasses training in adult and child psychiatry and is geared around the overall training objective of teaching residents the fundamentals of acute and long-term treatment of psychiatric patients. The Program offers training in the biological, psychological, behavioral, and socio-cultural aspects of psychiatry and strives to prepare residents for successful careers that emphasize clinical practice, scholarship, teaching and research. The program will provide training that will allow the resident to develop adequate skills to organize and record data, such as history, mental status examination, diagnostic techniques and procedures, and laboratory tests in the initiation of appropriate therapy.

Physicians in the specialty of general psychiatry are proficient in the diagnosis, treatment and prevention of psychiatric disorders and the common medical and neurological disorders that relate to psychiatry. The osteopathic concepts of caring for the whole patient and the incorporation of osteopathic principles of the integrated function between the musculoskeletal and nervous system must be incorporated into the program. This will be done through emphasis on the utilization of osteopathic principles and practices as a key component of the Residency Program in Psychiatry residency training and integrated throughout the program. Training will incorporate the application of osteopathic diagnostic and therapeutic measures as they relate to the total care of the patient. Therefore residents will be required to demonstrate competence and knowledge in the essential osteopathic principles appropriate to this specialty. Osteopathic principles and practices are incorporated throughout the program, for a total of 40 hours throughout the program with a minimum of 10 hours of instruction documented for each year of training of an approved program in general osteopathic philosophy and principles, including items of structural diagnosis and osteopathic manipulative medicine.

Supporting the Program Director, a curriculum and advancement committee functions with representation from major institutions involved in the program and residents. This committee meets at least quarterly, and is actively involved in assisting the program director in determining curriculum, program policy, resident selection and program evaluation.
MISSION

Above all else we are committed to the care that is rendered to the patients of our attendings, as well as that which will be provided to the patients of our graduates. In recognition of this commitment, we will strive to deliver high quality, cost-effective graduate medical education programs utilizing the resources of our hospitals, faculty and community.

In pursuit of our mission, we believe the following value statements are essential and timeless:
• We recognize and affirm the obligation to our community to graduate the most highly-qualified physicians possible.
• We will not graduate any individual who we would not feel comfortable referring a loved one to.
• We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
• We trust our colleagues as valuable members of our education team and pledge to treat one another with loyalty, respect, and dignity
OBJECTIVES AND CRITERIA FOR GRADUATION

The mission of the osteopathic general psychiatry training program is to provide residents with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic general psychiatrists. Criteria for graduation include successful completion of objectives set forth in all essential teaching rotations in the Psychiatry Residency Manual. A scholarly paper or research paper must be completed and approved by the Curriculum and Advancement Committee at a minimum of once per residency. Annually the resident must present a poster board presentation at a conference. Residents must successfully complete all residency assignments for the prescribed 48 months of education. This includes any mechanism for measuring competencies, such as portfolios, 360° evaluations or any other means that the residency uses for evaluation purposes. Residents must satisfactorily demonstrate competency as defined by the AOA and measured by the residency.

The training objectives for graduation are reached when a resident is viewed as a solid clinician, able to use current literature, and able to negotiate a general psychiatric practice. This includes demonstrated competency in the AOA competency areas. The faculty on the Medical Education Committee (MEC), the residency program director, and the DME determine resident promotions.
PROGRAM GOALS

A. Medical Knowledge and Skills

Our program provides training that allows the residents to develop skills to allow the residents to demonstrate and apply knowledge of accepted standards of clinical medicine in psychiatry, remain current with new developments in medicine, and participate in life-long learning activities, including research.

B. Interpersonal and Communication Skills

Our program provides training that allows the residents to develop skills to demonstrate interpersonal and communication skills that enable the resident to establish and maintain professional relationships with patients, families, and other members of the health care teams.

C. Patient Care

Our program provides training that allows the residents to develop skills to demonstrate the ability to treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine and health promotion.

D. Osteopathic Philosophy and Osteopathic Manipulative Medicine

Emphasis is placed on the utilization of osteopathic principles and practices as a key component of the Residency Program in Psychiatry residency training and integrated throughout the program. Training incorporates the application of osteopathic diagnostic and therapeutic measures as they relate to the total care of the patient. Therefore the residents will be required to demonstrate competence and knowledge in the essential osteopathic principles.

E. Professionalism

Our program provides training that allows the residents to develop skills that promote advocacy of the patient welfare, adherence to ethical principles upholding the Osteopathic Oath, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population.

F. System Based Practice

Our program provides training that allows the residents to demonstrate an understanding of health care delivery systems, provide qualitative patient care within the system, and practice cost effective medicine.

G. Practice Based Learning and Improvement

Our program provides training that allows the residents to demonstrate the ability to critically evaluate their methods of clinical practice, organize and record data, integrate
evidence-based medicine into patient care, show and understanding of research methods, and improve patient care practices.
FACULTY

The program director approves all appointments to the teaching staff of the residency program, and ensures that there is a sufficient number and variety of teaching staff to provide sound educational instruction and supervision for all residents. In addition to psychiatrists, there are Ph.D. level psychologists and other mental health professionals on staff who have significant interaction with residents. The program keeps on file a written description of the educational responsibilities of all faculty members involved in the teaching program. Teaching faculty psychiatrists must:

a. Demonstrate a strong commitment to the education of psychiatric physicians.
b. Be certified by the American Osteopathic Board of Neurology and Psychiatry or have equivalent qualifications satisfactory to the ACN and COPT.
c. Be involved in some scholarly activity. Such activity may include but not be limited to
   i. presentations at local, regional or national meetings,
   ii. published articles, preferable in peer-reviewed journals,
   iii. evidence of participation in clinical or basic research and
   iv. documentation of teaching or clinical excellence.
d. Be involved in academic and professional activities within and outside the institution. Involvement in osteopathic specialty organizations is essential.
e. Be readily available for consultation by residents as needed.

Program Director: Ethan Kass, DO

Director of Medical Education: Mariaelena Caraballo, DO

Faculty:

Psychiatry
Ethan Kass, DO
Daniel Chervony, MD
Stephen Moskowitz, MD
Ricardo Espaillat, MD
Jacqueline Boutrouille, MD
Robert Antoine, MD
Jeff Huttman, PsyD
Paula Francis, MD

VA Healthcare System
Daniella David, MD
Maria Aybar German, MD
Maria Lujan, MD
Maria Umbert, MD
Marilyn Horvath, MD
Sandra Baquero, MD
Vincent Abad, MD
Ericka Dudley, MD
Carmen Faneytt, MD
Jules Molina, MD
Vic Nemali, MD

**Internal Medicine**
Errol Campbell, MD

**Hospice and Palliative Medicine**
Mariaelena Caraballo, DO

**Emergency Medicine**
Kenneth Greenberg, MD
Kevin Wilson, DO
Nischal Reddy, MD
Hannah Batihk, MD
Tyler Shapiro, MD
Hans Bez, MD
Ricardo Revilla, MD
Kathy Harvey, MD

**Neurology**
Jill Liebman, DO
Abraham Chamley, MD
OUR FACILITIES

University Hospital and Medical Center
7201 N University Dr
Tamarac, FL

University Hospital and Medical Center is a 317 bed community hospital accredited through Joint Commission. It provides breakthroughs in orthopedic care and joint replacement surgery, diagnostic and interventional neurosurgical and spine services, women’s services including digital mammography and stereotactic surgery, state-of-the-art MRI and diagnostic imaging equipment, and a complete range of behavioral health services including a one-of-a-kind program for geriatric behavioral health. In 2012: 53,815 patients were treated with 11,875 admissions. The emergency room had 32,887 visits in 2012.

University Hospital is designated as a Blue Cross Blue Shield Distinction Center for Knee and Hip Replacement and Spine Surgery as well as a Disease Specific Care Certification Program in Hip and Knee Surgery by the Joint Commission. These prestigious certifications demonstrate an expertise in quality care, resulting in better overall outcomes for patients by meeting objective clinical measures developed with input from expert physicians and medical organizations.

In addition, The Society of Chest Pain Centers and the Joint Commission have granted University Hospital the esteemed accreditation as a Chest Pain Center and Stroke Center allowing our medical professionals and exquisite staff to provide proficient cardiac care to those in emergent need.

The Emergency department at University Hospital and Medical Center has greater than 28,000 visits per year. UHMC received the Five Star Excellence Award in Emergency Services

University Pavilion/ Behavioral Health Services

7425 North University Drive
Tamarac, FL 33321

University Pavilion is a beautiful free standing state of the art behavioral health facility located on the campus of University Hospital and Medical Center. The Pavilion features four units with a total of 60 patient rooms, cafeteria, gym, pool, and indoor and outdoor group areas.
University Pavilion is staffed by over 13 physicians that specialize in Psychiatry many are certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Psychiatry and Neurology. Licensed psychologist, social workers, nurses, physical therapist, dietary and nutrition consultants and recreational therapist assist patients with understanding mental illness, developing coping skills and improving decision making.

**Services Offered**

- Adult
- Child
- Adolescent
- Intensive Outpatient Therapy (IOP)
- Electroconvulsive Therapy (ECT)
- Substance abuse and Detox (Outpatient)
- Partial Hospitalization Program
- Geriatric Behavioral Health

**The Pavilion’s Respond Department**

Staffed by behavioral health professionals the Pavilion’s Respond Service provides assessment 24 hours a day 7 days a week to assist in identifying individual’s behavioral health needs and to provide referrals to community resources, without charge or obligation.

**Young Inpatient Behavioral Health Services**

An eight bed unit that provides treatment to young patients (ages 4 to 17) with acute conditions that requires 24 hour supervision. Psychiatrists, nurses, social workers, and recreational therapists assist patients with understanding mental illness, developing coping skills, and making better decisions. Self-awareness/ goals groups, recreation therapy, art therapy, pet therapy and educational groups are offered.

**Adult Inpatient Behavioral Health Services**

University Pavilion features three separate adult units to address the full spectrum of adult care. A total of 36 beds are provided. A full range of services including psychiatry, psychiatric nursing, counseling psychotherapy and therapeutic activities are available including: goals group, support and recreational therapy, smoking cessation, process group and feedback group.
The Center for Geriatric Behavioral Health

The Center for Geriatric Behavioral Health is a 16 bed facility designed to treat and improve the lives of adults 65 years and older who are suffering from depression and other psychiatric diseases. Special care is taken to meet our patient’s emotional and physical needs to assure their safety and well-being while in our care. For the aging populations, The Center for Geriatric Behavioral Health offers two distinct programs; The Senior Adult Unit and the Senior Intensive Treatment Unit. Music, art, process, psycho-educational and movement groups are offered.
West Palm Hospital

2201 45th Street
West Palm Beach, FL 33407

Located in West Palm Beach, the base facility and sponsor of all osteopathic training programs within PBCGME is PBCGME/Columbia Hospital, a 250-bed hospital accredited by both the Joint Commission and American Osteopathic Association. PBCGME/West Palm Hospital has been involved in medical education since opening its doors in 1975. West Palm Hospital hosts Internal Medicine and Dermatology training programs.

West Palm Hospital video casts to the other PBCGME training sites valuable didactic programs.

Miami VA Broward Outpatient Center (William “Bill” Kling Department of Veterans Affairs Clinic)

9800 W Commercial Blvd
Sunrise, FL 33351

The Mental Health & Behavioral Science Service at Broward Outpatient VA Center provides consultation, evaluation, and treatment for a variety of issues that can impact emotional well-being. The outpatient clinics operated by Mental Health and Behavioral Sciences Service provide outpatient visits in the general mental health, substance abuse, PTSD, and vocational rehabilitation programs managed by the service.

Outpatient services include:

Mental Health Clinic includes psychiatrists and psychotherapists (including clinical psychologists, clinical social workers, and clinical nurse specialists) which provide psychopharmacology, and various types of counseling.

Psychosocial Rehabilitation and Recovery Center (Day Treatment) is a treatment program for psychiatrically impaired veterans in order to improve or maintain their level of functioning in the community and decrease the need for future hospitalizations. This is done through individual and group therapy, coping skills training, and leisure and recreational activities.

Substance Abuse Outpatient Program that offers: medically supervised outpatient detoxification, individual and group therapy, dual focused substance abuse group lecture series, pharmacotherapy, family education and counseling, and further support.
Rega Mental Health Center

7501 Wiles Road, Suite 202
Coral Springs, Florida

Rega Mental Health Center, under the direction of Ricardo Espaillat, MD provides outpatient therapy for children, adolescents and adults. Treatments include IOP, PHP, group support, art and play therapy, family consoling and TMS. While at this site, at least once weekly residents will attend morning seminars in child and adolescent development, psychopathology and psychopharmacology. Dr. Espaillat is board certified in General Psychiatry, Child and Adolescent Psychiatry, Psychosomatic Medicine and Behavioral Neurology and Neuropsychiatry. After completion of the service in the first year a continuity experience in his office is available.

New Roads Treatment Center

1115 Tequesta Street
Fort Lauderdale, Florida

New Roads Fort Lauderdale provides residential drug treatment for individuals struggling with addiction and other co-occurring disorders. New Roads utilizes a myriad of modalities that include: Dialectical Behavior Therapy (DBT), Cognitive Behavior Therapy, 12 Steps, EMDR therapies, and many other effective treatments. Our residents see patients at New Roads under the supervision of Jacqueline Boutrouille, MD. New Roads serves as an outpatient training site for our residents.

OUR TRAINING SITES

Robert Antoine, MD

2501 Commercial Boulevard, Suite 211, Fort Lauderdale, Florida

Dr. Antoine serves as a psychiatry preceptor for outpatient as well as inpatient rotations. He is board certified in psychiatry and in community and emergency psychiatry.

Errol Campbell, MD
Dr. Campbell serves as the preceptor for the Internal Medicine rotations at University Hospital and Medical Center. The rotation includes inpatient history and physicals, inpatient problem focused visits, inpatient medical stabilization, outpatient history and physicals, outpatient problem focused visits, and medical evaluation of patients in the mental health pavilion.

Abraham Chamley, MD

7225 N University Dr. Suite 102 Tamarac, FL 33321

Dr. Chamley serves as a neurology preceptor for the first year psychiatry residents. He teaches in both inpatient and outpatient settings. He is the director of the stroke center for University hospital. He is the head physician of the Sunrise Medical Group on the University Hospital campus.

Daniel Chervony, MD

7431 N University Dr; Suite 204; Tamarac, FL 33321

Dr. Chervony has been in practice for over 28 years. He serves as the Medical Director of Adult and Geriatric Services at the University Hospital Mental Health Pavilion. His practice encompasses both outpatient and inpatient psychiatry. The rotation with Dr. Chervony will include Consultation and Liaison consultations, geriatric psychiatry evaluations in skilled nursing facilities, PHP, inpatient psychiatry rounds and outpatient evaluations. After completion of the service in the first year a continuity experience in his office is available.

Paula Francis, MD

2501 Commercial Boulevard, Suite 211, Fort Lauderdale, Florida

Dr. Francis serves as a psychiatry preceptor for outpatient as well as inpatient rotations. She is board certified in general and forensic psychiatry.

Jill Liebman, DO

Central Medical Plaza
9750 NW 33rd Street, Suite 107, Coral Springs, FL 33065

Dr. Liebman is one of the preceptor’s for the first year neurology rotations. She has been in practice since 1995. The rotation includes both outpatient and inpatient consultations. She has a
passion for academics and prior to joining our faculty was an Associate Clinical Professor of Neurology at Albert Einstein College of Medicine in New York.

**Stephen Moskowitz, MD**

1999 N. University Dr. Coral Springs, Florida

Dr. Moskowitz serves as a psychiatry preceptor for outpatient as well as inpatient rotations. He is board certified in general psychiatry. He completed a residency in pediatrics and a fellowship in child and adolescent psychiatry.
CURRICULUM

Our curriculum follows both AOA and ACGME requirements for Psychiatry Residency Programs based on scientific and professional mandates to ensure the quality of our graduates' training, and provide maximal educational advantages for our residents. Clinical rotations and didactic seminars are coordinated over the four years to provide a rational developmental sequence. We encourage each resident to develop a special area of interest during the first three years and to explore this interest with increasing intensity during the fourth year.

Besides the assigned rotations, clinical rounds and didactics program the residents participate in outside seminars/activities. These include but are not limited to: PRITE annual in-service examination, Nova Southeastern University College of Osteopathic Medicine’s OPP laboratories, Florida Psychiatric Society’s Annual Conference and Grand Rounds presentation from University Hospital and Medical Center and other academic institutions. Residents also have access to PsychiatryOnline.com from the American Psychiatric Association with full-text access to APA textbooks and journals, treatment guidelines, patient handouts and self-assessment tools.

Residents are expected to take on responsibility for and be the primary treating clinician involved in the diagnosis and management of significant numbers of patients with major psychiatric disorders. There are provisions for experience in the treatment of common medical and neurological disorders. Residents are exposed to adequate numbers of diverse patients of various ages, both sexes, and various ethnic, racial, social and economic backgrounds. Residents are expected to increase responsibility as they progress in their training. Residents are allowed reasonable amounts of time for educational activities outside of patient care. Each resident has at least 2 hours of individual supervision weekly. This supervision is regularly scheduled and residents are able to contact supervisors as needed.

In addition to providing opportunities to manage patients in different clinical settings, the clinical curriculum is designed to ensure that the resident rotates through many different systems of care. These systems include a free standing psychiatric hospital (UHMC Psychiatry Pavilion), a community hospital (University Hospital and Medical Center), community outpatient private offices, skilled and assisted living facilities, partial hospitalization programs and a federal outpatient clinic (Broward Veteran’s Administration Outpatient Clinic). We believe that exposure to different systems of care is critical to developing the ability to lead a system of care later in your career.

The Core Psychiatry Program is designed to provide the clinical experiences essential for the development of basic knowledge and skills needed to practice in all sectors of contemporary psychiatry.
The clinical curriculum is based upon exposure to an adequate number and variety of patients with a wide range of severe acute and chronic major psychiatric disorders. Documentation in clinical records reflect the resident's participation in clinical decision making and reflect resident primary responsibility in clinical decision making and reflect residents primary responsibility for patient care. This includes evidence that residents perform both evaluation and management of patient care.

As per 7/2012 AOA standards the following elements are included as relevant to psychiatry:
1. Residents take on responsibility for and act as the primary treating clinician involved in the diagnosis and management of patients with major psychiatric disorders.
2. They have exposure in the treatment of common medical and neurological disorders.
3. Residents are exposed to patients of various ages, both sexes, and various ethnic, racial, social and economic backgrounds.
4. The residents have increasing amounts of resident responsibility as they progress in training.
5. Residents are allowed time for educational activities outside of patient care.
6. There is a supervised clinical experience in neurology of two months duration.
7. There is exposure to patients with a wide range of acute and chronic major psychiatric disorders.
   a. Residents have major responsibility over 24 hours for the diagnosis and treatment of patients on an inpatient, partial hospitalization or day treatment service for at least 4 months and not more than 12 months.
8. The residents have outpatient (ambulatory) psychiatry training exposure lasting at least 12 months continuously.
9. The residents have exposure to managing outpatients with acute and chronic psychiatric disorders as well as higher functioning patients with whom insight oriented and cognitive therapies are useful.
10. The residents have exposures available in community mental health centers and other community based care organizations.
11. The residents have training in various forms of individual psychotherapy including psychodynamic, cognitive, behavioral, biological and short-term therapies.
12. Residents have a long-term psychotherapy experience with some patients seen weekly for at least one year.
13. Residents have a child and adolescent psychiatry experience of at least 2 months under the direction of child and adolescent psychiatrists.
   a. There is direct responsibility for the evaluation and management of both children and adolescents with a range of psychiatric disorders.
14. A consultation-liaison experience is provided with a minimum of four months with exposure involving patients on medical-surgical services. This experience includes outpatient and inpatient exposure.
15. Emergency psychiatry services are available.
   a. Residents, under the direction of qualified faculty, participate in the evaluation, triage and management of patients presenting to the psychiatric emergency service.
   b. This experience includes training in the management of and contact with patients who are suicidal and who present the threat of physical violence.
   c. During the rotation, residents have training in forensic issues of relevance to emergency psychiatry.

16. The residents have exposure to geriatric patients with various psychiatric disorders in which residents have primary responsibility for diagnosis and treatment.

17. The residents have exposure to patients with substance abuse problems.
   a. Residents also have experience with detoxification and management as well as an understanding of community resources.

18. Residents have exposure to patients with forensic psychiatric issues. Civil commitment during on-call responsibilities will not be considered an experience to fulfill this requirement.

19. The residents have experience with couples, families and groups.

20. The residents have exposure to settings where psychological and neuropsychological testing is used with some experience with their own patients and opportunities for residents to gain a basic understanding of common psychological and neuropsychological tests.

21. Clinical training includes interaction with managed care organizations, medical ethics and practice management.

22. Residents also interact with other mental health professionals including but not limited to psychologists, social workers and psychiatric nurses.

ATTENDANCE REQUIREMENT FOR DIDACTICS

- Attendance at didactics and grand rounds is required. This includes PGY1 medicine video conferences, Consortium Grand Rounds, OPP lectures, psychiatry didactics and any other lecture identified as mandatory by the PBCGME leadership.
- Absences must be documented on leave forms, taken as either vacation or sick leave. It is understandable that there may be rare emergent clinical issues that prevent attendance, but these should be very uncommon and must be reported to the office of education immediately (these are considered excused).
- The residents are excused from all responsibilities during delivery of regularly scheduled didactics.
- Residents are also required to attend Wednesday afternoon EKG conference, journal clubs and OPP lab as scheduled and any other conference deemed “mandatory” by the Program Director.
Each resident must have no more than 30% **excused** absences from conferences to pass the rotation. The first **unexcused** absence in a month will require extra phone call or a presentation on a topic as assigned by the program director. Further unexcused absences may cause failure of the rotation.

- Each resident must sign in by within 30 minutes of the start of the lecture to be counted as present.
- Late attendees will not be credited with attendance but should still attend the conference.
- The resident is responsible for signing in to document their presence.
- Attendance at conference is expected post call or night rotation as long as duty hours are not violated. If in danger of exceeding work hours the GME office must be notified.
GENERAL COMPETENCIES

Goals and Objectives
The overall goal of the program is to develop psychiatrists competent to practice independently in each of the competency areas.

Osteopathic Philosophy and Osteopathic Manipulative Medicine
1. Demonstrates understanding and application of osteopathic manipulative treatment (OMT) by appropriate application of multiple methods of treatment, including but not limited to, High Velocity/Low Amplitude (HVLA), strain/counter strain, and muscle energy techniques.
2. Demonstrates, as documented in the medical record, integration of osteopathic concepts and OMT in all sites of patient care including the continuity of care training site, the hospital, and long term care facility. It is understood that integration implies the use of OMT in such conditions as, (but not limited to) respiratory, cardiac, and gastrointestinal disorders, as well as musculoskeletal disorders.
3. Understand the philosophy behind osteopathic concepts and demonstrates this through integration into all clinical and patient care activities.
4. Can describe the role of the musculoskeletal system in disease, including somato/visceral reflexes, alterations in body framework, and trauma.
5. Understands the indications and contraindications to osteopathic manipulative treatment.

Patient Care
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
Residents will develop competence in: interviewing and assessment skills; developing rapport with patients; performing all aspects of an evaluation, including eliciting a clear and accurate history; performing physical, neurological and mental status examinations; and ordering appropriate diagnostic and psychological tests.
Residents will develop competence in formulating a diagnosis based on the data they have obtained, including evaluation of past records. They will be competent to make a thorough differential diagnosis, and be able to plan further steps to clarify the diagnoses.
Residents will develop competence in creating an appropriate and comprehensive treatment plan for all diagnoses in the current diagnostic manual in the following treatment areas:
1. use of pharmacological regimens, including the concurrent use of medications and psychotherapy;
2. understanding the indications and uses of electroconvulsive therapy;
3. individual supportive, psychodynamic and cognitive-behavioral psychotherapies (both long-term and brief therapy), in addition to exposure to family, couples, group and other evidence-based psychotherapies;
4. psychiatric consultation to in a variety of medical and surgical settings;
5. providing care and treatment for the chronically mentally ill with appropriate psychopharmacologic, psychotherapeutic and psycho-social rehabilitation interventions;
6. participating in psychiatric administration to include leadership of interdisciplinary teams and a supervised experience in utilization review, quality assurance and performance improvement;
7. providing psychiatric treatment while collaborating and coordinating treatment with non-
medical therapists; and,
8. recognizing and appropriately responding to family violence (child, partner and elderly
physical, emotional and sexual abuse and neglect) and its effect on both victims and
perpetrators.

Medical Knowledge
Residents must demonstrate knowledge of established and evolving biomedical, clinical,
epidemiological and social-behavioral sciences, as well as the application of this knowledge to
patient care. Residents will develop and demonstrate knowledge in the following specific areas:
1. the major theoretical approaches to understanding the patient-doctor relationship;
2. the biological, genetic, psychological, sociocultural, economic, ethnic, gender,
   religious/spiritual, sexual orientation, and family factors that significantly influence
   physical and psychological development throughout the life cycle;
3. the fundamental principles of the epidemiology, etiologies, diagnosis, treatment, and
   prevention of all major psychiatric disorders in the current standard diagnostic
   statistical manual, including the biological, psychological, sociocultural, and iatrogenic
   factors that affect the prevention, incidence, prevalence and long-term course and
   treatment of psychiatric disorders and conditions;
4. the diagnosis and treatment of neurologic disorders commonly encountered in
   psychiatric practice
5. the use, reliability, and validity of the generally accepted diagnostic techniques,
   including physical examination of the patient, laboratory testing, imaging,
   neurophysiologic and neuropsychological testing, and psychological testing;
6. the use and interpretation of psychological testing;
7. the history of psychiatry and its relationship to the evolution of medicine;
8. the legal aspects of psychiatric practice;
9. an understanding of American culture and subcultures;
10. use of case formulation that includes neurobiological, phenomenological,
    psychological, and sociocultural issues involved in the diagnosis and management of
    cases;
11. the ability to critically appraise and understand the relevant research literature and to
    apply research findings appropriately to clinical practice, including the concepts and
    process of evidenced-based clinical practice:
    a. residents and faculty will participate in journal club, research conferences,
       didactics, and/or other activities that address critical appraisal of the literature and
       understanding of the research process;
    b. residents will have research opportunities and the opportunity for development of
       research skills for residents interested in conducting research in psychiatry or
       related fields.

Practice-Based Learning and Improvement
Residents must demonstrate the ability to investigate and evaluate their care of patients, to
appraise and assimilate scientific evidence, and to continuously improve patient care based on
constant self-evaluation and life-long learning. Residents are expected to develop and demonstrate skills and habits to be able to meet the following goals:

1. identify strengths, deficiencies, and limits in one’s knowledge and expertise;
2. set learning and improvement goals;
3. identify and perform appropriate learning activities;
4. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
5. incorporate formative evaluation feedback into daily practice;
6. locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
7. use information technology to optimize learning;
8. participate in the education of patients, families, students, residents and other health professionals, and;
9. take primary responsibility for lifelong learning to improve knowledge, skills, and practice performance.

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2. communicate effectively with physicians, other health professionals, and health related agencies;
3. work effectively as a member or leader of a health care team or other professional group;
4. act in a consultative role to other physicians and health professionals;
5. maintain comprehensive, timely, and legible medical records, and;
6. interview patients and family in an effective manner to facilitate accurate diagnosis and biological, psychological and social formulation.

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

1. compassion, integrity, and respect for others;
2. responsiveness to patient needs that supersedes self-interest;
3. respect for patient privacy and autonomy;
4. accountability to patients, society and the profession;
5. sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation, and;
6. high standards of ethical behavior which include respect for patient privacy and autonomy, maintaining appropriate professional boundaries, and understanding the nuances specific to psychiatric practice. Residents will be expected to demonstrate
knowledge of and adherence to the AMA Principles of Ethics with “Special Annotations for Psychiatry,” as developed by the American Psychiatric Association.

**Systems-based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
2. coordinate patient care within the health care system relevant to their clinical specialty;
3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
4. advocate for quality patient care and optimal patient care systems;
5. work in interprofessional teams to enhance patient safety and improve patient care quality;
6. participate in identifying system errors and implementing potential systems solutions;
7. understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care cost, assuring quality, and allocating resources;
8. practice cost-effective health care and resource allocation that does not compromise quality of care, including an understanding of the financing and regulation of psychiatric practice, as well as information about the structure of public and private organizations that influence mental health care;
9. advocate for quality patient care and assisting patients in dealing with system complexities, including disparity in mental health care;
10. work with health care managers and health care providers to assess, coordinate, and improve health care, particularly as it relates to access to mental health care;
11. advocate for the promotion of mental health and the prevention of disease;
12. maintain a mechanism to ensure that charts are appropriately maintained and readily accessible for patient care and regular review for supervisory and educational purposes, and;
13. collaborate with psychologists, psychiatric nurses, social workers, and other professional and paraprofessional mental health personnel in the treatment of patients;
14. maintain clinical records to demonstrate competence to:
   a. document an adequate history and perform mental status, physical, and neurological examinations;
   b. organize a comprehensive differential diagnosis and discussion of relevant psychological and sociocultural issues;
   c. proceed with appropriate laboratory and other diagnostic procedures;
   d. develop and implement an appropriate treatment plan followed by regular and relevant progress notes regarding both therapy and medication management; and,
   e. prepare an adequate discharge summary and plan.
OGME-1

The OGME I year focuses on developing and consolidating medical knowledge and skills. Our interns learn to treat and manage seriously ill medical and neurological patients from all socio-economic and cultural backgrounds, many with complex social issues. Six months of the OGME-I year are devoted to psychiatry. Residents will have exposure to children and adolescents, consultation-liaison psychiatry, geriatrics and addiction and substance abuse during this year. The first year rotations are as follows:

- Internal Medicine (UHMC) 2 months
- Neurology 2 months
- Adult Emergency Medicine 2 months
- General Inpatient/ ECT/ Substance abuse 2 months
- Adult/ Geriatric/ C-L 2 months
- Child/ adolescent 2 months

Residents should contact their rotation preceptor one week before the start of the rotation.

**Medicine**

Preceptor: Dr. Campbell

OGME-I residents’ complete two months of medicine at University Hospital and Medical Center in outpatient/ inpatient setting. For the UHMC medicine month, the resident works side by side with a board certified internist during psychiatry medicine consults, hospital inpatient rotations and outpatient office visits. They also participate in medicine consults at the Psychiatry pavilion’s partial hospitalization program and on patients in New Visions detoxification program. Hours for this rotation are from 7am to 7pm or per the rotation attending.

**Emergency Medicine**

Preceptor: Dr. Greenberg

Residents spend two months in the Emergency department at University Hospital and Medical Center. They participate in all manner of Emergency care honing their general medicine skills, performing procedures and providing emergency psychiatry assessments. The residents are required to complete 15 shifts per month with no shifts on Fridays between 11am and 4pm. They are required to work a minimum of 5 night shifts and at least one weekend per month rotation.

**Neurology**

Preceptors: Drs. Liebman, Chamley

Residents complete two months of neurology in the first two years of training. OGME-I residents are assigned to the neurology consultation service, supervised by an attending neurologist in
daily rounds. Residents gain experience in reading EEGs, MRIs, and CTs and perform extended neurological exams and lumbar punctures. Residents also learn how to medically manage acute cerebral hemorrhages and infarcts and plan for long-term treatment and rehabilitation.

**Inpatient Psychiatry**  
**preceptors: all psychiatry teaching faculty**  
**Location: University Hospital and Medical Center Pavilion**  
Exposure to Inpatient Psychiatry is provided throughout the course of training at University Hospital Pavilion for the OGME-1 year. They are responsible for a maximum of 6 new patients (admissions) daily during this year. Clinical teaching is provided by daily walk rounds, team rounds, and case presentations. On daily walk rounds, all members of the psychiatric team see patients together. Team rounds are sit-down rounds, which include any member of the staff who has contact with a patient. Case presentation occurs with the admission of every new patient of individual supervision per week by a full-time faculty psychiatrist.

There are three major learning tasks for residents on the inpatient service: acquiring a psychiatric knowledge base, becoming proficient at psychiatric assessment and treatment, and interacting with the treatment team as an effective member. Learning takes place by observing, practicing, reading, and teaching in a closely supervised environment.

The OGME-1 residents are required participate in weekly group sessions. Competencies required by the AOA are assessed monthly and at the end of each full rotation. Hours, for this rotation, are from 7am to 7pm. Residents are required to sign out their patient to the resident on the night rotation. No vacation is allowed during these months.

In addition to Friday didactics, residents are required to attend 7am morning lectures and EKG lecture on Wednesday at noon as assigned by the Program Director.

**Child and Adolescent Psychiatry**  
**preceptor: Dr. Espaillat**  
Residents rotate through the child and adolescent psychiatry unit of University Hospital and Medical Center's Pavilion and through the Rega Mental Health offices, where they develop competence in the diagnosis and treatment of children and adolescents with emotional and behavioral concerns. Strong emphasis is placed on a family based approach that involves multi-informant assessment of the child and his/her family using the empirically based Child Behavior Checklist (CBCL) with the current diagnostic system of DSM-V. Residents become adept at
interacting with other members of the child's treatment team, including individuals from community agencies, schools, and primary care clinicians.

Residents develop competence in a broad spectrum of treatment approaches to children with highly complex psychiatric illnesses. Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP), Group Therapy, Family Therapy, Play and Art therapy as well as Transcranial Magnetic Stimulation (TMS) will be observed. Diagnoses seen during this service include but are not limited to: depression, anxiety, psychosis, severe ADHD, eating disorders, substance abuse.

Residents interested in pursuing child/adolescent psychiatry will maintain a longitudinal patient base that they will follow for the balance of the residency.

In addition to Friday didactics, residents are required to attend 7am morning lectures and weekly EKG lectures as assigned by the Program Director.

**Geriatric Psychiatry/ Consultation-Liason**

- **Preceptor:** All Psychiatry Teaching Faculty

Residents rotate through the geriatric psychiatry unit of University Hospital and Medical Center’s Pavilion, where they gain experience in providing clinical psychiatric care for elderly patients who present with affective disorders, neurodegenerative diseases, late-life psychotic disorders, and other mental disorders of old age.

During this month they will also assess patients in the outpatient office setting, and will perform consult-liaison visits at UHMC.

Residents interested in geriatric psychiatry will acquire a small caseload of geriatric patients and care for them longitudinally starting in their second year for the balance of the psychiatry residency becoming adept at balancing psychiatric treatment with medical comorbidities, while also managing issues related to family dynamics and caregiver burden.

Competencies required by the AOA are assessed monthly and at the end of each full rotation.

**Didactics:**

The didactic curriculum is a critical element of psychiatry residency training programs in which residents are excused from all responsibilities during the delivery of regularly scheduled didactic material. This organized, regularly scheduled curriculum exists for the entire four-years of the program, including a broad-based and in sufficient depth survey of the field of psychiatry from biological, psychological and social points of view. During the first year of training, lectures will be offered weekly. This will be of a general nature, and assist the resident in preparing for Part 3 of the COMLEX exam and to provide the introductory fundamentals to psychiatry and psychiatric interviewing. Interns attend psychiatry morning report on Friday mornings and
weekly EKG conference throughout the entire year. Interns meet for four hours of protected time on Friday afternoons. These seminars are designed to complement the substantial formal and informal teaching and direct supervision provided by each rotation site. Didactics include courses on interviewing, crisis intervention/ emergency psychiatry, psychopharmacology, child and adolescent psychiatry, psychotherapy, neurology and inpatient consultation. Monthly Journal Clubs and monthly Osteopathic principles and practices are scheduled as well. Live interviews are a large component of the didactics experience.

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<td>Introduction to Psychotherapy</td>
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<td>Behavioral disorders</td>
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<td>Therapy for the chronically ill</td>
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Goals:

At the completion of OGME-1 the resident must have:

**Osteopathic Principles & Practice and Osteopathic Manipulative Treatment**
- demonstrate knowledge of osteopathic principles and practice
- demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment in the clinical setting.

**Patient Care**
- demonstrated the ability to perform an initial psychiatric evaluation
- demonstrated the ability to perform a mental status examination
- demonstrated the ability to diagnose and treat basic medical problems
- demonstrated the ability to diagnose and treat basic neurological problems

**Medical Knowledge**
- shown basic understanding of the major psychiatric diagnoses
- shown basic understanding of psychotropic medications

**Practice-based Learning and Improvement**
- demonstrated ability to present cases in conference review and support the clinical decisions made

**Interpersonal and Communication Skills**
- demonstrated ability to function in an interdisciplinary team
- demonstrated the ability to communicate effectively with patients and families

**Professionalism**
- Be consistently punctual for job assignments and in completion of required documentation
- Manage time efficiently and effectively.
- Value and respect the opinions of others
- Accept responsibility for patient care (e.g. handle issues in “box” appropriately and in a timely manner)
- Take on extra work without prompting (e.g., see a patient that is worked in, offer to help a fellow resident that is behind, etc.)
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the hospital and medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

**Systems-based Practice**
- successfully completed 12 months of OGME-1 rotations

As demonstrated by:
- Supervisor evaluations
- Patient logs
- Core didactic attendance
- Portfolio entries
- Semi-annual reviews
- OPP lab performance
- Evaluated Clinical Interviewing
- Participation in group sessions
- Poster Board presentation
OGME-2

The OGME 2 year extends the psychiatric training begun in the first year, enhancing and expanding on that beginning experience. The OGME 2 year is designed to provide residents a solid foundation in the diagnosis and treatment of acute and chronic mental illness. Our residents become proficient in the assessment of patients in every part of the health care delivery system: public sector, city and state, private and federal. Residents end the year competent in the fundamental treatment modalities available to psychiatrists. In returning to the inpatient units during this year, OGME-2 residents receive additional exposure to psychiatric specialties to develop further competence across the field. OGME-2s move beyond learning the basic skills of internship and begin to acquire more specific diagnostic, therapeutic, and leadership skills. They apply these skills while learning and practicing more advanced psychotherapy in scheduled sessions with patients. On the inpatient units, OGME-2s are also responsible for more intensive clinical teaching responsibilities at University Hospital and Medical Center, where they work with more autonomy, teach and lead OGME-1 residents, and supervise medical students.

The OGME 2 year consists of adult inpatient psychiatry, inpatient child/adolescent psychiatry, substance abuse, consultation/liaison rotation, inpatient geriatric psychiatry, and emergency psychiatry. Longitudinal work begins this year.

Consultation/Liaison Psychiatry
Exposure to Consultation/Liaison psychiatry is provided throughout training. Residents work closely with psychiatry attendings to provide psychiatric consultation to other inpatient services, notably Nephrology, Oncology, Cardiology, Surgery, Pediatrics, Internal Medicine, and OB-GYN. Bedside teaching complements a broad range of seminars, rounds, and conferences, representing the breadth and depth of contemporary psychiatric consultation practice.

The CL Service provides the resident with both clinical and scholarly experiences that complements psychiatry and medicine. Among other skills, residents will gain competence in assessing decision-making capacity, treating delirium, managing alcohol withdrawal and substance intoxication, and assessing suicide risk. Types of treatment include supportive and brief psychotherapy, family and team interventions, and pharmacologic consultation to house-staff and attending physicians.

Intensive Outpatient Psychiatry (PHP)
Residents spend a month-long rotation working in an intensive outpatient/psychiatric partial hospitalization program. The program provides comprehensive evaluation and evidence-based treatment for patients experiencing moderate- to severe- exacerbations of mood and anxiety disorders, adjustment disorders, and personality disorders that interfere with daily functioning. After undergoing a full psychosocial and medical evaluation, patients attend 3-6 hours of group
psychotherapy and coping skills training a day for 2-4 weeks using a cognitive behavioral (CBT) and dialectical behavioral therapy (DBT) approach.

On this rotation, residents work closely with a multidisciplinary team to develop individualized treatment plans, co-lead skills groups with a clinician, and assist with individual case management. Residents are exposed to a wide variety of clinical presentations, treatments and dispositions.

**Emergency Psychiatry**
Respond is the Psychiatry pavilions’ patient intake area. Patients are admitted either directly from their psychiatrist’s office or emergently. Residents are responsible for providing admissions assessment for patients.

**Adult Psychotherapy**
Psychotherapy training takes places in a variety of settings across all four years of the residency. The educational and clinical experiences are designed to promote competence in several psychotherapeutic modalities, including supportive psychotherapy, long-term psychodynamic psychotherapy, brief psychotherapies, cognitive behavioral psychotherapy, and combining psychotherapies with pharmacotherapy.

All residents learn to conduct cognitive behavioral psychotherapy in group settings. Supervised individual psychotherapy begins in OGME-2, at which time each resident is expected to treat at least one outpatient in ongoing psychotherapy sessions. Psychotherapy cases accrue during the second year and continued into OGME-3, during which ongoing conduct of a minimum of four psychotherapies is also required. Weekly individual and group supervision sessions provide ample opportunity for residents to discuss and process their caseloads. Residents are encouraged to continue psychotherapeutic treatments and supervision through the OGME-4 year.

**Night Float**
The residents during their psychiatry inpatient month will rotate on night float on nights that teaching faculty are on admission call. They will be responsible for admissions, orders, and to provide coverage of the patients in the psychiatry pavilion. An attending psychiatrist, who is available by phone throughout the night, provides clinical support for all questions and concerns. This experience provides an opportunity for expanded responsibilities and professional growth, as residents cover the inpatient psychiatry service and provide consultation services to the ER and to the general medical/surgical floors. During this rotation they will not participate in continuity clinic. They are required to attend weekly didactics.
**Didactics:**
Throughout the academic year, OGME II residents meet for four hours of formal didactic seminars during protected time. These seminars are in addition to the substantial formal and informal teaching and direct supervision provided by each rotation site. The curriculum covers the major psychiatric disorders using a format integrating the role of psychological and social factors in the etiology and course of mental illness. The core curriculum focuses in particular on psychotic disorders, mood disorders and anxiety disorders.

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<td><strong>Live interviews/ Mock Board/ PRITE review</strong></td>
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</table>
Goals:
At the completion of OGME-2 the resident must have:

Osteopathic Principles & Practice and Osteopathic Manipulative Treatment
- demonstrate knowledge of osteopathic principles and practice
- demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment in the clinical setting.

Patient Care
- demonstrated the ability to perform emergency, admission, and consultation psychiatric examinations
- demonstrated the ability to perform a mental status examination, including:
  - assessment of suicide risk
  - assessment of homicide risk
  - cognitive evaluation
- demonstrated the ability to diagnose and treat acute psychotic agitation
- demonstrated the ability to diagnose and treat acute alcohol withdrawal
- demonstrated competence in biopsychosocial case formulation
- demonstrated the ability to perform an initial geriatric psychiatric evaluation
- demonstrated the ability to manage common psychiatric diagnoses in the geriatric population
- demonstrated the ability to perform an initial child psychiatric evaluation
- demonstrated the ability to manage common psychiatric diagnoses in the pediatric population

Medical Knowledge
- demonstrated the ability to make major psychiatric diagnoses by DSM-IV criteria
- demonstrated the appropriate use of common psychotropic medications

Practice-based Learning and Improvement
- participated in all scheduled didactics, conferences and case presentations
- demonstrated ability to utilize medical literature to inform diagnostic and treatment decisions
- demonstrated ability to present cases in a team setting, develop and support a treatment plan incorporating input and feedback from the team

Interpersonal and Communication Skills
- demonstrated the ability to function as a member of a clinical treatment team
- demonstrated the ability to communicate effectively with patients and families

Professionalism
- Be consistently punctual for job assignments and in completion of required documentation
- Manage time efficiently and effectively.
- Value and respect the opinions of others
- Accept responsibility for patient care (e.g. handle issues in “box” appropriately and in a timely manner)
• Take on extra work without prompting (e.g., see a patient that is worked in, offer to help a fellow resident that is behind, etc.)
• Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
• Introduce oneself to patients when observing care or participating in their care in the hospital and medical office
• Provide healthcare that is sensitive to the culture of patients and their families
• Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
• Inform staff of absences as appropriate

Systems-based Practice
• successfully completed 12 months of OGME-2 rotations
• made appropriate referrals for outpatient care
• made appropriate referrals for psychotherapy

As demonstrated by:
✓ Supervisor evaluation
✓ Live interview evaluations
✓ Portfolio entries
✓ Core didactic attendance
✓ Semi-annual review
✓ Patient log
✓ PRITE
✓ OSCE examination
✓ OPP lab performance
✓ Psychotherapy supervisor evaluation
✓ Poster board presentation
OGME-3

The OGME 3 year is devoted exclusively to outpatient psychiatry. The core of this third year is formal training and supervision in the overall management and long-term care of psychiatric outpatients. Foundational skills in both the psychotherapies and the pharmaco-therapies are emphasized, as the resident carries her/his caseload throughout the year. Residents also experience treating patients in various specialty clinics, where they are supervised by expert psychiatrists trained in the relevant disciplines. Some of these clinics specialize in geriatric psychiatry, child/adolescent psychiatry, the severely and persistently mentally ill, PTSD, and substance abuse. Our varied training sites provide a rich opportunity to treat a diverse outpatient population that includes patients of all ages and from a broad spectrum of socioeconomic and cultural backgrounds.

Residents will spend half of their longitudinal experiences at the Miami VA site on Commercial Boulevard. There they will see patients in a variety of clinics including one in integrated psychiatry.

The residents will continue to see the patients in the continuity clinic setting established in their second year of training.
**Didactics:**
As in the prior two years of training, OGME-3 residents are given protected time for their classroom didactic experience, representing six-hour one-day per week. The OGME-3 didactic curriculum continues to build on the longitudinal courses begun in the OGME-2 year, and prioritizes an in-depth focus on the different psychotherapies and outpatient psychopharmacology. New to this year are continuous case conferences in which the treatment of a single case is followed over time.

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Family Therapy

Goals:
At the completion of OGME-3 the resident must have:

Osteopathic Principles & Practice and Osteopathic Manipulative Treatment
- demonstrate knowledge of osteopathic principles and practice
- demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment in the clinical setting.

Patient Care
- demonstrated the ability to perform outpatient psychiatric evaluations
- demonstrated the ability to use psychotropic medications appropriately for the management of common psychiatric disorders
- demonstrated the ability to appropriately use short and long-term psychotherapies in the management of common psychiatric disorders

Medical Knowledge
- demonstrated competence in psychodynamic case formulation

Practice-based Learning and Improvement
- participated in all scheduled didactics and conferences
- demonstrated ability to review cases with supervisor and incorporate feedback and evidence from medical literature to improve treatment planning

Interpersonal and Communication Skills
- demonstrated the ability to lead a clinical treatment team
- demonstrated the ability to communicate effectively with patients and families

Professionalism
- Be consistently punctual for job assignments and in completion of required documentation
- Manage time efficiently and effectively.
- Value and respect the opinions of others
- Accept responsibility for patient care (e.g. handle issues in “box” appropriately and in a timely manner)
- Take on extra work without prompting (e.g., see a patient that is worked in, offer to help a fellow resident that is behind, etc.)
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the hospital and medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate

Systems-based Practice
- successfully completed 12 months of OGME-3 rotations
- made appropriate referrals for group psychotherapy
- demonstrated the ability to manage severe mental illness in the community mental health setting and assertive community treatment setting

**As demonstrated by:**
- Supervisor evaluation
- Portfolio entries
- Semi-annual review
- Live interview evaluations
- Participation in group sessions
- Psychotherapy supervisor evaluation
- Core didactic attendance
- Patient log
- PRITE
- Mock board exam
- OSCE exam
- OPP lab performance
- Poster board presentation
OGME-4

The final year of residency is devoted to promoting consolidation of knowledge, enhancing leadership skills, and returning to the consult and inpatient services as senior residents. The OGME 4 experience encourages residents to commit to and develop areas of particular interest while consolidating core clinical skills. The year prepares our residents to pursue careers in academic psychiatry and research, clinical practice, teaching, and administration. If residents plan for fellowship training after residency, mentors are available to aid residents with fellowship and career planning. Residents are required to attend hospital and pavilion committee meetings to develop a deeper understanding of administrative and interdisciplinary issues.

The OGME 4 year includes 7 months of electives and 5 months of required rotations. The required rotations include:

**Consultation-Liaison Psychiatry**
All residents spend 1 month as psychiatry consultants to other medical disciplines at UHMC. Working with junior residents, this rotation also focuses on teaching and supervising.

**Administrative/ Junior Attending**
Since the development of teaching skills is essential for future leaders in psychiatry, our residents spend two months taking responsibility for junior residents and medical students. The residents, under the supervision of the attending physician, provide additional supervision of the junior residents and medical students in the inpatient units. Residents will learn about the day to day operations of the residency, the psychiatric pavilion and the hospital. They will work on their leadership and administrative skills by inviting speakers to Grand Rounds, participating in junior resident’s process groups, organizing events for the residents, participating in orientation etc. They also provide didactics to PGY1 and PGY2 residents and lead the weekly journal clubs.

**Forensic Psychiatry**
A one month rotation, where as part of an interdisciplinary team, the resident evaluates and manages the treatment of patients that involve the application of medical psychiatric expertise in legal contexts. The resident will attend weekly court sessions, will be involved in the evaluation of patients for competency, will be involved in Baker Act assessments, etc. Activities will be under the supervision of a Forensic Psychiatry Attending.

**Community Psychiatry**
This one month rotation will incorporate how cultural and ethnic factors influence mental illness’ presentation and course, and what therapeutic resources are available to patients in the local community, especially those with severe mental illnesses. These topics will support your effective treatment of patients from diverse backgrounds and your consultations to community mental health workers. You will also help determine appropriate therapeutic interventions and monitor needs for patients in community treatment. Given the complexity and diversity of the community mental health system, this requires rotations in a number of different facilities and programs as well as an opportunity to spend sufficient time on individual services.

**Scholarly Project**
All residents in the OGME 4 year are required to present a 15-20 minute presentation to their colleagues and faculty of the research, case report, literature review or any scholarly projects that they have been involved in during their training. The paper needs to be submitted for publication to a peer-reviewed journal.

**Senior Electives**
The rest of the OGME 4 year is dedicated to elective time and each resident develops a fourth year experience that is tailor-made to fit the individual resident’s interests. As part of the OGME 4 experience, all residents continue to treat a core group of outpatients in their outpatient clinics. Cases include psychotherapeutic and psychopharmacologic treatments, and residents are supervised by senior faculty.

Residents must submit their requested elective request no less than 6 months in advance. If the time frame is less than 6 months a list of core electives are available for selection.

**Didactics:**
As in every other year in residency, OGME-4 residents are given protected time for their classroom didactic experience, representing seven hours, one day per week. Building on courses begun in prior years, the OGME-4 year includes courses in advanced psychopharmacology and psychotherapy as well as covering special clinical and practical topics important for practicing psychiatrists.

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Goals:
At graduation from the program the resident must have:

Osteopathic Principles & Practice and Osteopathic Manipulative Treatment
- demonstrate knowledge of osteopathic principles and practice
- demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment in the clinical setting.

Patient Care
- demonstrated the ability to perform a comprehensive psychiatric evaluation
- demonstrated the ability to diagnose and manage psychiatric symptoms in the setting of medical illness
- demonstrated the ability to diagnose and treat common substance abuse and dependence
- demonstrated competence in medication management of common psychiatric disorders
- demonstrated development of competence in the use of supportive psychotherapy
- demonstrated development of competence in the use of cognitive psychotherapy
- demonstrated development of competence in the use of behavioral psychotherapy
- demonstrated development of competence in the use of dynamic psychotherapy
- Demonstrated development of competence in concurrent use of medications and psychotherapy

Medical Knowledge
- demonstrated competence in the use of DSM-IV diagnostic criteria

Practice-based Learning and Improvement
- participated in all scheduled didactics and conferences
- demonstrated ability to review cases with supervisor and incorporate feedback and evidence from medical literature to improve treatment planning
- demonstrated the ability to function as an independent clinician

Interpersonal and Communication Skills
- demonstrated the ability to lead a clinical treatment team
- demonstrated the ability to communicate effectively with patients and families

Professionalism
- Be consistently punctual for job assignments and in completion of required documentation
- Manage time efficiently and effectively.
- Value and respect the opinions of others
- Accept responsibility for patient care (e.g. handle issues in “box” appropriately and in a timely manner)
- Take on extra work without prompting (e.g., see a patient that is worked in, offer to help a fellow resident that is behind, etc.)
- Demonstrate reliability, dependability and maintain ethical principles when carrying out assigned duties.
- Introduce oneself to patients when observing care or participating in their care in the hospital and medical office
- Provide healthcare that is sensitive to the culture of patients and their families
- Accept professional responsibility for patient care including chart completion, timeliness, courtesies to staff
- Inform staff of absences as appropriate
• satisfy scholarly requirement per policy

Systems-based Practice
• successfully completed 12 months of OGME-4 rotations

As demonstrated by:
✓ Supervisor evaluation
✓ Portfolio entries
✓ Semi-annual review
✓ Core didactic attendance
✓ Mock board exam
✓ Live interview evaluations
✓ Psychotherapy supervisor evaluation
✓ Patient log
✓ OPP lab performance
✓ PRITE
DUTY HOURS

Psychiatry residents are expected to be available from 7am to 7pm by phone and be within 30 minutes of the campus should they need to return for emergencies or consultations. If they need to leave their current rotation before 5pm they are to contact either the ADME or the DME before leaving for the day. If their attending for the month does not have office hours the resident is to report to the inpatient unit to assist the inpatient team.
For further information see the PBCGME Housestaff Manual.

MUTUAL EVALUATION OF RESIDENT PERFORMANCE AND TEACHING QUALITY

Evaluation
Feedback on resident performance should be both on a daily basis and at the end of each clinical rotation. Supervisors will write formal evaluations at the end of each rotation to include constructive criticism feedback. These evaluations have assessment components of knowledge, skills, and work-related behavior, in accordance with the AOA core competencies. Faculty is encouraged to comment upon strengths and areas for further work or remediation. Further, faculty is encouraged to discuss the evaluation directly with the resident. For year-long rotations, evaluations are collected at three month intervals. This includes service evaluations as well as evaluations by supervisors. In addition to supervisor/faculty evaluations, 360 evaluations will be compiled. The 360 evaluations are completed monthly and residents will receive feedback from medical students, nursing supervisors, social workers, and psychologists. This will mainly occur while the resident is completing their requirements on the inpatient unit. Residents are given the opportunity to evaluate, all rotations, services, educational experiences and faculty, unless the block is marked confidential by the evaluating faculty member. Written comments are summarized in an anonymous fashion prior to feedback to specific faculty to maintain individual resident confidentiality. Feedback is also solicited during resident quarterly reviews. In addition, the residents will complete an overall evaluation of the program annually.

Program Director Quarterly Review
At the end of each quarter, the resident’s overall performance based off of written and oral evaluations will be complied and discussed during a personal meeting with the Residency Program Director. Suggestions for improved performance, areas for more intensive study, and remedial work are integral to this discussion. It is expected that positive feedback for achievement is a part of this process.
Medical Executive Committee (MEC)
At the end of each academic year, each resident’s performance will be reviewed by the Medical Executive Committee. The results of the committee evaluation along with a written summary will be provided to the Program Director.

Psychiatry Resident In-Training Examination (PRITE)
All residents will take the annual PRITE, which takes place on the first two Fridays in October. Each resident receives direct feedback on his or her performance. Cumulative data is given to the program director.
Residents that score in the bottom third on the annual PRITE examination will need to undergo remediation. The program director will meet with the resident to put together an individual study plan.

Mock-Boards (Clinical Competency Examination)
Mock-board examinations, during which a resident evaluates and presents a patient while observed by faculty members, will be given during the third and fourth years of the residency program. Faculty will question the resident about the diagnosis, etiology, and treatment of the patient. This should parallel the oral Board experience and enable the resident to reduce the anxiety produced by novelty in taking oral exams.
INTERNAL MEDICINE

preceptor: Dr. Campbell

Goals/Objectives:

Patient Care:
 Interns, under the supervision of their attending are expected to:
  • Do initial evaluations of patients as they are admitted from clinic, the emergency room, directly from home or transferred from other hospitals
  • Provide ongoing care to these admissions until the patient's appropriate disposition is implemented
  • Document the admission appropriately including a discharge summary. 48 hour discharge summaries are documented by interns.

Medical Knowledge:
 Interns will learn about the diagnosis, evaluation and treatment of the following major disease categories:
 Acute Abdominal Pain, Asthma, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Congestive Heart failure, Coma, Diabetes, Diarrhea, Delirium and Dementia, Diverticulitis, Electrolyte Abnormalities: Diagnosis and Management, Endocarditis, Fever of Unknown Origin, Hepatitis, Intestinal Obstruction and Ischemia, Meningitis, Nephrolithiasis, Pancreatitis, Renal Failure, Sickle Cell Disease, Sleep Apnea, Syncope / Falls, Tuberculosis, Pneumonia, Venous Thromboembolism.

Interpersonal and Communications Skills:
 Interns are expected to demonstrate skills to communicate effectively with patients from a wide variety of ethnic, racial and socioeconomic backgrounds, and their families, staff, medical students, senior residents and attending.

Professionalism:
 Interns are expected to demonstrate professional behavior such as timeliness, responsibility in follow through, compassionate patient care, and to provide professional role modeling to medical students. Interns are expected to attend all teaching activities, and to participate in self-directed learning.
Neurology

preceptor: Dr. Liebman/Chamley

Teaching Objectives:

Patient Care--The resident will see, examine and evaluate all consults as soon as possible, and will provide feedback to the requesting service as soon as possible.

Medical Knowledge—
1. To learn to perform a competent and complete neurological history and examination.
2. To develop competence in diagnosis and treatment of common neurological disorders.
3. To perform laboratory and diagnostic procedures for the diagnosis and monitoring of common neurological disorders.
4. To summarize and present neurological findings in a lucid and coherent manner to support a differential diagnosis.

Interpersonal and Communication Skills--the resident will learn to interact and communicate effectively with colleagues in other medical disciplines.

Professionalism--the resident will aid in educating other housestaff and medical students with respect to neurological diseases.

System Based Practice--the resident will learn to function as a consultant rather than the primary caregiver.

Duties:
1. The resident works primarily in the outpatient setting but also per Neurology Outpatient Department. This involves taking a complete history, reviewing records and referral information, performance of a complete physical and neurological examination and preparation of a differential diagnosis and a treatment and/or diagnostic plan.
2. The resident presents his/her findings to the assigned attending neurologist. The attending then comments, examines the patient, and supervises in the implementation of the plan.
3. Daily readings on the pathology seen that day including review of current evidence based literature to present to the attending physicians.
Inpatient Psychiatry

preceptors: Drs. Moskowitz, Antoine, Francis

Location: University Hospital and Medical Center Pavilion

GOALS
1. To manifest medical knowledge and interpersonal and communication skills sufficient to competently evaluate common acute presentations seen in acute psychiatry.
2. To gain facility with treatment modalities for the illnesses commonly diagnosed on acute adult inpatient units, and develop medical knowledge with respect to the same especially psychopharmacology.
3. To develop competence in interpersonal communication skills, professionalism, and systems-based practice by working through an interdisciplinary approach to patient evaluation, treatment and follow up.
4. To demonstrate professionalism by presenting patients in an orderly, comprehensive, and timely manner and develop competence in formulating the bio-psychosocial aspects of the patient’s condition.
5. To develop time management skills necessary for a high volume, rapid turnover inpatient unit similar to the private practice world.
6. To learn to interact with patients and staff in a professional manner.
7. To be able to evaluate a patient for ECT while weighing the pros and cons and risks and benefits of treatment with ECT
8. To be able to conduct ECT including patient preparation, device set-up, treatment delivery, and aftercare

OBJECTIVES
1. The resident will perform a diagnostic psychiatric interview on all assigned patients and will develop a differential diagnosis based on the interview for each patient.
2. The resident will document appropriately including the rationale for all treatments prescribed. Documentation should be in the hospital’s electronic medical records.
3. The resident will be the team leader during multidisciplinary staff meetings on all assigned patients and will interact informally with multidisciplinary staff on a daily basis.
4. The resident will present each patient, including a bio-psychosocial formulation, to the attending, and will complete an integrated summary of assessments by all treatment disciplines within 72 hours of admission on each patient.
SPECIFIC DUTIES OF ALL RESIDENTS

1) Evaluate new patients and within 24 hours of presentation, formulate a differential diagnosis and treatment plan, and present the case in a professional manner.

2) Complete required documentation in a timely, thorough and professional manner.

3) Attend daily morning rounds.

4) Attend weekly didactics or other educational activity and present patient or other information as assigned.

5) Have at least 2 hours of weekly supervision with attending.

6) Attend multidisciplinary staff meetings (treatment team meetings) and take over increasing duties each week in this meeting.

7) Attend didactics, grand rounds.

8) Actively participate in the education of junior medical students assigned to the service.

9) Contact families with the patient’s consent for information and aid in follow up

10) Appear in court when patients are on holds and present information in a professional manner.

11) Attend all ECT treatments on assigned patients. Residents assist with ECT consultations, ECT procedures, and aftercare management. Provide Procedure Logs for all ECT patients seen in addition to monthly patient logs.

12) Complete at least one portfolio entry during this rotation.

13) Take call as assigned. Call physician to present patients and present treatment plan on ALL patients. Enter orders into CPOE.

Adult Inpatient Psychiatry Rotation - Upper Level Residents

Directors: Dr. Antoine, Francis, Moskowitz

In addition to the requirements above:

Patient Care

1) Primary responsibility for more complex patients from one team, including crisis-oriented and brief psychotherapy techniques

2) Lead 2 Treatment Team Meetings weekly

3) Participate in Family Sessions

4) Co-lead Group Therapy sessions when not leading Team Meeting

5) On call responsibilities: as assigned

6) Maintain reduced psychotherapy (outpatient) caseload and supervision

7) Attend weekly outpatient continuity clinic

Administration

1) Assist attending faculty in monitoring patient admissions, acuity level and team distribution, and learning objectives for trainees

2) Participate in monthly Inpatient Staff Conference

Teaching

1) Supervise PGY-1 residents on unit regarding general procedural and clinical issues
2) Provide weekly PGY-1 case conference to assist PGY-1 residents in preparation for their core competency examinations
3) Provide interview opportunities and feedback to medical students assigned to the unit
4) Participate in daily check-out rounds, including relevant literature reviews and principles of evidence-based patient management

**Didactic Program**
1) Participate in Senior Seminar, Grand Rounds, and other educational requirements of the department
Child and Adolescent Psychiatry & Moskowitz

Teaching Objectives
1. To diagnostically evaluate and treat children and adolescents, under supervision of faculty child psychiatrists.
2. Participate in ongoing medication management of children and adolescents.
3. To observe psychological testing, speech and language evaluations and social work case history taking.
4. Begin developing an area of psychotherapeutic expertise, and initiate treatment in this area.
5. Develop skills in working with experts in other disciplines.

Resident Responsibilities:
1. Residents are assigned half time to Child Outpatient Clinic for six months and the Child and Adolescent Inpatient Service for one month.
2. Perform diagnostic evaluation and treatment assigned during the rotation under the supervision of the attending psychiatrists.
3. Proper documentation of new patient evaluations, discharge summaries and progress notes.
4. Attending assigned seminars and clinics.
5. Performing supervised consultations for children in the pediatric units, and demonstrating appropriate interagency and family facilitation in all clinical venues.
6. Successfully complete 2 new child evaluation interviews observed by faculty to assess Patient Care and Professionalism core competencies.
**Geriatric Psychiatry**

**preceptor:** Dr. Chervony

Residents rotate through the geriatric psychiatry unit of University Hospital and Medical Center's Pavilion, where they gain experience in providing clinical psychiatric care for elderly patients who present with affective disorders, neurodegenerative diseases, late-life psychotic disorders, and other mental disorders of old age. During this month they will also assess patients in the outpatient office setting, and will perform consult-liaison visits at UHMC.

Residents acquire a small caseload of geriatric patients and care for them longitudinally for the balance of the psychiatry residency becoming adept at balancing psychiatric treatment with medical comorbidities, while also managing issues related to family dynamics and caregiver burden.

Residents are expected to attend individual sessions, family sessions and medication management groups. Residents will attend treatment team meetings on a weekly basis and be an active part of the interdisciplinary team by reporting pertinent information to the team about their patient.

Competencies required by the AOA are assessed monthly and at the end of each full rotation.

**GOALS AND OBJECTIVES**

1. To gain experience in the evaluation and management of psychiatric patients in an outpatient setting
2. To gain experience in the management of psychotropic medications (side effects, mechanisms of action, drug interactions, and routine lab work required)
3. To further residency education and provide experience in public speaking through preparing and presenting lectures
4. To manifest medical knowledge and interpersonal and communication skills sufficient to competently evaluate common inpatient presentations and to determine appropriate follow-up.
5. To gain facility with treatment modalities for the illnesses commonly diagnosed on inpatient units, and develop medical knowledge with respect to the same especially psychopharmacology.
6. To develop competence in interpersonal communication skills, professionalism, and systems-based practice by working through an interdisciplinary approach to patient evaluation, treatment and follow up.
7. To demonstrate professionalism by presenting patients in an orderly, comprehensive, and timely manner and develop competence in formulating the biopsychosocial aspects of the patient’s condition.
8. To develop time management skills necessary for a high volume, rapid turnover inpatient unit similar to the private practice world.
9. To learn to interact with patients and staff and physician colleagues in a professional manner.
10. To learn how to perform a consult-liaison evaluation and how to interact with the consult requesting physician.
SPECIFIC DUTIES OF THE RESIDENT
1. Evaluate patient’s need for psychotropic medication
2. Monitor patient for progress, side effects, and toxicity, making medication adjustments as necessary.
3. Evaluate need for referral to other care providers, such as psychology and social work services, substance abuse treatment, or inpatient care
4. Participate in resident and medical student education through preparing lectures based on recommended reading and review of current literature.
5. Provide appropriate documentation, as per the attending physician, of patient visits/interactions. Enter notes into electronic medical records and orders into CPOE when patient is inpatient
Consultation-Liaison Rotation  
Teaching Objectives  
preceptor: Dr. Chervony

1. To understand the nature of the consultative process and distinguish the responsibilities of a consultant from those of a primary physician.
2. To understand medico-legal problems that present to the consultation-liaison services (e.g. commitment, capacity) and provide appropriate consultation for these problems.
3. To distinguish the various types of consultations (patient centered, physician centered, program centered, and nurse centered), and observe and practice each type.
4. To formulate and articulate psychosomatic problems in a biopsychosocial context meaningful to the non-psychiatric physician.
5. To recognize the signs and symptoms and diagnose psychiatric conditions most commonly encountered in medical settings.
6. To observe and practice crisis intervention, brief psychotherapy, brief family intervention, patient education, and appropriate referral in medically hospitalized patients.
10. To perform an adequate psychiatric consultation and present it in an effective manner to the consultation-liaison team.

Resident Responsibilities

1. Covering all psychiatric consultations requested during the working day.
2. Present the case to the consult attending or the requested faculty member. The patient is then seen jointly by the resident and the attending physician to develop diagnostic and treatment recommendations. Areas of review are interpersonal and communication skills, professionalism, and systems-based practice.
3. Initiating and maintaining appropriate follow-up with inpatient consults.
4. Supervising medical students rotating on the consultation-liaison service.
5. Submit 5 typed Consultation Reports, complete with your own assessment and plan, illustrating each of the following key consultation issues:
   1) Delirium
   2) Medical decision-making capacity
   3) Depression in a medically ill patient
   4) Somatoform disorder
   5) Suicidality
6. For each of the reports in #5 above, complete a one-page, single-spaced typed case discussion. Submit at least 3 relevant references with at least 1 being a recent journal article in the area. Do not have any patient identifiers in your summary. The summary should be put in the resident portfolio.
Behavioral and Substance Addiction Clinic
Director: Dr. Boutrouille

This rotation focuses on the evaluation and treatment of individuals with alcohol and drug problems (including marijuana, cocaine, opiates) as well as those with behavioral addictions – gambling, sex, stealing, spending and internet addictions.

Patient Care:
Residents will learn to evaluate, diagnose, and manage patients with a range of addictive behaviors, implement evidence-based treatment approaches to addictive behaviors, and address common comorbidities.

Medical Knowledge:
Residents will demonstrate knowledge of evidence-based treatment approaches to addictive behaviors

Interpersonal and Communications Skills:
Residents will create rapport with and patients with histories of addiction, and will develop skills at eliciting comprehensive histories from patients with addictive behaviors.

Professionalism:
Residents will develop and demonstrate a respectful attitude toward patients with addictive disorders

Systems Based Practice:
Residents will become aware of the range of services for patients with addictive behaviors including inpatient and outpatient substance use programs, self-help groups, and other available resources.
Emergency Medicine /Psychiatry Rotation  
Director: Dr. Greenberg

Teaching Objectives
1. To appropriately assess patients presenting with medical and psychiatric emergencies.
2. Perform a focused psychiatric exam with particular attention to patient’s complaints and functional ability, including history gathering (from patient or additional sources), mental status assessment, and laboratory assessment, and triage patients to the appropriate level of care.
3. Formulate management of medical emergencies/ urgencies.
5. Formulate differential diagnosis.
6. Use diagnostic and therapeutic options appropriately.
7. Recognize when patient needs referral to behavioral medicine or other medical services.
8. To identify situations which present an imminent danger to the patient or others and make appropriate interventions; special consideration should be given to the assessment of potentially suicidal patients and violent or threatening patients.
9. To understand indications for, and principles of, emergency psychopharmacologic intervention including the use of antipsychotics and benzodiazepines.
10. To understand and utilize the involuntary civil commitment process.
11. To consider possible general medical conditions which may present as psychiatric emergencies, and utilize medical consultants appropriately.
12. To recognize non-urgent psychiatric conditions and make appropriate referrals to other available services.
13. To recognize indications for and perform brief crisis intervention therapy.

Resident Responsibilities
1. Understand not only the presenting symptoms of common psychiatric problems, but the theoretical etiology, epidemiology and evidenced based literature on treatment of including but not limited to:
   • Depression
   • Anxiety and panic disorder
   • Somatization disorder
   • Substance abuse
   • Schizophrenia
   • Bipolar Disorder
   • Adjustment disorders
   • Antisocial Personality disorder
   • Malingering
2. Understand the management and care of medical emergencies in psychiatry such as:
   • NMS
   • Serotonin syndrome
- Hypertensive crisis ("cheese reactions" to MAOIs)
3. Understand the risk factors for suicide
4. Be able to perform a literature search to answer clinical questions
5. Identify deficiencies in knowledge base and develop independent means to address them
6. Communicate effectively and compassionately with patients
7. Effectively communicate patients' needs to other providers
8. Facilitate functioning of multidisciplinary team
9. Communicate effectively with the med. ER and other interfaces within the medical community.
10. Interact with patients, colleagues and hospital staff in a respectful manner
11. Maintain patient confidentiality and HIPAA guidelines
12. Understand the role of multidisciplinary care for the management of patients with psychiatric problems
13. Understand appropriate referrals for psychiatric emergency care
14. Understand LPS laws and how they affect placements among the different levels of care in the overall system

As the residents advances in their training they are also expected to be able to:
1. Communicate effectively and compassionately with patients, patient's families and outside providers
2. Effectively communicate patients' needs to other medical services
3. Lead a multidisciplinary team
4. Understand law regarding the appropriate transfer of cases between hospitalize and how to manage these referrals.
Outpatient Psychiatry Rotation / Continuity Clinic
Director: Drs. Kass & Nemali

Goal: Residents during their third year of residency will rotate through different outpatient clinic. The clinics will include: integrative, adult, geriatrics, PTSD and substance abuse. They will continue their half day a week of continuity clinic which was started in their second year. The goal of all outpatient psychiatry rotations is to teach and provide supervised clinical experience in the comprehensive, integrated care of psychiatric outpatients, including diagnostic assessment, formulation of a treatment plan, and provision of psychotherapy and/or psychopharmacologic treatment, as indicated.

Objectives: On completing the outpatient psychiatry rotation, the resident is expected to be able to:

1. Patient Care
   - Perform adequate psychiatric diagnostic interviews in an outpatient setting, including establishing rapport, eliciting important clinical information, and assessing emergent issues (e.g. suicidality, homicidality).
   - Include in the assessment developmental, psychodynamic, cognitive, sociocultural, and other biopsychosocial factors contributing to the presenting symptoms and important in treatment planning.
   - Make appropriate multi-axial DSM-IV diagnoses in psychiatric outpatients.
   - Develop individualized treatment plans for outpatients, integrating medication and different forms of psychotherapy, as appropriate.
   - Manage a wide variety of chronic or episodic psychiatric disorders over time, including the use of medications, crisis intervention, patient education, and psychotherapy, to maximize patient function and minimize the need for hospitalization.
   - Use appropriate laboratory, neuropsychological, and other testing in the diagnosis and monitoring of psychiatric outpatients.
   - Use collateral information (e.g. from family members, caretakers, past treatment records) in assessment and treatment, and display understanding of associated issues of confidentiality and informed consent.
   - Set appropriate goals for treatment and guide the patient through the process to termination.

2. Knowledge
   - Display appropriate knowledge of treatment guidelines, best clinical practices, and clinical pathways that can be used to guide treatment planning. The resident should recognize both the importance and limitations of published research and treatment guidelines in selecting treatment interventions for particular patients.

3. Practice-Based Learning and Improvement
   - Locate and critically appraise scientific literature relevant to patient care.
   - Regularly use information technology in the service of patient care.
• Participate in practice-based improvement activities (e.g. improving the resident's individual clinical practice through supervision and reading, case conferences, case reviews, quality improvement projects).

4. Interpersonal and Communication Skills
• Engage patients in treatment; maintain a basic therapeutic alliance throughout the duration of treatment.
• Recognize his/her own characteristic responses to patients ("countertransference") and the effects of these responses on treatment.
• Work effectively as part of a multidisciplinary outpatient team, collaborating with other mental health providers involved in the care of the patient (e.g. case managers, psychologists, social workers, nurses).

5. Professionalism
• Demonstrate respect for others, compassion.
• Demonstrate reliable attendance and appropriate professional attire.
• Demonstrate integrity, accountability, and an ethical approach to outpatient treatment (e.g. maintaining professional boundaries, obtaining informed consent for treatment).
• Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.
• Demonstrate concise, accurate, and timely record keeping.

6. Systems-Based Practice
• Provide clinically appropriate and cost effective care.
• Make appropriate referrals for further medical or surgical evaluation, or for inpatient psychiatric care.
• Appropriately advocate for quality patient care; help patients with system complexities.
• Interact effectively with primary care providers and third party payors.

7. Leadership
• Display effective team leadership skills, including the ability to triage, prioritize tasks, and delegate work as appropriate.

8. Educational Attitudes
• Display openness to supervision; accept constructive criticism.
• Seek direction when appropriate; demonstrate eagerness to learn.
Clinical Forensic Experience

Goals and Objectives:

The clinical forensic experience is, of necessity, a part-time experience. At a minimum, the resident should write at least one in-depth medicolegal evaluation in which the relevant legal question is addressed, using medical records, psychological testing and the clinical interview as appropriate to substantiate the opinions offered. In addition, to the extent possible, the resident is encouraged to witness medicolegal testimony at deposition and/or trial.

Patient Care

The resident should develop the skills to:

- Evaluate individuals treated on other services for issues of decisional capacity.
- Prepare relevant legal documents for purposes of involuntary admission and treatment.

Medical Knowledge

The resident should:

- Acquire the knowledge base and skills to appropriately evaluate individuals subject to involuntary commitment and/or involuntary treatment.
- Be able to relate clinical information (e.g., medical records, psychological testing, clinical interview) to a specific question in the legal context (e.g. competency to stand trial, suitability for conditional release following a successful insanity plea, psychological damages in civil cases, etc.)
- Be able to explicate the differences in purpose and organization between a clinical and a medicolegal evaluation, including the different ethical responsibilities entailed.
Appendices
RESIDENT PORTFOLIO

What is a portfolio?
A portfolio consists of individual entries that demonstrate your abilities within each of the thirteen skill areas listed below. An entry is a collection of documents that reflects actual work within each skill area, and may include chart documentation, laboratory or radiology records, literature searches, and various other relevant data. Also included in an entry is a self-evaluation cover letter. It is an opportunity for you to explain how the entry demonstrates your competency, and to clarify, acknowledge, or justify any potential shortcomings of the entry.

How do I complete a portfolio entry?
GUIDELINES FOR PORTFOLIO ENTRIES
In order to meet requirements for graduation, each resident must provide portfolio entries as follows. The entries will be reviewed by the Program Director for acceptability.

1) One Biopsychosocial entry in each year of training (4 total).
2) One Psychotherapy entry in each of the OGME II, III, and IV years (3 total). Of these three, one must cover psychodynamic psychotherapy and one must cover cognitive behavioral therapy. The OGME II should cover family, group or supportive therapy.
3) One entry from each of the other 11 topic areas (11 total). Portfolio entries are collected on a quarterly cycle, in September, December, March and June. All entries are due by 4:30 PM on the due date. Earlier submissions are encouraged. Expectations for completion vary by OGME year as follows.

- OGME I: 1 entry by April 1, 2 entries by June 1.
- OGME II: 3 entries by December 1, 3 entries on June 1.
- OGME III: 3 entries on December 1, 3 entries on June 1.
- OGME IV: 3 entries on December 1, all make-up entries due on March 1.

If a portfolio entry is not felt to be acceptable by the Program Director, the resident will need to submit a make-up entry in that topic at a later date. A make-up entry may be either a revision of the original entry or completely new product. Make-up entries are due in addition to the expected entries detailed above. Submission of all outstanding make-up entries is expected in March of the OGME IV year, but residents are strongly encouraged to present make-up entries on earlier cycles of submission to avoid being overwhelmed by multiple last-minute requirements.

GUIDELINES FOR PREPARATION
Each portfolio entry should be accompanied by a cover letter explaining the background of the case and why this material is a good example of the resident’s competency in the relevant skill area. The portfolio should include all relevant clinical notes, reports, communications, etc., to enable the reviewer to understand the case. Portfolios using presentation or education materials should include both the presentation and any available evaluation forms from the audience. Psychotherapy portfolios should include a typed transcript of one or more therapy sessions with enough content for the reviewer to verify your competency in that therapy modality. All identifying information should be crossed out or deleted from the portfolio. This includes information that identifies the patient, you, and other clinicians or staff mentioned in the documentation. Please review the portfolio thoroughly, not just the first page, for identifying information. Be aware that identifying information may be more than just a name (for example, “Mrs. G is a 45 y/o African American nurse who works on in the GI clinic at the Little Rock VA” is still enough information to identify that individual). Please make sure to keep a copy of each portfolio submission for your own records.

PLAGIARISM
The purpose of the portfolio is to highlight competency of the resident in each subject area. Plagiarism will not be tolerated. It is recognized that many portfolios, especially clinical cases, will contain work from multiple individuals. Similarly, presentations or educational material may be developed collaboratively with multiple contributors. Such material may still be submitted in a portfolio, but it must be made clear what part of the content was generated by the resident and what part was generated by others.

Who will see your portfolio?
1. The residency program director will review your portfolio in the quarterly evaluation and perhaps when writing letters of recommendation. They become part of your residency file.
2. You can use the portfolio as evidence of your performance when applying for positions or fellowships.

**Bio-Psycho-Social-Spiritual Formulation**

**Definition:**
A competent psychiatrist skillfully collects and synthesizes information involving the biological, psychological, and social including spiritual aspects of each patient. The careful, thoughtful, and sophisticated integration of each of these areas lays the groundwork for successful formulation of a clear, safe, and reasonable treatment plan.

**Portfolio Entry Requirements:**
Select a case you managed from this academic year that best demonstrates the complex interplay between the biological, psychological, social and spiritual components of your patient's life. The case may come from any setting, including inpatient or outpatient psychiatric or other medical settings. The case should demonstrate the clinical need to address each of these components in treatment planning. Along with your documentation, furnish a cover letter describing why you think this is an excellent case. Discuss how the documentation demonstrates your ability to integrate the complex and diverse data to provide the bio-psycho-social-spiritual formulation.

**Crisis Management**

**Definition:**
A competent psychiatrist maintains patient safety in life-threatening or potentially life-threatening situations. Crisis management could include successful acute interventions with extremely medically ill, agitated, combative, suicidal, homicidal, or grief-stricken patients.

**Portfolio Entry Requirements:**
Select a life-threatening or potentially life-threatening case you managed from this academic year that best demonstrates your crisis management skills. In the cover letter, describe the situation and summarize how you managed the crisis. Include specific recommendations or interventions and their impact, even if the outcome was less than favorable.

**Initial Evaluation and Diagnosis**

**Definition:**
A competent psychiatrist skillfully gathers data from appropriate resources and formulates a reasonable diagnosis at the time of an initial encounter.

**Portfolio Entry Requirements:**
Select a challenging case from this year, which demonstrates your skill in conducting an initial evaluation and diagnosis. In your cover letter, describe the patient and clinical situation and elaborate upon your thought processes that justify or explain the diagnosis. Provide the initial evaluation and other supporting documents, such as laboratory or radiology reports, past medical records, or literature reviews. A differential diagnosis is necessary to achieve a high rating in this skill.

**Legal Issues**

**Definition:**
A competent psychiatrist possesses an adequate understanding of the legal system as it relates to physicians' obligations within psychiatric care, and skillfully manages the legal aspects of clinical cases.

**Portfolio Entry Requirements:**
Select a challenging case with legal implications from your experiences this year that best demonstrates your understanding of the legal system and your obligations within it. The case may involve: matters of involuntary admissions; 72-hour holds; cases of suspected abuse or rape; decisions regarding instituting searches for patients who have eloped; interventions with intoxicated patients planning to drive;
interventions with patients making specific threats (duty to warn versus confidentiality); consultations regarding capacity issues; clinical versus forensic quality urine toxicological screening, etc. In your cover letter, describe the situation, your specific legal obligations, and your intervention. Include the outcome of your intervention and/or interaction with the legal system.

**Medical Psychiatry**

**Definition:**
A competent psychiatrist recognizes the critical link between medical and psychiatric conditions. Typically referred to as consultation-liaison psychiatry, this area involves cases commonly encountered in a general hospital setting.

**Portfolio Entry Requirements:**
Select a case from residency training that best demonstrates your skill in managing patients with co-existing medical and psychiatric conditions. This may be a patient with co-morbid medical and psychiatric illnesses, a patient whose medical condition manifested psychiatric symptoms, a patient whose psychiatric condition complicated medical management, or a patient whose medical condition complicated psychiatric management. In the cover letter, describe the consultation question, summarize the communication between you and the treatment team, and briefly describe the outcome of your interventions. Provide your psychiatric evaluation, any relevant laboratory or radiology records or literature sources.

**Neuropsychiatry**

**Definition:**
A competent psychiatrist recognizes the interface between neurology and psychiatry. This skill area typically involves patients with acquired behavioral disorders secondary to neurological disease.

**Portfolio Entry Requirements:**
Select a challenging case from residency training that illustrates your ability to identify the complex relationship between brain and behavior. The cover letter should include the rationale for the treatment and the outcome if known. Include the neuropsychiatric evaluation that explains the biologic basis for the observed symptoms. Additionally, provide documentation of the neurological examination and any relevant laboratory findings, neuroimaging, neurophysiologic studies, neuropsychological testing, literature sources, or other pertinent data.

**Professional Communication**

**Definition:**
A competent psychiatrist effectively and professionally communicates with other professionals.

**Portfolio Entry Requirements:**
Select a case from residency training that best demonstrates your skill in sharing information with other professionals in managing patients. Provide a cover letter describing the case and the role that professional communication played in the outcome. Professional communication may involve correspondence with medical professionals in other specialties or within psychiatry. It may include written or faxed letters, e-mails, or telephone conversations. Please provide relevant documents with your entry; communications described in the cover letter but not supported by the clinical documentation will not be sufficient for this portfolio entry.

**Psychotherapy**

**Definition:**
A competent psychiatrist can apply behavioral, brief, cognitive, psychodynamic, or supportive theory in treating or managing patients.

**Portfolio Entry Requirements:**
Select a case from residency training that best demonstrates your understanding of the underlying theory of a specific therapy, and your ability to apply that theory. Using an audiotape or process notes, transcribe a ten-minute segment that demonstrates your skill. In the cover letter explain why this case is suitable for the therapy you are using. As part of your self-assessment, comment upon therapeutic techniques you used that are consistent or inconsistent with the theory, the rationale for selecting the various therapeutic
techniques you did, and details of how you implemented or modified them as needed. Please highlight relevant portions of your transcription to illustrate your points.

**Self-Directed Learning**

**Definition:**
A competent psychiatrist incorporates self-directed learning into clinical practice. Self-directed learning promotes continuing education and fosters the clinical application of newly acquired knowledge gleaned from any source.

**Portfolio Entry Requirements:**
Select a case from residency training in which you incorporated self-directed learning. If you did not have the opportunity to incorporate this newly acquired information into the management of the case, describe how it may affect your future practice. In your cover letter, describe the case, the educational resources you used and why, and if possible the impact of your application of new information on the clinical outcome. Provide documentation such as clinical notes, orders, notes by other staff before and after your intervention, abstracts from literature searches, textbook or journal material, notes from lectures, grand rounds, or professional meetings, documentation from personal communication with experts in the field, or other relevant information (if you are submitting material from textbooks, manuals, etc., please submit only relevant parts of this documentation. Do not copy entire chapters or manuals for this entry).

**Specific Treatment Modalities**

**Definition:**
A competent psychiatrist has expertise in various clinical treatment modalities such as psychopharmacology, electroconvulsive therapy, transcranial magnetic stimulation, biofeedback, or other areas.

**Portfolio Entry Requirements:**
Select a case from residency training that best demonstrates your expertise within a specific treatment modality. In your cover letter provide a self-assessment of your experience and performance in this area. Clarify how theory directed your treatment. Provide evidence of theoretical knowledge by including material from courses, lectures, or academic meetings, literature searches, or other sources (if you are submitting material from textbooks, manuals, etc., please submit only specifically relevant parts of this documentation. Do not copy entire chapters or manuals for this entry). Provide evidence of clinical application by including progress notes or other existing documents that describe the application of your knowledge in an interesting or challenging case.

**Teaching & Presentation Skills**

**Definition:**
A competent psychiatrist effectively imparts knowledge and skills to others—including students, physicians, other medical professionals, or lay people of all backgrounds—in one-on-one, small, or large group settings.

**Portfolio Entry Requirements:**
Select a situation from this year that provides evidence of your skill for teaching and presenting information. In your cover letter describe the context of the teaching situation or presentation, such as the number of learners and characteristics of the audience, and a description of how you prepared for it. Provide supporting documents such as handouts, literature reviews, copies of slides or notes, or other material relevant to the presentation. If available, provide a summary of didactic evaluation forms (scores and comments) completed by the audience. If the presentation occurred at a professional meeting or in a setting outside of the routine teaching settings of residency, provide relevant material and discuss that in the cover letter.
Working With Teams & Families
Definition:
A competent psychiatrist is skilled in mobilizing, coordinating, and collaborating with nurses, psychologists, social workers, technicians, other physicians, and patients’ families in order to optimize treatment and functional outcome.
Portfolio Entry Requirements:
Select a case from this year that illustrates your ability to identify and coordinate resources and people in the care of a patient. In your cover letter elaborate on your choice of resources and use of the resources. Additionally, describe how your work with the treatment team and/or family improved the outcome for a patient. Documents to provide may include progress notes, letters of correspondence, written evaluations by other professionals, records of phone calls, family-meeting notes, or other material as needed. A brief summary of the case and the role of the treatment team and/or family in affecting the patient’s outcome may be helpful if existing documentation is inadequate.
TEACHING TIPS

Determine purpose of the lecture:
- To motivate
- To explain materials not readily available elsewhere
- To ensure that everyone learns some important principles

Organize the content
- Break it into 10-20 minute sections since that is the typical learner's attention span
- Decide what to cover and list topics; estimate time needed and then increase that by 50%; set objectives
- Make sure the sequence of topics is meaningful

Different kinds of lectures:
- Expository: single topic covering major and minor points
- Interactive: learners respond to prompts, questions, or examples
- Problems solving: begin with posing a question, paradox, or enigma
- Case study: follows a realistic situation step by step to illustrate principles
- Short lecture/discussion: 20 minute lecture sets stage; 15-minute discussion; summarize

Preparation:
- Visit lecture room so you know what is available and how to use it
- Carefully prepare your own lecture notes but do not lecture from a script
- If using Power Point, keep your notes on the note sheet to go with each slide; practice to make sure it “sounds”
- right; carefully prepare for transitions
- Summarize occasionally and use questions to verify understanding
- Structure lecture to suit the audience and subject matter

To help people retain the most:
- Attention getting introduction
- Brief overview of main points to be covered
- Quick statement of background or context
- Detailed explanation of roughly three major points, starting with most important first; incorporate a change of pace every 10-15 minutes
- Concluding summary of main points to reinforce
- Budget time for questions

Keep their attention:
- Eye contact
- Vary style of delivery
- Project voice
- Pause
- Watch for “um,” “well,” “you know,” “ok,” “so” etc.
- Adopt a natural speaking stance
- Breathe normally
- Finish forcefully—don’t let lecture trail off

Handouts:
- Learners tend to like them; should guide structure of lecture
- Leave space for note taking
RECOMMENDED READING MATERIAL

**Psychiatry Online (NSUCOM access)**

**Journals:**
- American Journal of Psychiatry
- Psychiatric Services Journal
- Journal of Neuropsychiatry and General Neurosciences
- Academic Psychiatry
- Psychiatric News

**eBooks:**
- Dulcan's Textbook of Child and Adolescent Psychiatry
  Edited by Mina K. Dulcan, M.D.
- Gabbard's Treatments of Psychiatric Disorders, 4th Edition
  Glen O. Gabbard, MD, Editor-in-Chief
  Alan F. Schatzberg, MD; Jonathan O. Cole, MD; Charles DeBattista, DMH, MD
- Textbook of Psychotherapeutic Treatments
  Edited by Glen O. Gabbard, M.D.
  Edited by Dan G. Blazer, M.D., Ph.D.; David C. Steffens, M.D., M.H.S.
    Edited by Robert E. Hales, MD, MBA; Stuart C. Yudofsky, MD; Glen O. Gabbard, MD
    Edited by Alan F. Schatzberg, M.D.; Charles B. Nemeroff, M.D., Ph.D.
  Edited by Marc Galanter, M.D.; Herbert D. Kleber, M.D.

**Books:**
- Psychiatry and Law for Clinicians (Concise Guide)—Robert Simon, M.D.
- The Practitioner’s Guide to Psychoactive Drugs---Editors: Bassuk, Schoonover, & Gelenberg
- Molecular Basis of Psychiatry---Editors: S. Hyman, M.D. and E. Nester, M.D.
- Electroconvulsive Therapy: A Programmed Text---J. Beyer, M.D., R. Weiner, M.D. M. Glenn, M.D.
- **Handbook of Emergency Psychiatry** -- Andrew Slaby
- **The Clinical Psychiatric Interview** -- MacKinnon and Michels (especially chapters 1, 9, 14, and 15)
- **Comprehensive Textbook of Psychiatry** -- Kaplan and Sadock (various chapters)
- **Principles and Practice of Psychopharmacology** -- Philip G. Janicak et al
- **Neurology for Psychiatrists** -- Kaufman
- **Textbook of Psychiatry** -- Kaplan and Sadock
- **Essentials of Psychopharmacology** -- Stahl
- **Child and Adolescent Psychiatry** -- A Comprehensive Textbook by Melvin Lewis, MD
- **Pediatric Neuropsychiatry** -- by C. Edward Coffey, Roger A. Brumback
GUIDELINES FOR WRITING PSYCHIATRY NOTES

All notes should include the following elements:
1. Identification of the procedure being performed.
   
   **Examples:**
   i. Psychiatric diagnostic interview
   ii. Admission note
   iii. Progress note
   iv. Psychotherapy note
2. Identification of the supervising attending physician.

   **Example:** Patient's case was discussed with Dr. Jones, Psychiatry attending.

3. **DO NOT** copy and paste whole notes, this is considered fraud. Modify auto-entries in electronic medical record.

4. **DO NOT** copy and paste Mental Status Exams. This is the same as copying a physical exam from a previous note and is also considered fraud.

5. Abnormal lab tests and/or imaging studies should be discussed within the body of the note and a follow-up plan should be outlined.

6. Consult responses should be acknowledged.

All psychotherapy notes should include the following specific elements:
1. A statement about the specific psychotherapy procedure performed, and whether it included medication management or not.

   **Example:** Patient was seen for supportive psychotherapy (or insight-oriented, or cognitive-behavioral, etc.) and medication management. This is due to the fact that an event encounter will be generated by the attending and/or clinic staff that will document the specific procedure performed for coding, workload and billing purposes.

2. A statement about the time spent with the patient. In general, there are two types of psychotherapy intervention used - the shorter one used for supportive therapy with/without medication management (20-30 minutes) and the longer one used for insight-oriented or at times cognitive therapy (45-50 minutes). This is also pertinent to the procedure code.

   **Example of an opening statement:** Patient was seen for 30 minutes, for supportive psychotherapy and medication management. It would also be beneficial to give the times for the visit. Patient was seen for 30 minutes from 10am to 10:30am.

3. A short Mental Status Exam (MSE). This is required for clinical and billing purposes and should at least include elements of: alertness, orientation, speech pattern, affect, mood, thought process, perception, suicidal/homicidal ideations, insight and judgment.

4. A statement about medication tolerance, side-effects and medication changes.

5. A statement about patient education in regard to their medications and their understanding of their medications.
6. An impression as to their progress in therapy and their current psychiatric diagnoses/status.
7. A follow-up plan, including lab tests, medication changes, individual and group therapy attendance, and medical referrals, as needed.

**DISCHARGE SUMMARY FORMAT**

**FOR ADULT PSYCHIATRIC INPATIENT UNIT**
Resident’s name
Patient’s name (spelled)
Unit number
Location (Adult or Child Inpatient Psychiatry Unit)
Attending’s name
Admission date
Discharge date
Dictation date
Referral source/address
Chief complaint
Reason for admission (HPI)
Current medications
Past psychiatric history
Age of onset; age first seen by mental health professional; hospitalizations; medications prescribed with results and side effects, suicide attempts, other dangerous or violent behaviors
Past medical history
Allergies
Family history
Psychiatric and medical
Past personal and social history
Substance abuse history
Review of systems
Physical exam
Mental status exam
Neuromotor exam
Mini-Mental State Exam
Rating scales (initial and serial updates)
Admission Laboratory data/Radiologic studies
Admitting diagnoses: Axis I-V
Procedures (ECT, lumbar puncture, etc.)
Hospital course
Problems with lab results
Discharge diagnoses: Axis I-V
Discharge medications
Disposition
Discharge instructions
Diet, Activity level
Follow-up appointments
Resident’s name (spell)
Attending’s name
cc (who should receive copies for continuity of care)