



Psychiatry Residency Handbook



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Welcome!

Congratulations on starting your Psychiatry Residency with us at Inspira Health! All your hard work leading to this point has paid off and the next phase of your journey is now just beginning. These next few years will be your “formative years” in your professional career, and we are ecstatic to be a part of it. This handbook will serve as a guide on many different topics including: overarching goals, rotation specifics, program logistics, professionalism, amongst others.

Please take your time to review our policies and guidelines. You will be best prepared to start residency when you understand what the expectations are as a trainee and are for faculty. During the course of the year, supplemental information may also be given to you. Please be aware that any policy in this manual is subject to change.

For further clarification of clinical information and/or service requirements, please speak with your Program Director, the director of the individual service, or the chief/director of the clinical service site in which you are involved.

Once again welcome to our family and we can’t wait to get started.

OVERVIEW—PSYCHIATRY RESIDENCY PROGRAM

Our psychiatry residency program is accredited by the Accreditation Council for Graduate Medical Education (ACGME).

The residency program in General Psychiatry offers a balanced training approach that provides ample exposure to psychotherapy and psychopharmacology in addition to training in all modalities that will be needed in the practice of Psychiatry. The program's philosophical bases are a commitment to the holistic concepts of osteopathic medicine and the integration of the biopsychosocial model in understanding both pathology and treatment approaches. During the first two years of training, the resident experiences, clinically and academically, the biological, psychological, and social areas of mental health. Once this foundation is built, other treatment modalities such as family therapy, behavior therapy, cognitive therapy, psychodynamically oriented psychotherapy, and group therapy are introduced and complement the core training philosophy.

The residency offers rich and diverse clinical experiences, close supervision, a strong didactic program, and a commitment to research as essential training components. Each resident, with the assistance of a faculty mentor, is encouraged to develop a research project for completion during the fourth year. Special emphasis is placed on assisting the resident in developing this investigation throughout the last three years of training.

Upon completion of the training program, the graduate is prepared to sit for the certification examination in Psychiatry given by the American Osteopathic Board of Psychiatry and Neurology and the American Board of Psychiatry and Neurology (ABPN). Program graduates work in private practice, in community settings, and in academia.

MISSION STATEMENT & PROGRAM AIMS

Mission Statement:

The Psychiatry Residency at Inspira Health will be committed to providing the highest quality educational experience with proper mentoring of all residents while fostering intellectual curiosity and diverse learning methods. It is our purpose to 1. Train well-rounded physicians who are equipped to handle the healthcare demands of the twenty first century 2. Explore new methods of training quality physicians 3. Learn from new research on a foundation of experience 4. Encourage good citizenship in the healthcare community 5. Advocate for the physical and mental well-being of our patients and our community regardless of gender, ethnicity, or socioeconomic status.

Program Aims:

The goals of the Inspira Psychiatry Residency Program are that the graduates will attain the professional, cognitive, and technical skills necessary to provide their patients with kind and compassionate care. The training program is designed to provide broad-based clinical training, with emphasis on both inpatient and outpatient care. Residents are assisted in mastering the six core competencies as well as attaining or exceeding the Milestone targets as set forth by the ACGME for all trainees as part of the process for developing into outstanding, well-rounded physicians who can manage a broad range of psychiatric conditions. Other goals and objectives of the program include developing proficiency in obtaining clinical data through patient interviews, physical examinations, interpretation of imaging and laboratory data and utilizing such data appropriately. The program will support trainees as they learn how to deliver the highest quality and safest patient care using evidence-based medicine, quality improvement, patient safety tools and a team-based approach. The program will also promote a culture of mutual learning, respect and education and acknowledge diverse views that will foster healthy discussions among, residents, clinicians, colleagues, patients, and families. This includes promoting and developing excellence in communication skills. We will nurture residents to become lifelong learners and they will uphold a commitment to adhere to ethical principles and carry out professional responsibilities. Promoting scholarly activity and opportunities for research with mentoring and faculty supervision will enhance the learning process.

RESIDENCY PROGRAM FACULTY

Program Faculty

The residency program in General Psychiatry draws upon the clinical and educational resources from the Psychiatry Department to train residents in the diagnosis, treatment, and prevention of psychiatric disorders and the common medical and neurological disorders related to Psychiatry. The teaching staff of the residency program consists of both paid and volunteer faculty who participate in the educational program on both full-time and part-time bases. Their diversity of training and practice experience, involvement in scholarly activity, and commitment to educational excellence provide a well-rounded educational experience for psychiatry residents.

FACULTY LISTING

Stephen Scheinthal, DO
Chair, Department of Psychiatry

Zubair Khan, DO
Program Director

Rachel Shmuts, DO
Vice Chair of Education

Andrew Lopez, MD
Adult Inpatient Unit

Stephen Mateka, DO
Pediatric Inpatient Unit (CAMHU)

James Rogers, DO
Consult Liaison Psychiatry

Martin Forsberg, DO
Geriatric Psychiatry (LIFE)

Wanshu Di, MD
Neurology

Narsimha R. Pinninti, MD
Outpatient Psychiatry

Allen Masry, MD
Inpatient Psychiatry

Robert Steer, EdD
Director of Psychometrics

Lydia Vender, DO
Child & Adolescent Psychiatry

OVERALL EDUCATIONAL GOALS

Inspira Health Network Psychiatry Residency Program aims to provide an outstanding education in psychiatry, adhering to the Common and Psychiatry-specific requirements of the Accreditation Council for Graduate Medical Education (ACGME). Additional goals are to prepare graduates for the Psychiatry examination of the American Board of Psychiatry and Neurology ([ABPN](#)) and American Osteopathic Board of Neurology and Psychiatry (AOBNP) and to equip them for a wide variety of careers within Psychiatry.

Overall goals of the program are delineated in the following categories:

Patient Care

1. To provide high quality clinical experiences, rotations, and supervision in primary care, neurology, inpatient psychiatry, emergency psychiatry, consultation-liaison psychiatry, addiction psychiatry, geriatric psychiatry, child and adolescent psychiatry, and outpatient psychiatry, and exposure to forensic psychiatry, community psychiatry, and electroconvulsive treatment, as required by the ACGME.
2. To provide excellent training in diagnosis, differential diagnosis, pathophysiology, theoretical models, and treatments in psychiatry, including training in psychotherapies, as specified by the ACGME.
3. To provide exposure to and experience with the diagnosis and treatment of patients with a wide variety of psychiatric conditions and an appropriate mix of ages, genders, socioeconomic statuses, and ethnicities.
4. To provide supervision that is appropriate to the resident's knowledge and skills, and to provide increasing autonomy and responsibility as the resident progresses through the program.
5. To provide a variety of elective rotations, including opportunities to pursue research and academic leadership during residency.

Medical Knowledge

1. To provide regular, high-quality didactics covering a range of topics, as required by the ACGME, and organized in a developmentally appropriate sequence across the years of training.
2. To provide other learning opportunities, such as regular conferences, Grand Rounds, case conferences, journal clubs, evidence-based psychiatry conferences, and psychotherapy seminars to enhance residents' acquisition of existing knowledge and skills in lifelong learning.

Practice-Based Learning and Improvement

1. To provide regular supervision, formative feedback, and evaluations, so that residents can incorporate feedback into their practice and education.
2. To provide instruction and experience in use of information technology with patient care and applying evidence from the literature to clinical experiences after locating and apprising evidence-based recommendations.
3. To provide instruction and experience in educating patients, families, other health care providers,

medical students, and junior residents.

4. To provide case conferences, case reviews, self-assessments and goal-settings, quality improvement activities, and other opportunities for residents to examine and improve their practice.

Interpersonal and Communication Skills

1. To provide instruction and experience in communication with patients, families, other physicians and health care providers, health care agencies, and the public, across a wide range of socioeconomic and cultural backgrounds.
2. To teach skills in consultation to other physicians and health care providers.
3. To provide instruction and experience in interviewing, empathic listening, and therapeutic interventions.
4. To teach skills in written communication, including maintaining timely, legible, and clinically appropriate medical records.
5. To teach skills in working in and leading multidisciplinary teams.

Professionalism

1. To foster professionalism in both faculty and residents and provide a supportive, respectful, and collegial learning environment.
2. To help residents develop a professional identity as a psychiatrist, including demonstrating compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society and the profession; and sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disability, and sexual orientation.
3. To educate residents on ethical and professional issues relevant to psychiatry and to promote thoughtful discussion of these topics.

Systems-Based Practice

1. To provide instruction and experience in working in different health care delivery systems.
2. To teach residents about specific issues in systems-based practice relevant to psychiatry, such as involuntary commitment, decisional capacity, other legal and forensic issues in psychiatry, and resources in the system available for treatment and support of patients.
3. To foster a spirit of patient advocacy and skills in coordination of care.
4. To teach residents to incorporate considerations of cost effectiveness and risk benefit analysis into each patient encounter.
5. To provide opportunities to identify and work to solve systems errors.

General

1. To foster a collaborative, collegial, supportive, and respectful learning environment.
2. To provide high quality faculty supervision and teaching.

3. To ensure adequate resources, program leadership, and staffing to allow for high quality education for residents.
4. To provide a routine, regular, and fair evaluation process for residents and faculty.
5. To provide opportunities for residents and faculty to give feedback about the program and each other, and to participate in program-improvement projects.
6. To provide a fair disciplinary, remediation, and grievance process, as necessary.

REQUIRED ROTATIONS

PGY 1

- Adult Inpatient
- Internal Medicine
- Neurology
- Consults

PGY 2

- Adult Inpatient
- CAMHU
- Consults
- Geriatric Psychiatry

PGY 3

- Adult Inpatient
- ER/Crisis
- IBCU
- Forensic Psychiatry
- Consults
- Addiction Psychiatry
- Geriatric Psychiatry

PGY 4

- Ambulatory

ELECTIVE ROTATIONS OPTIONS

- Child Abuse Rotation (CARES)
- Developmental Disabilities (RISN)
- Community Psychiatry Rotation
- Forensic Psychiatry Rotation
- OMT Rotation
- Academic Psychiatry Rotation
- Palliative Care Vineland
- Family Medicine Rotation

Adult Inpatient Unit PGY 1

Goal: The goal of the psychiatry inpatient unit rotation is to provide supervised clinical experience and instruction in the assessment, diagnosis, and treatment of psychiatric inpatients.

Objectives: Residents completing the psychiatry inpatient unit rotation are expected to achieve proficiency in the following arenas and tasks:

1. Patient Care

- Perform comprehensive psychiatric diagnostic interviews, including a formal mental status examination.
- Conduct comprehensive medical evaluations of psychiatric patients and be capable of integrating medical knowledge with clinical data.
- Judiciously use diagnostic and therapeutic procedures.
- Make appropriate DSM---5 diagnoses and learn how to develop appropriate differential diagnoses.
- Formulate and implement treatment plans, taking into account psychiatric and medical co---morbidities. Plans should begin to integrate various treatment modalities.
- Manage acute behavioral disturbances in a safe and effective manner.
- Demonstrate the ability to educate patients and families about psychiatric illnesses, treatment plans, medications, and disposition planning.
- Provide continuous care for patients, including planning appropriate aftercare.

2. Medical Knowledge

- Display appropriate knowledge of basic and clinical sciences relevant to Psychiatry.
- Distinguish among the criteria for most major DSM---5 disorders.
- Learn how to integrate clinical findings, medical knowledge, evidence-based data, and good judgment.
- Complete reading in required areas and demonstrate knowledge based on readings.
- Describe the basic principles and applications of the major classes of psychotropic medications. Have a basic understanding of their limitations, side effects, and important possible drug interactions.

3. Practice-Based Learning and Improvement

- Have the ability to utilize a variety of educational resources, including information technology, in self---directed learning. Seek out clinical knowledge without prompting.
- Facilitate the teaching of medical students and other health care professionals.
- Begin to demonstrate autonomy in medical decision-making and team leadership.

4. Interpersonal and Communication Skills

- Demonstrate interviewing skills with facility in being able to establish rapport, clarify the purpose of the interview, attend to cues, make transitions smoothly, demonstrate empathy, and elicit important information from patients and collateral sources of information.
- Can develop a therapeutic alliance with patients and maintain appropriate professional boundaries.

- Understand the role of other mental health professionals on the inpatient unit and be capable of working collaboratively as demonstrated by ability to lead a multidisciplinary treatment team.
- Communicate effectively with patients' other care providers (consultants, specialists, inpatient, outpatient).
- Learn how to give formal oral and written case presentations, including a biopsychosocial formulation.

5. Professionalism

- Be reliable and punctual.
- Respect patient confidentiality.
- Complete medical records in a timely, thorough, and legible manner.
- Demonstrate integrity, initiative, and accept responsibility for their own actions.
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' cultures, ethnicities, ages, genders, socioeconomic statuses, sexual minority statuses, and/or disabilities.

6. Systems- Based Practice

- Demonstrate knowledge of practice and delivery systems.
- Improve system of care by integration of their practice within the larger system.
- Describe the basic legal issues involved in inpatient psychiatry, including indications for involuntary commitment, informed consent, duty to warn, and medicolegal aspects of record keeping.
- Evaluate risks, benefits, limitations, and costs of myriad available resources.

Internal Medicine Rotation PGY 1

Goal: Upon completion of the Internal Medicine rotations, the resident will gain exposure to a broad range of acute medical problems in adults while developing the ability to evaluate and manage patients admitted with undifferentiated illness. The resident will also engage in problem solving and be comfortable with the management of common acute and chronic diseases often encounter on the Internal Medicine hospital service.

Objectives:

Residents completing internal medicine rotations are expected to attain proficiency in the following arenas and accomplish the following tasks:

1. Patient Care

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
- Gather essential and accurate information about their patients.
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Develop and carry out patient management plans.
- Counsel and educate patients and their families.
- Use information technology to support patient care decisions and patient education.
- Perform competently all medical and invasive procedures essential for the practice of general internal medicine.

2. Medical Knowledge

- Demonstrate an investigatory and analytic thinking approach to clinical situations.
- Demonstrate a sufficient level of understanding of the clinical, basic, and social sciences that underlie the practice of internal medicine.
- Be able to demonstrate application of clinical, basic, and social sciences knowledge to patient care, patient education, and the education of other members of the healthcare team.
- Areas of knowledge will include understanding the pathogenesis, pathophysiology, epidemiology, historical issues, relevant physical findings, test utilization, means of confirming a diagnosis, treatment, monitoring, and prevention of the most common inpatient and outpatient clinical disorders cared for by internists.
- Understand how various aspects of disease are affected by gender, age, ethnicity, culture, and disability.

3. Practice-Based Learning and Improvement

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
- Learn how to self-evaluate cognitive, technical, attitudinal, and procedural aspects of care.
- Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.
- Obtain and use information about their own population of patients and the larger population from which their patients are drawn.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Use information technology to manage information and access on-line medical information to support their own education
- Facilitate the learning of students and other health care professionals.

4. Interpersonal and Communication Skills

- Demonstrate effective written, verbal, and non-verbal communication when participating in patient care, consulting and collaborating with colleagues and coworkers, teaching and presenting in the academic center, and most importantly, during information exchange and collaboration with patients and their families.
- Create and sustain therapeutic and ethically sound relationships with patients.
- Use effective listening skills and elicit and provide information using effective non-verbal, explanatory, questioning, and writing skills.
- Work effectively with others as a member or leader of a health care team or other professional group.

5. Professionalism

- Demonstrate respect, compassion, and integrity.
- Demonstrate responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to patients' cultures, ages, genders, and/or disabilities.

6. Systems-Based Practice

- Understand how patient care and other professional practices affect other health care professionals, the health care organization, and the larger society. Understand how these elements of the system affect their own practice.
- Know how various types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- Practice cost-effective health care and resource allocation that does not compromise quality of care.

- Advocate for quality patient care and assist patients in dealing with system complexities.
- Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care. Know how these activities can affect system performance.

Neurology PGY 1

Goal: The goal of the Neurology rotation is to provide an introduction to the care and evaluation of inpatients with neurological disorders.

Objectives:

Residents completing the Neurology rotation are expected to attain proficiency in the following arenas and with the following tasks:

1. Patient Care

- Complete an accurate history and physical on assigned neurology patients.
- Write accurate and legible orders or correctly enter orders into the electronic medical record (EMR) on assigned neurology patients.
- Establish proper diagnoses for assigned neurology patients.
- Recommend treatment plans for assigned patient to the more senior resident or attending.

2. Medical Knowledge

- Develop neurological exam skills under the guidance of the neurology attending.
- Demonstrate an understanding of the basic and most current pathophysiology of common neurological disorders and apply this knowledge to the clinical care of patients.
- Be able to explain and examine the interaction of neurological diseases with other organ systems and with other medical and mental illness.
- Gain experience in the localization of findings on the neurological exam.

3. Practice-Based Learning and Improvement

- To prioritize clinical responsibilities, provide timely service, and seek appropriate consultation and support.
- Develop the ability to use information technology to improve the resident's fund of knowledge and technical skills to provide better care to patients.
- Attending teaching rounds, conferences, lectures, and meetings pertinent to neurology.

4. Interpersonal and Communication Skills

- Communicate effectively with other health care professionals.
- Communicate with patients and their families in easily understood and culturally sensitive language.
- Work effectively as both a member of a professional group and as a group leader.
- Demonstrate the ability to serve as a consultant to colleagues and other health care professionals.
- Maintain comprehensive, timely, and legible medical records.

5. Professionalism

- Understand positive and negative communication behavior and leadership characteristics.
- Demonstrate appropriate nonverbal behavior.
- Have commitment and responsibility for carrying out professional responsibilities.
- Adhere to ethical principles.
- Develop sensitivity to a diverse patient population, with respect for colleagues and other health professionals as well.

- Function well as a team member.
- Be punctual.

6. Systems-based Practice

- Describe the responsibility of the individual physician to the patient, the practice, and the overall health care system.
- Describe the concepts of cost containment and cost-effectiveness, and learn the relative cost to the patient and society of studies and treatments requested/ordered.
- Describe methods for ensuring that the practitioner and the practice group use scarce resources in a sound, thoughtful, and cost-effective manner.
- Develop necessary skills required for the independent practice of neurological care.
- Understand the role of the physician's order, appropriate history, and the electronic medical record as they pertain to inpatient neurological care.
- Understand how to utilize available resources in the hospital and electronic media to improve patient care and outcomes.

Consultation Liaison Psychiatry Rotation PGY I

Goal: Upon completion of the Consultation Liaison (CL) rotation the resident will be able to function effectively in medical settings to deliver psychiatric consultation and care.

Objectives: Residents completing the CL rotation are expected to be proficient in the following tasks in the following arenas:

1. Patient Care

- Integrate medical knowledge with clinical data.
- Demonstrate judicious use of diagnostic and therapeutic procedures.
- Formulate a management plan for the appropriate level of care.
- Generate a differential diagnosis.
- Provide comprehensive therapeutic and care plans, including plans for follow up.
- Develop interview skills and document accurate mental status exams.
- Respond and adapt to psychosocial aspects of illness and functional limitations.
- Be an expert clinician and problem solver.
- Demonstrate responsiveness to the needs of patients and society that supersedes self- interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to patients' cultures, ages, genders, and/or disabilities.

2. Medical Knowledge

- Manage complex medical problems.
- Demonstrate knowledge and skills in assessing patients for various non-psychiatric services throughout appropriate to level of training.
- Demonstrate knowledge of how psychiatric conditions interact with and impact the management of a variety of non-psychiatric conditions.

3. Practice -Based Learning and Improvement

- Review psychiatric and general medical literature to answer questions raised by non--- psychiatrist team members.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Utilize information technology to manage information and support their own education.
- Facilitate the teaching of students and other health care professionals.

4. Interpersonal and Communication Skills

- Demonstrate compassion, respect, and professional integrity when relating to patients and their families and other staff.
- Ensure medical records are timely, complete, and legible.
- Skillfully obtain relevant assessment information concerning the nature and quality of the relationships between patients and their families and use this information in offering recommendations to the referring

physician.

- Possess excellent listening skills.

5. Professionalism

- Be reliable and punctual.
- Respect patient confidentiality.
- Show integrity, initiative, and leadership.
- Cooperate, promote teamwork, and have mutual respect.
- Accept responsibility for one's own actions.
- Establish a therapeutic and ethically sound relationship with patients.
- Demonstrate compassion, sensitivity to and respect for the dignity of patients, families and colleagues as persons. Have thoughtful consideration for all these people's ages, cultures, disabilities, ethnicities, genders, and sexual orientations.

6. Systems-Based Practice

- Demonstrate excellent knowledge and practice of delivery systems.
- Improve system of care by integration of their practice within the larger system.
- Completely evaluate risks, benefits, limitations, and costs of available resources.

Consultation Liaison Psychiatry Rotation PGY 2

Goal: Upon completion of the Consultation Liaison (CL) rotation at the PGY 2 level the resident will be able to function effectively in medical settings to deliver psychiatric consultation and care.

Objectives: Residents completing the CL rotation are expected to be proficient in the following tasks in the following arenas:

1. Patient Care

- Integrate medical knowledge with clinical data.
- Demonstrate judicious use of diagnostic and therapeutic procedures.
- Formulate a management plan for the appropriate level of care.
- Generate a differential diagnosis.
- Provide comprehensive therapeutic and care plans, including plans for follow up.
- Develop interview skills and document accurate mental status exams.
- Respond and adapt to psychosocial aspects of illness and functional limitations.
- Be an expert clinician and problem solver.
- Demonstrate responsiveness to the needs of patients and society that supersedes self- interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to patients' cultures, ages, genders, and/or disabilities.

2. Medical Knowledge

- Manage complex medical problems.
- Demonstrate knowledge and skills in assessing patients for various non-psychiatric services throughout appropriate to level of training.
- Demonstrate knowledge of how psychiatric conditions interact with and impact the management of a variety of non-psychiatric conditions.

3. Practice -Based Learning and Improvement

- Review psychiatric and general medical literature to answer questions raised by non--- psychiatrist team members.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Utilize information technology to manage information and support their own education.
- Facilitate the teaching of students and other health care professionals.

4. Interpersonal and Communication Skills

- Demonstrate compassion, respect, and professional integrity when relating to patients and their families and other staff.
- Ensure medical records are timely, complete, and legible.
- Skillfully obtain relevant assessment information concerning the nature and quality of the relationships between patients and their families and use this information in offering recommendations to the referring physician.

- Possess excellent listening skills.

5. Professionalism

- Be reliable and punctual.
- Respect patient confidentiality.
- Show integrity, initiative, and leadership.
- Cooperate, promote teamwork, and have mutual respect.
- Accept responsibility for one's own actions.
- Establish a therapeutic and ethically sound relationship with patients.
- Demonstrate compassion, sensitivity to and respect for the dignity of patients, families and colleagues as persons. Have thoughtful consideration for all these people's ages, cultures, disabilities, ethnicities, genders, and sexual orientations.

6. Systems-Based Practice

- Demonstrate excellent knowledge and practice of delivery systems.
- Improve system of care by integration of their practice within the larger system.
- Completely evaluate risks, benefits, limitations, and costs of available resources.

**Child and Adolescent Mental Health Unit (CAMHU) Rotation
PGY 2**

Goal: Upon completion of the CAMHU rotation the residents should be able to provide diagnostic assessment and treatment for children and adolescents with developmental disorders, disorders of attention, affective disorders, anxiety disorders, and psychosis.

Objectives: Residents completing CAMHU rotations are expected to be proficient with the following tasks within the following competencies:

1. Patient Care

- Show the ability to conduct a child and adolescent psychiatric assessment including an age-appropriate mental status examination.
- Demonstrate the ability to prescribe appropriate psychopharmacologic agents for children and adolescents.
- Demonstrate the ability to utilize appropriate evaluation tools including medical, laboratory, radiological, and psychological testing.
- Demonstrate the ability to develop a comprehensive formulation and inpatient treatment plan that includes biological, psychological, social, and spiritual domains.
- Show the ability to conduct therapeutic interviews as tools for evaluation and treatment.
- Learn and apply specific treatment strategies for adolescent substance use disorders.

2. Medical Knowledge

- Demonstrate knowledge of the DSM-5 criteria for the major diagnostic categories seen in child and adolescent psychiatry settings.
- Describe strategies for management of acute agitation of children and adolescents.
- Know normal and pathological family dynamics and their relationships to the growth and development of children.
- Show knowledge of the risk factors for suicide in children and adolescents.
- Show knowledge of the standards and procedures for mandated reporting of child abuse.

3. Practice Based Learning and Improvement

- Demonstrate the ability to learn independently by identifying one's knowledge deficits and appropriately collecting new information in that area.
- Show awareness of how personal reactions and life history contribute to counter-transference.
- Show awareness of counter-transference and its effects on patient care.

4. Interpersonal and Communication Skills

- Exhibit the ability to work on an interdisciplinary team by appropriately participating in all treatment team meetings.
- Effectively communicate with families by conducting diagnostic and therapeutic interviews with family members.
- Exhibit effective communication skills by obtaining informed consent for psychiatric treatment from parents and informed consent from minors. These skills include the ability to discuss risks, benefits, and alternative treatments in language understandable to minors and families.

5. Professionalism

- Show respectful and professional behavior by being on time to team and family meetings.
- Demonstrate appropriate diligence of completing relevant paperwork, all evaluations, and patient care notes in a timely manner.
- Show sensitivity to the dependent status of children and the ramifications of this aspect in the treatment alliance.

6. System-based Practice

- Understand how the residential milieu environment works to positively or negatively influence the treatment of individual children or adolescents.
- Demonstrate how to refer to other agencies that work with children and adolescents.

Adult Inpatient Unit PGY 2

Goal: The goal of the inpatient unit rotation at the PGY 2 level is to provide supervised clinical experience and instruction in the assessment, diagnosis, and treatment of psychiatric inpatients.

Objectives: Residents completing the psychiatry inpatient unit rotation at the PGY 2 level are expected to master the following tasks in the following domains:

1. Patient Care

- Perform comprehensive psychiatric diagnostic interviews, including a formal mental status examination.
- Conduct comprehensive medical evaluations of psychiatric patients and be capable of integrating medical knowledge with clinical data.
- Judiciously use diagnostic and therapeutic procedures.
- Make all appropriate DSM---5 diagnoses.
- Learn how to develop appropriate differential diagnoses.
- Formulate and implement treatment plans, taking into account psychiatric and medical co---morbidity. Plans should begin to integrate various treatment modalities.
- Manage acute behavioral disturbances in a safe and effective manner.
- Demonstrate the ability to educate patients and families about psychiatric illness, treatment plans, medications, and needs for follow---up.
- Provide continuous care for patients, including planning appropriate aftercare.

2. Medical Knowledge

- Display appropriate knowledge of basic and clinical sciences relevant to Psychiatry.
- Distinguish the criteria for major DSM---5 disorders.
- Learn how to integrate clinical findings, medical knowledge, evidence-based data, and sound clinical judgment.
- Complete reading in required areas and demonstrate knowledge based on those readings.
- Describe the basic principles and applications of the major classes of psychotropic medications. Have a working knowledge of their limitations, side effects, and important potential drug interactions.
- Discuss treatment strategies for major psychiatric disorders such as schizophrenia, bipolar disorder, depression, anxiety disorders, dementia, delirium, and substance use disorders.
- Discuss management strategies for refractory psychiatric presentations of major psychiatric illnesses.

3. Practice-Based Learning and Improvement

- Have the ability to utilize a variety of educational resources in self---directed learning.
- Seek out clinical knowledge without prompting.
- Facilitate the teaching of medical students and other health care professionals.
- Begin to demonstrate autonomy in medical decision making and team leadership.
- Utilize information technology to manage information and support their own education.

4. Interpersonal and Communication Skills

- Demonstrate interviewing skills with patients by establishing rapport, clarifying the purpose of the interview, attending to cues, making transitions smoothly, demonstrating empathy, and eliciting

important information.

- Develop a therapeutic alliance with patients and maintain appropriate professional boundaries.
- Understand the role of other mental health professionals on the inpatient unit and be
- capable of working collaboratively, demonstrated by ability to lead a multidisciplinary treatment team meeting.
- Communicate effectively with the patient's other care providers.
- Learn how to present formal verbal and written case presentations, including a biopsychosocial formulation.
- Demonstrate an increased self-awareness, especially in understanding and appreciating transference and countertransference issues.

5. Professionalism

- Be reliable and punctual.
- Respect patient confidentiality.
- Complete medical records in a timely, thorough, and legible manner.
- Demonstrate integrity, initiative, and accept responsibility for own actions.
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' cultures, ethnicities, ages, genders, socioeconomic statuses, sexual minority statuses, and/or disabilities.

6. Systems - Based Practice

- Demonstrate knowledge of practice and delivery systems.
- Improve system of care by integration of their own practice within the larger system.
- Describe the basic legal issues involved in inpatient psychiatry, including indications for involuntary commitment, informed consent, duty to warn, and medicolegal aspects of record keeping.
- Evaluate risks, benefits, limitations, and costs of available resources.
- Demonstrate a more comprehensive understanding of medico-legal issues including an understanding of the rights of and obligations toward court-ordered patients, the use of forced medication, and the process of testifying in hearings.
- Demonstrate an understanding of cost-containment strategies balanced by the clinical needs of the patient, including length of stay issues, medication panels, generic versus non-generic medications, and the rationale for the use of each.
- Display an understanding of multiple levels of care, including day treatment,
- supported housing, inpatient and outpatient options, and co-morbid substance use disorders treatment. Display understanding of the limitations of treatment based on health care policy and cost.

Forensic Psychiatry PGY 3

Goal: Upon completion of the forensic psychiatry rotation at Ancora Psychiatric Hospital, the residents are expected to be proficient in the management of patients in a long-term mental healthcare inpatient hospital with a focus on forensics.

Objectives: Residents completing inpatient forensic psychiatry rotations are expected to be proficient with the following tasks under the following competencies:

1. Patient Care

- Complete a thorough general psychiatric diagnostic assessment.
- Formulate a case integrating biological, psychological, social issues, and forensic issues.
- Generate and carry-out a plan of care, including pharmacological, psychological, and social interventions.
- Perform adequate psychiatric diagnostic interviews in a forensic setting, including assessing patients who have been deemed “not guilty by reason of insanity” and patients who have been “Incapacitated to stand trial.”
- Use appropriate laboratory, neuropsychological, and other testing in the diagnosis and monitoring of psychiatric inpatients.

2. Medical Knowledge

- Display broad general knowledge of the expected signs, symptoms, course, treatment, and social manifestations of mental disorders, including personality disorders, substance use disorders, and the psychiatric expression of medical disorders.

3. Practice-Based Learning

- Locate and critically appraise scientific literature relevant to inpatient and forensic issues.
- Regularly use information technology in the service of patient care.
- Participate in practice-based improvement activities (ask for supervision when appropriate).

4. Interpersonal and Communication Skills

- Recognize their own characteristic responses to patients ("countertransference") and the effects of these responses on treatment.
- Work effectively as part of a multidisciplinary inpatient forensics team, collaborating with other mental health providers involved in the care of patients.
- Create a collaborative relationship with a wide variety of inpatients.

5. Professionalism

- Respect patient autonomy and choice.
- Demonstrate appropriate professional boundaries with inpatients in a forensic setting
- Seek supervision for psychotherapeutic and pharmacologic assessments and interventions.
- Dress professionally.

6. Systems-Based Practice

- Make appropriate referrals for further medical care when appropriate.

- Appropriately advocate for quality patient care and help patients navigate system complexities.
- Educate patients about available system resources for psychiatric illness and their role in accessing and working within these systems.
- Communicate with mental health or other care providers, attorneys, and other relevant sources about the patient's care (with patient consent).

Geriatric Psychiatry PGY 2-3

Goal: Upon completion of the geriatric psychiatry rotation the residents are expected to be proficient in the management of geriatric patients in ambulatory, sub-acute, and long-term care facility settings.

Objectives: Residents completing the geriatric psychiatry rotation are expected to be proficient with the following tasks under the following competency domains:

1. Patient Care

- Engage, collect information, evaluate, diagnose, and establish a treatment plans for geriatric patients who present with dementias and psychiatric/behavioral symptoms.
- Complete in-depth assessments to determine the correct diagnosis while attending to possible comorbid medical and neuropsychiatric diagnoses.
- Treat patients and their families using the mode of treatment most suitable for the patient in their current situation.

2. Medical Knowledge

- Know the techniques and interview styles used in the evaluation of older adults with sensitivity to the cognitive disorders that are common in this population.
- Know the multiple medical disorders that are co-morbid with and often precipitate psychiatric symptoms in older adults.
- Know the various pharmacological modalities used in treating psychiatric disorders in older adults and the literature related to their effectiveness.
- Know the psychopharmacologic interventions used in the treatment of cognitive disorders in older adults.
- Know the indications and possible side effects for each of the treatments listed above.
- Understand and use neuropsychological data, various imaging, and laboratory data to arrive at the correct diagnosis and treatment plan for each individual.

3. Practice-Based Learning

- Locate and critically appraise scientific literature relevant to geriatric psychiatry.
- Regularly use information technology in the service of patient care.
- Participate in practice-based improvement activities (ask for supervision when appropriate).

4. Interpersonal and Communication Skills

- Ability to educate patients and families regarding psychiatric and cognitive disorders in the older adult population.
- Ability to collaborate effectively with other members of the treatment team, such as primary care physicians and other therapists.

5. Professionalism

- Demonstrate respect for the patient's and the family's stress during evaluation and treatment of psychiatric disorders in older individuals for whom this may be the first contact with psychiatry.
- Demonstrate willingness to explain and discuss findings to patients, caregivers, and their families.
- Have respect for and communication with referring physicians, therapists, and caregivers to optimize treatment.

6. Systems Based Practice

- Develop knowledge regarding the multiple systems of families, caregivers, and agencies necessary for the treatment of many older adults.

Addiction Psychiatry PGY 3

Goal: Upon completion of the dual diagnosis/addiction psychiatry rotation, the resident is expected to be proficient in the management of patients in a substance abuse mental healthcare center and to be comfortable with the management (including detoxification) of inpatients who have a substance use disorders and mental illness.

Objectives: Residents completing the dual diagnosis/addiction psychiatry rotation are expected to be proficient with the following tasks under the following competency domains:

1. Patient Care

- Complete a thorough general psychiatric diagnostic assessment with a focus on substance use.
- Formulate a case integrating biological, psychological, and social issues.
- Perform adequate psychiatric diagnostic interviews in an inpatient substance abuse setting, including establishing rapport, eliciting important clinical information, and assessing emergent issues (e.g. suicidality, homicidality).
- Use collateral information (e.g. from family members, caretakers, past treatment records) in assessment and treatment of substance use disorders.
- Set appropriate goals for treatment and guide the patient through the process to discharge.
- Prescribe appropriate pharmacological treatments treatment of substance use disorders.

2. Medical Knowledge

- Demonstrate knowledge of established and evolving principles and practice of psychiatric phenomenology, including the recognition and diagnosis of both general psychiatric conditions and substance use disorders.

3. Practice-Based Learning

- Locate and critically appraise scientific literature relevant to substance use and patient care.
- Regularly use information technology in the service of patient care.
- Participate in practice-based improvement activities.

4. Interpersonal and Communication Skills

- Engage patients in treatment and maintain a basic therapeutic alliance throughout the duration of treatment in the inpatient substance use setting.
- Work effectively as part of a multidisciplinary inpatient substance abuse team, collaborating with other mental health providers involved in the care of the patient (e.g. case managers, psychologists, social workers, nurses).
- Create a collaborative relationship with a wide variety of patients, including ones difficult to engage, so as to gain essential information and build and implement a therapeutic plan.
- Educate patients and their families and demonstrate an understanding of the stresses involved in having a substance use disorder.
- Communicate effectively with patients, families, and others across the broad range of socioeconomic and cultural backgrounds served at Hampton Behavioral Health Care Center.
- Interview patients and family in an effective manner to facilitate accurate diagnosis and the development of biopsychosocial formulations.

5. Professionalism

- Respect for patient autonomy and choice.
- Seek supervision for psychotherapeutic and pharmacologic assessments and interventions.
- Develop and demonstrate a respectful attitude toward patients with addictive disorders.
- Implement ethical principles in practice with patients and co-workers.
- Demonstrate appropriate professional boundaries in the context of interpersonal issues that arise during psychiatric care in relation to substance abuse.

6. Systems-Based Practice

- Provide clinically appropriate and cost-effective care for patients with substance use disorders.
- Appropriately advocate for quality patient care and help patients navigate system complexities.
- Familiarize oneself of the range of services for patients with addictive behaviors including inpatient and outpatient substance use programs, self-help groups, and other available resources.
- Communicate with ancillary medical providers, mental health providers, and other relevant sources of information for patient care, with the patient's consent.

Adult Inpatient Unit PGY 3

Goal: The goal of the inpatient unit rotation at the PGY 3 level is to provide supervised clinical experience with progressive responsibilities and instruction in the assessment, diagnosis, and treatment of psychiatric inpatients.

Objectives: Residents completing the psychiatry inpatient unit rotation at the PGY 3 level are expected to master the following tasks in the following domains:

1. Patient Care

- Perform comprehensive psychiatric diagnostic interviews, including a formal mental status examination.
- Conduct comprehensive medical evaluations of psychiatric patients and be capable of integrating medical knowledge with clinical data.
- Judiciously use diagnostic and therapeutic procedures.
- Make all appropriate DSM---5 diagnoses.
- Learn how to develop appropriate differential diagnoses.
- Formulate and implement treatment plans, taking into account psychiatric and medical co---morbidity. Plans should begin to integrate various treatment modalities.
- Manage acute behavioral disturbances in a safe and effective manner.
- Demonstrate the ability to educate patients and families about psychiatric illness, treatment plans, medications, and needs for follow---up.
- Provide continuous care for patients, including planning appropriate aftercare.

2. Medical Knowledge

- Display appropriate knowledge of basic and clinical sciences relevant to Psychiatry.
- Distinguish the criteria for major DSM---5 disorders.
- Learn how to integrate clinical findings, medical knowledge, evidence-based data, and sound clinical judgment.
- Complete reading in required areas and demonstrate knowledge based on those readings.
- Describe the basic principles and applications of the major classes of psychotropic medications. Have a working knowledge of their limitations, side effects, and important potential drug interactions.
- Discuss treatment strategies for major psychiatric disorders such as schizophrenia, bipolar disorder, depression, anxiety disorders, dementia, delirium, and substance use disorders.
- Discuss management strategies for refractory psychiatric presentations of major psychiatric illnesses.

3. Practice-Based Learning and Improvement

- Have the ability to utilize a variety of educational resources in self---directed learning.
- Seek out clinical knowledge without prompting.
- Facilitate the teaching of medical students and other health care professionals.
- Begin to demonstrate autonomy in medical decision making and team leadership.
- Utilize information technology to manage information and support their own education.

4. Interpersonal and Communication Skills

- Demonstrate interviewing skills with patients by establishing rapport, clarifying the purpose of the interview, attending to cues, making transitions smoothly, demonstrating empathy, and eliciting important information.

- Develop a therapeutic alliance with patients and maintain appropriate professional boundaries.
- Understand the role of other mental health professionals on the inpatient unit and be
- capable of working collaboratively, demonstrated by ability to lead a multidisciplinary treatment team meeting.
- Communicate effectively with the patients other care providers.
- Learn how to present formal verbal and written case presentations, including a biopsychosocial formulation.
- Demonstrate an increased self-awareness, especially in understanding and appreciating transference and countertransference issues.

5. Professionalism

- Be reliable and punctual.
- Respect patient confidentiality.
- Complete medical records in a timely, thorough, and legible manner.
- Demonstrate integrity, initiative, and accept responsibility for own actions.
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' cultures, ethnicities, ages, genders, socioeconomic statuses, sexual minority statuses, and/or disabilities.

6. Systems - Based Practice

- Demonstrate knowledge of practice and delivery systems.
- Improve system of care by integration of their own practice within the larger system.
- Describe the basic legal issues involved in inpatient psychiatry, including indications for involuntary commitment, informed consent, duty to warn, and medicolegal aspects of record keeping.
- Evaluate risks, benefits, limitations, and costs of available resources.
- Demonstrate a more comprehensive understanding of medicolegal issues including an understanding of the rights of and obligations toward court-ordered patients, the use of forced medication, and the process of testifying in hearings.
- Demonstrate an understanding of cost-containment strategies balanced by the clinical needs of the patient, including length of stay issues, medication panels, generic versus non-generic medications, and the rationale for the use of each.
- Display an understanding of multiple levels of care, including day treatment,
- supported housing, inpatient and outpatient options, and co-morbid substance use disorders treatment. Display understanding of the limitations of treatment based on health care policy and cost.

Ambulatory PGY 4

Goal: Upon completion of the PGY 4 year, the residents should be able to function independently and to follow a large number of patients longitudinally. Through a yearlong experience, residents gain a sense of the breadth and depth of psychiatric disorders and their treatment.

Objectives: Residents completing the ambulatory outpatient experience are expected to be proficient in medication management and psychotherapy and with the following tasks under the following competency domains:

1. Patient Care

- Demonstrate the ability to apply supportive, psychodynamic, and cognitive-behavioral psychotherapies in both brief and long-term practice.
- Develop biopsychosocial formulations that lead to appropriate treatment interventions.
- Demonstrate the ability to safely use pharmacologic regimens that are evidence-based and appropriate for each individual patient.
- Determine the appropriate use of medications and psychotherapy in the same patient.
- Establish and maintain a therapeutic alliance with patients.
- Maintains appropriate professional boundaries in psychotherapeutic relationships while being responsive to the patient.

2. Medical Knowledge

- Appropriately diagnose mood disorders, anxiety disorders, and psychotic disorders in an outpatient setting.
- Appropriately dose, titrate, and taper antidepressant medications.
- Appropriately dose, titrate, and taper mood stabilizers for bipolar disorder.
- Exhibit the effective use of medications used in adjunctive treatment of mood and anxiety disorders.
- Describe the basic principles, techniques, and differences among each of the three core individual psychotherapy modalities.

3. Practice Based Learning and Improvement

- Learn independently by identifying any knowledge deficits and appropriately collecting new information in those areas.
- Demonstrate the ability to apply new knowledge to patient care issues.

4. Interpersonal and Communication Skills

- Exhibit the ability to work with ancillary staff by responding quickly and professionally to staff requests concerning patient care issues.
- Effectively communicate patient's condition and needs when making referrals to other treatment providers.
- Demonstrate appropriate and effective communication with primary care physicians involved in care of shared patients.
- Demonstrate appropriate communication with other treatment providers involved in the care of shared patients.

5. Professionalism

- Show respectful and professional behavior by being on time to meetings and patient appointments.

- Demonstrate appropriate diligence to paperwork/documents by having all notes and write-ups completed in a timely manner. Attend to any deficiencies in the EMR as referenced by the office staff/office manager.
- Demonstrate appropriate boundaries at all times.
- Always notify site personnel when sick, late, or delayed for duties.

6. System-based Practice

- Know how to refer to other agencies within the system and make those referrals when appropriate.
- Demonstrate the ability to work with medication formularies to minimize costs to patient.
- Appropriately follows procedures to procure needed medical treatment when necessary, including prior authorization and requesting/sending of medical records (with patient's consent).
- Works with health care managers to improve quality of and access to patient care within the facility.

Outpatient Clinics

PGY 4

Goal: Upon completion of the PGY 4 year, the residents should be able to function more independently and to follow a large number of patients longitudinally at a partial care program. Through a yearlong experience, residents gain a sense of the breadth and depth of psychiatric disorders and their treatment.

Objectives: Residents completing the community outpatient experience are expected to be proficient with the following tasks under the following competency domains:

1. Patient Care

- Perform psychiatric diagnostic evaluations at a community mental health center.
- Care for patients with chronic psychiatric illness in several community settings within a large not-for-profit psychiatric rehabilitation organization. This organization which supported housing, vocational rehabilitation, mobile assessment, outreach, and other psychiatric services to the homeless mentally ill.

2. Medical Knowledge

- Learn about the chronically mentally ill and mentally ill offenders.
- Become familiar with the "recovery model" of mental health care.
- Demonstrate an understanding of the larger system in which the community mental health center resides.

3. Practice-Based Learning and Improvement

- Incorporate data from a variety of sources into treatment planning and patient care while treating patients in the community on mobile assessment and outreach.
- Locate and critically appraise scientific literature relevant to patient care.
- Regularly use information technology in the service of patient care.

4. Interpersonal and Communication Skills

- Work with case workers when they are interacting with patients in homes, on the streets, and in other public settings.
- Learn and utilize engagement techniques for reaching difficult-to-treat and reluctant patients.

5. Professionalism

- Demonstrate respect and compassion for others.
- Demonstrate reliable attendance and appropriate professional attire.
- Demonstrate integrity, accountability, and an ethical approach to outpatient treatment (e.g. maintaining professional boundaries and obtaining informed consent for treatment).
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' cultures, ethnicities, ages, genders, socioeconomic statuses, sexual minority statuses, and/or disabilities.
- Demonstrate concise, accurate, and timely record keeping.

6. Systems-Based Practice

- Experience the activities of community treatment of the chronically mentally ill as conducted in a community clinic and in non-institutional settings.
- Gain experience working as a team member with case workers

PROGRAM POLICIES

Professionalism Policy

It is the policy of ROWAN-SOM Department of Psychiatry & Inspira Health Psychiatry Residency Program to raise awareness of professionalism within the community as a whole. In short, professionalism is comprised of a combination of altruism, accountability, excellence, duty, honor, integrity, respect, and commitment to lifelong learning.

Our professional policy is based on the following beliefs:

- a. Residents and clinical fellows will demonstrate conduct consistent with the dignity and integrity of the medical profession in all contacts with patients, their families, the faculty, all School personnel, and all third parties conducting business with the resident or Inspira Health / ROWAN-SOM.
- b. The resident will, in a timely fashion, fulfill their professional responsibilities. Failure to fulfill clinical, academic, and administrative duties, including completion of patient charts and duty hours logging, can result in remediation or disciplinary action, including suspension of any or all privileges.
- c. The resident will strive for personal growth and improvement and accept criticism with dignity, seek to be aware of their own inadequacies, be open to change, accept responsibility for their own errors or failures, and stray from displaying a poor attitude under stress.
- d. The resident will maintain appropriate relationships with other individuals, especially those encountered as a result of their clinical training.
- e. Each resident will protect and respect the ethical and legal rights of patients.
- f. The resident will, in a timely fashion, clearly communicate all information relevant to the safe, effective and compassionate care of their patients to their supervising staff.
- g. Both residents and faculty are expected to fulfill their professional responsibilities as a physician to appear for duty appropriately rested and fit to provide the services required by their patients.
- h. Our residency program will help ensure a culture of professionalism that supports patient safety and personal responsibility.

RESIDENTS' INPATIENT RESPONSIBILITY POLICY

This policy is intended to assure that residents achieve the educational objectives that are central to learning how to conduct a comprehensive psychiatric evaluation and care for psychiatric patients. The goals for this program include the following:

1. Proficiency in evaluation and management of psychiatric inpatients, particularly persons suffering from major mental illness. Specific areas of competence include:
 - Cross-sectional and longitudinal histories
 - Physical examination, laboratory evaluation, and appropriate consultations
 - Mental status examination
 - Differential diagnosis
 - Understanding the impact of psychosocial issues on illness and recovery
 - Recognition and treatment of substance use, including withdrawal and intoxication syndromes and management issues involving the dually diagnosed patient
 - Formulation and implementation of treatment plans
2. Understanding of the use of psychotropic medications
3. Knowledge and appreciation of the roles of nursing, social services, adjunctive therapy, psychology, and the therapeutic milieu of patient care
4. Familiarity with basic concepts of family interventions
5. Familiarity with mental health court procedures
6. Familiarity with the relationship between the inpatient units and the community mental health system

This policy is for all PGY-I through PGY-IV residents.

PROCEDURE

1. Residents are expected to be on their respective units by 8:00 a.m. each morning. The residents are expected to review the status of their patients through a combination of taking report from nursing and/or reviewing the patients' charts and/or interviewing the patients.
2. The resident will attend all treatment team meetings and be prepared to review their cases with the treatment team.
3. Residents are expected to do a complete and comprehensive admission assessment on each patient unless otherwise directed by the attending psychiatrist and complete daily progress notes on each of their patients unless otherwise directed by the attending psychiatrist.
4. All new patients will be evaluated with the attending psychiatrist, and the treatment interventions will be reviewed with the attending psychiatrist.
5. Residents are expected to complete a discharge note on all patients who are being discharged on their service unless otherwise directed by the attending psychiatrist, and they are also expected to dictate a discharge summary. Also, on a daily basis, residents will be expected to review each of their patients' progress with the attending physician and only initiate treatment interventions after the attending physician has approved it.
6. Residents will be expected to attend all scheduled case conferences both on and off of the unit.
7. Residents will be allowed vacation days; however, it must be pre-arranged and pre-approved by the unit Medical Director as well as the Program Director. Furthermore, the residents must make arrangements for their patients to be covered by other residents. A sign out sheet detailing every patient is helpful for other residents who are covering in the interim. In the event of a personal emergency when a resident has to leave the unit in the middle of the day, it is mandatory that the unit attending be informed, and arrangements be made with the attending for care of their patients for the remainder of the day. Residents will be expected to do physical and neurological exams and order laboratory or radiology studies as clinically necessary to facilitate the care of their patients.
8. Residents will be expected to complete all paperwork as directed by the attending physician, which may include mental health court papers, disability forms, or clinical summaries for aftercare providers.

Psychiatry Residency

OUTPATIENT PATIENT CLINIC RESIDENCY REQUIREMENTS

The Inspira Health Psychiatry Residency Program is dedicated to training residents to function effectively in the outpatient clinic. This experience is central to the effective functioning of the competent psychiatrist, and a continuous 12-month experience is a requirement. Residents learn psychotherapeutic and psychopharmacologic skills from the first day of residency through educational seminars and conferences, observation of psychiatric faculty, and being supervised on their own patients. However, during the required outpatient year, the resident learns and practices the required psychotherapy competencies in greater breadth and depth than was possible earlier in the residency, and additional skills necessary for the competent practice of psychiatry are practiced. In addition, the continuous 12-month experience gives a longitudinal understanding of the course of mental disorders as well as the process of psychotherapy and psychopharmacology.

Procedure

- A. All residents do a 12-month continuous, full time rotation in the outpatient clinic.
- B. Residents have one to two individual faculty supervisors during the outpatient year who use a variety of supervision methods to guide the resident's progress in developing the requisite knowledge, skills, and attitudes. These include review of charts, case presentations, direct observation of interactions with patients, indirect supervision in regularly scheduled sessions with the attending, audiotapes of interactions with patients, and videotapes of interactions with patients. The outpatient supervisors will closely supervise the residents to be sure they have a breadth and depth of experience, that their charts are completed accurately and promptly, and that they meet all the requirements of the outpatient service.
 - a. At the conclusion of the PGY 4 year, each resident will provide a list of their current patients to the Program Director along with recommendations for follow-up. Residents will be responsible for proposing disposition recommendations for each of their patients, which will be discussed with the supervising attendings in a group meeting in the Spring of their 4th year prior to their graduation.
 - b. These patients will be listed on the patient log as well.
- C. Residents will develop competence in the five Psychotherapy Competencies during their PGY-III and PGY-IV years.

SCHOLARLY ACTIVITY REQUIREMENT

Goal: Each resident is required to complete a scholarly project during residency. The goals of this project are to:

1. Demonstrate the ability to perform an in-depth, comprehensive, and scholarly literature search and analysis of on a topic within or related to psychiatry that is of particular interest to the resident.
2. Identify the potential clinical relevance of findings from research and the scientific literature.
3. Develop oral presentation and teaching skills.
4. Develop a written scholarly product, such as a case report, data-based article, review article, research proposal, curriculum, or report of a quality improvement (QI) study that is publishable.

To accomplish these goals, each resident will work with a faculty advisor, and they will evaluate the resident's performance in achieving the goals and objectives of this project. Residents may collaborate on group projects, as long as each resident makes a substantial contribution to the project and meets the specific objectives listed below.

Specific Objectives

Each resident will be proficient in the following domains at the completion of their scholarly activity:

Knowledge

- Conduct a comprehensive review of the literature relevant to a topic, clinical case, or research project.

Skills

- Identify a topic area to review, a research project to participate in/complete, a clinical case appropriate for presentation for a case report (e.g. a novel presentation of an illness, diagnostic dilemma, unexpected outcome), or a QI study to conduct on a clinical service.
- Develop an oral presentation, including (as appropriate) a PowerPoint presentation, handouts, bibliography, articles for distribution, and/or other audiovisual materials (e.g. videotapes).
- Effectively give an oral presentation, including a scholarly discussion of the topic, research, or issues raised by a clinical case.
- Write a research paper, research proposal (e.g. grant or part of a grant), review article, annotated bibliography, case report and discussion, report of a QI study, or curriculum.

Attitudes

- Understand and appreciate the role of scholarship and critical review of the literature in improving one's clinical practice, teaching, and/or performing research.

Resident Faculty Advisor/Mentor Responsibilities Policy

Psychiatry residents are assigned to a mentor throughout their four years of training. The advisor's role is to be the resident's mentor in issues of professional training and career planning, as well as to assist in the resident's ongoing training and evaluation process.

The mentor undertakes the following primary responsibilities:

1. Set up a schedule for regular meetings with the resident for the academic year, focusing on plans for self-assessment and monitoring progress.
2. Provide residents with advice to help them study for the psychiatric boards and prepare for in-service exams (e.g. PRITE) and quizzes starting early in their PGY-I year and follow-up on these plans over time. The minimum frequency of meetings is once per quarter.
3. Discuss resident's performance on the PRITE. For those residents who fall below the national mean, the resident and faculty advisor will develop a remediation plan to improve the identified areas of weakness. The plan will be closely monitored to assist the resident in attaining scores at or above the national mean.
4. Guide the resident to an appropriate mentor for his or her research project. The goal is for each resident to develop a research interest and become involved in an independent research study under the guidance of a mentor. The mentor also assists the resident in becoming part of any ongoing projects by the end of the PGY-IV.
5. Provide additional focus on career guidance to residents in the PGY-II through PGY-IV years. After exploring their interests and future plans, it may be necessary to direct residents to other faculty members who may provide additional guidance in the resident's field of interest.

SUPERVISION OF RESIDENTS POLICY

Resident

A resident is a physician who is engaged in a graduate education program in Psychiatry or a psychiatric subspecialty and who participates in patient care under the direction of attending physicians (or licensed independent practitioners).

As part of their educational program, residents are given graded and progressive responsibilities according to the individual resident's clinical experience, judgment, knowledge, and technical skills. Each resident must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence. Residents are responsible for asking for help from the supervising physician (or other appropriate licensed practitioner) for the service they are rotating on when they are uncertain of diagnosis, how to perform a diagnostic or therapeutic intervention, or how to implement an appropriate plan of care.

Attending of Record ("Attending")

An identifiable, appropriately-credentialed, and privileged attending physician, or licensed independent practitioner, who is ultimately responsible for the management of the individual patient and for the supervision of residents involved in the care of the patient. The attending delegates portions of care to residents based on the needs of the patient and the skills of the residents.

Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the following levels of supervision are recognized:

1. *Direct Supervision* – the supervisor (attending, licensed independent practitioner, or senior resident with documented supervisory capability) is physically present with the resident and patient.
2. *Indirect Supervision*
 - a) *With direct supervision immediately available* – The supervisor is physically within the hospital or other site of patient care and is immediately available to provide direct supervision if need be after the resident has seen the patient.
 - b) *Without direct supervision available* – The supervisor is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities and is available to come to the site of care in order to provide direct supervision if need be.
2. *Oversight* – The supervising physician is available to provide review of patient care with feedback provided after care is delivered.

Clinical Responsibilities

The clinical responsibilities for each resident are based on PGY level, patient safety, resident education, severity and complexity of patient illness/condition, and available support services. The specific role of each resident varies with their clinical rotation, experience, duration of clinical training, the patient's illness, and the clinical demands placed on the team. The following is a guide to the specific patient care responsibilities by year of clinical training. Residents must comply with the supervision standards of the service on which they are rotating unless otherwise specified by their Program Director.

PGY-I

PGY-II residents are primarily responsible for the care of patients under the guidance and supervision of the attending physician and senior residents. They should generally be the point of first contact when questions or concerns arise about the care of their patients. However, when questions or concerns persist, supervising residents and/or the attending physician should be contacted in a timely fashion. PGY-I residents are initially directly supervised, and when merited, will progress to being indirectly supervised with direct supervision immediately available (see definitions above) by an attending or senior resident. PGY-I residents may progress to being supervised indirectly with direct supervision available only after demonstrating competence in:

- a) The ability and willingness to ask for help when indicated
- b) Gathering an appropriate history
- c) The ability to perform an emergent psychiatric assessment
- d) Presenting patient findings and data accurately to a supervisor who has not seen the patient

PGY-II

Intermediate residents may be directly or indirectly supervised by an attending physician or senior resident but will provide all services under supervision. They may supervise medical students. The attending physician is ultimately responsible for the care of the patient.

PGY-III and PGY-IV

Senior residents may be supervised directly, indirectly, or by oversight. They may provide direct patient care, supervisory care, or consultative services with progressively graded responsibilities as merited. They must provide all services ultimately under the supervision of an attending physician. Senior residents should serve in a supervisory role of medical students and junior, intermediate, and in the case of fellows PGYIV, V, or VI, PGY-III or PGY-IV residents. As resident supervisors, residents will recognize their supervisees' progress towards independence as is appropriate to the needs of each patient and the skills of the senior resident. The attending physician is ultimately responsible for the care of the patient. When a senior resident is supervising a more junior resident, both residents should inform patients of their respective roles in that patient's care.

Attending of Record

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed, and privileged primary attending physician who is ultimately responsible for that patient's care. The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients. In this role, the attending of record must be available to provide direct supervision when appropriate for optimal care of the patient. The availability of the attending to the resident is expected to be greater with less experienced residents and with increased acuity of the patient's illness. The attending must notify all residents they supervise of when they should be called regarding a patient's status.

The attending should notify the resident of situations in which they need to be physically present or informed of situations pertinent to patient care. Situations that require direct attending involvement/presence/notification are:

- a) When the patient's condition deteriorates unexpectedly
- b) When additional information challenges the working diagnosis and/or treatment plan
- c) When information is obtained that raises concerns about the patient's risk for self-harm or harm to others

- d) When the patient or family members disagree with the treatment plan
- e) When there are serious disagreements or conflicts within the treatment team or with other services or providers
- f) When decisions need to be made that have major clinical or legal implications, such as decisions not to hospitalize suicidal or homicidal patients

During on-call duty, the resident will notify the on-call attending when:

- a) The resident has any questions or concerns about the patient or the care provided;
- b) When a patient decide to leave against medical advice (AMA)

Supervision of Consults

Residents may provide consultation services under the direction of attendings or supervisory residents. The attending of record is ultimately responsible for the care of the patient, and thus must be available to provide direct supervision when appropriate for optimal care. The availability of the attending and supervisory residents or fellows should be appropriate to the level of training, experience, and competence of the consult resident. The direct supervision of the attending is expected to be greater with increasing acuity of the patient's illness. Information regarding the availability of attendings and supervisory residents or fellows should be available to residents, faculty members, and patients. Residents performing consultations on patients are expected to communicate verbally with their supervising attending as soon as possible after seeing the patient and certainly within 24 hours. For night float/on call residents, the resident should communicate verbally with the supervising attending within the same call or night float shift. Any resident performing a consultation where there is credible concern for the patient's life, requiring the need for immediate intervention, MUST communicate directly with the supervising attending as soon as possible prior to intervention or discharge from the hospital.

Supervision of Handoffs/Sign-Out

Residents, attendings, and other primary providers on psychiatry services must provide structured verbal and electronic handoffs when transferring care of a patient and must be available to receive handoffs when taking over the care of a patient. Residents may be supervised directly or indirectly, by an attending or supervisory resident, when giving and receiving handoffs. Junior residents should be directly supervised in giving and receiving handoffs initially to establish competence. The attending physician remains responsible for assuring that appropriate handoffs are occurring and is ultimately responsible for the patient's care.

Resident Competence & Delegated Authority

The privileges of each resident's progressive authority, responsibility, conditional independence, and supervisory role in patient care delegated must be assigned by the Program Director and appropriate faculty members. The Program Director must evaluate each resident's abilities based on specific criteria, which include:

- a. Documentation on at least three occasions of a PGY-I's readiness for indirect supervision with direct supervision available.
- b. Documentation of a PGY-I's competence in providing and receiving handoffs.
- c. Satisfactory peer evaluations of residents by training call residents (supervisory residents evaluating junior residents) or by trainees (more junior residents evaluating supervisory residents)
- d. Clinical rotation evaluations
- e. Clinical skills assessments

Expectations Regarding Supervision

Supervision is designed to help residents to learn the principles and practice of Psychiatry. Residents are supervised throughout residency as part of every clinical experience. Beginning residents have close, daily supervision. As residents progress through the residency, they will generally be supervised less closely and less frequently. Residents will be given increasing responsibility for patient care in a graduated manner appropriate to their level of training and skills. In addition, senior residents are expected to supervise junior residents (with attending backup) during training call.

Overview of Specific Required Types of Supervision by Post-Graduate Year:

PGY-I

- Daily supervision with inpatient Psychiatry attending on rounds
- During Psychiatry rotations, one hour per week of supervision with the inpatient attending (apart from rounds)
- Back up attending supervision when on-call (please see below for guidelines about when to contact your on-call backup attending)

PGY-II

- Daily supervision with inpatient/consult attending on rounds
- One hour per week of supervision with inpatient/consult attending (apart from rounds)
- Back up attending supervision when on-call

PGY-III

- Daily supervision with inpatient/consult attending, as relevant
- One hour per week of supervision with inpatient/consult attending (apart from rounds), as relevant
- Back up attending supervision during clinic days and when on-call

PGY-IV

- Caseload supervision in every clinic (one hour per clinic day)
- Back up attending supervision during clinic days and when on-call

Interactions between residents and supervising faculty attendings are governed by the following principles:

- Interactions between residents and attendings are expected to be respectful, collegial, and focused on the common goal of excellent patient care.
- A resident should at all times have direct access (in person or by telephone) to a faculty attending.
- When the attending is on vacation or otherwise unavailable, a specific covering attending will be designated.
- A faculty attending on the clinical service in which patient care takes place is designated as the supervising attending and has the ultimate clinical and legal responsibility for the care provided, although the resident is encouraged (and may be required) to consult with other clinical or regular faculty supervisors.
- Residents will present new cases to the attending on daily rounds on the inpatient and CL psychiatry services.
- On outpatient rotations, the resident will present new cases to the attending (caseload supervisor) as soon as possible and will provide regular updates for ongoing cases.
- Residents on Psychiatry services (i.e. not on Medicine, Pediatrics, or Neurology) will have at least two hours of individual supervision per week (including individual supervision with the inpatient/consult attending).

- As a teacher, the supervisor/attending is expected to provide the resident with information, guidance, and choices in patient care.
- The attending/supervisor needs to keep abreast of clinical issues on the service or with the resident's patient caseload, and supervision needs to be sufficiently close to allow them to notice problems.
- The attending/supervisor needs to monitor the resident's performance and give regular, constructive feedback.
- The attending/supervisor determines how closely the resident needs to be supervised and how much reporting they expect from a particular resident, depending on the resident's level of training, experience, and skills.
- The resident is expected to be open to learning, willing to consult, and prepared to fully inform the attending/supervisor about all patient care issues.

In addition to all expectations listed above and within this policy, the supervising attending also needs to be informed by the resident of the following situations:

- When the patient's condition deteriorates unexpectedly
- When additional information puts the working diagnosis in doubt or questions the treatment plan
- When information is obtained that raises concerns regarding the patient's risk for self-harm and/or harm to others
- When the patient or family members disagree with the treatment plan
- When there are serious disagreements or conflicts within the treatment team or with other services or providers
- When decisions need to be made that have major clinical or legal implications, such as decisions not to hospitalize suicidal or homicidal patients

During on-call or night float duty, the resident will notify the on-call attending when:

- The resident has any questions or concerns about the patient or the care provided
- When the patient decides to leave AMA

Any resident or supervisor who feels uncomfortable with any supervision relationship, for whatever reason, should consult the Program Director, Associate Program Director (if there is one), and/or Chief Resident at the clinical site for help and guidance.

Patient Safety & Quality Improvement

Patient safety is the delivery of healthcare in a manner that employs safety methods and minimizes the incidence and impact of adverse events while maximizing recovery from such events.

Quality improvement is a formal approach to assess the degree to which services provided by healthcare professionals for individuals and populations increases the likelihood of the desired outcome and are consistent with evidence-based standards of care. Quality improvement also includes the systematic effort to improve performance.

The goal of this curriculum is to educate Psychiatry residents on the principles and practices of patient safety and quality improvement.

Objectives and Expectations

By the end of this curriculum, learners will be able to:

1. Discuss the historical background of patient safety (PS) and quality improvement (QI).
2. Define PS and QI problems specific to Psychiatry.
3. Demonstrate a high quality handoff/sign-out by the end of intern year.
4. Formulate a QI project or participate in a project that is already in progress.
5. Demonstrate behaviors associated with effective teamwork and interpersonal and communication skills.

Communication Policy

1. At all times, Sharon Mead Kates, the Psychiatry Residency Program Manager, must have all current phone numbers, addresses, and email address. If any changes are made, you must notify her within four hours of the next business day.
2. All residents must have current Inspira Health email addresses. These will be assigned by Information Technology (IT) upon your starting residency. Some of your hub locations for clinical services may also assign you email addresses affiliated with their institutions. **All residents are required to check their work EMAIL AT LEAST ONCE PER DAY, unless you are on “approved vacation” time.** Personal email accounts, such as “yahoo” or “gmail” are not sufficient or HIPPA compliant for work related communications.
3. If on duty, when called by the Department of Psychiatry, you must respond within ONE HOUR of the call.
4. While on call, all residents must have immediate access to a telephone. If you do not have a phone available, you will be required to take call in-house. While on call, it is expected that all calls will be responded to WITHIN 15 (FIFTEEN) MINUTES of the call.
5. If your cell phone is malfunctioning, it is your responsibility to contact your program administration or your hub site immediately.
6. Please be advised that the Program Director will be doing intermittent and random audits on the daily message sheets from the Department of Psychiatry answering service to ensure compliance with these guidelines.

PERMIT/LICENSE GUIDELINES FOR RESIDENTS

All PGY-I residents are registered by name with the New Jersey State Board of Medical Examiners (NJSBME). This registration is done by the Graduate Medical Education (GME) office.

All PGY-II residents are required to obtain a NJ Permit from the NJSBME. The process for applying for a permit is done in conjunction with the GME Office and the Department of Psychiatry Program Coordinator. Application information will come out in the December/January timeframe during your PGY-I year. Fingerprinting for the permit **MUST** be completed in May before starting PGY-II.

The Department of Psychiatry requires that all PGY-III residents possess an New Jersey medical license **by October of their PGY-III year**. Failure to obtain a NJ License may result in extension of the residency program since a license is required for outpatient training, and a resident is required to provide 12 months of continuous outpatient care to meet program requirements. The Department of Psychiatry will reimburse residents for the cost of their NJ medical License.

NJ medical license applications are completed online on the NJSBME website:

<https://www.njconsumeraffairs.gov/bme/Pages/applications.aspx>

Since the application process can take 12 weeks or longer, ***residents should apply no later than July of PGY-III***. Residents must also meet with the GME Office to review the application procedures and requirements before submitting their application.

Before submitting your license application to the NJSBME, you must make a copy of your application and give it to the Program Coordinator.

After receiving your NJ medical license, you must also obtain **Federal DEA and CDS licenses**, and copies of all three documents must be submitted to the Program Manager/Department Administrator. All three documents must be renewed as necessary to be kept current, and as future renewals are obtained, copies must be also submitted to the Program Manager/Department Administrator.

Psychiatry residents must meet the following requirements/perform the following actions to apply for and receive a NJ medical license:

1. The resident will obtain the licensure packet from the NJSBME in July of their PGY-III year. These forms will be completed and a copy submitted to Sharon Mead Kates, the Program Manager, who will maintain a file for the resident. All supporting documents required by the licensure applicant must be completed by the first week of July of their PGY-III year. Submission of the licensing packet to the NJSBME will occur the first week of the PGY-III year. The Program Director may request proof of this submission via receipt from the NJSBME.

2. The resident must hold a full medical license in **New Jersey *by October 15 of their PGY-III year.*** Failure to obtain licensure may result in delay of completion of the residency since a license is required for outpatient training and the resident is required to provide 12 months of continuous outpatient care to graduate.
3. A copy of the New Jersey State medical license as well and a copy of Federal DEA and CDS licenses must be submitted to the Program Manager/Department Administrator. As renewals are obtained, copies must be submitted accordingly.

RESIDENCY PROGRAM - DETAILS

Professional Demeanor - Dress Code

In addition to demonstrating the skill and judgment necessary to provide patient care during clinical rotations, the resident will demonstrate academic honesty, professional decorum, and ethical behavior during all interactions with colleagues, staff, and patients. As the resident assumes greater levels of responsibility throughout the training program, they will develop a high degree of responsibility that may be carried forward into practice. All residents are expected to comply with all institutional and program policies in their conduct, attendance, and availability. Residents are expected to conduct themselves in a professional manner at all times, including:

1. Abiding by the By-Laws, Rule and Regulations, Policies and Procedures of the Residency Training Program, ROWAN-SOM, Inspira Health, the Department, the medical centers, the medical staff, the New Jersey Department of Health, NJSBME, and the Code of Ethics of the American Osteopathic Association as they currently exist and as they may be amended from time to time
2. Accepting patient care and on-call responsibilities (not to exceed the CIR contract limit) as assigned by the Chief of Service, Chief Resident, or Program Director
3. Completing medical records promptly in accordance with accepted standards of documentation (see Section 7 for Documentation Guidelines for Medical Records)
4. Maintaining high professional standards of dress and behavior. Appropriate male attire includes shirt with tie, trousers (not blue jeans), and a white lab coat with nametag and identification badge while in the hospital. Appropriate female attire includes dresses, skirts or slacks with tops, and a white lab coat with nametag and identification badge while in the hospital.

Call Schedules and Responsibility for Each Patient's Care

Call schedules are sent to all trainees and faculty prior to the beginning of the month relating the name of the attending responsible for after-hours patient care. These schedules are also posted on the inpatient unit and are also located with the call service for all institutions.

Protocols - Common Circumstances Requiring Faculty Involvement

Attendings will be available for immediate consultation at all times. Attendings will provide residents with their preferred contact method at the time of orientation. Attendings will notify residents of backup attendings in the event of expected absences from the service. In the event of an unexpected absence of an attending, the Program Director should be notified. Common circumstances requiring faculty involvement include but are not limited to unexpected events such as patient suicidal behavior, medical codes, missing patients, medical deterioration, need to transfer patients to higher level of care, patient abuse, or severe drug interactions. High-risk patients with complicated medical or behavioral issues should also have attending involvement.

Protocol - When Residents Remain on Duty beyond Scheduled Hours

On their own initiative, residents may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications are limited to reasons of required continuity for a severely ill or unstable patient or ethical attention to the needs of a patient or family. Under those circumstances, the resident must appropriately hand over the care of all other patients to the team responsible for their continuing care and document the reasons for remaining to care for the patient in question. That documentation must be submitted in every circumstance to the Program Director. The Program Director must review each submission of additional service and track both individual resident and program-wide episodes of extended duty.

Didactics

All didactics are mandatory for residents to attend. **Residents are expected to attend a minimum of 80% of mandatory didactics.** As special circumstances occur, trainees must notify the Program Director prior to the didactics in order to be excused for personal reasons. The resident must participate in all scheduled lectures, conferences, and other academic programs unless absent for vacation, conference, or sick leave. Residents should complete all assigned readings. If a faculty member feels that a resident has not participated successfully, that resident will be referred to the Program Director who will, with the Residency Training Committee, develop an individualized remediation plan. This plan will be presented to the resident and monitored by the Program Director. The Program Director will determine the resident's successful completion of this remediation process.

Didactics are considered protected time and held every Wednesday, from 8 am – 12 pm unless otherwise specified. When didactics are virtual - **residents are still expected to be at a clinical site** listening and participating in it. If for any reason, didactics are cancelled and/or not scheduled on a given day, residents are expected to report to their clinical service as a **regular workday** unless told otherwise by the Program Director.

Annual Resident In-Service Examinations

The residents will take the Psychiatry Resident in Training Exam (PRITE) each fall. Resident will have access to question banks and be assigned questions periodically to help prepare for the PRITE.

Resident Administrative Responsibilities

The resident will assume all administrative responsibilities, including but not limited to on-call, preparation of reports, arranging for coverage if unavailable, and following all policies of Inspira Health, the Department of Psychiatry, and all its affiliates. Any deviation will be investigated for possible disciplinary action by the Program Director in accordance with all applicable Inspira and departmental policies, the CIR contract, and the corrective action policy.

Resident Logs

Residents log all cases seen on all rotations, inpatient and outpatient, using cumulative log forms provided by the training program. Residents will maintain a list of their outpatients using the **patient log spreadsheet**. Logs are to be turned at the completion of each rotation to the Program Director or Program Manager.

Scholarly Activity Requirement

Residents must write a scientific paper of publishable quality as a requirement for graduation from the Psychiatry Residency Program. Residents are provided with opportunities to conduct research projects leading to the writing of a scientific paper suitable for publication and are encouraged to collaborate with faculty. Residents can also present at conferences as first author or present a Grand Rounds, along with a faculty member, in order to meet this requirement.

Meetings

Resident Monthly Check-in Meeting

The Program Director & Program Manager will meet with each PGY class at least once a month, generally on Wednesdays after didactics. The purpose is to give all residents an opportunity to communicate their concerns, ask questions, or provide feedback for the program. The program may also use this opportunity to communicate new changes that are anticipated in the coming future. All concerns raised will be addressed as best as possible at the time of when it is raised, and if not, it will be followed up and addressed later when appropriate. Residents will be expected to attend this meeting barring an excused absence.

Other Program/Institution Committee Meetings

Residents are expected to partake in various committees including but not limited to: GMEC, PEC, SWOT analysis, etc. Residents interested in such committees should communicate their specific interests to the PD and then one can be assigned as deemed appropriate.

Moonlighting/Outside Employment

Residents may be permitted to moonlight ***at the discretion of the Program Director*** and according to Inspira Health & the psychiatry department policies on outside employment. Residents wishing to moonlight must meet minimum criteria including being at least a PGYIII Psychiatry Resident, having all appropriate licenses, and must complete and submit the appropriate request form. The resident may not moonlight for institutions that are in direct competition with their institutions. Moonlighting may not interfere with the resident's clinical duties and didactic responsibilities. Resident's performance will be monitored for the effects of moonlighting activities, and adverse effects (including rotation evaluations) may lead to the withdrawal of permission. All clinical activity will be calculated into the duty hour 80-hour work week mandate.

Out of System Rotations

Currently, no out of system rotations are permitted for Psychiatry residents. Only rotations required to meet AOA training requirements that cannot be met within the ROWAN-SOM/ Inspira Health system may be approved. Prior to developing the rotation schedule each year, the Program Director will submit to Graduate Medical Education Office, the appropriate request and justification for any required rotation(s) that cannot be accommodated within the ROWAN-SOM/Inspira Health system. No exceptions will be made.

Electives

At the discretion of the Program Director, residents may substitute elective/selective rotations for some part-time rotations during the PGY-III year. Residents should contact the Program Director to discuss the desired rotations prior to the start of the assigned rotation. No selective/elective rotations will be approved outside the ROWAN-SOM/Inspira Health at this time.

Vacation and Holidays

Residents receive time off for vacation and holidays in accordance with their employee contract. In order to schedule vacation or other time off, residents must coordinate with their colleagues on service as well as their rotation supervisor/attending and let them know about all vacation days prior to submission to the Program Director for their signature. **Vacation days must be approved by the supervising attending on service and the Program Director.**

For rotations such as Adult Inpatient & CL, it is the responsibility of the requesting resident to coordinate with their co-resident on service to ensure **at least 1 trainee remains on service** with the attending. This is crucial in preventing disruptions to clinical care and education of medical students who work closely with residents. Once this is confirmed, the requesting resident can then seek permission from the supervising attending on service.

For the Internal Medicine rotation, it is the responsibility of the requesting resident to get approval from the **Chief Resident of IM first**, before submitting to the Program Director and Program Manager.

All requests should be made **at least 2 months** prior to the requested time off, to ensure cross coverage can be arranged. Residents should take **no more than 1 week off per rotation month**, however if they have 2 continuous months of the same rotation, they can take up to 2 weeks off.

If the resident is on a rotation where their attending is off for any period of time (not including hospital holidays), and there is no other attending covering (i.e. APN providing clinical care instead), **the resident must immediately notify the PD/PM** so they can be placed on an alternative service temporarily. Faculty days off **do not** always correlate with resident days off; therefore this must be communicated with the program. If a resident takes a day off without prior approval, they can be retroactively docked a PTO day by the program and subject to other consequences.

Leaves

Sick leave

In accordance with your contract, employees are credited with sick leave days at the beginning of each academic year. When calling in sick or late, the resident is to notify Sharon Mead Kates, the Program Manager, who maintains the attendance records for residents, the outpatient office, their clinical service, and the Program Director. If the resident is unable to make all of these calls, the resident should call his or her co-resident or the Chief Resident, who will be responsible for making the calls.

The Program Director reserves the right to request that the resident provide medical documentation for sick leave if out for three (3) consecutive business days and after the third occurrence of sick leave during one academic year. Occurrence is defined as any period of time taken for sick leave.

The Program Director with the Psychiatry Education Committee reserve the right not to award academic credit if the resident has taken excessive leave during any given rotation.

Other leave

Medical, maternity, disability, and family leaves may be taken in accordance with FMLA, New Jersey State Law, and your contract and Interim Agreement. Residents should consult their contract, Interim Agreement, and applicable Inspira & Psychiatry Department policies. Additional information about policies may be found in the Department office, through Human Resources, or the institution's website.

Residency Certificates

In accordance with the ***Residency Training Requirements of the ACGME & AOA***, a certificate will be awarded to each resident upon satisfactory completion of the residency program and fulfillment of all program, departmental, and institutional requirements.

Additional Resident Responsibilities

Chief Resident Responsibilities

The Chief Resident(s) assists the Program Director and program staff in achieving the educational objectives of the training program by serving as a role model and as a liaison with other residents. The Chief Resident also performs specific assigned organizational and administrative duties, which include creating and monitoring the on-call schedules, providing for emergency or other coverage as needed, participating in the orientation of new residents, and other related duties as assigned.

The Chief Resident(s) reports to the Program Director, Department Chair, and other staff on matters of department policy or procedure and patient care or education within the training program. They assist in transmitting all pertinent information to the residents. The Chief Resident(s) reviews and enforces compliance with standards of conduct and professional demeanor among members of the resident staff. Representing all residents, they attend quarterly full departmental faculty meetings. They also serve on the Residency Training Committee and the Psychiatry Education Committee.

The Chief Resident(s) may also bring issues, problems, or concerns to the attention of the Program Director or other appropriate service chief or administrator. Disciplinary problems and due process matters are handled in accordance with established institution's policies and their contract.

Student & Intern Teaching

Residents are expected to actively participate in ROWAN-SOM / Inspira teaching programs, including teaching students and interns assigned to service. In addition to constructively teaching from available clinical resources, residents assist in teaching clinical interviewing to second, third, and fourth year medical students and PGY-I trainees in both Psychiatry and other specialties as needed. PGY-IV residents may elect to lecture to medical students in the Brain and Behavior Block of the Pre-Clerkship Curriculum. Residents also participate in community-based educational programs and make presentations in case conferences and seminars that are part of the didactic program.

Documentation Guidelines for Medical Records

Residents' patient care responsibilities include proper documentation of patient assessment, care, education, and treatment activities. The documentation elements assessed by JCAHO Medical Record review follow immediately in this section of the handbook.

Copies of the *New Jersey Screening Document* and *Clinical Certificates for Involuntary Commitment* for adults and minors are included after the documentation guidelines.

Evaluations

Rotation evaluations

The resident will complete all assigned rotations. The resident will be evaluated on a monthly basis on each rotation. The resident will have the opportunity to review all evaluations. PGY-III and above residents will also be evaluated annually by each outpatient/community mental health center supervisor. Any resident who does not pass a rotation or is felt unqualified by a supervisor will be referred to the Program Director, who will, with the Residency Training Committee, develop an individualized remediation plan. This plan will be presented to the resident and monitored by the Program Director. The Program Director will determine the resident's successful completion of this remediation process.

360° evaluations

In an effort to capture 360° degree evaluation of the residents, each resident will be evaluated by nursing staff/support staff quarterly each year. The residents will also perform peer-to-peer evaluations on other residents twice a year.

Program evaluations

Residents will evaluate the residency program once a year.

Self-assessment

Residents will also evaluate themselves using the self-assessment evaluation form.

Leadership Opportunities:

Wellness Chair

- Promote resident physician wellness and camaraderie through bi-annual retreats and monthly/regular social events
- Research and order spirit wear for the program to facilitate resident unity and foster supportive environment
- Communicate with residents regularly to assess and gauge wellness concerns and discuss with chief resident, program director, and coordinator

Recruitment Committee:

- Participate in meet and greets during each interview day during interview season
- This committee contributes in the collaborative review of each applicant
- Additionally, working to cultivate interest in our residency program at recruitment events throughout the year.

NJPA Program Representative

- Liaise between the NJPA and training program
- Share NJPA resident programming and service information with colleagues and Program Directors
- Encourage membership by detailing benefits of and the impact organized psychiatry has on the profession and patients
- Assist with planning and promoting the annual Psychiatrist in Service event
- Collaborate on development of programs for recommendation to the NJPA Board of Trustees and implement once approved

GMEC Resident Representative

- Representatives are responsible for attending each of the quarterly scheduled GMEC meetings
- Representatives are the “voice” of their respective trainees and as such should facilitate discussion among all the trainees in their program year;
- They should identify issues to share with the program leadership and/or the GMEC and ensure confidentiality where appropriate
- Representatives should not serve continuous terms, in order to allow other residents to have an opportunity to serve in this position as well



TEACHING AIDS AND LIBRARY RESOURCES

Our students, residents, and fellows have a wide variety of resources available to them through the ROWAN-SOM Health Sciences Library. The Library's collection is comprised of books, journals, media, and software in the basic and clinical sciences in support of both undergraduate and graduate medical education. An extensive collection of electronic, evidence-based resources has been developed to assist house staff in accessing information 24 hours a day, 7 days a week, regardless of location. Information on all mental health topics is available through sources such as Psychiatry Online, PsycInfo, PsycArticles, and via the wide variety of e-books and e-journals which the library licenses. Various point-of-care resource "apps" are available for download to mobile devices.

A professional reference service is available Monday through Friday. A full range of library services is provided by the library staff to aid house staff in obtaining information. Mediated literature searches are available for those working on research projects or for patient care issues.

In addition to Medline and other biomedical databases, library staff can provide searches of databases in psychology, psychiatry, social sciences, and the humanities. Residents are also encouraged to do their own literature searches using any of the searching options that the Library has available; training is available and may be scheduled with library staff. In addition, the bibliographic reference management program, EndNote, is available to be downloaded by fellows, residents, students, and faculty at no charge.

Interlibrary loan is a service provided to obtain those journal articles or books which are not held in a library's collection or available online. Electronic delivery of documents is available for any article requested.

You can access a full and comprehensive list of Psychiatry textbooks at the ROWAN-SOM library website at <https://www.lib.rowan.edu/som>.



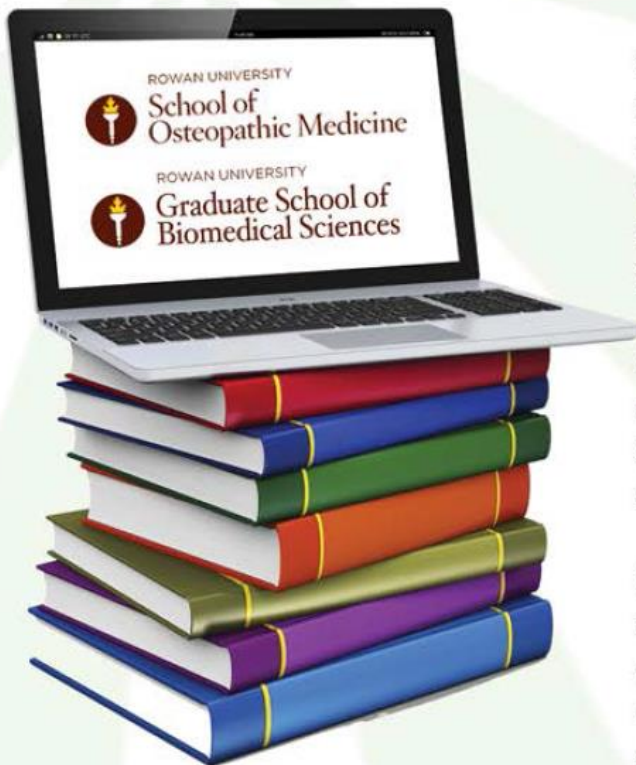
Library Offers Proofreading and Editing Service

Students, faculty and staff are invited to take advantage of a new proofreading/editing service at the Health Sciences Library. Any student, staff or faculty member may request help with their own writing. We also encourage faculty to refer students who could benefit from this kind of assistance.

This service can be tailored to your needs, whether you just want someone to proofread for grammar and punctuation or require complex editing assistance. It is available for all levels of writing: student papers, conference presentations and articles being submitted for publication (we can help you find manuscript requirements, too).

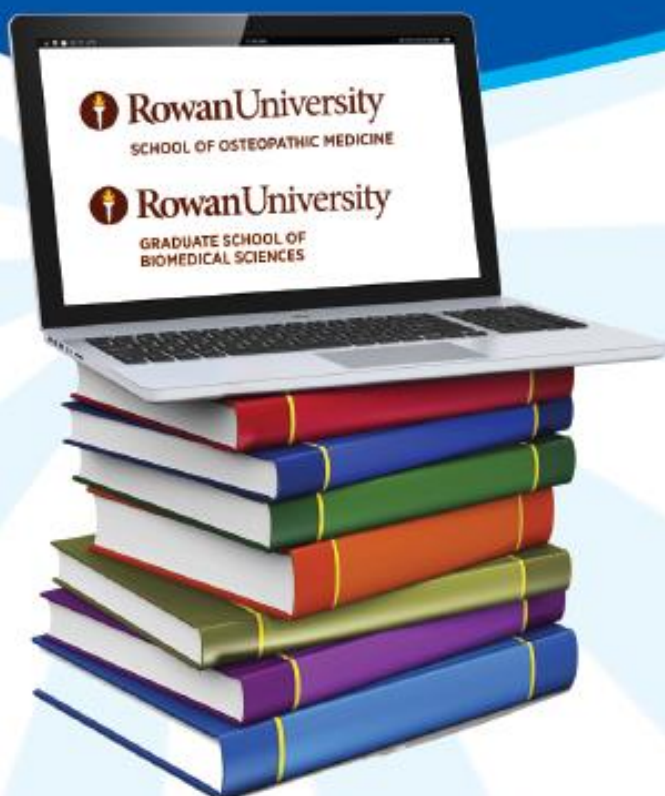
Turnaround time is negotiable, depending on the complexity of service requested, but we anticipate an average of 3-5 business days. In-person consultation by appointment is preferred, with prior e-mail submission for review.

The primary contact for this service is Lisa Price. She holds a BA in Spanish and English (Communications) and worked as an advertising copywriter before earning her MS in Library Science. Throughout her career, she has produced numerous newsletters and desktop publications. Known among Library staff as having a passion for clear, grammatically correct writing, she is excited about sharing her expertise with the Stratford campus community.



For more information or to schedule an appointment, please contact Lisa Price at 856-566-6765 or via e-mail at priceL2@rowan.edu.

Health Sciences Library Consultations & Support



Our librarians have a variety of special skills and areas of interest and expertise. We can help you work through a project, identify appropriate resources or show you which tools would best meet your needs. Flexibility is a key component of the Library's Consultation Program. You select the time (morning, afternoon, evening) and place (office, hospital or Library) to meet with a librarian. Consultation sessions may be scheduled for individuals or for groups.

KEVIN BLOCK

(kblock@rowan.edu)

EndNote Reference Management Software
Social Media
Online Resource and Service Support

MARITA MALONE

(malone@rowan.edu)

Instructional and Reference Services
Evidence Based Practice Instruction and Support
Nursing Liaison

MICKI MCINTYRE

(mcintyrem@rowan.edu)

Consumer Health and Health Literacy
Mobile Devices and Healthcare Apps
Emergency Management Resources and Outreach

LISA PRICE

(priceL2@rowan.edu)

Bioinformatics and Genetics Information Resources
Writing and Editing Assistance
Desktop Applications and Computer Software