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CENTERSTONE

**ACGME**  
**Psychiatry**  
**RESIDENCY**  
**MANUAL**

**2019-2020**

Program Director: Jose Zaglul, M.D.

**Disclaimer:** All information outlined in this manual is subject to periodic revisions and modifications as needed. Centerstone of Florida Hospital at its preference, may change, delete, suspend, or discontinue parts or the manual in its totality, at any time.

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## Letter from Program Director

Thank you for your interest in the Centerstone of Florida Psychiatry Residency Program. As one of the few programs sponsored and located in a Community Mental Health Center, we are committed to train well rounded psychiatrists, with knowledge to practice in any setting, but with special skills to serve our severe and persistently mentally ill population.

The program has been organized in compliance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME). Our Main Campus is located at Centerstone Hospital of Florida, and we have outpatient facilities in different locations in Manatee and Sarasota Counties.

The residents are exposed to different populations of patients, and different modalities of treatments for those affected with mental health illness and/or substance abuse. The availability of different levels of services within our institution, including inpatient, outpatient, residential and wrap-around services, provides a continuum of care for our patients, and a good opportunity for our trainees to familiarize themselves with those different levels of care.

Psychiatry is a complex and ever changing field, with new discoveries on the way our brain and mind works, and a constant development of new medications, new treatment modalities and therapies. Our focus at Centerstone is to prepare knowledgeable psychiatrists, with a good understanding of the bio-psycho-social approach to mental illness. Upon successful completion of the program, you will be eligible for certification in General Psychiatry through the examination provided by the American Board of Psychiatry and Neurology (ABPN).

This manual will orient you regarding your responsibilities, benefits, goals and objectives, educational assignments or rotations, participating sites, hospital's responsibilities, policies and procedures, etc. The guidelines enclosed in this manual adhere to the ACGME Requirements. Residents will also be subject to the hospital and corporate Policies and Procedures, available through the Centerstone SharePoint intranet.

If you can't find the answer to any of your concerns or questions in this handbook, any of our faculty members and the GME staff will be happy to answer your questions. At Centerstone of Florida and participating sites, you will be trained within team-oriented work environments, which promotes a healthy balance between work and personal life in order to guarantee the best educational and clinical experiences for you, and the overall success of the program. Best wishes on the start of your post-graduate medical education in Psychiatry, and welcome to the Centerstone team!

Jose Zaglul, MD  
Program Director



**Jose Zaglul, M.D.**  
Program Director

## **Introduction**

Founded in 1955, Centerstone operates the areas' only Joint Commission accredited non-profit hospital and largest specialty practice with both child and adult psychiatrists. Centerstone specializes in mental health and addiction disorders so that health and wellness is possible for every family. Centerstone Hospital & Addiction Center is a hospital providing specialty psychiatric services, crisis services and comprehensive addiction services. Centerstone Clinics provide mental health counseling, family counseling, support groups, medication management, addiction services and across-the-lifespan psychiatric services. Centerstone employs over 450 staff in the state of Florida who provides state-of-the-art care to over 14,000 patients a year, including 3,500 children.

The primary training site for the psychiatric program will be conducted on the Centerstone Hospital and Addiction Center campus and Centerstone West campus (Outpatient) as well as in-home or on-site for the Severe and Persistently Mental Health Challenged population.

The disorders we treat are not rare. Centerstone serves one out of every thirty families in our community. The primary objective of Centerstone is to assist people with psychiatric, life adjustment and addiction issues to achieve and maintain the highest level of independent functioning possible.

It is the position of Centerstone that addictions and mental illnesses are usually treatable. There are no hopeless cases at Centerstone. Our success rates with remission of symptoms of depression approach 85%; our success rates with alcohol and drug addiction result in over 79% completing treatment. Annually, the Centerstone volunteer Board of Directors commits to providing over \$11 million in charity care.

Centerstone is both a teaching and research hospital. Individuals who come for treatment are often in crisis, and are usually extremely vulnerable. Centerstone residents thus have a responsibility to maintain the highest standards possible in the development and implementation of treatment plans which are appropriate to the needs of each individual client.

All residents must be committed to upholding the dignity and worth of each person seeking treatment. Residents shall faithfully discharge their duties recognizing that the interests of the client and the public are of primary concern.

## **Our Four Principles**

1. **Expand Access to Care:** Only one out of three adults and one out of four children who need mental health treatment actually receive it. For alcohol and drug patients it is only two out of ten with access to care. Centerstone Residency is dedicated to expanding access to care through training psychiatrists in effective healthcare delivery systems, collaborative partnerships and integration with other disciplines (primary care, psychology, nursing, and counseling).
2. **Place Clients and Loved Ones at the Center of Care:** Centerstone Residency embraces the humanity of those in our care by offering warm hospitality and reassuring communication to the patients that we serve. Our residents strive to include loved ones in the healing process to promote broad-based and lifelong healing. They also focus on meeting the needs of the patient regardless of circumstance.

3. Implement Solutions for Community Concerns: Centerstone has served our community for more than half a century. It is our calling to provide solutions to community problems such as homelessness, rape, child abuse and neglect, diversion from the criminal and juvenile justice system, emergency room overcrowding and failure to succeed in school. Centerstone Residents are expected to be a positive force of change in the community by providing services in these needy areas and for members of the community that need quality psychiatry care.

4. Maintain Commitment to Community Care: Centerstone provides more than \$17 million in charity care annually. Our Board maintains this level of service through grants and donations. Centerstone Residents are critical in helping to get life-saving psychiatric services to marginalized and disenfranchised people in our community.

## **Our Mission**

The Centerstone Residency in Psychiatry is committed to delivering care that changes people's lives. We are committed to providing a generalist training in psychiatry to our residents, while also exposing them to areas of specialization that may guide their practice choice later. We are focused on guiding our residents to develop the highest ethical, clinical and professional practice patterns, while providing care to diverse patients with a holistic view to their recovery from mental health or substance abuse problems. We are also focused on psychiatry as a science and encourage our residents to begin to develop habits consistent with needing to be forever current in the latest scientific findings and comfortable evaluating research.

## **Our Goals**

To train psychiatrists in providing high-quality services to patients with diverse mental health and substance abuse issues across the lifespan, with sensitivity to issues of diversity

To provide a broad-based, full-featured residency program in psychiatry that strives to exceed AOA/ACGME guidelines and that prepares our residents for practice as a generalist in psychiatry.

To educate residents about the needs of patients and their families with mental health or substance abuse issues and the role psychiatry has in changing their lives.

To prepare future psychiatrists to serve those marginalized and underserved patients, by exposing residents to decision-making about community resources, medication access, insurance restrictions and other threats to patient recovery.

To reinforce the need for all psychiatrists to be life-long learners by seeking out new studies, being comfortable digesting new information, presenting scientific information to patients/community and representing the science of psychiatry in their practice.

To recognize the particular need for self-care for psychiatrists and to promote a work-life balance that is sustainable for one's entire professional career

To highlight the evidence-based practices that have been shown to help different disorders and to acquaint residents with effective interventions from the fields of psychology, social work, nursing, occupational therapy and other healthcare disciplines.

## **Centerstone is proud to provide our residents with:**

### **Conference Rooms**

The conference rooms are located at the hospital complex near the medical education department. There are two large rooms that can accommodate PowerPoint or other presentation modalities. The Conference Board Room at the Hospital campus are where most of the lecture series, grand rounds and formal board reviews will take place. However, for Grand Rounds that are open to other clinical staff, Room 121 or 135 may be used. There are also multiple conference rooms available located at the Centerstone West location that will be used for residency education.

### **Resident Lounge**

The Resident lounge is located in a non-patient area co-located with the Conference Board Room which is a short walking distance from the hospital units. It consists of a Board Room, two bathrooms, a Resident Lounge, two kitchen areas, a secure storage area for personal items and a large office area for the Residents. It has a secured entrance requiring a key fob for admittance. The lounge has a television, couch, chairs and additional storage.

### **Library**

The Lake Erie College of Osteopathic Medicine (LECOM) Library has both primary source titles and recurring periodicals for the purpose of literature review and independent study. The LECOM Library is a spacious and open setting that includes state-of-the-art computerized references, with a professionally trained library staff for resident assistance. As Centerstone residents, you will have access both in-person and on-line to this library.

### **Meals**

While on duty, meals from the cafeteria are available free of charge during their operating hours. Light meals, and snacks will be provided in the resident kitchen area for times when the cafeteria is not open.

## **Program Description**

The Centerstone of Florida Psychiatry Residency Program is a four (4) year postgraduate training program. The program accepts applications through ERAS (Electronic Residency Application Service) and participates in the National Resident Matching Program (NRMP). Applicants with one of the following qualifications are eligible for appointment to the program:

- Graduate of a School of Medicine in the United States/Canada accredited by the Liaison Committee on Graduate Medical Education (LCME).
- Graduate of a College of Osteopathic Medicine in the United States accredited by the American Osteopathic Association (AOA).
- Graduate of a School of Medicine outside of the United States or Canada who has received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or has a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- Graduates of a medical school outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

This program has been designed to provide the physician with advanced training in general psychiatry and to meet the needs of the medical school graduate desiring to be board certified in Psychiatry through the examination provided by the American Board of Psychiatry and Neurology (ABPN). Our training shall adhere to the ACGME requirements, and will offer you an organized curriculum with guidance and close supervision, facilitating your ethical, professional and personal development, while ensuring safe and appropriate care for patients.

The resident will be exposed to a thorough education of the highest quality, combining teaching, clinical service, compassionate patient care, and research. Our institution is committed to providing an ethical, professional, and educational background in which the curricular requirements and applicable requirements for the residents' work environment, scholarly activities, and core competencies can be met. We are committed to keep a proper balance between education and service, as evidenced by work hour schedules inclusive of academic and research opportunities and attendance at clinical training and educational activities. Educational standards to be maintained and core competencies to be instilled are in full agreement with the ACGME requirements as required by the ABPN. These standards similarly apply with respect to definitions and purposes, selection of residents, responsibilities of residents, and qualifications and responsibilities of the Program Director and faculty. Supervision of residents by qualified teaching staff and adherence to proper working conditions and duty hours shall be in strict compliance with the above mentioned requirements.

Residents may enter the psychiatry residency at the PGY-1 or PGY-2. Residents entering at the second-year postgraduate level shall document successful completion of a clinical year of education in an ACGME-accredited specialty requiring comprehensive and continuous patient care, such as a program in internal medicine, family medicine, pediatrics, or a transitional year program. Throughout the entire program, considerable time will be spent by the resident in a well-structured instruction, to include seminars, teaching conferences by the faculty and visiting lecturers, continuous case conferences, journal clubs, and up to two hours per week of individual supervision. The methods of therapy in psychiatry include a variety of somatic therapies, pharmacotherapy blended with psychotherapy, as well as dynamically-oriented, cognitive, and supportive individual and group psychotherapy.

Advancement to a higher level will be based upon the quality of performance and the core competencies achievement done in the previous educational year. Competency evaluations are required to meet all ACGME requirements for residency training in Psychiatry. Criteria for graduation include successful completion of the program's goals and objectives set forth in all essential teaching rotations in the Psychiatry Residency Manual. Residents will successfully complete all educational assignments for the prescribed 48 months of education as dictated by the ACGME. A scholarly paper or research paper shall be completed and approved by the Residency Research Committee. Residents will be required to satisfactorily demonstrate proficiency in the core competencies.

The training objectives for graduation will be reached when a resident is viewed as a solid clinician, able to use current literature, and able to negotiate a general psychiatric practice. This includes demonstrated competency in the ACGME competency areas. Graduates will have a keen awareness of their own strengths and limitations, and recognize the necessity for continuing their

own professional development and lifelong learning. The program will also encourage the residents who may be interested in academic psychiatry by introducing subspecialty education and research electives early in the residency program.

Upon completion of this program, residents are expected to be prepared to either enter general psychiatry practice or continue into subspecialty fellowship training. Graduates shall possess the proper sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of psychiatric disorders, and common medical and neurological disorders that relate to psychiatry.

### **Program Goals**

- Provide an extensive and comprehensive residency program that adheres to the ACGME requirements for residency in Psychiatry.
- Promote the development of prerequisite knowledge, skills, and attitudes in accordance with the professional guidelines set forth by the Psychiatry Residency Review Committee of the American College of Graduate Medical Education, and the American Board of Psychiatry and Neurology.
- Provide a solid educational background in order to prepare residents to successfully pass the oral certification examination in psychiatry by the American Board of Psychiatry and Neurology.
- Prepare excellent psychiatrists for the increasing demand in the community and nationally.
- Produce knowledgeable physicians for the independent, conscientious and effective practice of psychiatry.
- Graduate proficient psychiatrists capable of providing high-quality psychiatric care to the patient through all cycles of life.
- Promote the growth of future leaders in research and clinical psychiatry.
- Provide qualified physicians with a well-rounded educational training environment, diverse in both didactics and clinical experience.
- Expose trainees to a wide range of career opportunities available in the area of academics, research, clinical practice, and the various psychiatric subspecialties.
- Provide residents with a broad scope, sufficient volume and variety of clinical cases to hone the skills necessary for the patient care of patients.
- Encourage our graduates to practice in medically underserved communities and areas of critical need in our state of Florida when they complete their training.
- Promote a lifelong dedication to the educational learning process and critical evaluation of contemporary literature.
- Supervise the resident's progressive responsibilities for patient care with ongoing exposure to the fundamentals of the general core competencies (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice Based Learning and Improvement, Professionalism, and Systems Based Practice).
- Promote excellence in medical education, high quality patient care and scholarly activity.

## Program Objectives

- Provide a comprehensive educational experience which will assure that graduating residents possess the clinical skills and knowledge required for the independent practice of psychiatry, while exposing them to the broad range of career opportunities including clinical practice, teaching, research, and administrative psychiatry.
  - Prepare residents in order to successfully pass the examinations for certification in psychiatry through the American Board of Psychiatry and Neurology.
  - Train future psychiatrists who will practice critical thinking including an evidence-based approach in all aspects of their medical practice.
  - Train residents to collect and synthesize information involving biological, psychological, and social dimensions, spiritual aspects of each patient, as well as the careful, thoughtful, and sophisticated integration of each of these areas for successful formulation of a clear, safe, and reasonable treatment plan.
  - Provide a learning environment favorable to the achievement of the educational goals and objectives and assure a didactic atmosphere that fulfills the physical, emotional and educational needs of our residents.
  - Emphasize training on the bio-psycho-social model of patient care.
  - Support resident scientific and research endeavors.
  - Provide continuous academic instruction in the form of formal Didactic Sessions, Morbidity and Mortality meetings, Journal Clubs, and opportunities to attend national conferences as approved by the program.
  - Maintain an environment that is conducive to teamwork, demonstrating the healthcare industry commitment to ethical principles and business practices.
  - Promote compassion and integrity in the application of the resident's knowledge and experience to the diverse medical problems, patient demographic and cultural background of fellow human beings that supersedes self-interest.
  - Ensure that each resident can effectively manage direct patient care and demonstrate competence in technical skills and clinical decision-making upon successful completion of the program.
  - Provide educational opportunities for the residents to progressively expand his/her teaching skills and supervisory roles.
  - Train the residents to develop professional responsibility, adherence to ethical principles and sensitivity to a diverse patient population.
  - Educate physicians to be competent to enter the independent practice of psychiatry.
  - Provide didactic sessions and educational experiences to facilitate the resident's achievement of the ACGME core competencies;
1. **PATIENT CARE** - Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
  2. **MEDICAL KNOWLEDGE** - Residents must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
  3. **PRACTICE-BASED LEARNING AND IMPROVEMENT** - Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

4. **INTERPERSONAL AND COMMUNICATION SKILLS** - Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.
5. **PROFESSIONALISM** - Residents must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. **SYSTEMS-BASED PRACTICE** - Residents must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

### **Centerstone Goals/Objectives at Each Educational Level Centerstone Psychiatric Residency Program**

Centerstone Residency in Psychiatry has specific goals and objectives for each resident rotation and for non-rotation based assignments (research, psychotherapy, community involvement) that are embedded in the resident training over the course of four years.

The general goals and objectives for each year of residency training reflect some of the goals and objectives from individual rotations, as well as more general program-wide expectations.

#### **YEAR 1 (PGY-1) GOALS**

To orient residents into the field of psychiatry through didactics, role-modeling, administrative instruction (EMR, computer-mediated prescribing), and supervision.

To provide experience in internal medicine and neurology that will give residents a working knowledge of those disciplines.

To expose residents to the practice of general inpatient psychiatry and to provide necessary training, didactics, and clinical supervision to build the resident's skills. Also, to augment this general exposure with a focus on the specific needs of the senior patient.

#### **YEAR 1 (PGY-1) OBJECTIVES**

During the course of the year, residents will be exposed to a variety of experiences and rotations, each with specific objectives. However, by the end of the first year, all residents will have completed the following objectives:

1. Conduct a comprehensive history and physical on patients with mental health and substance use disorders, with a focus on ruling-out medical causes for some psychiatric presentations.
2. Conduct thorough psychiatric examinations (with biopsychosocial and mental status components) in a time-sensitive and caring manner.

3. Successfully enter appropriate orders for medications, labs, and other health service interventions (nursing, psychology, OT) in the Electronic Medical Record, with routine follow-up as a matter of practice.
4. Acquire a working knowledge of ICD-10/ DSM 5 diagnosis and be able to apply these diagnostic systems to identify patients with accurate diagnoses.
5. Understand the management and care of patients and seniors in inpatient psychiatric settings, with a focus on accurate assessment, follow-up, follow-through and discharge-planning.
6. Develop a basic knowledge of the differences between involuntary (committed) and voluntary patients, with awareness of the legal issues involved in their care.
7. Begin to develop a professional presentation as a practitioner-scholar by presenting cases in supervision, presenting research in journal club and formulating a research presentation.
8. Be able to conduct a neurologic examination.
9. Gain an introductory knowledge of internal medicine and neurological issues and demonstrate an ability to assess and manage such issues, at a level consistent with this level of training.
10. Demonstrate an introductory level of knowledge of psychiatry measured by PRITE scores.

## **YEAR 2 (PGY-2) GOALS**

To continue to grow a knowledge-base and an experience-base in the care of patients in in-patient settings, with increasing autonomy.

To broaden exposure of residents to patients with acute symptomology in an emergency setting, patients with chronic disorders and patients with co-occurring substance use disorders, building on the skills gained during their first year of residency.

To apply knowledge gained in didactics, in supervisions and in research review to clinical practice in a manner consistent with this level of training.

To become more aware of the role multidisciplinary practice has on being a successful psychiatrist and embracing didactic exposure to others methods of care/assessment (psychotherapy, psychological assessment).

## **YEAR 2 (PGY-2) OBJECTIVES**

During the course of the year, residents will be exposed to a variety of experiences and rotations, each with specific objectives. These goals generally reflect the expectation that the resident will have mostly mastered PGY-1 goals and will build on that knowledge. More varied supervision provision (direct, indirect) is expected during this year. By the end of the second year, all residents will have completed the following objectives:

1. Demonstrate easy competence in the assessment, diagnosis and psychiatric treatment of psychiatric disorders across the lifespan.
2. Develop a holistic conceptualization of patient presentation, using the patient's medical, psychological, cultural, pharmacological, and spiritual uniqueness to guide treatment.

3. Acquire preliminary knowledge in brief symptom-focused therapies with clients and deliver such psychotherapy under supervision with patients on the inpatient unit.
4. Understand basic research concepts (hypothesis generation/ testing, IV/DV identification, research design, and basic statistical awareness) and develop a research proposal.
5. Understand the management and care of patients with serious co-occurring substance use disorders in residential care settings, with a focus on accurate assessment, follow-up, follow-through and discharge-planning.
6. Be comfortable in presenting cases in supervision, presenting research in journal club, formulating research ideas and presenting information to colleagues and non-psychiatric staff.
7. Demonstrate the effective use of and collaboration with the broad treatment team of nurses, psychologists, case managers, social workers and other health professionals.
8. Demonstrate a moderate level of knowledge of psychiatry measured by PRITE scores.

### **YEAR 3 (PGY-3) GOALS**

To harness the knowledge and skills acquired during the first two years of residency to effectively care for patients in outpatient and forensic settings.

To be comfortable with diagnosing and treating patients with both mild and severe mental health and substance use disorders, accounting for the challenges of outpatient care

To codify the role of a psychiatrist within a team of health care practitioners working on a patient's care.

To begin to identify areas of professional practice and populations to further one's career as a psychiatrist

### **YEAR 3 (PGY-3) OBJECTIVES**

During the course of the year, residents will be exposed to outpatient and forensic experiences and rotations, each with specific objectives. These goals generally reflect the expectation that the resident will have mostly mastered PGY-1 and PGY-2 goals and will build on that knowledge. More varied supervision provision (direct, indirect) is expected during this year. By the end of the third year, all residents will have completed the following objectives:

1. Be exposed to treating patients with mild, severe or persistent mental health or substance use disorders in a community setting.
2. Skilled in gathering relevant clinical data during a psychiatric evaluation, reviewing the clinical record, arriving at correct diagnosis and considering differential diagnoses for patients with psychiatric disorders.
3. Able to provide longer-term psychotherapeutic treatments by conducting evidence-base psychotherapy with patients in an outpatient setting.
4. Effectively collaborate with other Centerstone health care professionals to aid the patient in accessing necessary resources to further the treatment plan.
5. Easily generate a treatment plan encompassing a holistic view of the patient and be a force of change in implementing the treatment plan.

6. Be able to use the patient's broader social environment by meeting with family members and significant others to more effectively promote a patient's health.
7. Being able to navigate through the research literature in a facile and deliberative manner in order to generate useful new knowledge about the practice of psychiatry.
8. Demonstrate an advanced level of knowledge of psychiatry measured by PRITE scores.

### **YEAR 4 (PGY-4) GOALS**

To finalize plans for independent practice as a psychiatrist.

To identify areas of specialization and seek out electives that enhance knowledge/ experience in such areas.

To be familiar with community-based provision of care models and a psychiatrist's role in patient care within such models.

To complete psychiatry residency training.

### **YEAR (PGY-4) OBJECTIVES**

During the course of the year, residents will be exposed to outpatient, community-based, and consultative experiences and rotations, each with specific objectives. In addition, the resident will participate in elective rotations based on interest. These goals generally reflect the expectation that the resident will have mostly mastered PGY-1, PGY-2, and PGY-3 goals and will build on that knowledge. By the end of the fourth year, all residents will have completed the following objectives:

1. Has identified elective rotation interests, consulted with the GMEC regarding such placements and developed goals/ objectives for those placements not usually available.
2. Will be skilled in gathering relevant clinical data during a psychiatric evaluation, reviewing the clinical record, arriving at correct diagnosis and directing treatment at a level of an independent psychiatric generalist.
3. Have well-established skills in collaboratively interacting with other health care professionals and is accomplished in communicating diagnostic and treatment information to referrals, patients and family members.
4. Is a leader in providing guidance to more junior residents and medical students, and is able to communicate clinical concepts at a level consistent with the audience's level of knowledge.
5. Is able to discuss research at a level consistent with that of an independently practicing psychiatrist.
6. Have completed all the rotations as required by Program Director and the GMEC.

## **Facilities Description Participating Sites**

### **Base Institution:**

1. Centerstone of Florida Hospital Inpatient Psychiatry Services
2. Centerstone of Florida Forensic to include Drug Court and Sarasota County Jail
3. Centerstone of Florida Outpatient Clinic to include Centerstone West and Sarasota.

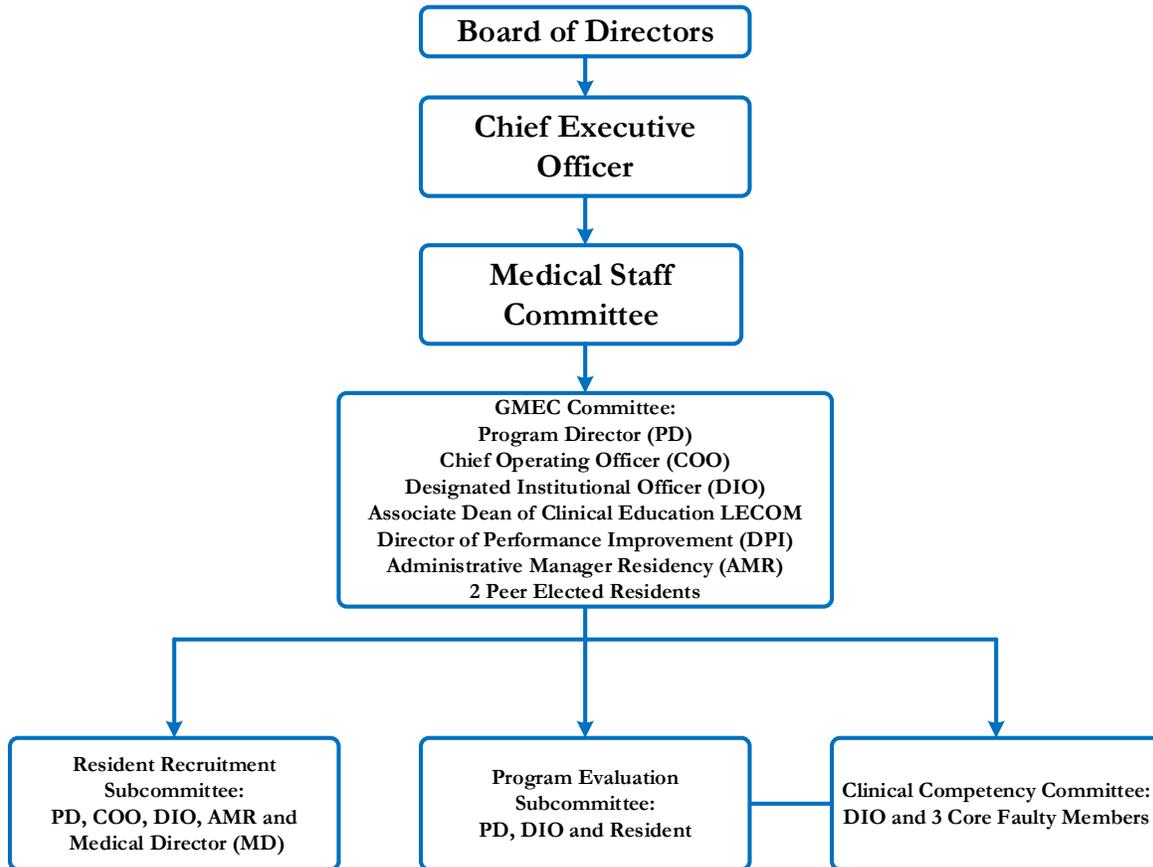
### **Participating Sites:**

1. Northside Hospital
2. Manatee Memorial Hospital
3. First Step Sarasota
4. Sarasota Health Department
5. Sarasota County Jail

### **Centerstone of Florida Hospital**

Centerstone of Florida Hospital is located 2020 26<sup>th</sup> Avenue East, Bradenton, Florida 34208. Centerstone of Florida Hospital is a Mental Health and Addictions Center and a Teaching Hospital. Centerstone of Florida has been serving the health care needs of West Central Florida since it began in 1955, providing comprehensive services in order to serve the community through highly qualified inter-disciplinary teams.

## Centerstone Psychiatric Residency Program



### Residency Program Structure

- Graduate Medical Education Committee and GME administration
- Chairman: Chief Operating Officer Centerstone Florida, Roger Johnson
- Psychiatry Program Director: Jose Zaglul, M.D.
- LECOM:
- Medical Director (MD): Ranjay Halder M.D.
- Designated Institutional Official (DIO): Robert Boxley, PhD.
- Director of Performance Improvement, Linda Transue
- Administrative Manager Psychiatric Residency Program (AMR): Colleen George
- Resident & Internship Coordinator
- Faculty at the base institution and participating sites
- Chief Resident 2018/2019
- Resident Peer Elected

## **Graduate Medical Education Committee (GMEC)**

- Roger Johnson, Chief Operating Officer, Chairman of GMEC
- Jose Zaglul, M.D., DME GMEC
- Anthony Ferretti, M.D., Associate Dean of Clinical Education LECOM
- Robert Boxley, Ph.D., Designated Institutional Official (DIO)
- Linda Transue, Director of Performance Improvement
- Colleen George, Administrative Manager.
- Varies from year to year, peer elected resident
- Varies from year to year, peer elected resident

The GMEC is responsible for assuring the quality of the training experience at the Centerstone Psychiatry Residency Program. The GMEC meets monthly throughout the year.

## **Resident Recruitment Committee (RR)**

- Roger Johnson, Chief Operating Officer
- Jose Zaglul, M.D. (DME)
- Ranjay Halder, M.D. (Medical Director)
- Robert Boxley, Ph.D. (DIO)
- Colleen George, Administrative Manager
- Chief Resident, Varies from year to year

The Resident Recruitment (RR) Subcommittee evaluates applicants at each stage of the recruitment process. This committee establishes search parameters, inclusionary/exclusionary criteria, and minimum standards needed for the offer of an interview. This subcommittee also develops the schedule for interview offers and arrangement of the structure of the interview day. This committee also prepares a presentations of final rankings for GMEC review as part of the Match. This subcommittee functions from July-January, meeting monthly after the GMEC meeting.

## **Program Evaluation Committee (PEC)**

- Program Director Allopathic Psychiatry Residency: Jose Zaglul, M.D
- DIO: Bob Boxley, Ph.D.
- Peer-Elected Resident: Varies from year to year

Under guidance of the program director, The Program Evaluation Committee (PEC) oversees the development and implementation of the didactic curriculum and reviews program evaluations to address areas of program strength/ weakness/ opportunity. Its core function is to maintain high standards in the competency-based educational offerings at Centerstone, review evaluations of faculty, monitor faculty development/ scientific endeavors, and assure that the program meets (or surpasses) ACGME standards. The PEC also incorporates reports from the Clinical Competency Committee (CCC). This committee meets twice annually, in January and in June. At the end of the June meeting, a progress report and action/improvement plan is generated and submitted to the

GMEC committee.

### **Clinical Competency Committee (CCC)**

- Medical Director: Ranjay Halder, M.D.
- Faculty member: Marco Rabines, M.D.
- Faculty member: Luis Jasa, M.D.
- DIO: Bob Boxley, Ph.D.

The Clinical Competency Committee (CCC) evaluates resident competence related to the Milestones for patient care and a resident's medical knowledge. This committee meets four times a year to review the progress of every resident in the program. Toward that end, the CCC considers all written evaluations (faculty evaluations, self-evaluations, peer/staff evaluations) from the residents' rotations, reviews any non-written feedback from faculty, shares committee member's experiences with the resident and discusses any inconsistency between these diverse evaluative sources. Feedback is provided to the Program Director for each resident for inclusion in their evaluation and to guide the Program Director in understanding of how well each resident is successful in meeting their Milestones. CCC members include DIO, 3 core faculty members. Each of these committees have administrative support staff to take meeting minutes, help develop agendas, facilitate inter-meeting communication and other essential functions.

After the AIR is conducted and performance measures are reviewed, the GMEC will identify areas for improvement and establish at least three strategic planning goals for the coming year. Implementation plans in furtherance of these strategic planning goals will be developed by the GMEC. Such plans will include specific measurable actions, data-driven metrics to continuously measure the progress of each action and timelines for completion of actions. The Designated Institutional Official (DIO) will review these regularly and the GMEC will review at least quarterly.

Any performance measure that is out of compliance will be an agenda item for each Graduate Medical Education Committee (GMEC) meeting until the matter is resolved. The program director will report on the progress for such deficiencies at the GMEC meeting. The DIO will generate a written summation of the AIR to the Centerstone CEO and the governing bodies of institutional and program affiliates in January of each year.

## Teaching Faculty Roster

Name	Board Certification	Specialty or Subspecialty
<b>Jose Zaglul, M.D.</b> Program Director	American Board of Psychiatry and Neurology	Child, Adolescent and General Psychiatry
<b>Ranjay Halder, M.D.</b> Medical Director	American Board of Psychiatry and Neurology	Child, Adolescent and General Psychiatry
<b>Shashidhar Sheshani, M.D.</b>	American Board of Psychiatry and Neurology	General Psychiatry
<b>Marco Rabines, M.D.</b>	American Board of Psychiatry and Neurology	General Psychiatry
<b>Peter Sukin, M.D.</b>	American Board of Psychiatry and Neurology	General Psychiatry
<b>Jeffrey Hamblin</b>		General Psychiatry
<b>Janet Taylor, M.D.</b>		General Psychiatry
<b>Luis Jasa, M.D.</b>		General Psychiatry
<b>Jesus Linares, M.D.</b>		General Psychiatry
<b>Robert Boxley, Ph.D.</b>		Psychology

### Program Director Responsibilities

- Administer and maintain an educational environment favorable to educating the residents in the ACGME competency areas.
- Guarantee the quality of didactic and clinical education in all participating sites.
- Approve a local director and faculty members at each participating site.
- Evaluate the program faculty members and approve their continued participation in the program based on satisfactory evaluation.
- Monitor resident supervision at all participating sites.
- Prepare and submit information required and requested by the ACGME, including but not limited to the Program Information Form (PIF), annual program/resident updates to the ADS, and ensure that the information submitted is accurate and complete.
- Provide each resident with the semiannual evaluation of performance with feedback.
- Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution.

- Provide verification of residency education for all residents, including those who leave the program prior to completion.
- Implement policies and procedures consistent with requirements for resident duty hours and the working environment, including moonlighting, and ensure uploading of those policies and procedures to the SharePoint site under either corporate, hospital policies or the Residency Workspace.
- Monitor resident duty hours, according to the sponsoring institutional policies, with a frequency sufficient to ensure compliance with the ACGME requirements.
- Adjust schedules to moderate excessive service demands and/or fatigue; and, monitor the demands of at-home call and regulate schedules as necessary to mitigate excessive service demands and/or fatigue.
- Ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.
- Comply with the sponsoring institution's policies and procedures, including those specified in the Institutional Requirements for resident's selection, evaluation and promotion, disciplinary actions, supervision, etc.
- Comply with the ACGME and Review Committee policies and procedures.
- Acquire review and approval of the sponsoring institution's DIO before submitting to the ACGME information, requests and regular correspondence submitted to the ACGME.
- Supervise residents through written descriptions of supervisory lines of responsibility for the care of patients, which will be communicated to all members of the program staff.
- Evaluate residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician in a regular basis.
- Dedicate enough time to develop the educational program, to include administrative and educational activities.

### **Faculty Responsibilities**

The program has selected an adequate volume of teaching staff in order to provide comprehensive instruction and progressive supervision. They have a strong commitment to educate the new generation of psychiatrist. In addition to psychiatrists, the program employs Ph.D. level psychologists, mental health technicians, social workers and other mental health professionals on staffs which will be in significant interaction with residents. The faculty is actively involved in scholarly activity, including presentations at local, regional/national meetings, published articles, peer-reviewed journals, participation in clinical or basic research, teaching appointments and clinical excellence. Our faculty will encourage and support residents in their scholarly activities. Residents will have ready access to didactic presentations from individuals outside the institution, and the faculty is required to be involved in academic and professional activities within and outside the institution. The supervising faculty is readily available for consultation by residents as needed.

## **Resident Responsibilities**

### **The resident will be able to:**

1. Know the program requirements for psychiatry education and to work with the faculty of the program to achieve substantial compliance with these Program Requirements.
2. Review regularly the residency manual, including the goals and objectives of rotations before starting each assignment.
3. Meet the qualifications for resident eligibility.
4. Develop a personal program of self-study and professional growth.
5. Fulfill duty hour's assignments, educational requirements and personal development.
6. Provide safe, effective, and compassionate patient care.
7. Participate in the educational and scholarly activities of their program and assume responsibility for teaching and supervising lower level residents and students, as required;
8. Participate in institutional orientation and educational programs and any other activity.
9. Submit confidential evaluations of the faculty and educational experiences for the P.D.'s review.
10. Participate in institutional committees and councils to whom the resident is appointed or invited, particularly those related to their education and/or patient care.
11. Adhere to established practices, procedures, and policies of the sponsoring institution (Centerstone Hospital) and of those applicable from participating sites.
12. Comply with state licensure requirements for physicians in training. Residents shall hold before the start date of their academic year, either a valid unrestricted Florida medical license or be registered with the Florida Board of Medicine for a Training License.
13. Complete Part III of the USMLE/COMLEX during PGY-1, and obtain a valid unrestricted state medical license before the third year of training.
14. Conduct as per Confidentiality policies of CFH.
15. Maintain accurate case documentation in order to advance to the next level of training and be allowed to complete the program. Residents shall keep updated their Portfolio.
16. Demonstrate proficiency in the ACGME core competencies:
  - Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
  - Medical knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.
  - Practice-based Learning and Improvement that involves investigation and evaluation of patient care, appraisal of scientific evidence, and improvements in patient care.
  - Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
  - Professionalism, through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
  - Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health.

## **Resident Portfolio**

Trainees shall monitor and contribute to keep their own portfolio. This duty will help them to build self-directed learning skills and adapt educational activities, while enhancing the learner's involvement in the educational process. The portfolio will contain the clinical competency committee reports, monthly faculty evaluations, multiple evaluators evaluations, as well as semi-annual and annual evaluations, the summative evaluation (after graduation), feedback sessions, documentation from other healthcare providers, self-reflective activities, moonlighting authorization form (if applicable), copies of projects and their timelines (Quality Assurance project, Research Project), In Training Examination scores, USMLE/COMLEX passing reports, Didactic Activities attendance, and other applicable documents.

## **Resident Certification of Completion**

Upon successful completion of the training program the resident will be awarded a certificate of graduation. This certificate will confirm the fulfillment of the program requirements, starting and completion dates of the program. This certificate will be signed by the Program Director, DIO and Centerstone of Florida CEO.

## **Educational Program**

The educational program is an integrated, comprehensive, and dynamic process. The program has been designed to emphasize clinical competency and a vast breadth of knowledge regarding all aspects of the practice of psychiatry and research. Our Educational Program is based on goals and objectives, which applies a language of competencies as its essential design. The curriculum shall contain the following educational components:

1. Overall educational Goals and Objectives for the program, which will be distributed to the residents and faculty annually.
2. Competency-based Goals and Objectives for each assignment at each educational level.
3. Regularly Scheduled Didactic Sessions, and Longitudinal Curriculum.
4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.

The didactic curriculum has been structured so that residents are excused from all responsibilities during delivery of regularly scheduled didactic material. Attendance to all didactic-residency related activities is mandatory. In addition to the academic conference schedule, special educational programs will be offered throughout your residency, including:

5. Resident orientations during PGY-1.
6. Yearly In-service Exam (PRITE Examination).
7. OMM at LECOM if applicable.
8. Visiting professors lectures.
9. Mock oral exams didactic sessions.

The following elements have been integrated to the didactic curriculum:

1. Psychopharmacology and clinical sciences as relevant to psychiatry,
2. Major theories of development through adulthood and old age
3. Major psychological theories including psychodynamic, behavioral and cognitive,
4. Major treatment modalities utilized with acutely and chronically ill patients,
5. Cross-cultural and gender issues relevant to psychiatry,
6. Psychiatric epidemiology,
7. Training in critically reading medical literature,
8. Practical research methodology, and clinical case conferences,
9. Theory and practice of commonly use psychotherapies including short- term.

**Multidisciplinary Conference:** The GME Department provides interdisciplinary conference each May with attendance by non-psychiatrists and other medical specialists. Non-psychiatrists practitioners include psychologists, social workers, and psychiatry nurses.

### **PRITE EXAMINATION**

All psychiatry residents will be taking the Psychiatry Residents In-Training Examination (PRITE) annually. No leave shall be approved during this date. This exam consists of an annual test provided by the American College of Psychiatrists to be taken by psychiatry residents in all years of their residency. According to the American College of Psychiatrists, this test is not designed to be a certification tool and is expected to be used by programs as one of the factors for evaluating the competency of a resident. The test consists of 300 questions administered in two parts covering the following areas: Neurology and Neurosciences, Growth and Development, Adult Psychopathology, Emergency Psychiatry, Behavioral Science and Social Psychiatry, Psychosocial Therapies, Somatic Treatment Methods, Patient Evaluation and Treatment Selection, Consultation-Liaison Psychiatry, Child Psychiatry, Alcoholism and Substance Abuse, Geriatric Psychiatry and Forensic Psychiatry. The main objective is to provide an educational feedback for residents and other groups by comparisons with peers in specific areas of knowledge. After the exam, the resident will receive a comprehensive report of his or her performance in the test in comparison with other residents at a similar level of training and the program director is able to analyze a statistical data comparing the program with other groups of participants. These test results are required to be kept confidential. DSM-IV had a recent transition to the DSM-V. Based on online information posted by the College of Psychiatrists, the PRITE Editorial Board and Commission agreed to implement the use of DSM-V as a reference in the PRITE as follows: 2013 exam asked about DSM IV, 2014 exam will only ask for those categories that will not be varying from DSM IV to DSM 5, and 2015 exam will start asking questions regarding the DSM 5.

### **ABPN Eligibility**

**For residents who began training as a PGY-1 on July 1, 2007 or as a PGY-2 on July 1, 2008,** the Psychiatry Part II (oral) examination has been eliminated. The Psychiatry Certification process will consist of a single computerized examination (Psychiatry Certification Examination); first administration in 2011. Effective January 1, 2012, the ABPN will require a physician to become Board certified within seven years following successful completion of ACGME-accredited or ABPN approved

residency training in their primary specialty. The ABPN, in accordance with the policy of the American Board of Medical Specialties, does not recognize or use the term "*Board eligible*" and does not issue statements concerning "Board eligibility." The Board informs an applicant of admissibility to examination only when the applicant has an active, approved application on file in the Board office. Our program achieves all the issues regarding Eligibility for examination for certification through the ABPN. For more information, please visit: <http://www.abpn.com>

**Regarding effects of leave of absences for eligibility for board certification:**

The ABPN states that the program may schedule individual leave or vacation time for residents in accordance with the overall institutional Policy.

Leave or vacation time may NOT be used to reduce the total amount of required residency or to make up deficiencies in training. Our leave of absence policy states that shorter periods of absence shall be made up by resident at the discretion of the Program Director and the chief of the department from which the time will be missed. This misused time shall be made up during vacation time or during such other times as agreed to by the Program Director and the Chief Administrative Officer. If the resident fails to complete the required time as stipulated by ACGME guidelines, he/she will not finish the PGY level until the required time is completed. Individuals are not automatically guaranteed re-entry into the program and therefore should discuss their case with their Program Director prior to commencing a leave of absence. An unjustified leave of absence is uncompensated and may affect completion of the program. Residents will be subject to the ACGME Psychiatry RRC program's requirements related to leave of absence, which should be reviewed prior to granting any leave by the program director and the resident to assure that the resident is familiar with the possibility of having to make up time away from training. For long periods of absence, the program will contact the ABPN to request advice in regards to eligibility requirements, so the particular could be considered on an individual approach and analyze if resident needs additional training as required by the specialty Board/RRC.

**Regarding Residents Transfers and Eligibility for Board Certification:**

In case of a resident transferring into the program, the program director and resident shall contact the ABPN with a list of the completed rotations at the transferred program and the proposed training at Centerstone Hospital to assure that the resident will be eligible to sit for the ABPN certification upon completion of the training since the training will be divided over two programs. This will allow for any adjustments to the training in advance should the ABPN have any concern. To ensure continuity of training, the ABPN requires that two of the three years of residency training, excluding the PGY-1, be spent in a single program. The 36 months of full-time residency training shall be completed in no more than two blocks. If completed in two blocks, the blocks shall not be more than ten years apart. In addition, credit is not given for less than one-year blocks of training. The ABPN Credentials Committee considers exceptions to these rules only under extraordinary circumstances. In such cases, respective program directors should contact the Board office, in writing, prior to the transfer. The letters must outline the resident's training content, duties, and responsibilities, including exact dates (from month/day/year to month/day/year) of training, and indicate clearly that the resident will satisfy all ACGME program requirements. Each case is considered on an individual basis. For further details refer to: <http://www.abpn.com>.

## Evaluation of Residents, Faculty and Program, Methods of Assessment

The resident evaluation process provides an assessment of the resident ability to assume progressively increasing responsibility according to his or her level of education, skills and experience. Residents are evaluated on their performance following each assignment to ensure that the resident demonstrated achievement of the ACGME general competencies. These evaluations are documented semi-annually, annually and the program is required to provide them with a summative evaluation after completion of the program.

The results of these evaluations are kept in the resident’s folder. The performance of the faculty shall be evaluated annually by the program and by the residents. The program is formally also evaluated annually. The following chart demonstrates the methods of multiple evaluators and identifies the evaluators for each method.

Competency	Assessment methods	Evaluators
<b>Patient Care (PC)</b>	Direct observation	<ul style="list-style-type: none"> <li>➤ Allied Health Professional, Nurse, Peers</li> <li>➤ Resident Supervisor</li> <li>➤ Attending, Consultants</li> <li>➤ Program Director, Faculty Supervisor, Preceptor</li> <li>➤ Families, Self</li> </ul>
	Global assessment	<ul style="list-style-type: none"> <li>➤ Allied Health Professional, Nurse, Peers</li> <li>➤ Chief Resident</li> <li>➤ Attending, Consultants</li> <li>➤ Program Director, Faculty Supervisor, Preceptor</li> <li>➤ Resident Supervisor, Families, Self</li> </ul>
<b>Medical Knowledge (MK)</b>	Direct observation	<ul style="list-style-type: none"> <li>➤ Peers, Attending</li> <li>➤ Program Director, Faculty Supervisor, Preceptor</li> <li>➤ Resident Supervisor, Self</li> </ul>
	In-house written Exam	<ul style="list-style-type: none"> <li>➤ Program Director</li> <li>➤ PRITE</li> </ul>
	In-training examination	<ul style="list-style-type: none"> <li>➤ Faculty Supervisor, Program Director</li> </ul>
<b>Practice-based Learning &amp; Improvement (PBL)</b>	Direct observation	<ul style="list-style-type: none"> <li>➤ Allied Health Professional, Attending</li> <li>➤ Program Director, Faculty Supervisor, Nurse</li> </ul>
	Practice/billing audit	<ul style="list-style-type: none"> <li>➤ Attending, Program Director, Faculty Supervisor, Peers</li> </ul>
	Project assessment	<ul style="list-style-type: none"> <li>➤ Attending - Program Director</li> </ul>
<b>Interpersonal &amp; Communication Skills (CIS)</b>	Direct observation	<ul style="list-style-type: none"> <li>➤ Allied Health Professional, Nurse, Peers, Attending</li> <li>➤ Program Director, Faculty Supervisor, Preceptor</li> <li>➤ Resident Supervisor, Families, Self</li> </ul>
	Global assessment	<ul style="list-style-type: none"> <li>➤ Allied Health Professional, Faculty Supervisor, Program Director</li> </ul>
	Multi-source assessment	<ul style="list-style-type: none"> <li>➤ Allied Health Professional, Nurse, Peers</li> <li>➤ Attending</li> <li>➤ Program Director, Faculty Supervisor, Preceptor</li> <li>➤ Resident Supervisor, Self</li> </ul>
<b>Professionalism (P)</b>	Global assessment	<ul style="list-style-type: none"> <li>➤ Allied Health Professional, Nurse, Peers</li> <li>➤ Attending, Program Director</li> <li>➤ Resident Supervisor</li> <li>➤ Self</li> </ul>
	Multi-source assessment	<ul style="list-style-type: none"> <li>➤ Allied Health Professional, Clerical Staff</li> <li>➤ Nurse-Peers</li> <li>➤ Faculty Supervisor</li> <li>➤ Program Director</li> </ul>
<b>Systems-based Practice (SBP)</b>	Practice/billing audit	<ul style="list-style-type: none"> <li>➤ Attending, Faculty Supervisor</li> <li>➤ Program Director</li> </ul>
	Project assessment	<ul style="list-style-type: none"> <li>➤ Attending, Faculty Supervisor, Program Director</li> </ul>
	Review of drug prescribing	<ul style="list-style-type: none"> <li>➤ Attending, Faculty Supervisor</li> <li>➤ Program Director</li> </ul>

## Didactics

Didactics take place every week and focus on information needed to grow and succeed as a psychiatrist. For a full didactic schedule and course description, see the residents SharePoint site.

### ACGME Core Competencies

The following Core Competencies are required of all residents to successfully complete their residency in psychiatry. The Competency-Based Evaluation (CBE) document shall be the instrument used to document achievement of these core competencies.

1. Patient Care
2. Medical Knowledge
3. Practice-based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-based Practice

#### COMPETENCY #1: PATIENT CARE

Residents shall demonstrate the ability to successfully treat patients, provide medical care that incorporates patient compassion, responsiveness of behavioral issues, and the implementation of preventive medicine, and health promotion. Residents will be required to:

1. Perform and document a relevant history and examination on culturally diverse patients to include as appropriate:
  - a. Chief complaint,
  - b. History of present illness,
  - c. Past medical history,
  - d. A comprehensive review of systems,
  - e. A family history,
  - f. A socio-cultural history,
  - g. A developmental history (especially for children)
  - h. General and neurological examination,
2. Delineate appropriate differential diagnoses,
3. Evaluate, assess, and recommend effective management of patients.

#### The ABPN requires the following for Physicians specializing in Psychiatry:

1. To perform comprehensive diagnostic mental status examination,
2. To perform screening neurologic examination,
3. To develop and document:
  - a. An appropriate DSM-IV multi-axial differential diagnosis.
  - b. An integrative case formulation that includes neurobiological, phenomenological, psychological and socio-cultural issues involved in diagnosis and management.
  - c. An evaluation plan, including appropriate laboratory, imaging, medical, and psychological examinations.

- d. A comprehensive treatment plan addressing biological, psychological, and socio-cultural domains.
- 4. To comprehensively evaluate and document patient's potential for self-harm or harm to others. This shall include:
  - a. Evaluate risks.
  - b. Understand the involuntary treatment standards and procedures.
  - c. Interfere effectively to minimize risk.
  - d. Be able to implement prevention methods against self-harms and harm to others.
- 5. To conduct therapeutic interviews (e.g., enhance the ability to collect and use clinically relevant material through the conduct of supportive/examining interventions, and clarification.
- 6. To conduct a range of individual, group, and family therapies using standard, accepted models, and to integrate these psychotherapies in multi-modal treatment, including biological and socio-cultural interventions.

## **COMPETENCY# 2: MEDICAL KNOWLEDGE**

Resident will be required to demonstrate appropriate knowledge of:

1. General medical conditions, including considerations relating to age, gender, race, and ethnicity, based on the literature and standards of practice. This knowledge shall include:
  - a. The epidemiology of the disorder,
  - b. The etiology of the disorder, including medical, genetic, and socio-cultural factors,
  - c. The phenomenology of the disorder,
  - d. An understanding of the impact of physical illness on the patient's functioning,
  - e. The experience, meaning, and explanation of the illness for the patient and family, including the influence of cultural factors and culture-bound syndromes,
  - f. Efficient treatment strategies,
  - g. Course and prognosis,
  - h. Healthcare delivery systems, including patient and family counseling,
  - i. Systems-Based practice issues.
2. Application of ethical principles in delivering medical care,
3. Ability to employ electronic systems to access medical, scientific, and information.

### **The ABPN requires the following knowledge for physicians specializing in psychiatry:**

1. Human growth and development, normal biological, cognitive, and psychosexual development, and socio-cultural factors; pathophysiology, neuroanatomy; and psychobiology of psychiatric disorders.
2. Behavioral science and social psychiatry, including:
  - a. Learning theory
  - b. Theories of normal family organization, dynamics, and communication.
  - c. Theories of group dynamics and process.
  - d. Anthropology, sociology, and theology as they pertain to clinical psychiatry.
  - e. Trans-cultural psychiatry.
  - f. Community mental health.
  - g. Epidemiology.

- h. Research methodology and statistics.
  - i. Psychodynamic theory.
3. Patient evaluation, treatment, diagnostic and therapeutic studies, including:
    - a. Diagnostic interviewing.
    - b. Mental status examination.
    - c. Psychological and educational testing.
    - d. Laboratory testing.
    - e. Imaging studies.
    - f. Treatment comparison and selection.
    - g. Various treatments, including:
  4. Specific forms of psychotherapies (brief therapy, cognitive behavioral therapy and psychodynamic therapy, supportive)
  5. All delivery systems of psychotherapies (individual, group and family)
  6. Recognition and treatment of psychosexual dysfunctions
  7. Somatic treatments, including:
    - a. Pharmacotherapy, including the antidepressants, antipsychotics, anxiolytics, mood stabilizers, hypnotics, and stimulants, including their pharmacological actions, clinical indications, side effects, drug interactions including over-the-counter, herbal, and alternative medications, toxicities, appropriate prescribing practices including age, gender, and ethno cultural variations, and cost-effectiveness.
    - b. Electroconvulsive therapy.
    - c. Light therapy.
    - d. Trans-cranial magnetic stimulation.
  8. Emergency psychiatry, including:
    - a. Suicide, Homicide and other violent behavior, child, domestic and elder abuse, crisis interventions, differential diagnoses in emergency situations, and treatment methods in emergency situations.
    - b. Substances of abuse, including the: Pharmacological actions of substances of abuse, signs and symptoms of toxicity, signs and symptoms of withdrawal, management of toxicity and withdrawal, epidemiology, including socio-cultural factors, prevention and treatment.
  9. Psychiatric subspecialties and other areas of psychiatric endeavor, including:
    - a. Addiction psychiatry
    - b. Child and adolescent psychiatry,
    - c. Clinical neurophysiology,
    - d. Forensic psychiatry,
    - e. Geriatric psychiatry,
    - f. Pain medicine,
    - g. Psychosomatic medicine.
    - h. Sleep medicine
    - i. End of life and palliative care
  10. Neurology, including the pathophysiology, epidemiology, diagnostic criteria, and clinical course of: movement disorders, stroke, dementia, and seizure disorders, neurological

manifestations/complications of common psychiatric disorders, and psychiatric manifestations of common neurological disorders.

11. Neuro-pharmacology
  - a. Major medications (e.g., anticonvulsants, anti-parkinson agents)
  - b. Side effects (e.g., delusions, mood changes)
  - c. Neurological complications of somatic therapies (e.g., movement disorders)
  - d. Employment of principles of quality improvement in practice

### **COMPETENCY# 3: PRACTICE BASED LEARNING AND IMPROVEMENT**

1. Recognize their limitations in own knowledge base and clinical skills, and understand and address the need for lifelong learning.
2. Demonstrate appropriate skills for obtaining and evaluating current information from scientific and practice literature and other sources to assist in the quality care of patients, including, but not be limited to:
  - a. Use of medical libraries.
  - b. Use information technology, internet-based searches and literature databases.
  - c. Use of drug information databases.
  - d. Have active participation, as appropriate, in educational courses, conferences, and other organized educational activities both at the local and national levels.
3. Evaluate caseload and practice in a systematic mode, to include:
  - a. Case-based learning.
  - b. Use of best practices through practice guidelines or clinical pathways.
  - c. Review of patient records.
  - d. Obtaining evaluations from patients (e.g., outcomes and patient satisfaction)
  - e. Employment of principles of quality improvement in practice.
  - f. Obtaining appropriate supervision and consultation.
  - g. Maintaining a system for examining errors and reduce errors.
4. Demonstrate an ability to critically evaluate relevant medical literature, to include:
  - a. Using knowledge of methodologies in psychiatric and neurological research.
  - b. Researching and summarizing a particular problem that derives from their caseloads.
5. To review and critically assess scientific literature to determine how quality of care can be improved in relation to one's practice (e.g., reliable and valid assessment techniques, treatment approaches with established effectiveness, practice parameter adherence).
6. Develop and pursue effective remediation strategies which are based on critical review of the scientific literature.

### **COMPETENCY# 4: INTERPERSONAL AND COMMUNICATION SKILLS**

1. Listen to and understand patients and to attend to nonverbal, electronic, communication,
2. Communicate effectively with patients using verbal, nonverbal, and written skills,
3. Develop and maintain a therapeutic alliance with patients by instilling feelings of trust, honesty, openness, rapport, and comfort in the relationship with physicians,
4. Partner with patients to develop an agreed-upon healthcare management plan,
5. Transmit information to patients in a clear and meaningful fashion,

6. Understand the impact of physicians' own feelings and behavior so that it does not interfere with appropriate treatment,
7. Communicate effectively and work collaboratively with other healthcare and other professionals involved in the lives of patients and families,
8. Educate patients and families about medical, psychosocial, and behavioral issues,
9. Preserve patient confidentiality.
10. Demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties, to include:
  - a. Soliciting consultation and having sensitivity to assess the need for consultation,
  - b. Formulating and clearly communicating the consultation question,
  - c. Discussing the consultation findings with the consultant,
  - d. Discussing the consultation findings with the patient and family.
11. Serve as effective consultants to other medical specialists, mental health professionals, and community agencies by demonstrating the abilities to:
  - a. Communicate effectively with the requesting party to refine the consultation.
  - b. Maintain the role of consultant.
  - c. Communicate clear and specific recommendations.
  - d. Respect the knowledge and expertise of the requesting professionals.
12. Demonstrate the ability to communicate effectively with patients and their families by:
  - a. Matching communication to the educational and intellectual levels of patients,
  - b. Demonstrating socio-cultural competence to patients and their families,
  - c. Providing explanations of psychiatric and neurological disorders and treatment that are jargon-free and matched to the educational/intellectual levels of patients and their families,
  - d. Providing preventive education that is understandable and practical,
  - e. Respecting patients' cultural, ethnic, religious, and economic backgrounds,
  - f. Developing and enhancing rapport and a working alliance with patients and their families
  - g. Ensuring that the patient and/or family have understood the communication.
13. Maintain up-to-date medical records and write legible prescriptions. These records will capture essential information while simultaneously respecting patient privacy, and they will be useful to health professionals outside psychiatry and neurology.
14. Demonstrate ability to effectively work within a multidisciplinary treatment team, including: to listen effectively; elicit needed information from team members, to integrate information from different disciplines, to manage conflict, and communicate an integrated treatment plan.
15. Demonstrate ability to communicate efficiently with patients and their families while respecting confidentiality, including:
  - a. The results of the assessment,
  - b. Use of informed consent when considering investigative procedures,
  - c. Genetic counseling, palliative care and end of life issues when appropriate,
  - d. Consideration and compassion for the patient in providing accurate medical information and prognosis,
  - e. Risks and benefits of the proposed treatment plan, including possible side effects of medications and/or complications of non-pharmacologic treatments,

- f. Alternatives to the proposed treatment plan,
- g. Appropriate education concerning the disorder, its prognosis, and prevention strategies.

### **COMPETENCY# 5: PROFESSIONALISM**

1. Demonstrate responsibility for their patients' care, including:
  - a. Responding to timely communication from patients and health professionals,
  - b. Establishing and communicating back-up planning,
  - c. Using medical records, documenting the course of illness and its treatment,
  - d. Providing coverage if unavailable, (for example, when out of town or on vacation)
  - e. Coordinating care with other members of the medical and/or multidisciplinary team,
  - f. Providing for continuity of care, consultation, transfer, or referral if necessary.
2. Demonstrate ethical behavior, integrity, honesty, compassion, and confidentiality in the delivery of care, including matters of informed consent/assent, professional conduct, and conflict of interest.
3. Demonstrate respect for patients and their families, and their colleagues as persons, including their ages, cultures, disabilities, ethnicities, genders, socioeconomic backgrounds, religious beliefs, political leanings, and sexual orientations.
4. Demonstrate understanding of and sensitivity to end of life care and issues regarding provision of care and clinical competence.
5. Review their professional conduct and remediate when appropriate.
6. Participate in the review of the professional conduct of their colleagues.
7. Be aware of safety issues, including acknowledging and remediating medical errors.

Residents are expected to demonstrate high standards of ethical behaviors, respect for patient privacy and autonomy, maintaining appropriate professional boundaries, and understanding the degrees specific to psychiatric practice. The program encourages the residents to operate under the AMA Principles of Ethics with “Special Annotations for Psychiatry,” as developed by the APA. Professionalism is included throughout the program curriculum including both didactic and experiential components, and will be integrated into small group discussions of vignettes or case studies and role plays, computer-based modules.

### **COMPETENCY# 6: SYSTEMS BASED PRACTICE**

1. Demonstrate a working knowledge of the varied systems involved in treating patients of all ages, and understands how to use the systems as part of a comprehensive system of care.
2. Evaluate and implement the use of practice guidelines,
3. Access community, national and allied health professional resources that may enhance the quality of life of patients with chronic psychiatric illnesses,
4. Lead and work within healthcare teams needed to provide comprehensive care for patients with psychiatric and neurological disease and respect professional boundaries,
5. Demonstrate skills for the practice of ambulatory medicine,
6. Use appropriate consultation and referral mechanisms for the optimal clinical management of patients with complicated medical illness,

7. Demonstrate awareness of the importance of adequate cross-coverage,
8. Use accurate medical data in the communication with patients.
9. In the community system, the resident will be able to:
  - a. Recognize the restriction of healthcare resources and demonstrate the ability to act as an advocate for patients within their socio-cultural and financial constraints.
  - b. Demonstrate knowledge of the legal aspects of psychiatric and neurological diseases as they impact patients and their families.
  - c. Demonstrate an understanding of risk management.
10. Demonstrate a working knowledge of health care systems and, including:
  - a. Working within the system of care to maximize cost effective resources.
  - b. Participating in utilization review communications and, when appropriate, advocating for quality patient care.
  - c. Educating patients concerning such systems of care.

### **Patient logs**

In order to be compliant with the ACGME requirements, a record shall be maintained of specific cases treated by residents in a manner which does not identify patients, but which illustrates each resident's clinical experience in the program and ensure that educational requirements are met regarding an adequate variety and number of patients, gender, diagnosis, ethnicity, socioeconomic status and treatment modality. This patient experience data will be reviewed during residents' semi-annual evaluations, and shall demonstrate that each resident has met the educational requirements of the program with regard to variety of patients, diagnoses, and treatment modalities, and will be reviewed periodically with the program director or a designee, and will be made available for onsite reviews. Logs will be provided by the Residency Program GME Office. The residency program monitors residents' patient contact, including number of patients seen, diagnoses of patients treated, and forms of treatment used.

### **CRITERIA FOR GRADUATION**

The GMEC, the Clinical Competency Committee, the residency director, and the Chairman determine resident promotions. Criteria will include:

- Satisfactory completion of program goals and objectives as outlined in the ACGME psychiatry program requirements and as enclosed within this Manual.
- Demonstrate competency as defined by the ACGME and measured by the residency. This includes any mechanism for measuring competencies, such as portfolios and 360° evaluations that the residency uses for evaluation purposes.
- Absence of any serious errors in clinical judgment, or in the case of such errors, successful completion of any corrective remedial training.
- Consistent attendance at, all didactic seminars and conferences.
- Consistent participation in all required individual supervision and clinical experiences.
- Absence of any documented evidence of unethical or unprofessional behavior or any serious question of clinical competence.
- Completion of Scholarly Activity.

- Adequate breadth and depth of clinical patient experience as documented by patient logs.
- Exhibit the skills of a solid clinician, able to use current literature, and able to negotiate a general psychiatric practice. This includes demonstrated competency in the ACGME competency areas/milestones.

### **Research Component**

The residents will participate in investigative projects under faculty supervision. Residents will receive instruction in research methods in the clinical, biological, and behavioral sciences related to psychiatry, including techniques to appraise the professional and scientific literature and to apply evidence based findings to patient care.

During their training years, residents are expected to provide evidence of achieving the following tasks:

- Written Research Proposal.
- Research Proposal Presentation to peers and faculty.
- Abstract (<300 words, plus a < 125 words version)
- Presentation of results (Oral, Poster, or both)
- Written Final Report / Progress Report.

Expected dates for completion of these tasks are described as follows: Case Reports will be accepted as substitute of a Research Project ONLY if it provides new information or new insights into the diagnosis or management of an important issue in Psychiatry. The Program Director, Research Coordinator, and resident mentor shall approve this educational component.

### **Elective Rotations**

Elective rotations have been designed by individual residents based on areas of interest, the desire to further training in certain areas, and the development of research projects. Some examples of elective rotations include Child/Adolescent psychiatry, Forensic psychiatry, Geriatric psychiatry, Addiction psychiatry, Assertive Community Treatment, Psychotherapy, and Psychiatry Research.

The elective rotations will be selected and designed by the resident in cooperation with the program director and with the approval of the GMEC. It should be compatible with the education/competency based goals of both the individual resident and the program. Residents and elective hosts will be required to request a proposed elective rotations that includes competency-based goals and objectives. The resident is responsible to contact the host site during late PGY-3 to define the goals and objectives of the rotation, define the level of resident responsibility, and coordinate the rotation schedule with the clinic and didactics. The goals and Objectives for elective rotations will be designed and approved in compliance with the ACGME requirements and the core competencies.

## **Clinical Rotations, Assignments**

The clinical rotations and educational assignments have been structured to provide the resident with a sufficient variety, scope and adequate number of clinical experiences in both the inpatient and outpatient settings. The residents will gain extensive skills through the inpatient experience so they will be well prepared with a solid base in general psychiatry. There will also be significant time allocated for outpatient clinic sessions and development of the research project.

The program will implement and develop the objectives for each clinical assignment at each educational level in the program. Both the residents and the faculty will receive copies of the objectives prior to each assignment, enclosed in the residency program manual.

### **Description of Rotations**

#### **Internal Medicine, Cardio and Infectious Disease**

##### **General Goals**

Residents will be able to:

1. Develop competence in the comprehensive assessment and management of patients with a broad range of mental diseases, understanding laboratory tests and diagnostic studies.
2. Be proficient in obtaining clinical data, physical examination, and laboratory data.
3. Formulate diagnostic and therapeutic plans demonstrating awareness of risks, benefits, costs, patient preferences, and ethical and psychosocial issues.
4. Demonstrate effective communication skills, respect, compassion and integrity.
5. Demonstrate professional and ethical behavior while interacting with health care providers.
6. Demonstrate an understanding of how their practice affects other health care providers and occurs in the context of a health care organization and health care system.

##### **Competency Based Objectives**

###### **Patient Care**

1. Provide patient care that is compassionate, appropriate.
2. Demonstrate the ability to take a medical history and perform a physical examination, synthesizing data from the history and physical findings to order appropriate laboratory, imaging, and diagnostic studies in order to state differential diagnoses and a treatment plan.
3. Communicate effectively being respectful with patients and their families.
4. Gather essential and accurate information about their patients.
5. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
6. Develop and carry out patient management plans, counsel and educate patients.
7. Use information technology to support patient care decisions and patient education.
8. Perform medical procedures essential for the practice of general internal medicine.
9. Provide health care services aimed at preventing health problems or maintaining health

###### **Medical Knowledge**

1. Demonstrate knowledge about established and evolving biomedical, clinical, and cognate.

2. Demonstrate a solid knowledge base of general medical illness in patients, being especially cognizant of medical disorders likely to present with psychiatric symptoms, and psychiatric disorders likely to present with medical symptoms.
3. Demonstrate an investigatory and analytic thinking approach to clinical situations.
4. Understand clinical, basic and social sciences.
5. Demonstrate the proper knowledge to patient care and patient education.
6. Understand aspects of disease affected by gender, age, ethnicity, culture and disability.

### **Practice-Based Learning and Improvement**

1. Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
2. Analyze practice experience and perform practice-based improvement activities.
3. Learn how to self-evaluate cognitive, technical, attitudinal and procedural aspects of care
4. Locate and assimilate evidence from scientific studies, involvement in scholarly activities.
5. Read current scientific literature and medical texts germane to patient care and to apply evidenced based data in their patient care.
6. Employ feedback from attending physicians and senior residents to identify their own strengths and knowledge deficiencies, and use this information to improve patient care.
7. Work collaboratively as a member of the medical team.
8. Obtain and use information about their population of patients and the larger population from which their patients are drawn.
9. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
10. Use information technology to manage information, access on-line medical information.
11. Facilitate the learning of students and other health care professionals.

### **Interpersonal and Communication Skills**

1. Demonstrate interpersonal communication skills and effective information exchange.
2. Demonstrate effective written, verbal and non-verbal communication when participating in patient care, consulting and collaborating with colleagues and coworkers, and during information exchange and collaboration with patients and their families.
2. Create and sustain a therapeutic and ethically sound relationship with patients.
3. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
4. Work effectively with others as a member or leader of a health care teams.

### **Professionalism**

1. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
2. Demonstrate respect, compassion, and integrity; a 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.
3. Demonstrate commitment to ethical principles pertaining to clinical care, confidentiality of patient information, informed consent, and business practices.
4. Demonstrate sensitivity/responsiveness to patients' culture, age, gender, and disabilities.

## **Systems-Based Practice**

1. Demonstrate responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
2. Understand how their patient care and other professional practices affect other health care professionals; know types of medical practice and delivery systems.
3. Practice cost-effective health care and resource allocation.
4. Advocate for quality patient care and assist patients in dealing with system complexities
5. Know how to partner with health care managers and health care providers.

## **Inpatient Psychiatry Rotation**

### **General Goals**

Residents will be able to:

1. Develop competencies in comprehensive bio-psychosocial assessment and management of patients with acute mental illness.
2. Conceptualize severe mental illness in terms of biological, psychological and socio-cultural factors that determine normal and disordered behavior.
3. Gather and organize data, to generate well-reasoned differential diagnosis, to formulate and implement a treatment plan and to recommend an aftercare plan.
4. Participate in a variety of inpatient psychosocial interventions, including family meetings and group psychotherapy.
5. Demonstrate professional and ethical behavior in the care of their patients and in their interactions with other health care providers.
6. Demonstrate an understanding of how their practice affects other health care providers and occurs in the context of a health care organization and health care system.

### **Inpatient Psychiatry Objectives PGY-1**

#### **Patient Care**

1. Provide care that is compassionate, appropriate and effective for the treatment of severe mental illness and communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
2. Gather accurate and complete information about their patients from the following sources: the patient; the patient's family, friends and health care providers; the patient's medical record.
3. Display the basic skills to comprehensively make bio-psychosocial assessments and differential diagnoses that incorporate genetic predisposition, developmental issues, co-morbid medical issues, substance use and abuse, ethnic/cultural/spiritual factors, economic issues, current relationships, psychosocial stressors and current mental status exam.
4. Provide informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment.
5. Demonstrate initial skills in patient counseling and educate patients and their families demonstrating ability to participate in family meetings.
6. Use information technology to support patient care decisions and patient education, including on-line literature searches, electronic medical records and computer based resources.
7. Understand the use of psychotherapeutic appropriate for an inpatient setting, including supportive techniques, cognitive-behavioral interventions and psychodynamic strategies.
8. Know indications for electroconvulsive therapy (ECT).

9. Demonstrate knowledge in the management of behavioral emergencies, including verbal and behavioral de-escalation techniques and psychopharmacological management.
10. Work with mental health professionals of other disciplines and with physicians from other specialty services to provide patient focused care.
11. Demonstrate understanding of the mental health system and mental health resources available in the community and use this knowledge to participate in discharge planning and the development of appropriate aftercare plans.
12. Maintain the medical record appropriately.
13. Conduct at least two sessions of an inpatient psychotherapy group.
  - a. Describe psychotherapeutic techniques that can be helpful, including: goal-setting, distraction skills, self-soothing strategies, relaxation strategies, developing & utilizing social support, communication skills, acceptance, crisis survival and safety planning, reducing emotional vulnerability, understanding the function of emotions, steps for increasing positive emotions, mindfulness, cognitive reframing
  - b. Appreciate the usefulness of psychotherapeutic interventions in inpatient setting and the goals of such interventions, namely:
    - i. Increased socialization and appropriate use of social support systems
    - ii. Acquisition of effective coping strategies, improved communication
    - iii. Increased insight, problem-solving skills and management of mental illness
  - c. Encourage participation of group members.
  - d. Demonstrate a collaborative work with the interdisciplinary team.

### **Medical Knowledge**

1. Demonstrate knowledge about the neurobiological and psychological underpinnings of mental illness and will apply this knowledge to patient care.
2. Demonstrate knowledge of the etiologies, prevalence, diagnosis, treatment, and prevention of the psychiatric conditions most likely to affect psychiatric inpatients.
3. Understand psychopharmacological treatment, treatment algorithms, the management of treatment-resistant illness, augmentation strategies and combination therapies.
4. Demonstrate understanding of the indications for and limitations of psychological testing and neuropsychological testing in an inpatient setting.
5. Demonstrate an investigatory and analytic approach to thinking through clinical situations.

### **Practice-Based Learning and Improvement**

1. Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
2. Seek feedback from their supervising attending and from other health care providers about their own practice and will use this feedback to improve their performance.
3. Use information technology to access on-line medical.
4. Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.
5. Apply knowledge of study design, statistical methods and evidence-based medicine.
6. Facilitate the learning of medical students and other health care providers.

### **Interpersonal and Communication Skills**

1. Demonstrate interpersonal and communication skills and effective information exchange and teaming with patients, their patients' families and other health care providers
2. Create and sustain a therapeutic and ethically sound relationship with patients.
3. Use effective listening skills in interactions with patients, family and health care providers.
4. Demonstrate competence in complex interviewing situations, such as interacting with patients with disorganization, cognitive impairment, and paranoia.
5. Recognize and monitor emotional responses to patients and adjust their practice.
6. Demonstrate proficiency in conveying difficult information to patients and their families.
7. Demonstrate an ability to work effectively with other health care providers as a member or leader of an interdisciplinary treatment team.
8. Effectively obtain information from and provide information to other health care providers.

### **Professionalism**

1. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
2. Demonstrate respect, compassion and integrity in all their interactions with patients, families and other health care providers.
3. Demonstrate accountability to patients, health care providers and to the medical profession, demonstrate responsiveness to the needs of patients that supersedes self-interest.
4. Appreciate the ethical issues that can arise in an inpatient psychiatric setting, including: patient autonomy; involuntary treatment; decisional capacity to accept or refuse psychiatric care; informed consent; the challenges imposed by financial constraints; confidentiality of patient information; and the potential for violation of appropriate boundaries.
5. Demonstrate sensitivity to patients' culture, age, gender and disabilities.

### **Systems-Based Practice**

1. Demonstrate an awareness of and responsiveness to the larger context of the mental health care system and the ability to effectively call on system resources.
2. Demonstrate understanding of the way in which their patient care affects and is affected by other health care providers and the mental health care system
3. Demonstrate understanding of institutional mission to the community and to the State.
4. Practice cost-effective health care that does not compromise quality of care.
5. Collaborate with psychiatrists and other mental health providers in the community, medical consultants, and community organizations to provide for the best patient care.
6. Develop an understanding of the economics of inpatient psychiatric treatment and become aware of the impact of differences in health care financing strategies.
7. Develop an understanding of regulations which affect inpatient psychiatric treatment, including: federal rules on seclusion and restraint; Florida State Law regarding mental health commitment and guardianship; patient confidentiality and HIPAA regulations; and policies and procedures specific to Centerstone of Florida Hospital
8. Advocate for quality patient care and assist patients with the mental health system.

## **Inpatient Psychiatry Objectives PGY- 2**

### **Patient Care**

1. Provide advanced care of inpatients that is compassionate and effective and communicate effectively demonstrating caring and respectful behaviors.
2. Perform autonomously a competent patient interview exploring all aspects of a patient's history and including a complete mental state examination, do an accurate differential diagnosis and comprehensive treatment plan.
3. Exhibit higher skills to make bio-psychosocial assessments and differential diagnoses.
4. Provide the proper informed decisions about diagnostic and therapeutic issues.
5. Demonstrate superior skills in patient counseling and education.
6. Effectively use information technology to support patient care decisions and education.
7. Master psychotherapeutic strategies appropriate for an inpatient setting.
8. Assess suicide risk for a potentially suicidal patient.
9. Effectively manage behavioral and mental emergencies.
10. Document patient assessment and bio-psychosocial treatment in the medical record, including effect of clinical interventions, make effective use of the inpatient milieu.
11. Provide effective environmental interventions for patients with personality disorders.
12. Recognize and manage the side-effects of psychiatric medicines.
13. Use supportive and psycho-education techniques with families of patients.
14. Make appropriate use of time-out, restraints, and seclusion.
15. Efficiently work with mental health professionals of other disciplines.
16. Effectively know the mental health system and community mental health resources.
17. Demonstrate advanced skills to maintain the medical record appropriately.
18. Conduct at least three sessions of an inpatient psychotherapy group.

### **Medical Knowledge**

1. Superior knowledge about the neurobiological and psychological underpinnings of mental illness and will apply this knowledge to patient care.
2. Advanced knowledge of the etiologies, prevalence, diagnosis, treatment, and prevention of the psychiatric conditions most likely to affect psychiatric inpatients.
3. A higher understanding of the psychopharmacological treatment of mental illness.
4. Superior skills in the indications for and limitations of psychological testing.
5. An advanced investigatory and analytic approach to thinking through clinical situations.
6. Effective management of common psychodynamic processes in psychiatric inpatients.
7. Knowledge of the phenomena of and use the diagnostic criteria for various psychiatric disorders, with a sophisticated understanding of these disorders such as schizophrenia and other Psychotic Disorders, Mood Disorders, Adjustment Disorders, Substance-Related Disorders, Personality Disorders and others.
8. Knowledge of indications for, risks and benefits of ECT; methodology of ECT, administer ECT in appropriate patients; and understand and manage complications of ECT.

### **Practice-Based Learning and Improvement**

1. Effectively investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
2. Appropriately appreciate feedback from their supervising attending and from other health care providers about their own practice and demonstrate improvement.
3. Effectively use information technology to access on-line medical information.

4. Efficiently locate, appraise and assimilate evidence from scientific studies.
5. Advance knowledge and skills in application of the knowledge of study design, statistical methods and evidence-based medicine to the appraisal of clinical studies. Demonstrate advanced teaching skills.

### **Interpersonal and Communication Skills**

1. Accurate interpersonal and communication skills.
2. Effectively sustain a therapeutic and ethically sound relationship with patients and families.
3. Demonstrate effective listening skills in interactions with patients, families and providers.
4. Display advanced competencies in complex interviewing situations, interacting with patients with disorganization, cognitive impairment, paranoia, etc.
5. Demonstrate advanced skills monitoring their emotional responses to patients and adjust their practice accordingly.
6. Demonstrate higher levels of proficiency in transmitting difficult information to patients.
7. Effectively work with other health care providers being a team leader.
8. Efficiently obtain information from and give information to other health care providers.

### **Professionalism**

1. A strong commitment to carrying out professional responsibilities, adherence to ethical principles and a great sensitivity to a diverse patient population.
2. Higher levels of respect, compassion and professional integrity in all their interactions with inpatients, their families and other health care providers.
3. Demonstrate superior accountability to patients and other health care providers and to the medical profession, demonstrating a responsiveness to the needs of patients that supersedes self-interest.
4. Effectively manage ethical issues occurring in the inpatient psychiatric setting.
5. Exhibit responsiveness to patients' culture, age, gender and disabilities.

### **Systems-Based Practice**

1. An advanced responsiveness to the context of the mental health care system and the ability to effectively call on system resources to provide care that is of optimal value.
2. Demonstrate a higher understanding of the methods in which their patient care affects and is affected by other health care providers and the mental health care system
3. Respect Centerstone's mission to the community and to the State.
4. Effectively practice cost-effective health care that does not compromise quality of care.
5. Efficiently collaborate with psychiatrists and other mental health providers in the community, medical consultants, and community organizations to provide for the best patient care.
6. Develop an understanding of the economics of inpatient psychiatric treatment and become aware of the impact of differences in health care financing strategies among the various governmental and private insurance programs.
7. Superior understanding of the inpatient psychiatric setting regulations, including: federal rules on seclusion and restraint; Florida State Law regarding mental health commitment and guardianship; patient confidentiality and HIPAA regulations; and policies and procedures specific to Centerstone Hospital.
8. Advocate for quality patient care and assist patients in dealing with the larger mental health system.

## **Urgent Psychiatry (Urgent Care in the Access Center)**

### **General Goals**

Residents will be able to:

1. Develop competence in emergency psychiatric practice by having significant responsibility for the assessment, diagnosis and treatment of patients with urgent and severe mental illness and experiencing psychiatric crises.
2. Conceptualize acute presentations of severe mental illness according to biological, psychological and socio-cultural factors.
3. Gather and establish data to reach a differential diagnosis and implement the treatment plan, focusing on acute stabilization with consequent aftercare plan.
4. Provide Assessment of safety risks and make proper dispositions.
5. Participate in inpatient/emergent psychosocial interventions, including family meetings and disposition conferences.
6. Display a professional and ethical behavior in patient care.
7. Understand practice effects of other health care providers in the context of the health care organization and the health care system.

## **Urgent Psychiatry (Urgent Care in the Access Center)**

### **Rotation Objectives PGY- 2**

#### **Patient Care**

1. Provide advanced and effective care of patients in the emergency room that is compassionate, suitable and effective for the treatment of acute/severe mental illness.
2. Communicate effectively when interacting with patients and their families.
3. Gather superior information about their patients from the following sources: the patient; the patient's family, friends and health care providers; the patient's medical record to reach a differential diagnosis and formulate and implement a treatment plan, focusing on acute stabilization with subsequent aftercare plan.
4. Develop advanced bio-psychosocial assessments and differential diagnoses that incorporate genetic predisposition, developmental issues, co-morbid medical issues, substance use and abuse, ethnic/cultural/spiritual factors, economic issues, and current relationships.
5. Demonstrate higher knowledge and clinical skills regarding safety and risk factors, to include violence towards others and/or dangerousness to self, and make proper disposition, including risk reduction and violence reduction interventions and admissions.
6. Exhibit greater skills regarding informed decisions about diagnostic and therapeutic interventions based on patient information, and up-to-date scientific evidence.
7. Demonstrate advanced counseling skills and educate patients and their families and demonstrate a superior ability to participate in and lead family meetings.
8. Utilize progressive information technology to support patient care and patient education.
9. Develop their knowledge about the use of psychotherapeutic strategies appropriate for an emergency psychiatry setting, such as psychopharmacologic intervention, supportive techniques, cognitive-behavioral interventions and interventions focused on risk reduction.
10. Demonstrate higher competencies in the management of behavioral emergencies, including

verbal and behavioral de-escalation techniques and psychopharmacological management.

11. Effectively work with mental health professionals of other disciplines and with physicians from other specialties to make available a high quality patient care.
12. Demonstrate higher understanding of the mental health system and mental health resources available in the community and use this knowledge to participate in discharge planning and the development of appropriate aftercare plans.
13. Exhibit advanced knowledge and skills to keep efficiently the medical records, including progress notes, consent forms, capacitation forms, and legal forms, including voluntary and involuntary status issues.

### **Medical Knowledge**

1. Demonstrate advanced knowledge about the biological and psychological factors that contribute to psychiatric acute crises and will apply this knowledge to patient care.
2. Prove progressive knowledge of the etiologies, prevalence, diagnosis, treatment, and prevention of the psychiatric conditions most likely to affect psychiatric patients presenting in the psychiatric emergency room.
3. Reveal superior understanding about the psychopharmacological treatment of acute psychiatric cases, including treatment algorithms, the management of treatment-resistant illness, augmentation strategies and combination therapies.
4. Validate a higher management of laws governing emergency medicine, such as The Emergency Medical Treatment and Active Labor Act (EMTALA), COBRA, Baker Act Law, and involuntary commitment proceedings.
5. Demonstrate superior investigatory and analytic approach to thinking through urgent psychiatric clinical situations.

### **Practice-Based Learning and Improvement**

1. Investigate and evaluate their patient care practices, appraise, and assimilate scientific evidence, improving their patient care practices.
2. Efficiently gain feedback from supervising attending and health care providers about their own practice and use this feedback to improve their performance.
3. Efficiently use information technology to access on-line medical information.
4. Competently locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.
5. Apply knowledge of study design, statistical methods and evidence-based medicine to the appraisal of clinical studies. Demonstrate advanced teaching skills.

### **Interpersonal and Communication Skills**

1. Demonstrate advanced communication skills in the psychiatry emergency setting.
2. Effectively generate and sustain a therapeutic and ethically sound relationship with patients, including the use of open and honest communication, the maintenance of empathic stance and the establishment of appropriate boundaries.
3. Use advanced effective listening skills in interactions with the psychiatry emergency patients, their family members and other health care providers.
4. Demonstrate higher levels of skills in interviewing urgent situations.
5. Effectively recognize emotional responses from patients adjusting their practice.
6. Demonstrate improved skills to convey difficult information to patients and their families.

7. Demonstrate advanced skills working effectively with other health care providers as a member or leader of an interdisciplinary treatment team.

### **Professionalism**

1. Demonstrate advanced commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. Residents will:
2. Develop their values of respect, compassion and professional integrity in all their interactions with patients, families and other health care providers.
3. Exhibit effective accountability to patients, health care providers and to the medical profession; exhibit responsiveness to the needs of patients that supersedes self-interest.
4. Demonstrate advanced knowledge to manage ethical issues that can arise in an emergency and inpatient psychiatric setting, including: patient autonomy; involuntary treatment; decisional capacity to accept or refuse psychiatric care; informed consent; the challenges imposed by financial constraints; confidentiality of patient information; and the potential for violation of appropriate boundaries.
5. Demonstrate responsiveness to patients' culture, age, gender and disabilities.

### **Systems-Based Practice**

1. Demonstrate advanced responsiveness to the mental health care system.
2. Demonstrate higher understanding of the methods in which their patient care affects and is affected by other health care providers and the mental health care system
3. Effectively practice cost-effective health care that does not compromise quality of care.
4. Efficiently collaborate with psychiatrists and other mental health providers in the community, medical consultants, and community organizations.
5. Develop understanding of the economics of inpatient psychiatric treatment and become aware of the impact of differences in health care financing strategies among the various governmental and private insurance programs.
6. Demonstrate fine improvement about the understanding of the regulations which affect emergency psychiatric treatment, including: federal rules on seclusion and restraint; psychiatric commitment and guardianship; patient confidentiality and HIPAA regulations; COBRA, EMTALA and policies and procedures specific to the institution.

## **Neurology Rotation**

### **General Goals**

Residents will be required to:

1. Develop expertise in the recognition, management and appropriate referral of neurological conditions encountered in psychiatric practice, including dementia, stroke, movement disorders, chronic pain and seizure disorders.
2. Demonstrate the ability to conduct initial neurological evaluations, to participate in the subsequent diagnostic process and to help manage patients during the treatment and/or evolution of their neurological conditions.
3. Develop understanding of the indications for neuropsychological testing and familiarity with the administration and interpretation of a variety of neuropsychological tests.
4. Demonstrate professional and ethical behavior in the care of their patients and in their interactions with other health care providers.

## Competency-based Objectives

### Patient Care

1. Provide care of patients that is compassionate, appropriate and effective for the treatment of neurological conditions.
2. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
3. Demonstrate the ability to perform a relevant history and physical exam on culturally diverse patients, including: chief complaint, history of present illness, past medical history, a comprehensive review of systems, a biological family history, a socio-cultural history, a developmental history and a germane general and neurological examination.
4. Develop an understanding of how to determine if a patient's symptoms are the result of a disease affecting the central and/or peripheral nervous system or of another origin.
5. Determine a formulation, differential diagnosis, laboratory investigation, and management.
6. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, scientific evidence and sound clinical judgment.
7. Demonstrate the ability to counsel and educate patients and their families.
8. Participate in the administration and interpretation of neuropsychological tests and will correlate test findings with clinical data.
9. Use information technology to support patient care decisions and patient education, including on-line literature searches, EMR and other computer-based resources.
10. Work effectively with health care professionals, including those from other disciplines, to provide patient-focused care.

### Medical Knowledge

1. Demonstrate knowledge about the neurobiological underpinnings of neurological illness and will apply this knowledge to patient care.
2. Demonstrate familiarity with the scientific basis of neurology, including neuro-anatomy, neuropathology, neurochemistry, neurophysiology and neuroimaging.
3. Demonstrate understanding of the pathophysiology, epidemiology, diagnostic criteria, and clinical course for common neurological disorders including:
  - a. Dementia, including Alzheimer's disease, vascular dementia, mixed dementia, dementia with Lewy bodies and frontotemporal dementia.
  - b. Epilepsy and related disorders.
  - c. Neuromuscular disorders.
  - d. Demyelinating disorders of the central nervous system.
  - e. Cerebrovascular disorders.
  - f. Infectious diseases of the nervous system.
  - g. Tumors of the nervous system.
  - h. Nervous system trauma.
  - i. Toxic and metabolic disorders of the nervous system.
  - j. Acute and chronic pain.
  - k. Sleep disorders.

- l. Critical care and emergency neurology.
  - m. Coma and brain death.
  - n. Headache and facial pain.
  - o. Movement disorders including abnormalities caused by drugs.
  - p. Neurological manifestations/complications of common psychiatric disorders.
  - q. Psychiatric manifestations of common neurological disorders.
3. Demonstrate understanding of neuropharmacology, including major medications (e.g., anticonvulsant, antiparkinsonian agents), side effects (hallucinations, mood changes) and neurological complications of psychotropic medications.
4. Residents will be able to select appropriate treatment options, based on the nature of patients' history and physical findings and the ability to correlate the findings with:
- a. Likely localization for neurological dysfunction;
  - b. Likely diagnoses and differential diagnoses; and risks and benefits of potential therapies.
5. Describe indications for and limitations of neuropsychological testing, to include:
- a. Wechsler Adult intelligence Scale-III
  - b. Wechsler Memory Scale-III
  - c. Wide Range Achievement test-III
  - d. Multilingual Aphasia Examination
  - e. Judgment of Line Orientation
  - f. Facial recognition test
  - g. Stroop test
  - h. Continuous Performance Test
  - i. Rey Complex Figure
  - j. Kaufman Brief Intelligence Test
  - k. Rey Auditory Verbal Learning Test
  - l. Personality Assessment Inventory
  - m. Finfer Tapping test
  - n. Grooved Pegboard Test, Tactile Form Perception Test, Cognistat, and
  - o. Clock Drawing Test and Animal Fluency and Folstein MMSE

### **Practice-Based Learning and Improvement**

Residents will be able to

1. Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
2. Seek feedback from their supervising attending and from other health care providers about their own practice and will use this feedback to improve their performance.
3. Apply knowledge of study design, statistical methods and evidence based medicine.
4. Use information technology to manage information.
5. Facilitate the learning of medical students and other health care providers.

### **Interpersonal and Communication Skills**

Residents will be able to

1. Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and health care providers.

2. Create and sustain therapeutic and ethically sound relationships with patients, including the use of open and honest communication, the maintenance of an empathic stance and the establishment of appropriate boundaries.
3. Develop listening skills in interactions with patients, family and health care providers.
4. Demonstrate proficiency in conveying difficult information to patients and their families.
5. Demonstrate an ability to work effectively with other health care providers.

### **Professionalism**

Residents will be able to:

1. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. Residents will:
2. Demonstrate respect, compassion and integrity in all their interactions with patients, families and other health care providers.
3. Demonstrate accountability to patients, health care providers and to the medical profession with responsiveness to the needs of patients that supersedes self-interest.
4. Demonstrate a commitment to excellence and on-going professional development.
5. Demonstrate sensitivity and responsiveness to each patient's age, gender, culture, ethnicity, religion and disabilities.

### **Systems-Based Practice**

Residents will be able to:

1. Demonstrate an awareness of and responsiveness to the larger context of the mental health care system and the ability to effectively call on system resources to provide care that is of optimal value.
2. Demonstrate understanding of how their patient care affects and is affected by other health care providers, the health care organization and the health care system.
3. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
4. Practice cost-effective health care that does not compromise quality of care.
5. Advocate for quality patient care and assist patients in dealing with the complex mental health system.

## **Child/Adolescent Psychiatry Goals and Objectives PGY-2**

### **Medical knowledge:**

Residents will be able to:

1. Demonstrate proper knowledge in the assessment, diagnosis and treatment of child and adolescent outpatients; it will emphasize a developmental, bio-psychosocial and culturally sensitive approach to outpatient psychiatric practice.
2. Demonstrate the ability to gather data, integrate these data with a comprehensive formulation of the problem to support well-reasoned differential diagnosis, formulate a treatment plan, and implement treatment care follow-up in an outpatient setting.
3. Develop competence in psychotherapeutic methods, supportive, cognitive, behavioral, and psycho-educational, applied to the developmental spectrum of children.
4. Gain exposure to psychodynamic and play therapies for children.
5. Demonstrate professional and ethical behaviors in the care of their patients and in their interactions with other health care providers.

6. Gradually develop higher levels of skills as they proceed through the rotation.
  - a. Opportunities and challenges presented by “split treatment” (psychotherapy by one provider, medication management by another provider);
  - b. Practice medication management with awareness of psychotherapeutic issues, whether or not the resident is performing psychotherapy.

### **Practice-Based Learning and Improvement**

Residents will be able to:

1. Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
2. Seek feedback from their supervising faculty about their own practice and will use this feedback to improve their performance.
3. Locate, appraise and assimilate evidence from scientific studies related to child patients, including participation in “wrap-up” sessions.
4. Demonstrate evidence-based thinking in their formulations and treatment plans.
5. Facilitate the learning of other health care professionals, including psychotherapists and case managers providing services to the residents outpatients.

### **Interpersonal and Communication Skills**

1. Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients’ families and other health care providers.
2. Create and sustain therapeutic and ethically sound relationships with patients, including the use of open and honest communication, the maintenance of an empathic stance and the establishment of appropriate boundaries.
3. Use effective listening skills in interactions with patients, their family members and other health care providers.
4. Demonstrate competence in communicating with patients of all ages, including the use of projective modalities as indicated (using drawings or play to communicate with a five-year old).

### **Professionalism**

1. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
2. Obtain informed consent for treatment, including for the use of psychotropic medications, demonstrate understanding of the ethical principles underlying informed consent.
3. Provide care to outpatients that takes into account (a) medical record keeping, (b) risk management and quality assurance issues, (c) confidentiality, (d) collaboration with other providers, agencies, schools and family members, (e) financial and health system issues, (f) legal and forensic issues and (g) other ethical concerns.
4. Understand issues related to medical disability evaluations, including state regulations regarding such evaluations and the ethical principles involved.
5. Demonstrate sensitivity and responsiveness to each patient’s age, gender, culture, ethnicity, religion and disabilities.

### **Systems-Based Practice**

1. Demonstrate an awareness of and responsiveness to the larger context of the mental health care system and the ability to effectively call on system resources to provide optimal care to outpatients.
2. Appreciate the model of community-based outpatient care At Centerstone Hospital and will understand the difference between this model and others, such as mental health centers, hospital-based practice, residential treatment, private practice group models and solo practice.
3. Understand how their patient care affects and is affected by other health care providers, the health care organization and the mental health care system
4. Appreciate the economics of outpatient mental health care, including the value of services residents provide and to which they refer their patients; in turn, residents will practice cost-effective health care that does not compromise quality of care.
5. Recognize issues that can arise in outpatient practice, including: (a) interaction with staff members; (b) management of patient records and other information systems; (c) scheduling; (d) cross-coverage among practitioners; (e) various practice styles among practitioners; (f) billing and payors (including Medicare, Medicaid, HMO's and private insurance); (g) office and space management.
6. Understand the regulation of outpatient psychiatric treatment, including: (a) patient confidentiality and HIPAA; (b) state regulations regarding involuntary treatment; (c) state regulations regarding custody and guardianship;(d) Governmental and other regulation of outpatient clinics, including The Joint Commission and state inspectors; (e) other institutional regulations.
7. Utilize mechanisms by which quality improvement occurs at Centerstone of Florida Hospital, including Quality Improvement Committee of the Department of Psychiatry and the Psychiatry Residency Education Committee.
- 8.

### **Addiction Psychiatry PGY-2 Goals and Objectives**

#### **Patient Care**

Residents will demonstrate knowledge of:

1. The components of a comprehensive history and mental status examination.
2. The methods of evaluating and treating patients with substance use disorders, including diagnostic testing.
3. Substance withdrawal treatment standards and protocols as supported in the current medical literature.

#### **Medical Knowledge**

1. Knowledge of the DSM IV/V criteria sufficient to identify and diagnose the various substance use disorders.
2. Knowledge of medical co-morbidity that is often associated with substance use disorders.
3. Knowledge of the various psychosocial models of treating addiction, including the 12 Step model of treatment

### **Interpersonal and Communication Skills**

1. Demonstrate Knowledge of psychotherapeutic techniques useful in engaging patients in treatment for substance use disorders, including motivational interviewing
2. Demonstrate Knowledge of methods of providing effective psycho-education to patients and families.

### **Practice-Based learning and Improvement**

Residents will:

1. Demonstrate an understanding of the resources available through assigned readings and library and online resources to bring the most current literature to bear on patient care

### **Professionalism**

Residents will:

1. Demonstrate the proper knowledge of professional standards as they relate to interactions with patients, families and other members of the health care team including the importance of appropriate therapeutic boundaries, compassion and professional integrity.

### **Systems-Based Practice**

Residents will:

1. Demonstrate knowledge system resources available to arrange outpatient follow-up referrals to rehabilitation and self-help groups.
2. Demonstrate an attitude of willingness to become familiar with and to begin to utilizing systems involved in supporting recovery and maintenance of sobriety from addictions, including 12 Step programs.

## **Geriatric Psychiatry Rotation PGY-2 Goals and Objectives**

### **PATIENT CARE**

The resident will be able to:

1. Perform appropriate testing & work-up of newly elderly admitted patient.
2. Make a broad differential diagnosis of psychiatric disorders including medical causes.
3. Use collateral information appropriately to get a thorough history.
4. Use appropriately neuroimaging and EEG in the differential diagnosis of psychiatric illness in the elderly.
5. Distinguish between dementia and delirium.
6. Make a differential diagnosis of delirium and dementia including iatrogenic causes.
7. Evaluate the patient's decisional capacity.
8. Recognize and treat substance use (especially alcohol and prescription drug abuse) including withdrawal protocols, psycho-education, and appropriate outpatient referrals.

### **MEDICAL KNOWLEDGE**

The resident will be able to:

1. Be familiar with neuro-psych testing used to assess geriatric patients.
2. Make a broad differential diagnosis for mania and late onset psychosis.

3. Be knowledgeable about the interaction of medical and psychiatric illness.
4. Be responsive of indications and benefits and risks of anti-cholinesterase inhibitors.
5. Recognize indications and benefits and risks of typical and atypical antipsychotics, anxiolytics, mood stabilizers, and antidepressants in the treatment of behavioral complications of dementia
6. Have the proper knowledge regarding anti-cholinergic, side effects of psychotropics and other medications.
7. Manage a complex regimen of medications including knowledge of potential drug interactions.
8. Use age appropriate dosing strategies and be aware of pharmacokinetic and pharmacodynamic differences in the elderly.
9. Have knowledge of the indications and special considerations for ECT in the elderly.

### **INTERPERSONAL AND COMMUNICATION SKILLS**

The resident will be able to:

1. Work as an integral part of a multidisciplinary treatment team.
2. Take on a leadership role for patient care.
3. Recognize and manage counter-transference in the care of the elderly.
4. Adapt their style of interaction specific to age and cognitive capacity.
5. Effectively liaison with the primary care physician.
6. Co-lead a meeting with family or care givers.
7. Be empathic and develop rapport with patients.
8. Work effectively as part of a multidisciplinary team.
9. Work effectively as a team player with peers.
10. Communicate effectively with supervisors.
11. Be effective and empathic working with families.
12. Effectively liaison with professional colleagues in other fields (i.e. primary care physician).
13. Adapt his/her style of interaction specific to age and cognitive capacity.

### **PROFESSIONALISM**

The resident will be able to:

1. Exemplify personal and intellectual integrity, and demonstrate an understanding of the ethical values and codes of a member of the medical profession.
2. Recognize and adapt to cultural differences.
3. Obtain and provide cross coverage as needed.
4. Assist with and ask for assistance in emergencies as appropriate.
5. Do appropriate sign-outs addressing pertinent issues for patients.
6. Demonstrate a commitment to ethical principles when dealing with patients and families
7. Demonstrate respect for patients and colleagues in interactions
8. Demonstrate a sensitivity and awareness of the patient's culture, age, gender, socioeconomic status, sexual orientation, religion and spirituality, and disabilities.
9. Demonstrate respect towards patients and family members.
10. Demonstrate respect towards physician and non-physician colleagues.
11. Communicate effectively with peers re: cross coverage and sign-out of patients.
12. Follow through with patient care recommendations.
13. Use ethical behavior with respect for patient confidentiality.
14. Establish and maintain professional boundaries.

## **PROBLEM BASED LEARNING**

The resident will be able to:

1. Facilitate learning of medical students
2. Use information technology to access on-line medical information and support his/her own education.
3. Locate, critique, and assimilate evidence from scientific studies as it relates to patients' health problems.
4. Analyze practice experience and perform practice based improvement activities.
5. Incorporate material discussed in supervision into clinical work.
6. Motivation and eagerness to learn.

## **SYSTEMS BASED PRACTICE**

The resident will be able to:

1. Plan appropriate follow-up care including medication management, therapy, and day program.
2. Be aware of indications for nursing home placement vs. assisted living or board and care placements.
3. Be aware of the regulations governing nursing home placement.
4. Be aware of regulations governing psychotropic prescriptions and restraints in nursing homes.

### **Consultation Liaison PGY-2 General Goals**

Residents will be able to:

1. Develop psychiatric assessment skills involving a wide range of neuropsychiatric presentations in medical and surgical patients.
2. Understand the impact of illness, hospitalization, and medical care on the psychological functioning of patients and will be able to conceptualize a comprehensive formulation regarding psychiatric diagnoses in medical and surgical patients.
3. Learn to promote liaison relationships with medical and surgical services that emphasize awareness, assessment, and management of psychiatric disorders in medical patients.
4. Demonstrate a variety of interventions and therapies relevant to medically ill patients, including time-effective psychotherapy, somatic therapies, behavioral techniques, liaison methods, and multidisciplinary team approaches.

### **General Objectives PGY-2**

#### **Patient Care**

1. Provide a basic consultative care of patients that is compassionate, appropriate and effective for the treatment of psychiatric conditions in a medical environment
2. Communicate with patient and families demonstrating a caring and respectful behavior.
3. Learn to create a therapeutic alliance with medically ill patients.
4. Demonstrate the fundamentals to interview patients in a variety of medical settings.
5. Evaluate psychopathologic processes in patients with concomitant medical conditions.
6. Demonstrate the basic knowledge to evaluate cognitive ability in medically ill patients.
7. Be able to perform a relevant history and physical exam on culturally diverse patients.
8. Collect data from appropriate sources, chart, staff, family, and other relevant individuals.
9. Interact with a variety of consultees; recognize the signs and symptoms of psychiatric disorders including substance abuse in the hospital medical and surgical patients.
10. Assess and interpret laboratory and medical data as it relates to psychiatric illness.

11. Understand the connections between medical and psychiatric illnesses and the special issues that arise in specific patient populations, including cancer, cardiac disease, HIV disease, organ transplantation, and dementia.
12. Monitor the patients' course during hospitalization and provide continuing input as needed.

### **Medical Knowledge**

1. Demonstrate fundamental knowledge about the medical underpinnings of psychiatric illness in medically/ surgically ill patients and apply this to patient care.
2. Understand the pathophysiology, epidemiology, diagnostic criteria and clinical course for common psych consultation conditions.
3. Advise and guide consultees about the role of the medical disease and medications.
4. Understand the indications of somatic therapies in medical and surgical patients.
5. Understand the use of psychotropic medications and ECT in medical/ surgical patients, and appreciate physiological effects, contraindications, drug interactions, and dosing concerns.
6. Work as a member of multidisciplinary teams.

### **Practice-Based Learning and Improvement**

1. Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
2. Accept feedback from their supervising attending and from other health care providers about their own practice and will use this feedback to improve their performance.
3. Apply knowledge of study design, statistical methods and evidence based medicine to the appraisal of clinical studies.
4. Apply information technology to manage information, access on-line medical information.
5. Be disposed to facilitate the learning of medical students and other health care providers.

### **Interpersonal and Communication Skills**

1. Demonstrate effective interpersonal and communication skills.
2. Create therapeutic and ethically sound relationships with patients, honest communication, and maintain an empathic stance and the establishment of appropriate boundaries.
3. Use effective listening skills in interactions with patients, families and providers.
4. Demonstrate proficiency in conveying difficult information to patients and their families.
5. Demonstrate an ability to work as a member of a multidisciplinary patient care team.
6. Elicit information from and provide information to other health care providers.
7. Demonstrate knowledge regarding consultation questions, and report findings and recommendations about the role of the medical disease and medications in the patients' presenting psychiatric symptoms.
8. Advise and guide consulters regarding managing psychiatric disorders in a medical setting.

### **Professionalism**

1. Demonstrate assurance to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
2. Demonstrate respect, compassion and integrity in all their interactions with patients, families and other health care providers.
3. Demonstrate accountability to patients, health care providers and to the medical profession and will demonstrate responsiveness to the needs of patients that supersedes self-interest.
4. Demonstrate an on-going professional development.
5. Know ethical issues of patients with concomitant psychiatric and medical conditions.

6. Demonstrate sensitivity and responsiveness to each patient's age, gender, culture, ethnicity, religion and disabilities.

### **Systems-Based Practice**

Residents will be able to:

1. Demonstrate responsiveness to the context of the mental health care system and the ability to call on system resources to provide care that is of optimal value and understand how their patient care affects and is affected by other health care providers and the health care system.
2. Practice cost-effective health care that does not compromise quality of care.
4. Advocate for quality patient care and assist patients in dealing with the complex mental health system.

## **Outpatient and Community Psychiatry General Goals**

Residents will be able to:

1. Participate in the assessment, diagnosis and treatment of outpatients that emphasizes a developmental, bio-psychosocial and culturally sensitive approach to psychiatric practice.
2. Be exposed to a wide variety of disorders, patients and treatment modalities, including biological treatments, psychotherapy and psychosocial rehabilitation.
3. Demonstrate the ability to gather data, integrate these data with a comprehensive formulation of the problem to support well-reasoned differential diagnosis, formulate a treatment plan, and implement treatment care follow-up in an outpatient setting.
4. Demonstrate competence in various psychotherapeutic methods including psychodynamic, cognitive, behavioral, support, brief and long-term.
5. Demonstrate professional and ethical behavior in the care of their patients and in their interactions with other health care providers.
6. Gradually develop higher levels of understanding and skills as they proceed developmentally through this two- or three-year experience.

## **Competency-based Objectives**

### **Patient Care**

1. Provide care of outpatients that is compassionate, appropriate and effective for the treatment of mental illness.
2. Demonstrate the ability to conduct assessments of a wide variety of patients presenting with the full spectrum of psychiatric disorders commonly seen in outpatient psychiatric settings and attending to development, psychological, biological, social and cultural contributions to their mental illnesses.
3. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
4. Counsel and educate patients and their families and demonstrate the ability to convey difficult information.
5. Develop patient formulations that include the following elements: DSM-IV diagnoses on all five axis, developmental aspects, narrative/psychodynamic aspects, psychosocial aspects, biomedical/neuro-pharmacologic aspects, and genetic aspects.

6. Formulate and carry out treatment plans based on the above diagnostic formulation and define a rationale for specific treatment goals, considering patient resources and ability to participate in the plan. Treatment paradigms will include:
  - a. Psychopharmacological treatment and management,
  - b. Individual psychotherapy,
  - c. Marital/couples, family and group therapies,
  - d. Integrated, multidisciplinary treatment.
7. Implement biomedical treatment strategies, psychopharmacological treatment with antidepressants, antipsychotics, sedative hypnotics, mood stabilizing medications, stimulants and agents for treatment of sexual disorders and, when indicated, referral for ECT and others.
8. Employ commonly used rating scales during the assessment and follow-up of outpatients, including anxiety and depression scales, cognitive measures (e.g., Folstein Mini-Mental State Examination) and neurological scales (e.g., Abnormal Involuntary Movement Scale.)
9. Demonstrate the ability to conduct a variety of psychotherapeutic treatment modalities, including: cognitive-behavioral therapy, behavioral therapy, dialectical behavioral therapy, interpersonal psychotherapy, supportive psychotherapy, psychodynamic psychotherapy, brief psychotherapy, and couples, family therapy and group therapy.
10. Conduct long-term psychotherapy establishing and maintaining a therapeutic relationship, managing patient reactions to the therapist and the therapy in a developmental fashion, and conducting psychological interpretation of patient issues in narrative, developmental and cognitive-behavioral terms.
11. Demonstrate competence to: evaluate couples and families, evaluate patients to determine their relevance for participation in interpersonal group therapies; conduct treatment of couples and families; and participate in the conduct of group therapy of various orientations, with an understanding of the nature of interpersonal dynamics and its impact on therapeutic outcome for group therapies.
10. Demonstrate the ability to identify outpatients who should be referred for psychological and neuropsychological testing to aid with diagnostic assessment.
11. Understand the risks and benefits of and indications for psychiatric hospitalization and will be able to evaluate psychiatric risk and need for hospitalization.
12. Assess patients for initiation or continuation of outpatient commitment proceedings under the applicable laws of the State.
13. Demonstrate ability to conduct a clinical evaluation relevant to the use of psychiatric testimony for the purposes of criminal or civil law.
14. Collaborate with health professionals, primary care providers, psychotherapists, nurses and case managers, to provide patient-focused care.

### **Medical Knowledge**

1. Demonstrate knowledge of the neurobiological, psychological and socio-cultural underpinnings of mental illness and will apply this knowledge to the care of outpatients.
2. Demonstrate knowledge about mental illness in terms of biological, psychological, and socio-cultural factors that determine normal and disordered behavior.
3. Establish advanced knowledge of the epidemiology, prevalence, diagnosis, treatment, and prevention of the psychiatric conditions most likely to affect psychiatric outpatients.
4. Exhibit knowledge of the biological underpinnings and modern etiological theories of mental illness that integrate recent findings in neuroscience.
5. Understand the psychopharmacological treatment of mental illness.

6. Appreciate that psychopharmacological treatment must take into account the wide variety of interactions with other pharmacologic agents, impact on other medical conditions, and appreciation of all side effect problems.
7. Appreciate issues arising from the integration of psychopharmacology and psychotherapy.
8. Understand the indications for and limitations of psychological testing and neuropsychological testing, and will understand the nature of various commonly used instruments.

### **Practice-Based Learning and Improvement**

1. Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
3. Seek feedback from their supervising faculty and make a plan for improvement if needed.
4. Locate and assimilate evidence from scientific studies related to their patients' health problems, including attendance at the monthly Evidence-Based Medicine conferences.
5. Apply knowledge of study design, statistical methods and evidence-based medicine to the appraisal of clinical studies and will attend Evidence-Based Medicine conferences.
6. Facilitate the learning of other health care professionals.

### **Interpersonal and Communication Skills**

1. Demonstrate interpersonal skills that result in effective information exchange and teaming with patients, families and health care providers.
2. Create and sustain therapeutic and ethically sound relationships with patients, including the use of open and honest communication, the maintenance of an empathic stance and the establishment of appropriate boundaries.
3. Use effective listening skills in interactions with patients, family and health care providers.
4. Recognize their emotional responses to patients and adjust their practice accordingly.

### **Professionalism**

1. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
2. Obtain informed consent for psychiatric treatment plans, including for the use of psychotropic medications, and will demonstrate understanding of the ethical principles.
3. Provide care to outpatients that take into account (a) medical record keeping, (b) risk management and quality assurance issues, (c) confidentiality, (d) collaboration with providers & family, (e) financial and health system issues, (f) legal and forensic issues and
4. Understand issues related to medical disability evaluations, including state regulations regarding such evaluations and the ethical principles involved.
5. Demonstrate appropriate interactions with representatives of the pharmaceutical industry.
6. Demonstrate sensitivity to patient's age, gender, culture, ethnicity, religion and disabilities.

### **Systems-Based Practice**

1. Demonstrate responsiveness to the context of the mental health care system and the ability to effectively call on system resources.
2. Appreciate the model of community-based outpatient care employed at Centerstone Hospital and will understand how their patient care affects and is affected by other health care providers, the health care organization and the mental health care system.
3. Appreciate the economics of outpatient mental health care, including the value of services residents provide and of services to which they refer their patients; in turn, residents will practice cost-effective health care that does not compromise quality of care.

4. Recognize issues that can arise in outpatient practice.

### **Forensic Psychiatry Rotation General Goals**

Residents will be able to:

1. Demonstrate knowledge to perform psychiatric assessments involving a wide range of neuropsychiatric presentations in medical and surgical patients in the correctional setting.
2. Understand the impact of illness, hospitalization, and medical care on the psychological functioning of patients and will be able to conceptualize a comprehensive formulation regarding psychiatric diagnoses.
3. Promote liaison relationships with the forensic units.
4. Demonstrate a variety of interventions and therapies relevant to patients, such as time-effective psychotherapy, somatic therapies, behavioral techniques, liaison methods, etc.

### **Competency-Based Objectives**

#### **Patient Care**

1. Provide a patient care that is compassionate, appropriate and effective for the treatment of psychiatric conditions in the medical environment within the correctional setting.
2. Communicate effectively and demonstrate respectful behaviors.
3. Perform comprehensive evaluations of inmates, defendants, including assessment of competency to stand trial, sanity, diminished capacity/mens-rea, and dangerousness.
4. Diagnose mental disorders and other legally relevant nosological approaches.
5. Understand the significance of psychiatric models of behaviors to legal standards.
6. Demonstrate the clinical skills in the treatment of patients, including the basic principles of pharmacologic, psycho-educational, group, and/or individual therapy.
7. Perform a relevant history and physical exam on culturally diverse patients.
8. Demonstrate advanced skills to gather data from appropriate sources, including chart, hospital staff, family, and other relevant individuals.
9. Interrelate effectively with consultees, including determination of consultation questions, and reporting of findings and recommendations.
10. Efficiently recognize the typical signs and symptoms of psychiatric disorders including substance abuse in medical and surgical patients.
11. Effectively assess and interpret laboratory and medical data.
12. Recognize the connections between medical and psychiatric illnesses and the special issues that arise in specific patient populations in the correctional setting.
13. Efficiently write pertinent and useful consultation notes and forensic reports.
14. Effectively manage the patients' course during hospitalization and provide continuity.

#### **Medical Knowledge**

1. Demonstrate knowledge about the medical issues of psychiatric illness in patients living in the forensic psychiatry setting.
2. Demonstrate a broad knowledge of the expected signs, symptoms, course, treatment, and social manifestations of mental disorders, substance abuse disorders, and the psychiatric expression of medical disorders in the correctional setting.
3. Display an advanced knowledge of historical and clinical risk factors for violence and criminality and of interventions designed to address these risk factors.

4. Know about malingering, factitious disorders, and symptom exaggeration.
5. Understand the pathophysiology, epidemiology, diagnostic criteria and clinical course for common consultation conditions that occur in the correctional setting.
6. Know the use of psychotropic medications and ECT in psychiatric/medical/ surgical patients admitted to the correctional setting.
7. Effectively work as a leader or member of a multidisciplinary team.

### **Practice-Based Learning and Improvement**

1. Effectively investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
2. Use feedback from residents' supervising attending to demonstrate their improvement.
3. Efficiently integrate knowledge of study design, statistical methods and EBM.
4. Effectively use information technology and demonstrate good teaching skills.
5. Employ legal and medico-legal information such as statutes, case law, polices, codes, and forensic texts and efficiently participate in practice-based improvement activities.

### **Interpersonal and Communication Skills**

1. Display interpersonal and communication skills that result in efficient information exchange and teaming with patients, patients' families and health care providers.
2. Ethically and sensitively obtain information from patients, families, and other sources.
3. Display empathic and critical listening skills, work effectively as part of a multidisciplinary team in the evaluation and/or care of persons in forensic settings.
4. Write thorough, clear and well-reasoned forensic reports.
5. Testify accurately about forensic implications of clinical material.
6. Maintain advanced therapeutic and ethical relationships with patients.
7. Use efficient listening skills in interactions with patients, family and health care providers.
8. Reveal abilities to work as a member of a multidisciplinary patient care team.

### **Professionalism**

1. Demonstrate responsibility and adherence to ethical principles, and sensitivity to a diverse patient population, exhibiting respect, compassion and integrity.
2. Demonstrate accountability to patients and health care providers.
3. Show commitment to excellence and on-going professional development.
4. Be sensitive to patient's age, gender, culture, ethnicity, religion and disabilities.

### **Systems-Based Practice**

1. Demonstrate responsiveness to the mental health care system and ability to efficiently call on system resources to provide care that is of the finest value.
2. Understand how their patient care affects and is affected by other health care providers, the health care organization and the health care system.
3. Know the differing roles of forensic evaluator and clinical practitioner.
4. Efficiently practice cost-effective health care that does not compromise quality of care.
5. Effectively assist patients in dealing with the mental health system.



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CENTERSTONE

## **Centerstone Residency Program Policies**

## Centerstone Institutional Commitment to Graduate Medical Education

### Purpose:

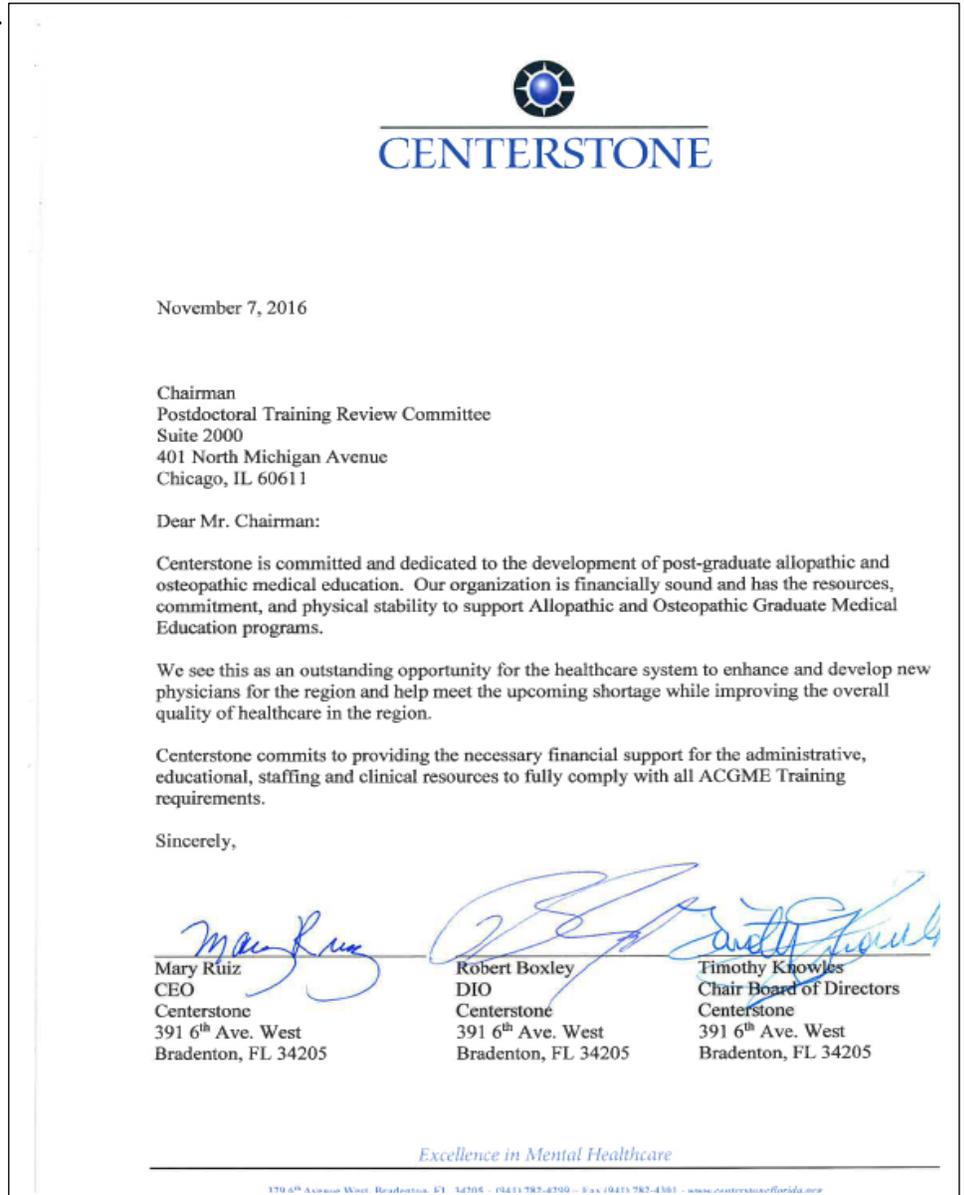
To delineate compliance with the institutional requirements related to the Statement of Institutional Commitment for Graduate Medical Education.

### Policy:

The administrative staff, teaching faculty, and medical staff at Centerstone of Florida are committed to provide graduate medical education that facilitates residents' professional, ethical, and personal development. Through our educational programs, evaluation and resident supervision, our institution and its Graduate Medical Education program shall ensure and support safe and appropriate patient care.

Excellence in medical education and providing the necessary educational, financial, and human resources to support graduate medical education (GME) are demonstrated through the provision of leadership, an organizational structure and resources required by Centerstone to achieve substantial compliance with the ACGME Common, Specialty - specific Program and Institutional Requirements.

The regular assessment of the quality of the educational programs, the performance of its residents, and the use of outcome assessment results for program improvement are vital components of the institution's commitment to GME.



**Centerstone Compliance with the ACGME Policy**  
Institutional Requirements, Common Program Requirements, Specialty-Specific Program  
Requirements and ACGME Policies and Procedures

**PURPOSE:**

To achieve the ACGME requirement related to Centerstone's obligation to support Graduate Medical Education in substantial compliance with the Institutional Requirements. To ensure that the Centerstone ACGME-accredited Psychiatric program is in substantial compliance with the Common Requirements and Specialty-Specific Program Requirements, and the ACGME Policies and Procedures.

**SPONSORING INSTITUTION:**

The Centerstone residency program approved by the Accreditation Council for Graduate Medical Education International (ACGME) operates under the authority and control of its Sponsoring Institution, Centerstone. Institutional responsibility extends to resident assignments at all participating sites.

Centerstone, the Sponsoring Institution of Graduate Medical Education is committed to provide a residency program in absolute compliance with the: ACGME Institutional Requirements, Common Requirements, Foundational and Advanced Specialty-Specific Program Requirements and ACGME Policies and Procedures.

**COMPLIANCE WITH ACGME INSTITUTIONAL REQUIREMENTS**

The sponsoring institution shall remain in substantial compliance with the Institutional Requirements of the ACGME. This policy is established with the objective of providing the Graduate Medical Education Committee (GMEC) with formal methods for evaluating the institution's compliance with the Institutional Requirements and recognizing areas that require improvement.

The regular assessment of compliance with ACGME Institutional Requirements shall use the following:

- Compliance of the Centerstone Psychiatric program with the most important areas of the Institutional Requirements shall be assessed yearly through the report to the GMEC and the Annual Report Form.
- Compliance of the Centerstone Psychiatric program with the Institutional Requirements shall be evaluated through a review of the program's Policy and Procedures and/or Resident's Manual at the standard Internal Review process of the program.
- Compliance with the Institutional Requirements shall be evaluated by a periodic written survey of residents, guarantying resident's anonymity. It shall include all main aspects of the Institutional Requirements that directly could affect residents. The information from the survey shall be compiled by the GMEC Chair and presented to the GMEC for appraisal and for any action required to address recognized deficiencies. As the GMEC increases knowledge and practice with the survey mechanisms, the survey form and procedures shall be modified to optimize the comeback rate and value of the information. The GMEC will be required to make a decision about the incidence of regular written surveys of residents based on the data from preceding surveys.

## Centerstone Graduate Medical Education Committee

### **PURPOSE:**

To delineate the responsibilities of the GMEC

### **POLICY:**

The GMEC at Centerstone has oversight authority and responsibility for all aspects of residency education. The Committee is required to at least quarterly or as needed, and maintains written minutes that will be available for inspection by the applicable accreditation body personnel. Voting membership on the committee includes the Chairman of the G M E C, the Designated Institutional Official (DIO)/Designee, Program Director, Administrative Manager, residents nominated by their peers, and representative/s of major clinical participating training sites.

The GMEC in collaboration with the Designated Institutional Official (DIO) forms an administrative structure that oversees the ACGME-accredited program of Centerstone.

The responsibilities of the GMEC include establishing and implementing policies and procedures regarding the quality of education and the work environment for the residents. These policies and procedures include, but are not limited to:

- a. **Stipends and Position allocation** - Review annually and make recommendations to Centerstone Strategic Planning Committee on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair.
- b. **Communication with Program Director** - Establishing a communication mechanism between the GMEC and the program director within the institution and ensuring that the program director maintains effective communication with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites.
- c. **Resident Duty Hours** - Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements and consider for approval requests from program directors prior to submission to RRC for exceptions in the weekly limit on duty hours (refer to our duty hour policies).
- d. **Resident Supervision** - Monitor programs' supervision of residents and ensure that supervision is consistent with the following:
  - 1) Provision of safe and effective patient care.
  - 2) Educational needs of residents.
  - 3) Progressive responsibility appropriate to residents' level of education, competence, and experience.
  - 4) Ensure that other applicable Common and specialty/subspecialty-specific programs requirements are being met.
- e. **Communication with Medical Staff** - Establish a communication mechanism with the leadership of the medical staff regarding the safety and quality of patient care that includes:
  - 1) The annual report to the Organized Medical Staff.
  - 2) Description of resident participation in patient safety and quality of care education.

3) The accreditation status of the program and any citations regarding patient care issues.

f. **Curriculum and Evaluation** - Provision of a curriculum and an evaluation system to ensure that residents demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.

g. **Resident Status** - Ensure that the selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents is in compliance with the Institutional and Common Program Requirements.

h. **Oversight of Program Accreditation** - Review all ACGME program accreditation letters of notification and monitor action plans for correction of citations or areas of non-compliance.

i. **Management of Institutional Accreditation** - Review of Centerstone's ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance at least semiannually.

j. **Oversight of Program Changes** - Review of the following for approval, prior to submission to the ACGME by program directors:

- 1) All applications for ACGME accreditation of new programs;
- 2) Changes in resident complement;
- 3) Major changes in program structure or length of training;
- 4) Additions and deletions of participating institutions;
- 5) Appointment of new program director;
- 6) Progress reports requested by any Review Committee;
- 7) Responses to all proposed adverse actions;
- 8) Requests for exceptions of resident duty hours;
- 9) Voluntary withdrawal of program accreditation;
- 10) Requests for an appeal of an adverse action;
- 11) Appeal presentations to a Board of Appeal or the ACGME.

k. **Experimentation and Innovation** - Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common and specialty/subspecialty-specific Program Requirements, including:

- 1) Approval prior to submission to the ACGME and/or respective Review Committee.
- 2) Adherence to Procedures for "Approving Proposals for Experimentation or Innovative Projects" in ACGME Policies and Procedures.
- 3) Monitoring quality of education provided to residents for the duration of such a project.

l. **Oversight of Reductions and Closures** - Oversight of all processes related to reductions and/or closures of individual programs, major participating institutions and Centerstone.

m. **Vendor Interaction** - Provision of a statement or institutional policy that addresses interactions between vendor representatives and corporations and residents/GME programs.

n. **Internal Review** - The GMEC will develop, implement and oversee an internal review process as follows (see Internal Review Policy # ).

## Centerstone Designate Institutional Official (DIO) and DIO Designee Policy

### **PURPOSE:**

To follow the ACGME requirement that requests Centerstone's GME programs be led by a Designated Institutional Official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC), and that they must have authority and responsibility for the oversight and administration of Centerstone's allopathic training programs and responsibility for assuring compliance with ACGME Common, Specialty Specific Program, and Institutional Requirements. Just as Program Directors are responsible for the organization and implementation of educational objectives at the program level, the DIO will be similarly responsible for education and educational administration at the institutional level.

### **POLICY:**

#### **GMEC/DIO REVIEW AND APPROVAL**

As part of responsibilities, among other things, the DIO should establish and implement procedures to ensure that he/she, or a designee, reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by the program director. The following shall be reviewed for approval by the GMEC, DIO / DIO Designee before being submitted to the ACGME:

- All communications and requests to the ACGME
- All applications for ACGME accreditation of new programs;
- Change in program director;
- Changes in resident complement;
- Major changes in program structure or length of training;
- Progress reports requested by the Review Committee;
- Responses to all proposed adverse actions;
- Requests for increases or any change to resident duty hours;
- Voluntary withdrawals of ACGME-accredited programs;
- Requests for appeal of an adverse action;
- Appeal presentations to a Board of Appeal or the ACGME; and,
- Proposals to ACGME for approval of innovative educational approaches.

**In the absence of the DIO**, a DIO Designee will perform all duties and responsibilities of the DIO as required. **In absence of the DIO Designee**; the Chair of the Graduate Medical Education Committee is designated to review and cosign these documents and forms until the return of the appointed DIO or until a replacement DIO has been appointed and approved.

**Centerstone Correspondence with the ACGME Policy**  
**Policy on GMEC Approval and Requirement of DIO signature or DIO Designee signature**

**PURPOSE:**

To follow ACGME requirement related to the DIO co-signature and approval of the GMEC of letters and requests submitted to the ACGME.

**Policy:**

The Centerstone ACGME Residency Program will be required to obtain the co-signature of the Designated Institutional Official and receive GMEC approval prior to submission of these letters and document to the Accreditation Council for Graduate Medical Education (ACGME):

1. All applications for ACGME accreditation of new programs and subspecialties;
2. Changes in resident complement;
3. Major changes in program structure or length of training
4. Additions and deletions of participating institutions used in a program;
5. Appointments of new program directors;
6. Progress reports requested by any Review Committee;
7. Responses to all proposed adverse actions;
8. Requests for increases or any change in resident duty hours
9. Requests for "inactive status" or to reactivate a program;
10. Voluntary withdrawals of ACGME-accredited programs;
11. Requests for an appeal of an adverse action; and,
12. Appeal presentations to a Board of Appeal or the ACGME.
13. All program PIFs or equivalent (Designated Official Signature Only)

In the absence of the DIO, review and co-signatures of the above documents will be completed by the DIO Designee.

## Centerstone Roles and Responsibilities of the Program Director Policy

### **PURPOSE:**

To ensure compliance with the ACGME Institutional Requirements, Common Program Requirements and Specific Program Requirements.

### **POLICY:**

The Program Director of the Centerstone Psychiatric program shall meet the qualifications specified in the ACGME Program Requirements of the ACGME Residency Review Committee (RRC). The Program Director will be accountable to the Graduate Medical Education Committee (GMEC) for specific responsibilities as outlined in the ACGME Institutional/Common and Specific Program requirements and requirements of the applicable RRC.

**IMPLEMENTATION:** The implementation of this policy is the responsibility of the Designated Institutional Official (DIO), DIO Designee, the GMEC, The Chairperson and Program Director.

**MONITORING:** Monitoring of this policy will occur as part of the Internal Review process as well as review of all correspondence with the ACGME.

### **PROCEDURES:**

1. The residency program will have a single program director with authority and accountability for the operation of the program.
2. Centerstone GMEC shall approve any change in program directors. After approval, the Program Director or DIO must submit this change to the ACGME via the Accreditation Data System (ADS).
3. The Program Director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements and as approved in advance by Centerstone-GMEC. The program's educational resources shall be satisfactory to support the number of residents appointed to the program.
4. The Program Director will be accountable for the functions described below.

### **The Program Director is responsible for the following:**

- Oversight and organization of the required activities of the educational program/curriculum to be implemented in all participating institutions to ensure the quality of didactic and clinical education;
- Administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas;
- Participate in the GMEC and be responsive to the D.I.O (Designated Institutional Official);
- Oversee and ensure the quality of didactic and clinical education in all institutions that participate in the program;
- Approve a Local Resident Director at each participating institution who is accountable for resident education at the affiliated institution;
- Approve the selection of program faculty as appropriate;
- Evaluate program faculty and approve the continued participation of members based on evaluation;

- Monitor resident supervision at all participating institutions;
- Prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;
- Provide each resident with documented semiannual evaluation of performance with feedback;
- Guarantee compliance with Grievance and Due Process procedures as set forth in the Institutional Requirements and implemented by Centerstone;
- Verify education for all residents, including those who leave the program prior to completion;
- Implement policies and procedures according with the ACGME Institutional and Program Requirements for duty hours and working environment, including moonlighting, and, to that end, must:
  - (1) Distribute these policies and procedures to the residents and faculty;
  - (2) Monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;
  - (3) Adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,
  - (4) If applicable, supervise the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
- Monitor the need for and guarantee the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
- Obey Centerstone's written GME Policies and Procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents;
- Recognize with and fulfill the ACGME and Residency Review Committee (RRC) policies and procedures as outlined in the ACGME Manual of Policies and Procedures;
- Obtain review and approval of Centerstone's GMEC/DIO before submitting to the ACGME data or requests for the following:
  - (1) All applications for ACGME accreditation of new programs;
  - (2) Changes in resident complement;
  - (3) Major changes in program structure or length of training;
  - (4) Progress reports requested by the Review Committee;
  - (5) Responses to all proposed adverse actions;
  - (6) Requests for increases or any change to resident duty hours;
  - (7) Voluntary withdrawals of ACGME-accredited programs;
  - (8) Requests for appeal of an adverse action;
  - (9) Appeal presentations to a Board of Appeal or the ACGME; and,
  - (10) Proposals to ACGME for consent innovative educational approaches.
- Obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
  - (1) Program citations or areas in non-compliance; and,
  - (2) Request for changes in the program that would have significant impact, including fiscal or financial on the program or institution.
- The Program Director must report the presence of other learners (including, but not limited to, residents from other specialties, PhD students, and nurse practitioners) to the DIO and GMEC in accordance with Centerstone GMEC policies.

## Centerstone Communication of Program Directors with Site Directors Policy

### **PURPOSE:**

To ensure **that the program director** maintains effective communication mechanisms **with the site directors at each participating institution** in order to maintain proper oversight at all clinical sites.

### **POLICY STATEMENT:**

The Graduate Medical Education Committee will guarantee that the program director will maintain effective communication mechanisms with the site directors at each participating site in order to maintain proper oversight at all clinical sites.

### **DESCRIPTION:**

Program Directors will maintain communication with site directors for each participating site. Adequacy of this communication will be monitored via the Internal Review mechanism where all program letters of agreement are monitored for content and compliance. Compliance is checked by questioning residents during the internal review to be certain that goals and objectives of rotations at all participating sites are being met and that the residents find all such rotations educationally valuable and are provided with adequate supervision.

## Centerstone Psychiatric Residency Internal Review Policy

### **PURPOSE:**

To develop, implement and oversee the Internal Review process by which the GMEC will provide oversight responsibility for the residency program.

- 1) An internal review committee will be designated. This committee will include at least one faculty member and at least one resident from within Centerstone. Additional internal or external reviewers may be included on the internal review committee as determined by the GMEC. Administrators from outside the program may also be included.
- 2) Internal reviews shall be completed on the program by approximately the mid-point between the effective date of the Residency Review Committee (RRC) meeting and the approximate date of the next site visit. The internal review is considered complete when the report is approved by the GMEC.
- 4) If a program has no residents enrolled at the mid-point of the review cycle, the GMEC will demonstrate continued oversight of the program through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident. After enrolling a resident, an internal review will be completed within the second six-month

period of the resident's first year in the program.

5) The internal review Committee will review current and historic documents to assess the following:

- A. Compliance with the ACGME Common, Specialty/Subspecialty-Specific Program and Institutional Requirements including
- B. Transitions of care
- C. Alert management /fatigue mitigation
- D. Supervision
- E. Residents clinical responsibilities
- F. Teamwork
- G. Educational objectives and effectiveness in meeting those objectives;
- H. Educational and financial resources;
- I. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
- J. Effectiveness of educational outcomes in the ACGME general competencies; and using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies;
- K. Annual program improvement efforts in:
  - 1) Resident performance using aggregated resident data;
  - 2) Faculty development;
  - 3) Graduate performance including performance of program graduates on the certification examination;
  - 4) Program quality. Specifically:
    - a. Residents and faculty must have the opportunity to evaluate the program confidentially and
    - b. in writing at least annually; and,
    - c. The program will use the results of residents' assessments of the program together with the other program evaluation results to improve the program.
- 5) Materials and data to be used in the review process must include:
  - a. The ACGME Common, Specialty/Subspecialty-Specific Program, and Institutional Requirements in effect at the time of the review;
  - b. Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;
  - c. Reports from previous internal reviews of the program;
  - d. Resident evaluations of the overall program;
  - e. Previous annual program evaluations;
  - f. Results from internal or external resident surveys (if available);
- 6) The internal review committee (PEC) should conduct interviews with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.

### **Internal Review Report**

Members of the review team will meet and provide their assessment of the program following the guidelines provided in the Internal Review Protocol. A final report of the review is prepared

which incorporates each reviewer's assessment of the program and the recommendations/actions taken by the committee.

The final report will contain the following information:

- 1) The date the written report is approved by the GMEC (MIDPOINT);
- 2) The names and titles of the internal review committee members;
- 3) A brief description of the internal review process, including the list of the groups/individuals interviewed and the documents reviewed;
- 4) Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;
- 5) A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

The written report of the internal review will be presented to the GMEC for approval at approximately the mid-point of the review cycle. The DIO and the GMEC will monitor the program's response to the actions recommended by the GMEC. Centerstone shall submit the most recent internal review report for the training program as part of the Institutional Review Document (IRD), if applicable. If the institutional site visitor simultaneously conducts the program review at the same time as an institutional review, the internal review report must not be shared with the site visitor.

### **Centerstone Psychiatric Residency Vendor Interactions Policy**

#### **PURPOSE:**

The purpose of this policy is to establish guidelines for interactions with industry representatives for residents in graduate medical education programs at Centerstone.

It is the policy of the Centerstone to ensure the residency program's educational integrity and to assure that vendors not interfere with the normal operations of the Centerstone Residency Programs. Many aspects of vendor's interactions would be positive for promoting the educational, clinical and research missions of the institution. However, these interactions shall be ethical and cannot generate conflicts of interest that could jeopardize patient safety and the integrity of our educational programs. Interactions with industry and its vendors should be conducted so as to evade or minimize conflicts of interest. When conflicts do arise, they shall be addressed properly.

The guidelines established by the American Medical Association Statement on Gifts to Physicians establish that the reception of gifts from industry vendors is discouraged. Any gifts accepted by residents should not be of substantial value in agreement with WV Code 6B-2-5. Therefore, textbooks, modest meal, and other contributions shall be appropriate only if they serve a genuine educational function. Cash payments should not be accepted.

Residents should not accept gifts or compensation for listening to a sales talk by an industry representative. Residents may not accept gifts or compensation for prescribing or changing a

patient's prescription. Residents shall consciously divide clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

Vendors are not permitted in any patient care areas except to provide in-service instruction on devices and other equipment and then only with a scheduled appointment. Industry vendors may be allowed in non-patient care areas by a programmed appointment including a rational objective only. Appointments may be made on a “per visit basis” or as a standing appointment for a specified period of time, with the written approval of the program director or department chair, or designated clinical setting personnel issuing the invitation and explaining the educational logistic of these activities.

Vendor support of educational conferences involving resident physicians shall be used with the explanation that any fund will be provided to the institution not directly to the resident. The program director should determine if that conference has the proper educational merit. The institution shall not be subject to any inherent or explicit expectation of providing something in exchange for the support.

Financial support by industry should be fully disclosed by the meeting sponsor. The lecture content shall be determined by the speaker and not the industrial sponsor. The lecturer shall provide a reasonable and balanced assessment of therapeutic options and promote objective scientific and educational activities. Additionally, all residents should receive training by the teaching faculty regarding the potential conflicts of interest in interactions with industry vendors.

### **Centerstone Psychiatric Residency GME Support in the Event of a Disaster Policy**

#### **PREAMBLE:**

Centerstone is required to have a written policy that addresses administrative support for the GME program and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments.

#### **PURPOSE:**

The purpose of this policy is to delineate the essential procedures and assigned responsibilities to competently redistribute residency staff training experiences following a disaster. The Centerstone Designated Institutional Official (DIO), Director of Medical Education (DME) and the Graduate Medical Education Committee (GMEC) are committed to guarantee the proper administrative and financial support for Graduate Medical Education in the event of a disaster.

#### **POLICY:**

In the event of a disaster whereby Centerstone or any of its programs will be unable to provide a satisfactory educational experience for all residency staff, Centerstone will arrange for a provisional transfer to other programs/institutions until such time as the residency program(s) can supply adequate learning experiences for all residency staff; or assist the residency staff in permanent transfers to other programs/institutions, i.e. joining in other accredited programs in which our learners can continue their medical education.

In the event of a crisis or egregious disaster, Centerstone has been committed to continue providing the same level of financial and administrative support to the extent possible as it did prior to the disaster awaiting transfer of financial and/or administrative support is documented in writing with the receiving institution.

## **PROCEDURES:**

**Allopathic GME:** The DIO will notify the ACGME of the disaster as soon as reasonably possible. Upon notification from the DIO, when warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to the ACGME response to the disaster. The DIO will immediately convene the Graduate Medical Education Committee (GMEC), CEO and other institutional leadership in order to establish the status and operating capabilities of Centerstone training programs.

**Osteopathic GME:** The DME will notify the OPTI, and the AOA of the disaster as soon as reasonably possible. Upon notification, the AOA Executive Officer, with consultation of the AOA Specialty College personnel in charge, will make a declaration of a disaster. A notice of such will be posted on the respective AOA website with information relating to the AOA response to the disaster. The DME will immediately convene the OPTI Executive Officer, Graduate Medical Education Committee (GMEC), CEO and other institutional leadership in order to establish the status and operating capabilities of Centerstone training programs.

## **Centerstone Psychiatric Residency Eligibility, Selection, Recruitment and Appointment of Residents Policy**

**PURPOSE:** To outline specific qualifications required for eligibility, selection, recruitment and appointment of residents entering Graduate Medical Education at Centerstone. To ensure that the selection and appointment of residents complies with the ACGME Institutional Requirements, the GME Committee, ERAS and NRMP rules, and Centerstone standard policies and procedures.

### **Resident Eligibility:**

Applicants with one of the following qualifications are eligible for appointment to Allopathic GME:

- Graduate of a School of Medicine in the United States/Canada accredited by the Liaison Committee on Graduate Medical Education (LCME).
- Graduate of a College of Osteopathic Medicine in the United States accredited by the American Osteopathic Association (AOA).
- Graduate of a School of Medicine outside of the United States or Canada who meets one of the following qualifications:
  1. Has received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or,
  2. Has a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- Graduates of a medical school outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

## **Application**

The Allopathic Residency Programs at Centerstone will accept applications through ERAS (Electronic Residency Application Service). Centerstone will participate in an organized matching program, the National Resident Matching Program (NRMP). When the program slots are not filled through the match, residents may subsequently be appointed to unfilled positions from the pool of unmatched applicants, or other sources, as long as they meet institutional standards. In-person interviews will be required for all candidates for inclusion in the NRMP Match Rank Order List, as well as to select any candidate through other circumstances. Centerstone will not accept an applicant who is under contract to another residency program or matching program without a signed release from that residency program or matching program.

### **Resident Selection Committee (RSC)**

There is a Residency Recruitment (RR) Sub-Committee for the Allopathic Residency Program at Centerstone. The Sub-Committee will be composed of the Program Director (P.D.), the Chairperson of the GMEC, the Medical Director, the Designated Institutional Official (DIO), and the Administrative Manager of the Residency Program.

**Applicants will be interviewed** by the RR Sub-committee. They will also **meet** with the Chief Resident (or a senior resident), if possible. The RR reviews all applicants' credentials and is responsible for the selection of the candidates for interview. This Committee shall meet on a regular basis during the Match Season to deliberate the status of the application process. The RR shall have final authority in the selection of residents through a meeting where the ultimate Ranking Order List is defined. This Document shall be maintained in the Program's Records. The Program Director is responsible for personally submitting electronically the final choice and ranking order of the applicants to be ranked in the NRMP match, or to prepare the offered contracts for any Match Independent Applicant, when applicable. This process is intended to ensure selection from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities and the individual's potential contributions to the program. In compliance with all federal and state laws and regulations, the application process meets all requirements of the Equal Employment Opportunity and the Americans with Disability Act in ensuring that all qualified applicants are afforded a review without discrimination based on sex, race, age, religion, color, national origin, sexual orientation, marital status, disability or veteran status.

### **Resident Selection Process, Interview Process**

- Candidates Applications are submitted via ERAS.
- All documents meeting eligibility criteria will be reviewed **by the Residency Recruitment Sub-Committee**.
- A limited number of eligible applicants (approximately 40 – 45) are selected by the RR Sub-Committee and invited to interview at Centerstone. Applicants will be notified of their selection by e-mail and they will contact the GME Office to set up an interview date.
- Interview Day, Responsible persons for Interview:
- Applicants will be interviewed by the **RR Sub-Committee members**. They will also meet

with the Chief Resident (or a senior resident), if available.

- Applicants will be given a working lunch and a tour of the facilities and will be given an opportunity to have all questions answered.
- Applicants, who interview with the program, will be given a blank copy of the current Resident Contract, as well as the policies and procedures related to the terms, conditions, and benefits of their possible appointment, including financial support; vacation; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; accessibility to call rooms, meals, resident's areas and other important issues. The status of each Applicant is reviewed by the RR Sub-Committee on a regular basis during the pre-Match period.
- The RR performs a final meeting to generate the Rank Order List and the program director is responsible to personally submit this list electronically to the NRMP prior to deadline.
- Following the release of the Match Results, successful applicants will be contacted.

### **Application and Required Documents**

- Submission of a Complete Common Application Form through the Electronic Residency Application Service ERAS website ([www.aamc.org/services/eras](http://www.aamc.org/services/eras)).
- Participation in the NRMP (National Residency Matching Program).
- Head Photo (passport type) picture taken within the past six months.
- Personal Statement, including an explanation of your interest in the residency program. We encourage the applicant to demonstrate interest in the field of the selected specialty.
- Updated Curriculum Vitae.
- Three Letters of Recommendation written within the past two years, preferably from U.S. physicians with whom you have worked with in a clinical setting. Letters must be written on the physician's letterhead stationery and signed. Letters written on plain paper will not be accepted.
- Dean's Letter (For International Medical Graduates, the designated dean's office is the ECFMG).
- Official Medical School Transcripts and Official evidence of Medical School Diplomas.
- Educational Commission for Foreign Graduate Medical Education (ECFMG) Certificate (if applicable), or valid and active full/unrestricted medical license, if appropriate.
- Medical School Performance Evaluation. For International Medical Graduates, the Medical Student Performance Evaluation (MSPE) is provided through the ECFMG.
- Official evidence of approval of the COMLEX Part I and II or USMLE Part I and Part II (Clinical Knowledge and Clinical Skills). Additional information: English proficiency is required. There is no cutoff date for medical school graduation.

### **Resident Appointment**

- Centerstone GME committee and the program director will provide the matched/selected residents with a written training agreement outlining the terms and conditions of their appointment.
- Centerstone GME committee and the program director will ensure that appointed residents are informed of and adhere to established educational rules, policies, and procedures in all participating sites to which residents are assigned as delineated in their employment agreement, GME policies and manual.

- Appointed residents are employees of Centerstone and are required to follow the corporate policies, hospital policies, rules and regulations related to employment and visas where applicable.
- A resident who is ineligible to be employed due to a pending reason is not eligible for compensation or benefits during orientation or beyond until employment is finalized. Clinical training time does not officially begin until resident employment process is complete. Making up time missed from training is discussed with the program director on an individual basis.
- Appointed residents are required to timely register and obtain and maintain current active licensure as a resident physician in training, with the Florida Department of Health, **Florida Board of Medicine** and to provide all information required by such agencies from time to time prior to starting the program.

### **Residents Transfers**

The program director is required to acquire an official written or electronic verification of the resident's previous educational experiences and a summative competency-based performance evaluation of the transferring resident before accepting a resident who is transferring from another program. The program director must provide timely verification of residency education and summative performance evaluation for residents who leave the program prior to completion.

### **STEPS / Process**

1. Candidates Applications are submitted via ERAS.
2. **Residency Recruitment Sub-Committee** meets **once per week to review** documents submitted by applicants meeting eligibility **and SELECT candidate's names for interview.**
3. **Interview Day, Responsible persons for Interview:**  
Applicants will be interviewed by the Program Director, Medical Director and the GMEC. They will also meet with the Chief Resident (or a senior resident), if available, to clarify concerns and questions during a working lunch and a tour of the facilities.
4. Applicants, who interview with the program, will be given a **written blank copy of the Resident Contract**, benefits and a description of the program.
5. **Final Meeting/Rank Order List**

## **Centerstone Psychiatric Residency Leave Policy**

### **Policy:**

Centerstone recognizes that our residents may need to be away from work due to medical or certain family reasons and supports a work and training environment that offers solutions to the complex issues that individuals face in balancing their work, personal wellbeing and family commitments. For this reason Centerstone has adopted the following guidelines regarding leave time for residents, including leaves of absence.

### **Definitions:**

Leaves of absence are defined as approved time away from residency duties, other than regularly scheduled days off as reflected in a rotation schedule. It is the responsibility of the Residency Program Director to determine the academic effect of absence from training for any reason on the individual's educational program and, if necessary, to establish make-up requirements that meet the board requirements for the specialty. The amount of time a resident can be away from residency duties and still continue to meet board eligibility requirements varies among the specialties.

### **Residency Program Requesting Time Off Procedure**

For Doctors, Residents, ARNP's and PA's, every effort should be made to request your leave three months in advance. If you are unable to provide three months' notice, at least one week or as much notice as possible should be given.

When calling off sick, resident must notify their attending physician(s) (for both in-house and out rotations), the Medical Director, The Executive Assistant to Med Staff, and the Administrative Manager of the Residency Program as early as possible.

1. When requesting time off, residents must submit in writing (via email) their request to the Medical Director for all inpatient rotations and the Administrative Manager of the Residency Program for all outpatient rotations; and copy the Executive Assistant to Medical Staff for all PTO requests.
2. The Executive Assistant to Medical Staff will compare days requested off to the Master Physician PTO Calendar and notify the Medical Director/Administrative Manager of the Residency Program of any discrepancies or scheduling issues concerning availability of coverage.
3. Upon approval, residents will notify/coordinate with their attending and Chief Resident all requested time off.
4. The Administrative Manager of the Residency Program or Executive Assistant of Med Staff will enter approved PTO in the Residency Calendar in Outlook both inpatient and outpatient. The Executive Assistant to Med Staff will alert the call center and front desk

staff for schedule blocking and entering to the electronic timesheet, currently Workday.

5. Residents are responsible to track/log any time off on their paper timesheets to be submitted to the Administrative Manager of the Residency Program.

**For Year One Residents ONLY:**

- Requests for 6 days or more must be submitted during their 1<sup>st</sup> (first) month of residency.
- Residents should refrain from requesting more than 6 days off during any “out” rotation.
- Procedures above apply.

Three (3) days paid off for preapproved CME or study (not inclusive of vacation time, these three days are separate and protected) are available for PGY-1 only. PGY-2, 3, and 4 while at a preapproved event/conference will be paid at regular pay rate.

All residents are afforded the same leave with pay as all Centerstone employees. See HR policy on the source.

Time off cannot be taken on "core" rotations or any rotations the PD designates as a non-vacation rotations. June and July should be avoided and no time off will be granted during the PRITE exams (usually administrated during the first two weeks of October). The resident is advised to contact the program manager with any questions or concerns.

Vacations may be scheduled for a maximum of 5 business days off per rotation. Vacation is expected to be taken when the resident is not on duty for consult services. Vacation should not be scheduled during essential service time. The resident may take vacation during outpatient rotations, according to the specific program.

**Other leave of absence**

**Unpaid Leave:**

Residents shall be entitled to an unpaid leave of absence according to the Centerstone HR policy available on the source. The notice must state the reason for requesting the leave, the number of days requested for leave and the address of the resident while on leave. If for any reason, the resident is absent for a total of seven (7) or more days from one rotation, or for a total of twenty-one (21) or more days, the Resident shall be required to make up the missed time. Despite any of the foregoing, the Resident must complete the ACGME requirements for training in order to satisfactorily perform under this Agreement and complete the Program.

Absences for shorter periods shall be made up by Resident at the discretion of the Program Director, Medical Director and the Chief Operating Officer from which the time was missed. Missed time shall be made up during vacation time or during such other times as agreed to by the Program Director, and Chief Operating Officer. If the resident fails to complete required time as stipulated by ACGME guidelines, he/she will not finish the PGY level until the required time is completed. Individuals are not automatically guaranteed re-entry into the training program and therefore should discuss future arrangements with their Program Director prior to commencing a

leave of absence. An unjustified leave of absence is uncompensated and may affect completion of the residency program.

For leave with pay please refer to the source, corporate website, policies, Administrative Leave (Leave with Pay). This policy covers types of leave with pay.

### **Family and Medical Leave**

Residents employed by Centerstone considering leave request based on the Family and Medical Leave Act (FMLA) shall be entitled if they meet the requirements stated in the Employee Policy based on FMLA. Residents must give at least a thirty **(30) day notice** when leave is predictable or as much notice as practical and to complete necessary forms as indicated by Centerstone **Human Resources Department** prior to going on leave.

\* Details of FMLA are explained in the Human Resource FMLA section of the Centerstone HR Manual of Policies on the source.

#### **NOTICE:**

Residents will be subject to the ACGME or the AOA (as applicable) program's requirements related to leave of absence, and to Specialty Boards/Specialty Colleges requirements. Specialty Board requirements and RRC requirements should be reviewed prior to granting any leave by the program director and the resident to assure that the resident is familiar with the possibility of having to make up time away from training.

*This policy is subject to amendments and regular updates done by the institution and the GME Department, which will be informed in advance to the trainees.*

## Centerstone Moonlighting Policy

### Centerstone Psychiatric Residency Program

#### Policy

Year-1 Residents are not permitted to Moonlight.

Year-2 Residents are not permitted to Moonlight.

Any professional clinical activity (Moonlighting) performed outside of an official Residency program (Centerstone or Centerstone Out-Rotation) may only be conducted with the permission of the Program Director in conjunction with the Centerstone General Medical Education and Clinical Competency Committees. Moonlighting, for the purpose of this policy refers to any provision of services requiring licensure outside of the Centerstone Psychiatric Residency Program. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. A written letter of request by the Resident must be approved or disapproved by the Program Director and be filed in the institution's Resident file. If Moonlighting is permitted all approved hours are included in the total allowable work hours following AOA/ACGME policy and must be reported to the Administrative Manager of the Residency Program in writing. Total work hours will be monitored by the Administrative Manager of Residency Program. Failure to report and receive approval by the Program Director may result in termination of the Resident's contract. Moonlighting is not part of the Residency training program and as such is not covered by the Resident's Training License nor is it covered under the Centerstone malpractice coverage policy. Documentation of malpractice coverage, full and unrestricted medical licensure and DEA registration number assigned to the resident must be provided before approved moonlighting is permitted. Under no circumstances is a resident required to engage in Moonlighting.

#### Procedure

##### Moonlighting Eligibility:

The Centerstone Psychiatric Residency Program permits, in a limited capacity, and to only selected residents to practice outside of the required clinical activities which are official components of the residency program. Such practice (moonlighting) is considered a privilege for residents who are performing well. However, residents must limit such employment to: (1) preserve sufficient study time; (2) minimize fatigue and (3) stay within accredited guidelines.

##### Guidelines:

- ▶ Moonlighting may be performed only after successful completion of the PGY-1 and PGY-2, USMLE Step III or COMLEX 3, full medical licensure and DEA number.
- ▶ Moonlighting venues are restricted to Northside Hospital and preapproved venues as allowable by the Program Director (should supplement the Centerstone Residency program offerings).
- ▶ Moonlighting is restricted to those residents who are in academic good standing. Good academic standing is defined as:
  1. Attendance at 90% of all required departmental conferences/didactics/lectures.
  2. Completion of appropriate scholarly activities according to level of training with a recommended 60 percentile score on the PRITE.
  3. No unsatisfactory evaluations by faculty within the previous six months. Residents on probation or under corrective actions or remediation will not be permitted to moonlight. In special circumstances, requirements may be waived at the discretion of the Program

Director. Requests for moonlighting must be approved by Centerstone General Medical Education and Clinical Competency Committees and program leadership.

- Moonlighting activities must not interfere with any required obligations of the residency program, including but not limited to Duty Hours, regular clinical hours, and conferences.
- Moonlighting is not permitted while assigned to inpatient services.
- Moonlighting is not permitted pre-call, post-call or when on back-up call.
- Moonlighting is not permitted during sick or maternity leave.
- Moonlighting activities will be limited to no more than 24-48 hours per month.
- Moonlighting activities must not place the resident's total work hours in excess of the 80 hour per week averaged over a 4 weeks Duty Hour Requirements established by the AOA/ACGME.
- Residents are required to submit a formal letter of request and obtain an approval by the program leadership before initiating any moonlighting shifts.
- Residents must monitor and report their moonlighting hours on a weekly basis.
- A resident's moonlighting privileges may be suspended at the discretion of the Program Director.
- Any Secondary Employment outside of Centerstone not requiring licensure must follow above policy and corporate policy. Secondary Employment outside of Centerstone is defined as paid jobs that are non-clinical and do not require a license, i.e. teaching, sales, etc. If approved for Secondary Employment outside of Centerstone the hours will not be counted towards, nor affect the 80 hour per week Duty Hour Requirements established by the AOA/ACGME unless it is determined by the committee to have value towards supplementing the program offerings. A form stating a complete understanding of this policy must be signed (see attachment A) and submitted with the letter of request for approval.
- Submit Ad Hoc Changes/Annual Renewal. The Resident shall submit a new Application to his/her Program Director annually and as changes to his/her training program requirements or previously approved moonlighting activities occur. Changes include any modification to the a) training program schedule (e.g., due to promotion to next Year level); b) number of moonlighting hours worked; c) supervisor(s) to whom the Resident is assigned while engaged in an approved moonlighting activity; and/or d) sites where the moonlighting activity occurs. The Director will approve or deny each annual request for continued or amended moonlighting activity in writing, per the procedure established.

**Moonlighting Denied: Not Subject to Appeal.** The Director's decision to deny a Resident's Application is final and not subject to appeal.

### **Program Director's Monitoring Responsibilities**

1. **Resident Performance.** Once the Resident has begun an approved moonlighting activity, the Program Director shall monitor and document the Resident's performance to ensure that factors such as Resident fatigue are not detracting from patient safety or contributing to diminished learning or performance.

2. **Duty Hours.** The Director shall review the Resident’s weekly report of moonlighting hours so that the Director may monitor the Resident’s total Duty Hours. The Resident, however, is responsible for ensuring that s/he does not exceed established Duty Hour restrictions.

Attachment A

**Centerstone Moonlighting Policy**

I \_\_\_\_\_, have read and understand the Centerstone Moonlighting Policy.

(Please print resident name)

I understand that Moonlighting refers to clinical employment outside of Centerstone that requires a license and Secondary Employment outside of Centerstone refers to non-clinical employment outside of Centerstone that does not require a license.

I understand all of the requirements and procedures that are required to Moonlight or work Secondary Employment outside of Centerstone.

I understand if approved to Moonlight that I need to follow AOA/ACGME policy and monitor my hours to adhere to AOA/ACGME policy.

I understand if approved for Secondary Employment outside of Centerstone in a non-licensed non-clinical job the hours will not be counted towards, nor affect the 80 hour per week Duty Hour Requirements established by the AOA/ACGME if not found to be by the committee to have value towards supplementing the residency program offerings.

I understand the policy to which this attachment is referred too can be changed or updated from time to time. In the event of change to the policy a new attachment must be signed by all current residents engaging in Moonlighting and/or Secondary Employment outside of Centerstone.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Centerstone Psychiatric Residency Duty Hours and Working Environment Policy

**PURPOSE:** To promote resident physician wellness, in order to improve patient safety, quality of care and physician productivity. Centerstone has designed an educational and work environment that promotes a healthy balance between work and personal life for our residents. One of the GME priorities is to prevent resident chronic fatigue, burnout, anxiety, depression, behavioral issues, and other problems which may have adverse effects on quality of care, patient safety, satisfaction, and the frequency of medical errors and malpractice. Clear and frequent communication among institutional officials, program director, faculty and residents is essential for achieving our goals.

### **Resident Duty Hours in the Learning and Working Environment**

Professionalism personal responsibility and patient safety: Our residency programs shall educate residents and faculty members about the professional responsibilities of physicians to be appropriately rested and fit to provide the services required by their patients. Centerstone is committed to promote patient safety and resident wellbeing in a supportive educational environment. The program director will ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. The learning objectives of the program shall be achieved through an appropriate supervised patient care responsibilities, clinical teaching, and didactic educational events; and not be compromised by excessive reliance on residents to fulfill non-physician service obligations. The program director and our institution will ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members shall demonstrate acceptance of their personal role in assurance of the protection and welfare of patients entrusted to their care; provision of patient and family centered care; assurance of their fitness for duty; management of their time before, during, and after clinical assignments; recognition of impairment, including illness and fatigue, in themselves and in their peers; **attention to lifelong learning**; the monitoring of their patient care performance improvement indicators; and, honest and accurate reporting of duty hours, patient outcomes, and clinical experience data. All residents and faculty members shall demonstrate responsiveness to patient needs that supersedes self-interest. Physicians should recognize that the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

**Teamwork:** Residents shall care for patients in an environment that takes advantage of effective communication. This will include the opportunity to work **as a member of effective inter-professional teams** that are appropriate to the delivery of care in the specialty.

**Duty Hours Definition:** all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

### **Maximum Hours of work per week**

**Duty hours** shall be limited to **80 hours per week**, averaged over a (4) four week period, inclusive of all in house call activities and all moonlighting. Our residency programs will not request exceptions to increase this required limit of hours.

### **Mandatory time free of duty**

Residents shall be scheduled for a minimum of **one day free of duty every week** (when averaged over four weeks). At-home call cannot be assigned on these free days.

The day after in-house call or Post-call day **cannot be designated** as a day off.

### **Maximum Duty Period Length**

-Duty periods of **PGY-1 residents** shall not exceed **16 hours** in duration.

-**PGY-2 residents and above** may be scheduled to a maximum of **24 hours** of continuous duty in the hospital. Our Training Programs encourage residents to use alertness management strategies and backup systems in the context of patient care responsibilities.

### **Alertness Management Strategies**

1. **Strategic napping definition:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss. **Strategic napping**, especially **after 16 hours** of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. shall be respected by our institution and participating sites.

2. **Effective Transitions of care:** The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting. Effective transitions in care will occur as an essential component for patient safety and resident education. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time will be no longer than an additional four (4) hours.

Residents **shall not be** assigned **additional clinical responsibilities** after 24 hours of continuous in-house duty. In atypical circumstances, residents, on their own initiative, may continue beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a *severely ill or unstable* patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident will properly 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 and submit that documentation in every circumstance to the program director. The program director should review each submission of additional service, and track both individual resident and program wide episodes of additional duty.

### **Minimum Time Off between Scheduled Duty Periods**

- **PGY-1 resident** should have 10 hours between duty periods.
- **Intermediate level resident's** and up, should have 10 hours free of duty.
- Residents shall have at least **14 hours free** of duty after **24 hours of in-house duty**.

### **Maximum Frequency of In-House Night Float:**

All programs: Our residents shall not be scheduled **for more than six (6) consecutive nights** of night float.

**Family Medicine Residency Program:** Night float experiences must not exceed **50 percent** of a resident's inpatient experiences.

**Psychiatry Residency Program:** The psychiatry residents shall not be scheduled **for more than four (4) consecutive weeks of night float during the required one-year**, full-time outpatient psychiatry experience.

Residents shall not be scheduled **for more than a total of eight (8) weeks of night float** during the one-year of consecutive outpatient experience.

**Fatigue Mitigation:** Our training programs will instruct all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and, adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. For further information see our Resident Fatigue and/or Stress policies.

### **Maximum In-House On-Call Frequency**

**PGY-2 residents** and above shall be scheduled for in-house call no more frequently than **every third (3<sup>rd</sup>) night** (when averaged over a four week period).

### **At home call**

**At-home call** is defined as call taken from outside the assigned institution. Only time spent in the hospital by residents on at-home call **shall count towards the 80-hour maximum weekly hour limit**. The frequency of at-home call **is not subject to the every-third-night limitation**, but should satisfy the requirement for **one-day-in seven free of duty**, when averaged over four weeks.

At-home call shall not be as frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents will be permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it **shall be included in the 80-hour weekly** maximum, will not initiate a new "off duty period". The time spent in the hospital during the assigned "At-home call" should be documented.

### **Protocol for Episodes when Resident Remain Beyond Scheduled Duty Period**

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident shall appropriately hand over the care of other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question in Centerstone Hospital as well as out rotations sites and notify the program

director. The program director shall review each occurrence of additional service in Centerstone Hospital as well as out rotations sites and track both individual resident and program-wide episodes of additional duty.

- To ensure that this does not become a reoccurring issue, the Program Director shall sign off on the resident staying beyond their scheduled hours.
- The program director shall discuss the circumstances that required the resident to stay and evaluate the situation to see if there is anything that can be done in the future to prevent this from happening again.
- If this becomes as a reoccurring matter, the program director shall formally warn the resident and then try and find out what is causing the reoccurrence, and document this issue within the Resident file.

## **Centerstone Psychiatric Residency Physician/Resident Impairment (Stress and Fatigue) Policy**

**Purpose:** The GME at Centerstone is committed to helping residents and making an adjustments to the rigors of our training program when necessary. Centerstone will support the well-being of its trainees.

**Preamble:** Residency Training Period can be exceptionally stressful in the life of a new physician, creating emotional, physical and mental demands on trainees' personal and professional lives. All residents and faculty members will receive ongoing education regarding sleep alertness and fatigue. This information may be provided in departmental Grand Rounds presentations, within individual division meetings and/or in resident didactic activities. The Program Directors shall monitor resident stress, mental and emotional conditions that will affect performance or learning, and drug/alcohol-related dysfunction. Both the Program Director and the faculty are required to be responsive to the need for opportune provision of confidential counseling to the resident. The faculty and residents will be educated to recognize the signs of fatigue as well as to assume and apply our policies.

**Residents:** Residents who perceive that they are manifesting excess of fatigue/stress have the responsibility to **immediately notify** the attending, the chief resident, and the program director without fear of reprisal. The residents recognizing fatigue and/or stress in any trainee are required to report their observations and concerns immediately to the attending physician, chief resident, and program director.

**Program Director:** Following removal of a resident from duty, the program director shall determine the need for an immediate adjustment in duty assignments for remaining residents in the program. Subsequently, the program director will review the resident call schedules, work hour time sheets, extent of care responsibilities, any known personal problems, and stresses contributing to this for the resident. The program director is required to notify the GME chair and/or the medical director as well as the attending of the rotation in question to discuss methods to reduce resident fatigue. The program director will meet with the resident personally as soon as it can be arranged. If counseling by the program director is judged to be insufficient, the program director will refer the resident to an Aid to Impaired Residents Program (AIRs) by direct contact with the Designated Institutional Official (DIO) and the Director of Graduate Medical Education.

If the problem is recurrent or not resolved in a timely manner, the program director will release the resident indefinitely from patient care duties pending evaluation from an individual designated by the AIRs Program. This event could represent an academic deficiency as described in the institutional policy on Academic Review. The program director shall release the resident to resume patient care duties only after advisement from the AIRs Program and will be responsible for informing the resident as well as the attending physician of the resident's current rotation. If the AIRs Program feels that the resident should undergo continued counseling, the program director will be notified and should receive periodic updates from the AIRs representative. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet RRC training guidelines. In addition, residents must be subject to Centerstone policies and procedures related to physician impairment. See Centerstone Corporate HR Policies; "Drug Free Workplace," also see "Centerstone Benefits Enrollment Guide" for Employee Assistance Program (EAP)." Medical benefits, currently through Aetna cover all behavioral health specialties charging a reasonable "specialty" co-pay.

## **Centerstone Psychiatric Residency Grievance Policy**

Centerstone will provide a formal complaint resolution procedure for residents to utilize when dissatisfaction occurs due to a feeling of unfair treatment, application of policies and procedures, or any other problems that adversely affect job satisfaction and performance.

1. The resident will submit the complaint, either verbally or in writing, to the immediate supervisor to attempt resolution of the matter informally. The goal of both parties should be to resolve the issues at this level. The supervisor should consult with the Human Resources Director to help achieve this goal.
  
2. If the matter is not resolved to the resident's satisfaction, or if the nature of the complaint involves perceived unfair treatment by the immediate supervisor, the resident should submit the complaint, in writing, to the Program Director.
  - An investigation of the complaint by the Program Director or manager will be conducted and will include a conference with the resident within 10 working days unless otherwise mutually agreed. A written response will be given within 5 days of completion of the investigation. Total time for response from receipt of complaint should not exceed 30 days unless approval is given by the Sr. Vice President. The person filing complaint must be notified of reason for delay and anticipated date that response will be made.
  
3. If the matter is not resolved to the resident's satisfaction, the complaint may be appealed in one of two ways:
  - A written complaint may be submitted to the Director of Human Resources for binding arbitration. The decision of the committee will be rendered in writing within 5 working days of the hearing and will be binding on all parties. If a consensus decision cannot be reached by this committee, the Chief Executive Officer will make the final and binding decision within 10 working days of the hearing.
  - If binding arbitration is not selected, a written complaint may be submitted directly to the Sr. Vice President of Medical Services. The Sr. Vice President of Medical Services will conduct a review of the case including a conference with the resident, and may call witnesses or obtain other testimony and data deemed necessary for clarification of the issue. After review of the complaint, the Sr. Vice President of Medical Services will issue a written decision within five working days. Should the resident not be willing to accept the decision of the Sr. Vice President of Medical Services, the next step in the complaint Procedure is to appeal the case to the Chief Executive Officer, in writing, within five working days. The Chief Executive Officer will review the case and render a written decision to the employee within five working days.

4. The final level of appeal is to the Chairman of the Board of Directors. This Chairman will review the case, normally within 10 days, and give its decision to the employee which will be final and binding. The full Board does not hear employee grievances.

The Complaint Procedure is an internal process and will not be open to anyone who is not an active Centerstone employee. Resident legal counsel will not be permitted to attend grievance hearings. Under no circumstances will any employee be, intimidated or prejudiced against or experience retaliation because of having utilized the grievance procedure.

## **Centerstone Psychiatric Residency Remediation Policy**

### **STATEMENT OF POLICY:**

Remediation is solely used for internal purposes of identifying who needs a structured educational plan and is at risk of failure to successfully navigate the boards. The six general ACGME competencies should be reviewed in the Residency Manual for purposes of staying within guidelines. Remediation is not punitive but rather should be viewed as a plan to help the resident achieve success in the program and with the boards.

### **PROCEDURE:**

The Residency Program Director, faculty members, the CCC and GMEC Committees review the Resident's performance during the academic year and may identify areas of need for remediation. Corporate Policy in the Centerstone (Florida area) Human Resources polices under "Unsatisfactory Performance" may be utilized in conjunction or independently of the Centerstone Psychiatric Residency Remediation Policy. Should Remediation become necessary, and not prove to be successful, then the Corporate Procedures may become mandatory.

### **PROCESS:**

1. Once Remediation is determined to be necessary the Program Director or designee will complete a GME Formal Academic Remediation Plan (See Form and Example of completed Form) in concert with the CCC, the plan will then be reviewed by the DIO prior to meeting with the resident.
2. The remediation plan will be reviewed with the resident for a complete understanding of expectations by the Program Director.
3. Timeline and the goals of formal remediation will meet the specific needs of the resident, the deficiency and the program. Formal remediation of a deficiency cannot exceed six months without leading to an adverse action. An adverse action can include delayed promotion, non-renewal of contract or termination.
4. The Resident will be given the opportunity to be heard by the CCC and/or to implement the grievance process which should be done within the first 10 days of remediation notification or the first 10 days of an adverse action.
5. The Resident will meet with the Program Director or designee as required for mentoring and improvements. Meetings will be determined by the Program Director or Designee.
6. The Resident will not be considered "in good standing" during remediation.
7. Moonlighting will not be permitted while receiving Remediation.

### **RESULTS:**

1. If the resident makes satisfactory progress in performance, during the time frame issued in the plan, the remediation will be considered successful and completed. However; the same plan can be put back into place if there is a relapse, of the same nature, in the performance of the resident. The successful remediation of the academic deficiency should be documented in the resident's performance file, with a statement that the resident successfully completed the plan and subsequent monitoring.

2. If a resident fails to make satisfactory progress in performance during the time frame issued in the plan:
  - a. The resident may be extended more time to comply at the discretion of the Program Director, but not more than six months total;
  - b. An adverse action may be implemented resulting in;
    - 1) The Resident may experience a delayed promotion;
    - 2) The Resident may be put on probation, suspension or dismissed from the program, or;
    - 3) The Resident Agreement may not be renewed and s/he will not receive credit for the work completed during unsuccessful remediation.
  - c. If significant deficiencies in the Resident's performance are identified and the Program Director and faculty determine that a remedial program is not possible, the Resident will be dismissed from the program.

## Centerstone Psychiatric Residency Training Program Closure/Reduction Policy

**PURPOSE:** To appropriately address a reduction in size or closure of the residency program or closure of the Institution.

**Policy:** Centerstone shall inform the GMEC, DME, DIO and the residents as soon as possible when it intends to reduce the size of or close the residency program.

The process by which this will be accomplished is as follows:

### **Residency Reduction:**

1. Residents in the affected program will be notified at least four months before the first of July implementation.
3. All residents already in the affected program will be allowed to complete their education.
4. All reductions will be accomplished by reducing the number of residents matched in the program.

### **Residency Closure:**

1. Options for residents who may be displaced will be considered before any decisions about closure are made.
3. At least one year notice will be given of intent to close the residency program.
4. Residents with two years or less of training left will be able to complete their program.
5. Centerstone will make every effort to assist displaced residents in finding accredited postgraduate positions so they may continue their training.

## Centerstone Psychiatric Residency Restrictive Covenants Policy

### **SCOPE:**

The policy applies to all ACGME-accredited residency and fellowship programs at Centerstone.

### **PURPOSE:**

1. The ACGME specifically prohibits the use of restrictive covenants in trainee agreements.
2. To ensure appropriate institutional oversight as required by the ACGME Institutional Requirements.

### **POLICY GUIDELINES**

Neither, Centerstone nor any ACGME-accredited training program may require residents to sign a non-competition guarantee (restrictive covenant).

### **Institutional Reference Material**

ACGME Institutional Requirements:

[https://www.acgme.org/Portals/0/PDFs/FAQ/InstitutionalRequirements\\_07012015.pdf](https://www.acgme.org/Portals/0/PDFs/FAQ/InstitutionalRequirements_07012015.pdf)

Specific section applicable to this policy: IV.L.

## Centerstone Psychiatric Residency Institutional Supervision Policy

### STATEMENT OF POLICY:

It is the policy of the Graduate Medical Education Committee to follow requirements of the ACGME regarding supervision of residents. Residents will be supervised by faculty physicians in a manner that is consistent with the ACGME common program requirements and requirements for the applicable residency program.

### PROCEDURE:

The Centerstone CLINICAL PROCESS & CONTINUITY OF CARE PLAN shall be made clear to all members of the teaching teams. Residents shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation.

### PROCESS:

In outlining the lines of responsibility, the Program Director will use the following classifications of supervision:

1. Direct Supervision: the supervising physician is physically present with the resident and patient.
2. Indirect Supervision, with Direct Supervision immediately available: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
3. Indirect Supervision with Direct Supervision available: the supervising physician 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 provide Direct Supervision.
4. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### PURPOSE:

To accomplish a careful supervision and observation in order to determine the resident's abilities to perform technical and interpretive procedures and to manage patients. Although not licensed independent practitioners, residents must be given progressive levels of responsibility while assuring quality care for patients. Supervision of residents will be evaluated to provide progressive responsibility.

In the clinical learning environment, each patient must have an identifiable, correctly credentialed and privileged attending physician (or licensed independent practitioner) who is ultimately responsible for that patient's care. Residents and faculty members shall inform patients of their respective roles in each patient's care. Residents must care for patients in an environment that maximizes successful communication, including the opportunity to work as a member of effective inter-professional teams that shall be appropriate to the delivery of care in the specialty.

Supervision of the residents shall be carried out by the designated teaching faculty under the direction of the Residency Program Director. It must be the Residency Program Director's

responsibility to see that such supervision is satisfactory and appropriate to protect the educational environment and patient care.

Residents will be supervised by teaching faculty in an approach that gives residents **progressively** increasing responsibility according to their level of education, ability and experience. Determining the level of responsibility for each resident will be the responsibility of the Residency Program Director with contribution from the teaching staff.

### **Clinical Responsibility:**

The responsibility given to residents in patient care depends upon each resident's postgraduate level, knowledge/education, manual skills, problem-solving ability, experience, the severity and complexity of each patient's status and available support services.

Resident supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident. Other sections of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician (PGY-3 or PGY-4), either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, resident supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care. Our educational programs must provide appropriate supervision for all residents, consistent with:

- Proper patient care,
- Educational needs of residents,
- Applicable Common and Specialty Specific Program Requirements
- On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.
- The program director and teaching staff must determine the level of responsibility accorded to each resident.
- Residents must be supervised by teaching faculty in such a way that the residents assume progressively increasing responsibility.

Resident supervision shall be performed through observation, consultation, directing the learning of the resident, and via role modeling.

Documentation of resident supervision is the written or computer-generated medical record evidence of a patient encounter that reproduces the level of supervision provided by a supervising medical staff physician.

### **Levels of Supervision and Responsibility:**

To guarantee oversight of resident supervision, graded authority and responsibility, the GME programs will follow the following definitions of supervision:

1. **Direct Supervision**: the supervising physician is physically present with the resident and patient.
2. **Indirect Supervision, with Direct Supervision immediately available**: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.

3. Indirect Supervision with Direct Supervision available: the supervising physician 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 provide Direct Supervision.
4. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The concession of progressive authority and responsibility, conditional independence, and a supervisory role in patient care assigned to each resident must be assigned by the Program Director and faculty members. The program director must evaluate each resident's abilities based on specific criteria. Evaluation shall be guided by the specific national standards-based criteria. Faculty members functioning as supervising physicians should delegate gradually segments of care to residents, based on the needs of the patient and the skills of the residents. Senior residents should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.

Our program has guidelines for circumstances and events in which residents must communicate with the proper supervising faculty members.

Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

\*PGY-1 residents: shall be supervised directly or indirectly with direct supervision immediately available.

#### **Supervising Medical Staff Physician:**

Supervising practitioners are responsible for, and should be personally involved in, the care provided to individual patients in inpatient settings as well as outpatient settings where applicable. When a resident is involved in patient care, the supervising physician must maintain personal involvement. The supervising physician will supervise patient care and provides the proper intensity of supervision based on the patient's condition, the likelihood of major changes in the management, the complexity of care, the experience and judgment of the resident being supervised and available resources. All services will be rendered under the oversight of the responsible supervising physician or be personally furnished by the supervising physician.

#### **Residents:**

Individual residents should be aware of their limitations and not attempt to provide clinical services or do procedures for which they are not trained. They shall know the graduated level of responsibility described for their level of training and not practice outside of that scope of service. Each resident is responsible for communicating significant patient care issues to the supervising medical staff physician and such communication must be documented in the medical record. Failure to do so may result in the removal of the resident from patient care activities.

#### **Graduated Levels of Responsibility:**

The gradual advance of the residents through their training programs provides residents with a progressive responsibility for patient care. The determination of a resident's ability to provide care to patients without a supervising physician present is based on the resident's clinical

experience, judgment, knowledge, competency, and technical skill.

- The Residency Program Director defines the levels of responsibilities for each year of residency training by preparing a description of the types of clinical activities residents may perform. Graduated levels of responsibility will be in accordance with ACGME/AOA and The Joint Commission guidelines and this documentation will be made available to the Centerstone GME Office.
- Annually, at the time of promotion, or more frequently as appropriate, a list of residents assigned to each year or level of training, will be provided to the Centerstone GME Office.
- The level of supervision provided by supervising physicians to residents should be consistent with the requirement for progressively increasing resident responsibility during a residency program.

#### **Documentation of Supervision of Residents:**

1. The medical record should clearly demonstrate the involvement of the supervising medical staff physician in resident patient care. Documentation of supervision must be entered into the medical record by the supervising physician or reflected within the resident progress note or entries in the medical record.
2. Examples of this documentation of supervision include the following: Progress note or other entry into the medical record by the supervising physician.
3. Countersignature of the resident progress note or other medical record entry by the supervising physician. The supervising physician's countersignature signifies that the supervising practitioner has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident note or entry.
4. Resident progress note or other medical record entry documenting the name of the supervising physician with whom the case was discussed, a summary of the discussion, and a statement of the supervising physician's oversight responsibility with respect to the assessment or diagnosis and/or the plan for evaluation and/or treatment.

#### **Resident Supervision Surveillance:**

Documentation of resident supervision is necessary to insure that it has occurred. The attending physician is ultimately responsible for all patients both medically and legally. This surveillance has nothing to do with teaching. It only addresses patient care. Anyone reviewing the chart for whatever reason should be able to get the sense that the attending physician is involved and aware of all aspects of the patient's care. Patients in an inpatient setting must have documentation in the daily progress notes of adequate level of attending involvement. Adequate is defined as an indication in the progress notes of awareness by the attending of the patient's plan of treatment and course and that this has been communicated to the patient. It is understood that some patients will have a longer hospital course, and may not require daily documentation so long as adequate supervision is maintained. Outpatient records should at a minimum indicate the supervising attending.

## **Corporate, Residency and Hospital Policies and Procedures**

### **Hospital Policies and Protocols**

All of the medical staff, including the residents, have access to Centerstone's Intranet SharePoint page.

For all Centerstone locations Policies are available on the Source; internet explorer defaults to this page.

Centerstone of Florida Corporate Policies/Plans and Procedures are available on the Corporate Page of the Centerstone Intranet SharePoint site; Centerstone Corporate Page.

Under Department Workspace Located on the Hospital Departmental Page is a list of all policies and protocols that govern patient care and the faculty involvement that is inclusive with it.

SharePoint → Department Workspace → Inpatient Services → Hospital Campus → Shared Documents → Hospital Policies → Hospital Policies

Under Department Workspace Located on the Residency Program Page all policies and protocols that govern the Residency Program are available under Shared Documents

SharePoint → Department Workspace → Residency Program → Shared Documents

## ACKNOWLEDGMENT

I \_\_\_\_\_ acknowledge electronic receipt of the Psychiatry Residency Manual for the Academic Year 2018-2019 via email. I understand that the manual is subject to change at any time. I also agree that I can access this manual and all other important information via the Resident Workspace in SharePoint.

On: \_\_\_\_\_  
Date

I have also read the American Medical Association Principles of Medical Ethics and understand where to find all policies for Centerstone including corporate polices, Medical/Hospital policies and Residency policies.

\_\_\_\_\_  
Print Resident Name

\_\_\_\_\_  
Resident Signature