Dr. Kiran C. Patel College of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY

Office of Graduate Medical Education

Bay Pines VAHCS Psychiatry Residency Handbook 2021-2022

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WELCOME TO THE NSU-KPCOM PSYCHIATRY RESIDENCY!

The Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine (NSU-KPCOM) Psychiatry Residency Program, coordinated with the Bay Pines VA Medical Center (Bay Pines VAMC), is an exciting program dedicated to excellence in training, patient care, and scholarly work. The program provides excellent clinical training sites combined with outstanding didactics and active learning methodologies covering the entire spectrum of Psychiatry, from neuroscience and psychopharmacology to the art and practice of psychotherapy. Our aim is that each graduating resident will have the knowledge, clinical skills, and necessary expertise to practice Psychiatry in the 21st century. A Florida Physician Workforce Analysis prepared in October 2014 projected that the greatest physician shortage in Florida by 2025 would be in Psychiatry, with a 55% deficit in numbers, or a shortage of about 2000 psychiatrists statewide. The faculty, staff, and residents in the NSU-KPCOM Psychiatry Residency Program will have a major impact by increasing the number of practicing psychiatrists and access to psychiatric services in West Central Florida.

During the four years of training, residents will participate in the evidence-based and patient-centered inpatient and outpatient care of patients with psychiatric disorders. The goals and objectives for the residency are presented below. Residents will participate in the assessment and treatment of patients with a wide range of disorders and will gain a full understanding of what psychiatric treatment can offer their patients in terms of emotional health/quality of life.

Learning activities will include supervised clinical experience; residency-specific didactics; and self- directed learning including use of self-learning modules. The specific types of patients and clinical conditions, that residents need to encounter, and the physical/mental examination skills and testing and procedural skills students need to master, are detailed below.

There will be both ongoing assessment of resident performance and feedback, including progress in psychiatric milestones. Each resident is expected to formulate both short- and long-term goals and to have a continuous focus on her/his professional development, commitment to lifelong learning, and patient care performance improvement indicators.

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EDUCATIONAL GOALS AND OBJECTIVES

Educational Purpose and Goals
The four-year educational program aims to prepare physicians for a career in general psychiatry with board certification. The following description of the educational program or curriculum outlines the expected acquisition of knowledge and skills by residents in the program. The faculty endorses a team approach to patient care. Since every patient has an attending physician, who is legally responsible for that person's care, the effectiveness of the residency depends upon shared responsibility by both the residents and the attending staff. The program recognizes that residents must have opportunities for learning and practicing critical decision-making and endorses meaningful and progressive patient care responsibility as defined by the Accreditation Council for Graduate Medical Education (ACGME).

The goal of the NSU-KPCOM/Bay Pines VAMC Psychiatry Residency Program is to prepare residents with the knowledge, skills, and attitude needed to provide patient care in the field of psychiatry. Emphasis is on the humane application of scientific knowledge and preparation of graduates for continuing lifelong self-directed learning; the cost-effective utilization of public resources; the responsiveness to needs of individuals and the community; and the highest standards of academic excellence and professional ethics.

The program graduate will demonstrate the knowledge, skills, and attitudes necessary to provide independent patient-centered care in multiple mental health settings in the specialty of Psychiatry. Competence is demonstrated in the domains described in the Program Requirements of the ACGME: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice. Residents will become particularly skilled in the practice of psychiatry in Veterans Healthcare Administration facilities and correctional institutions while also having training experiences in community behavioral health care settings working with private practitioners.

The program provides flexibility in curriculum focus to allow the accommodation of each trainee's individual learning needs in order to maximize achievement. The curriculum will encompass the following psychiatric care settings that will provide a broad and diverse educational experience, as well as improving patient quality of care by training well-rounded and diversely experienced physicians.

Inpatient Psychiatric Care: The resident will focus on care in the inpatient psychiatric setting with responsibility for the patient's psychiatric and functional improvement, and for the diagnosis and management of acute psychiatric illness. The resident will evaluate and treat patients, including those with severe mental illness, who may require additional psychosocial services to live successfully in the community.

The Bay Pines VAMC and Central Florida Behavioral Hospital (CFBH) are Baker Act (Florida involuntary commitment statute) receiving facilities. The Zephyrhills Correctional Institution is a state prison for men who require treatment for severe and persistent mental illness, including refractory conditions, catatonia, comorbid substance use disorders, and tardive dyskinesia.

Outpatient Psychiatric Care: The resident will focus on treating psychiatric conditions over the long term and learn to appreciate how psychosocial factors play a role in a patient's functional recovery. Residents will learn to use pharmacological regimens in the outpatient settings of Bay Pines VAMC and Community Based Outpatient Clinics (CBOCs), including the concurrent use of medications and psychotherapy under supervision. The Mental Health Clinic provides veterans with state of the art psychiatric, psychological, and social work evaluation and treatment that focuses on a comprehensive continuum of care through an integrated approach between inpatient and outpatient services. It is a partnership between the veteran and his/her mental health specialist based on a Recovery of Care plan that involves the veteran's identifying personal treatment and recovery goals.

Consultation-Liaison Psychiatry: The residents will practice becoming effective psychiatric consultants to other healthcare providers to maximize patient quality of care in the healthcare system. The resident will learn about the

interplay between medical and psychiatric illnesses and how incorporating aggressive targeted approaches will improve long- term outcomes.

Intensive Outpatient Care/Partial-Hospitalization/Residential Treatment: The resident will manage patients, who require an elevated level of psychiatric treatment, and appreciate the need for lesser restrictive means of treatment for patients who require longer-term transformational care and who do not meet the acute psychiatric admission criteria of an inpatient unit. This will occur at the Bay Pines VAMC, CFBH, and the Zephyrhills Correctional Institution (ZCI).

Child and Adolescent Psychiatry: The resident will focus on treating psychiatric conditions in children and adolescents in both inpatient and outpatient settings at CFBH. Residents will have clinical experiences with a community patient population with psychiatric and substance use disorders in a for profit clinical system, complementing their training in VA and correctional settings. Residents will be exposed to unique age-appropriate techniques as they relate to psychotherapy and psychopharmacology. More globally, residents will gain a greater appreciation for how psychosocial and developmental factors play a role in a patient's distress and recovery.

Forensic Psychiatry: There is not a separate Forensic Psychiatry rotation; however, residents will have extensive experience during Inpatient and Emergency Psychiatry rotations at the Bay Pines VAMC. Residents will gain an understanding of the unique issues in dealing with involuntary commitment and treatment for incarcerated patients in a state prison. They will develop skills for evaluating patients, who have potential to harm themselves or others, and for the appropriateness for involuntary commitment. The resident will observe, and then as a fourth-year resident, participate in Baker Act hearings as allowed by state law and local court officials. The resident will learn to evaluate patients for decisional capacity and competency and will receive training in conducting VA compensation and pension mental health disability examinations.

Geriatric Psychiatry: Under the supervision of a geriatric psychiatrist and geriatric psychologists, the resident will evaluate and treat older adults at the Bay Pines VAMC Community Living Center (nursing home level care) and participate as members of a Home-Based Primary Care team that serves patients in their homes. By evaluating and treating older adults, the resident will gain an appreciation for special medical needs in this population resulting from changing metabolism, increasing medical comorbidities, neurodegenerative disorders, medicine interactions, and unique psychosocial issues (e.g., retirement, bereavement, isolation, dementia).

Community Psychiatry: Residents will participate in the evaluation and treatment of Veterans with severe mental illnesses, caring for them in a VA interdisciplinary assertive community treatment team. Residents will also have experiences in a VA psychosocial rehabilitation and recovery program along with peer support specialists and vocational rehabilitation programs. Residents will gain a greater understanding for the cost of and disparities in mental health treatment, available community resources, and how such challenges can contribute to patient frustration, well-being, and ultimately recovery. Additionally, residents are expected to participate collaboratively with community mental health advocacy organizations such as NAMI and the Mental Health Association.

Psychiatry Emergency Services: The resident will work in partnership with other mental health providers in the evaluation and treatment of individuals with psychiatric concerns presenting to the Emergency Department and mental health Triage Clinics of the Bay Pines VAMC. Once cleared medically, patients will present for evaluation by the resident (with supervision provided by an attending). The resident will work to ensure the safety of all involved, obtain as complete an evaluation as possible, and formulate a treatment plan that may include discharge, admission to the inpatient unit, referral to community resources and/or continued observation in the Emergency Department area. Residents will become comfortable with treating psychiatric emergencies, including but not limited to catatonia, aggression/agitation, self-injury, serotonin syndrome, and neuroleptic malignant syndrome.

Addiction Psychiatry: The resident will work with faculty, including a board-certified addiction psychiatrist and an internist, who is board certified in additions medicine, to evaluate and treat individuals with substance use disorders. Residents will receive extensive training in and experience with detoxification, intervention, long-term management options, and therapeutic techniques at the comprehensive Bay Pines VA Substance Use Disorder Program. They will learn about substance use disorder clinics, intensive outpatient programs, residential programs, and inpatient units.

They will participate in a substance use disorder intensive outpatient program and lead psychoeducational groups. They will also train in the Medication Assisted Treatment Clinic and learn evidence-based psychotherapeutic and psychopharmacological therapies for managing a variety of addictions, including but not limited to, alcohol and opiates. The resident will complete the Drug Enforcement Administration X waiver training that is required to prescribe buprenorphine and then provide medication assisted treatment in a VA substance use disorder clinic.

Neurology: The resident will train at the Bay Pines VA Neurology Clinic and Neurology Consult Service performing neurologic examinations and understanding neuro-diagnostic procedures. Working with board-certified neurologists, residents will gain knowledge of testing protocols, interpreting results, cost effectiveness, and potential complications.

Neuromodulation: The resident will manage patients at the CFBH who are receiving neuromodulation for psychiatric illness. The resident will be given opportunities to practice procedures in the field of psychiatry and will be educated on the use of different forms of neuromodulation including electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), and deep brain stimulation (DBS).

Telemedicine/Telepsychiatry: With appropriate supervision, residents will routinely provide outpatient psychiatric and addictions care by telepsychiatry to veterans at satellite VA clinics and to veteran's personal tablets and smartphones around central Florida through the Veterans Video Connect program. Residents will gain an appreciation for this increasingly common method of care delivery. Residents will be encouraged to explore the relationship between the format of care (i.e. telepsychiatry versus in- person) on patient adherence, patient disclosure, the therapeutic relationship, and aspects of patient outcome.

Junior Attending (Inpatient Setting): This rotation will occur on VAMC inpatient units. The senior resident will function as the unit attending, with supervision available. The resident will lead a multidisciplinary team in the evaluation and treatment of adult patients with a variety of presentations and mental disorders. The resident will be exposed to the clinical and administrative aspects of inpatient psychiatry. Residents will gain sufficient experience to practice independently in similar settings.

Research (Elective): Participation in scholarly activities is strongly supported. Residents are strongly encouraged to spend at least one designated month in scientific inquiry. Residents will work closely with a research mentor in various stages of project design, implementation, data collection, analysis, and preparations for publication and/or presentation. Residents will submit regular updates to the Program Director regarding project progress. The expectation is that residents will have a publishable and/or presentable product by rotation and/or year end, to be determined prior to the Research Elective month.

Administrative Psychiatry/Chief Resident: One or two appointed senior residents will serve as Chief Residents; if two Chief Residents, each will serve for a 6-month period. In this role, the Chief Resident will participate in the planning and scheduling of PGY4 lectures, take a leadership role in resident affairs, cover any clinical needs in the event of an emergency, and be a vital member of the chain of command for addressing any resident specific issues. The Chief Resident will work closely with the Program Director and Program Coordinator. A designated month will occur at the start of any such leadership appointment to allow for adequate planning and preparation for the remainder of the year. In addition to the duties listed above, the Chief Resident will be invited to shadow faculty in leadership roles and participate in Bay Pines VAMC and Mental Health committees. In doing so, residents will gain an appreciation for the infrastructure of psychiatric care delivery.

By the end of training, the resident will be able to provide:

Patient Care

1. In an empathic manner that facilitates information gathering and formation of a therapeutic alliance with patients of diverse backgrounds and cultures, demonstrate the ability to evaluate each patient for: acute psychosis and psychiatric emergencies including dangerousness to self or others; substance abuse; history of abuse or neglect; decision-making capacity; and potential relationships between medical and psychiatric symptoms and illnesses.

2. Perform, give an oral presentation of, and written documentation of, a complete psychiatric diagnostic evaluation including a complete history, mental status examination and, when indicated, physical examination.

3. Demonstrate the ability to monitor and document patients' progress and alter diagnostic formulation and management in response to clinical changes.
4. Evaluate and recognize a patient needing urgent or emergent care, and initiate management focused on safety of patients and others, which may include acute psychiatric hospitalization as well as utilization of community resources and family support.
5. Demonstrate knowledge about relieving physical and emotional pain and ameliorating the suffering of patients while also preventing and treating complications of acute and chronic opioid treatment.

Medical Knowledge

1. Discuss the psychotherapies and behavioral medicine interventions and demonstrate clinical competence in providing cognitive behavioral therapy, psychodynamic psychotherapy, brief psychotherapy, supportive psychotherapy, and combined psychotherapy/pharmacotherapy.
2. Identify psychopathology, formulate and prioritize differential and working diagnoses utilizing DSM-5, assess patients' strengths and prognosis, and develop appropriate biopsychosocial evaluation—including writing orders for laboratory, radiologic, and psychological testing—and treatment plans for psychiatric patients. This will include clinical skill in (a) recommending and interpreting common diagnostic and screening tests, (b) entering and discussing orders and prescriptions, and (c) obtaining informed consent for medications or tests/procedures.

Practice-Based Learning and Improvement

1. Demonstrate the ability to access, appraise, and assimilate scientific evidence, utilizing relevant databases of psychiatric evidence-based medicine, to improve patient care, and accept, reflect on, and implement feedback on one's own performance.

Interpersonal and Communication Skills

1. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families, and collaboration with colleagues, other health professionals and inter-professional teams, including provision of effective patient handoffs that promote safety.

Professionalism

1. Demonstrate professional behaviors towards peers, faculty, staff, health care team members, and patients, in all learning and clinical encounters with regards to reliability and responsibility, self-improvement and adaptability, upholding ethical principles, and commitment to scholarship, integrity, community, and the NSU Compliance Plan Code of Conduct.
2. Demonstrate respect, empathy, and concern for all patients, regardless of the patient's problems, personal characteristics, or cultural background.
3. Demonstrate courteous, professional behaviors towards peers, faculty, staff, health care team members, and patients, in all learning and clinical encounters.
4. Value and behave in a manner consistent with the highest ethical standards of the profession, including confidentiality, truthfulness, reliability and responsibility, self- improvement, and adaptability.

Systems-Based Practice

1. Discuss the structure of the mental health care system, adhere to ethical principles in the care of psychiatric patients, and understand relevant legal issues, including a) respect for patient autonomy and confidentiality, b) the principles and procedures of civil commitment, and c) the process of obtaining a voluntary or involuntary commitment.
2. Incorporate community and system resources for effective patient care.

CLINICAL ENCOUNTERS/CLINICAL SKILLS DURING RESIDENCY TRAINING

Key Diagnoses: The following diagnoses will be covered in the NSU-KPCOM Psychiatry Residency through multimedia didactics and/or as part of the required clinical log:

Neurodevelopmental Disorders

- Intellectual Disability (Intellectual Developmental Disorder)
- Autism Spectrum Disorder
- Attention-Deficit/Hyperactivity Disorder
- Tourette's Disorder

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizotypal Personality Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder

Bipolar and Related Disorders

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder

Depressive Disorders

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder, Single and Recurrent Episodes
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder

Feeding and Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder

Anxiety Disorders

- General Anxiety Disorder
- Separation Anxiety Disorder
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia

Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive Disorder

Trauma- and Stressor-Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorder

Somatic Symptom and Related Disorders

- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Conversion Disorder (Functional Neurological Symptom Disorder)
- Factitious Disorder

Substance-Related and Addictive Disorders

- Substance-Related Disorders
- Substance Use Disorders
- Substance-Induced Disorders
- Substance Intoxication
- Substance Withdrawal - *For the following substances*:
- Alcohol
- Caffeine
- Cannabis
- Hallucinogens

Medication-Induced Movement Disorders and Other Adverse Effects of Medication

Clinical Skills: The following clinical skills will be covered in the NSU-KPCOM Psychiatry Residency through multimedia didactics and/or as part of the required clinical log:

Mental or Physical Examination Skill

- Diagnostic Interview and Physical and Mental status examination
- Assess for dangerousness to self or others or other conditions needing emergent care
- Assess for abuse or neglect
- Assess decision-making capacity
- Prioritize a differential diagnosis

Testing and Procedural Skills

- Recommend and interpret common diagnostic tests
- Enter orders and write prescriptions
- Document clinical encounters in the medical record
- Give an oral presentation of a clinical encounter
- Formulate clinical questions and retrieve evidence to advance patient care
- Give and receive patient handovers
- Collaborate as a member of an interprofessional team
- Obtain informed consent for tests and procedures
- Implement both routine and emergent care when indicated, including biological therapies, psychotherapies, and when necessary, civil commitment
- Identify system failures and contribute to a culture of safety and improvement

COMPARABILITY OF CLINICAL TRAINING

Residents will have a variety of experiences across different clinical sites but will have "**comparable experiences across all sites**" as demonstrated by:

- All residents receive the same online didactics and online resources (SLMs, etc.)
- All clinical sites share the same Learning Objectives
- All residents are assessed for the same competencies by the same assessment methods
- All residents have the same required clinical conditions as documented in the Clinical Log
- All residents have comparable duty hours, and residents have overlapping site assignments

- All faculty at all sites receive faculty development and are educated regarding assessment of residents, and goals & objectives
- Site directors at each clinical location work under the guidance of the NSU-KPCOM/Bay Pines VAMC Residency Program Director to ensure consistency of the learning experiences

CLINICAL ROTATIONS

IMPORTANT: Always confirm with your supervisor each afternoon where they would like to meet you the following day and at what time. Their schedules will change with patient load and other professional obligations. Always ASK and be flexible! During your first week, confirm with your supervisors the best contact method to reach each other in urgent situations.

Organizational Structure: This is a four-year program structured as 52 four-week blocks serving three sites and primarily based at the Bay Pines VAMC. Residents have one half-day weekly continuity of care clinic at a VA clinic during the PGY-4 year. The PGY-3 year is spent entirely in a VA outpatient clinic site.

Electives: Primary Care Mental Health Integration, Geriatric Psychiatry, Research, Administrative Psychiatry, Forensic Psychiatry, Child Psychiatry, Addiction Psychiatry, Community Psychiatry, and ECT Treatments.

Adjustments to the Block Schedule: Adjustments may be made to enhance the educational experience of the Psychiatry Residents. These adjustments may have an impact on the number of blocks the residents will rotate at each participating site.

**The block schedule below is subject to change.*

Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine

Bay Pines Veterans Affairs Healthcare System

Psychiatry Residency Program Block Schedule 2021-2025

PGY 1 (AY21-22)

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 3	Site 3	Site 3
Rotation Name	Internal Medicine	Internal Medicine	Internal Medicine	Internal Medicine	Neuro	Neuro	Inpatient Psych	Inpatient Psych	Inpatient Psych	Inpatient Psych	Inpatient Psych	Inpatient Psych	Inpatient Psych
% Outpatient	0	0	0	0	50	50	0	0	0	0	0	0	0
% Research	5	5	5	5	5	5	5	5	5	5	5	5	5

PGY 2 (AY22-23)

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 3	Site 3
Rotation Name	Consultat Liaison	Consultati Liaison	Consultati Liaison	Consultat Liaison	Emergenc Psych	Emergen Psych	Communi Psych	Geriatric Psych	Addiction Psych	Child/ Adolesce Psych	Child/ Adolesce Psych	Inpatient Psych	Inpatient Psych
% Outpatient	95	95	95	95	0	0	95	20	20	95	95	0	0
% Research	5	5	5	5	5	5	5	5	5	5	5	5	5

PGY 3 (AY23-24)

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1
Rotation Name	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych	Outpat. Psych
% Outpatient	95	95	95	95	95	95	95	95	95	95	95	95	95
% Research	5	5	5	5	5	5	5	5	5	5	5	5	5

PGY 4 (AY24-25)

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 3	Site 3	Site 3	Any site	Any site	Any site	Any site	Any site	Any site	Any site
Rotation Name	Inpatient Psych	Inpatient Psych	Inpatient Psych	Inpatient Psych	Inpatient Psych	Inpatient Psych	Elective **	Elective **	Elective **	Elective **	Elective **	Elective **	Elective **
% Outpatient	20	20	20	20	20	20	20-95	20-95	20-95	20-95	20-95	20-95	20-95
% Research	5	5	5	5	5	5	5	5	5	5	5	5	5

Site 1 – Bay Pines VA Healthcare System
Site 2 – Central Florida Behavioral Hospital
Site 3 – Zephyrhills Correctional Institution

Vacation Time: Must be approved by the Program Director. There may be some rotations where vacation time off may be restricted or not allowed.

Possible Electives: In addition to taking elective rotations in any of the core rotation subspecialties, residents may choose to use elective time for a research project

DIDACTICS

The comprehensive didactics and active learning methodologies cover the entire spectrum of Psychiatry, from neuroscience and psychopharmacology to the art and practice of psychotherapy. Didactics include Grand Rounds, Clinical Conferences, Journal Club, Workshops, and a bi-weekly intensive academic half-day focusing on topics most relevant to each postgraduate year; for example, in the PGY 1 year, courses include Emergency Psychiatry, Psychiatric Interviewing and DSM 5, Introduction to Psychopharmacology, Introduction to Psychotherapy, Normal Development and Human Sexuality, Consultation Liaison Psychiatry, and others.

**The following schedule is subject to change.*

PGY-1 DIDACTICS – 2021-2022 Academic Year

	1st Trimester (16 weeks)	2nd Trimester (15 weeks)	3rd Trimester (16 weeks)
Tuesday Afternoons 2:00 PM—3:00 PM Essentials Series	Psychiatric Interviewing & DSM5 *Dr. Brian Bladykas*		
Tuesday Afternoons 3:00 PM—4:00 PM Core Clinical Skills	Patient Handovers; Patient Safety; Reporting Medical Errors; Residents-As- Teachers Seminar; How to Access & Appraise Scientific Literature & Apply Evidenced-Based Medicine (FRISBE); Quality Improvement Project; Crisis Prevention Interventions; Trauma Informed Care Training *Dr. Todd Knudson*		
Thursday Afternoons 12:00 PM—1:00 PM Grand Rounds, M&M, Clinical Conferences, Group Supervision & Special Topics	*Residents will complete the VA Prevention & Management of Disruptive Behavior (PMDB) course levels 1 through 4 (online and in person), the MH Environment of Care online course, and the Suicide Prevention online course. All must be completed prior to rotating on an inpatient psychiatry unit.		
Thursday Afternoons 1:00 PM—2:00 PM Essentials Series	Emergency Psychiatry *Dr. Young-Wardell*	Introduction to Psychopharmacology Dr. Zurflieh	Normal Development & Human Sexuality *Dr. Alina Gonzalez-Mayo*
Thursday Afternoons 2:00 PM—3:00 PM Essentials Series	Consultation Liaison Psychiatry *Dr. John D'Andrea*	Introduction to Psychopharmacology *Dr. Peter Fahnestock*	Intro to Psychotherapy *Dr. Nemeth-Roberts*

Journal Club: Once a month on Tuesdays at 1:00 PM; including annually, a didactic series on how to access and appraise scientific literature and apply evidenced-based medicine.

PGY-2 DIDACTICS – 2022-2022 Academic Year

<table>
<tr><th></th><th>1st Trimester
(16 weeks)</th><th>2nd Trimester
(15 weeks)</th><th>3rd Trimester
(16 weeks)</th><th>June 2023</th></tr>
<tr><td>Tuesday Afternoons
2:00 PM—4:00 PM
Integrated Psychopathology & Psychopharmacology</td><td>Mood; Anxiety; Psychosis; Eating; Somatic</td><td>Substance Use; Trauma</td><td>Special Populations: Child, Geriatric, Prison, Community</td><td>To Be Determined</td></tr>
<tr><td>Thursday Afternoons
12:00 PM—1:00 PM
Grand Rounds, M&M, Clinical Conferences, Group Supervision, PRITE Review, Special Topics, Buprenorphine Training & Journal Club</td><td colspan="3">*Residents will complete the online Buprenorphine DEA X waiver eight-hour course no later than early in their addiction psychiatry rotation.</td><td rowspan="2">Annual Clinical Skills Assessment
+ Clinical Skills Verification</td></tr>
<tr><td>Thursday Afternoons
1:00 PM—3:00 PM
Psychotherapies</td><td>Individual Psychotherapies</td><td>Individual Psychotherapies</td><td>Individual Psychotherapies</td></tr>
</table>

PGY-3 DIDACTICS – 2023-2024 Academic Year

	1st Trimester (16 weeks)	2nd Trimester (15 weeks)	3rd Trimester (16 weeks)	June 2024
Tuesday Afternoons 3:00 PM—4:00 PM Advanced Psychotherapy Series with PGY 4 residents	Continuous Case Seminar	Continuous Case Seminar	Continuous Case Seminar	To Be Determined
Tuesday Afternoons 4:00 PM—5:00 PM	Quality Improvement Seminar & Project, Part 2	Quality Improvement Seminar & Project, Part 2	Quality Improvement Seminar & Project, Part 2	To Be Determined
Thursday Afternoons 12:00 PM—1:00 PM Grand Rounds, M&M, Clinical Conferences, Group Supervision, PRITE Review & Special Topics	To Be Determined			To Be Determined
Thursday Afternoons 1:00 PM—2:00 PM Intermediate II	Residents as Teachers Seminar—PGY III	Advanced Topics in Neuroscience & Biological Psychiatry	Advanced Topics in Neuroscience & Biological Psychiatry	Annual Clinical Skills Assessment + Clinical Skills Verification
Thursday Afternoons 2:00 PM—3:00 PM	Family Therapy	Group Psychotherapy	Marital & Couples Psychotherapy	

PGY-4 DIDACTICS – 2024-2025 Academic Year

Tuesday Afternoons	1st Trimester (16 weeks)	2nd Trimester (15 weeks)	3rd Trimester (16 weeks)	June 2025
Tuesday Afternoons 3:00 PM—4:00 PM Advanced Psychotherapy Series with PGY 3 residents	Continuous Case Seminar	Continuous Case Seminar	Continuous Case Seminar	To Be Determined
Thursday Afternoons 12:00 PM— 1:00 PM Grand Rounds, M&M, Clinical Conferences, Group Supervision, PRITE Review, & Special Topics	To Be Determined			Annual Clinical Skills Assessment + Clinical Skills Verification
Thursday Afternoons 1:00 PM—2:00 PM	Elective Didactic Coordinated by Chief Resident	Elective Didactic Coordinated by Chief Resident	Elective Didactic Coordinated by Chief Resident	
Thursday Afternoons 2:00 PM—3:00 PM	Transition to Practice	Transition to Practice	Transition to Practice	

PGY-1: Essential series (Weekly 5-hour sessions, 48 weeks)

Designed to cover the basics of psychiatry with an emphasis on psychopathology and therapeutics, the essentials series contains a series of patient interviewing and communication skills sessions where PGY-1 residents are observed interviewing patients on videotape with fundamental interviewing skills discussed. Major topic areas include introduction to psychopharmacology; diagnostic classification; emergency psychiatry; inpatient psychiatry; consultation liaison psychiatry; medical neuroscience; normal human development and sexuality; introduction to psychotherapy; patient safety; residents as teachers; crisis prevention interventions; trauma informed care; accessing and appraising scientific literature; evidence based medicine; patient safety; research; and quality improvement. Lectures will be coordinated with the Kaplan and Sadock's Comprehensive Textbook of Psychiatry; DSM-5; Emergency Psychiatry: Principles and Practice by Lipson, Glick, Berlin, et al; Psychiatric Interviewing by Shea; The Psychiatric Interview by Carlat; and other textbooks and articles. Residents will be expected to have completed assigned readings prior to each didactic session.

PGY-2: Intermediate series I (Weekly 4-hour sessions, 48 weeks)

The PGY-2 psychiatry residents will share a weekly 2-hour joint didactic session with the Bay Pines VA psychology intern training program covering an array of topics pertinent to both disciplines. These include suicide risk assessment; recovery; evidence based psychotherapies (PE, CPT, CBT-I, CBT-D, CBT-CP, problem solving therapy, EBTs for couples and families); cross cultural issues; individual and cultural diversity; moral injury, geropsychology; gender; military sexual trauma; personality assessment; substance use disorders; models of supervision; cognitive disorders; assessment of mild traumatic brain injury and PTSD; assessment of ADHD/learning disorders; harassment; inpatient mental health; motivational interviewing; sleep disorders; pain psychology; primary care mental health integration; impression management and malingering; ethics; forensic psychology; and mental health advocacy and outreach. Four joint sessions will be on psychopharmacology that will be taught by PGY-4 residents with faculty involvement.

The weekly joint didactic session will be followed by two hours of psychiatry resident didactics with the option for psychology interns to participate. Most of these didactics will be based on the Scientific American Psychiatry and the American Society of Clinical Psychopharmacology curriculums along with other peer-reviewed and pertinent articles selected by faculty. Lectures will have additional related reading assignments in Kaplan and Sadock's Synopsis of Psychiatry, DSM-5, and other textbooks. Residents will be expected to have completed assigned readings prior to each didactic session. Topic areas include psychopharmacology; neuroimaging; child and adolescent psychiatry; addiction psychiatry; geriatric psychiatry, mood and anxiety disorders; schizophrenia and psychotic disorders; personality disorders; somatic disorders; sexual dysfunction; LGBTQ issues; introduction to individual and group psychotherapy; and military/Veteran.

PGY-3: Intermediate series II (Weekly 4-hour sessions, 48 weeks)
Designed to cover the major areas of general psychiatry in greater depth and to introduce residents to areas not included in the Essentials and Intermediate I series. Case conferences are used to teach and ensure proficiency in the five ACGME psychotherapy competencies. Lectures will be largely based on the Scientific American Psychiatry and American Society of Clinical Psychopharmacology curriculums and coordinated with the Kaplan and Sadock Synopsis of Psychiatry, DSM-5, and other textbooks and articles. Residents will be expected to have completed assigned readings to each didactic session. Additional readings may be announced or distributed by instructors. Residents will also participate in formal VA evidence-based psychotherapy training.

PGY-4: Advanced series
Didactics in the PGY-4 year are flexible, meant to allow senior residents to fill in gaps in knowledge from prior series and explore advanced concepts in psychiatry relating to their interests. The PGY-4 class will invite content experts from the faculty and community to present specific topics of interest. In addition to sessions on psychiatry specific topics, PGY-4 residents will participate in a yearlong weekly two hour joint didactic and psychotherapy case conference session with psychology post-doctoral fellows. The schedule will be coordinated by the chief resident.

PGY 1-4: PRITE review series (1-hour sessions, 12 sessions)
Designed to assist residents with the opportunity to prepare for the annual Psychiatry In-Training Exam, as well as prepare for the American Board of Psychiatry and Neurology Certifying Exam.

PGY 1-4: Other educational experiences
Mental Health Grand Rounds (25-30
hours per year) Ethical Dilemma
Conference (1 hour, 2 times per year)
Journal Club (1 hour monthly)

RESEARCH

Residents are strongly encouraged to participate in a research project over the course of the residency program. The KPCOM Director of Graduate Medical Education for Research and Education is available to help increase scholarly output by the residents and faculty. All residents participate in a required quality improvement curriculum and work on a QI project that can be presented in the annual quality forum or at other conferences as well.

SEMI-ANNUAL REVIEW MEETING WITH THE PROGRAM DIRECTOR

Residents must receive a written, semi-annual evaluation of performance from the Program Director and utilize the six stages of learning aligned with PGY level and promotion:

- Review performance on CSA/CSV (the annual CSA must include diagnostic formulation and treatment plan)
- Review performance on PRITE
- Review performance on Columbia Psychotherapy Test
- Review all resident evaluations
- Review progress on Milestones
- Review Clinical Competency Committee progress report
- Residents must maintain a supervision log, have it signed and dated by self and faculty at each session, and reviewed by the Program Director at a semi-annual meeting
- Review portfolio (see below) including clinical log, with a logbook provided to residents by coordinator as needed
- Review Clinical and Educational Work Hours (i.e. Duty Hours)
- Review didactic attendance
- Monitor resident's patient care performance improvement indicators
- Review resident's journal of ethical dilemmas faced during training
- Set goals and individual learning plan for next 6 months, capitalizing on resident's strengths and identifying areas for growth/improvement
- At least annually, a summative evaluation of readiness to progress to the next year of training

PROMOTION AND ADVANCEMENT TO THE NEXT YEAR OF RESIDENCY TRAINING

The Clinical Competency Committee (CCC) is charged with:

- reviewing all resident evaluations semi-annually,
- determining each resident's progress on achievement of the specialty-specific Milestones, and
- meeting prior to the residents' semi-annual evaluations and advising the program director regarding each resident's progress.

Decisions and recommendations regarding promotion, remediation, non-renewal, and termination will be based on a consensus (or majority) decision of the Clinical Competency Committee (see below for details). In addition to global assessments, the CCC must review all other evaluation tools used by the program (i.e. Clinical Skills Assessments, in-training exams, 360 evaluations, etc.).

Promotion will also depend upon:

1. Satisfactory completion of all required clinical rotations (see below for complete list)
2. Satisfactory attendance (at least 70%) at required didactics
3. Completion of all required paperwork (i.e. clinical and educational work hours, clinical logs, portfolio)
4. No violations of professional responsibility/attitude/conduct, policies and procedures, state or federal law or any other applicable rules and regulations

Please also see the NSU-KPCOM GME [Promotion, Appointment Renewal, and Dismissal Policy]

REQUIREMENTS FOR GRADUATION

Satisfactory completion of all required clinical rotations. Per the ACGME, this includes:

- A minimum of 4 months in a clinical setting that provides comprehensive clinical care; this requirement should be met in a primary care specialty setting.
- Resident experience in neurology must include 2 months FTE of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions.
- Resident experience in inpatient psychiatry must include at least 6 months but no more than 16 months FTE.
- Outpatient Psychiatry experience must include 12 months of FTE of organized, continuous, and supervised clinical experience.
- Each resident must have significant experience treating outpatients longitudinally for at least one year to include initial evaluation and treatment of ongoing individual psychotherapy patients, some of whom should be seen weekly; these patients should include no more than 20% children and adolescent patients.
- Resident experience in child and adolescent psychiatry must include 2 months FTE.
- Resident experience in geriatric psychiatry must include 1-month FTE.
- Resident experience in addiction psychiatry must include 1-month FTE.
- Resident experience in consultation-liaison must include 2-months FTE.
- Resident experience in forensic psychiatry must include experience evaluating patients' potential to harm themselves or others, appropriateness for commitment, decisional capacity, disability, and competency.
- Resident experience in emergency psychiatry must be conducted in an organized, supervised psychiatric emergency service.
- Resident experience in community psychiatry must provide residents with a cohort of persistently and chronically ill patients in the public sector, such as in community mental health centers, public hospitals and agencies, and other community-based settings.
- Satisfactory attendance (at least 70%) at required didactics.
- Completion of all required paperwork (i.e. clinical and educational work hours, clinical logs, portfolio).
- No violations of professional responsibility/attitude/conduct, policies and procedures, state or federal law or any other applicable rules and regulations.
- Satisfactory progression in patient care responsibility and demonstration of sufficient competence to enter practice without direct supervision.

Please refer to:

- Information on Psychiatry Board eligibility: https://www.abpn.com/become-certified/general- requirements/

PROGRAM COMMITTEES

CLINICAL COMPETENCY COMMITTEE

The Clinical Competency Committee (CCC) is charged with reviewing all resident evaluations at least semiannually; determining each resident's progress on achievement of the specialty-specific Milestones; meeting prior to the residents' semi-annual evaluations; and advising the program director regarding each resident's progress. The CCC is a subcommittee of the GMEC.

Procedure and Function: The Program Director appoints the Chair and the members of the CCC. Other faculty members may be invited attendees to provide supplemental information to the committee but will be non-voting. Members attend regular meetings and ad hoc meetings as needed. Where circumstances warrant, the membership of the committee may be altered to avoid a potential conflict of interest or to protect the privacy of the resident. In addition to

global assessments, the CCC must review all other evaluation tools used by the program (i.e. OSCE, in-training exams, 360 evaluations, etc.). Feedback on the adequacy of all evaluation tools will be given semi- annually by the CCC to the PEC.

A resident may be brought up for special discussion by the CCC for any of the following reasons:

- Recommendation by the Program leadership for any reason
- Consistently low or unsatisfactory evaluation scores
- Consistent lack of adherence to program requirements
- A specific incident that requires review by the CCC for possible remediation, non-promotion, non-renewal, suspension, or dismissal
- For concerns expressed by faculty members, chief/supervising residents, or ancillary staff

If the CCC membership and quorum is greater than three members, the program may select three members to meet immediately when urgent action regarding disciplinary or professionalism concerns arise.

At each meeting, the Committee will review progress of residents who are currently on remediation/performance plans, or other disciplinary status and determine progress and whether goals have been met. Additionally, residents previously on disciplinary status may be continually discussed for clinical and programmatic performance.

Residents with academic difficulties will have a plan of remediation developed by the CCC who will forward their recommendations to the program director for implementation. Decisions and recommendations regarding promotion, non-renewal, and termination will be based on a consensus (or majority) decision of the committee.

After the review of each resident, possible recommendations from the CCC to the PD are:

1. No problem exists, no action taken
2. Notice of Concern – a problem exists – the resident should be informed, and solutions suggested for the resident to begin a self-correction process. This is an early intervention and is not considered a formal disciplinary action

The following are considered formal disciplinary actions and may be appealed using the GMEC meeting. Grievance policy:

- Remediation with performance plan for improvement: must be time limited (usually 3 months)
- Non-promotion, usually preceded by remediation (see complete policy)
- Suspension – temporary (not attending rotations,), would require prolongation of time in program
- Non-renewal of contract at the end of the year
- Dismissal – permanent

Refer to the policy regarding **Promotion, Appointment Renewal and Dismissal** for details, when the hospital and GME offices must be notified, and which individuals need to approve remediation and disciplinary letters.

The problem area and the final recommendation of the CCC will be a written, non-binding letter by the CCC Chair to the Program Director (similar to minutes of the meeting). This letter/minutes should then be kept on file by the Program Coordinator and be brought to future CCC meetings for all to review. All meetings and discussions are strictly confidential. Members of the CCC should not discuss their findings with the resident under consideration without approval.

At all times, the policies and procedures of the CCC will comply with those of the Graduate Medical Education Committee (GMEC) and the sponsoring institution.

PROGRAM EVALUATION COMMITTEE
The Program Evaluation Committee (PEC) is appointed by the Program Director and functions in compliance with both the common program and specific program requirements as delineated by the ACGME Psychiatry Residency Review Committee (RRC). The goal of the PEC is to oversee curriculum development and program evaluations for the psychiatry residency program. The Program Director serves as the chair of the PEC. The PEC is composed of a resident from each PG year chosen by peers in the psychiatry program. The PEC is a subcommittee of the GMEC composed of a representative from each training site and one serves as the chair of the PEC. The PEC is composed of a resident from each PGY year chosen by peers in the psychiatry program. The PEC is a subcommittee of the GMEC composed of a representative from each training site.

The PEC's responsibilities are listed below:

1. Plan, develop, implement, and evaluate educational activities of the Psychiatry residency
2. Review and make recommendations for revision of competency-based curriculum goals and objectives
3. Address areas of noncompliance with ACGME standards
4. Review the program annually using evaluations of faculty and residents
5. Document on behalf of the program, formal, systemic evaluations of the curriculum at least annually and render a written Annual Program Evaluation (APE) which must be submitted to the GMEC annually in the Annual Program Director Update
6. Monitor and track each of the following: resident performance, faculty development, graduate performance (including placement and success in future residency training), program quality, and progress in achieving goals set forth in previous year's action plan
7. Review recommendations from the CCC
8. Consider recommendations for changes in evaluation tools
9. Review action plans from prior years to assess compliance and completion of recommendations for improvement

The PEC will be provided with confidential and aggregated resident and faculty evaluation data by the Program Coordinator in order to conduct committee business. The Program Director is ultimately responsible for the work of the PEC. The Program Director will assure that the annual action plan is reviewed by the program's teaching faculty. This approval will be documented in meeting minutes. The program's annual action plan and report on the program's progress on initiatives from the previous year's action plan will be sent to the Office of Graduate Medical Education.

PATIENT SAFETY AND CARE COMMITTEE
Residents can also participate on a patient safety and care committee including, but not limited to, the following (these are NOT subcommittees of the GMEC):

Bay Pines VA Medical Center:
Residents can participate in the Patient Safety and Risk Management Committee or observe the committee meetings. Residents are also educated in the use of the VA Joint Patient Safety Report (JPRS) online anonymous reporting system to report near misses and adverse patient safety related events.
Residents may also participate on an individual or aggregate root cause analysis team.

Central Florida Behavioral Hospital:
Residents have opportunities to participate in interprofessional quality improvement activities.

Zephyrhills Correctional Institution:
Residents may have the opportunity to participate on committees and in activities that are relevant to their training.

NSU/KPCOM GME POLICIES AND PROCEDURES

The following KPCOM Office of Graduate Medical Education (GME) Policies and Procedures are available at: **https://osteopathic.nova.edu/kpcom-gme/policy-and-procedure.html .**

Accommodations for Residents with Disabilities Policy

Closures and Reductions Policy

Confidential Counseling and Behavioral Health Services Policy

Substantial Disruptions in Patient Care or Education

Clinical and Educational Work Hours including Fatigue Mitigation and Transitions in Care Policy

Electronic or Written Information Provided to Applicants Policy

Faculty and Resident Well-Being Policy

Grievances and Due Process Policy

- Any resident may bring concerns to the NSU Resident Forum which has the option to meet without the presence of any faculty, administrators, or the DIO.
- The Ombudsman/Resident Advocate at the Bay Pines VAMC is Dr. Kimberly Cao.

Harassment Policy

Health and Disability Insurance Policy

Moonlighting Policy

Non-Competition Policy

Physician Impairment Policy

Professional Liability Insurance Policy

Promotion, Appointment Renewal, and Dismissal Policy

Qualifications/Eligibility of Applicants Policy

Recruitment and Selection of Residents and Fellows Policy

Special Review Protocol Policy

Supervision of Resident Physicians Policy

Vacation and Leaves of Absence Policy

Vendor Interactions Policy

PSYCHIATRY RESIDENCY PROGRAM POLICIES AND PROCEDURES

Bay Pines Psychiatry Residency Policy: Vacation and Leaves of Absence

In addition to the **NSU-KPCOM GME Vacation and Leaves of Absence Policy**, the following applies to the Psychiatry Residency Program only:

Time Lost from Residency

The maximum time away from the psychiatry residency program is 16 weeks over the four years of the psychiatry program training. For the purpose of this policy, a week will be considered a 5-day workweek.

If the time lost exceeds 16 weeks, the trainee may be required to extend his/her training to fulfill requirements. Similarly, a resident who misses more than 80 days, for any reason, should expect to have their training extended.

Remuneration for time off (beyond the specified paid vacation and health coverage) is not guaranteed and will be at the discretion of the Program Director. Remuneration for extended training time is not guaranteed and will be at the discretion of the Program Director.

All requests for additional paid time off or paid training extensions must be approved by the Program Director and the DIO prior to the initiation of the additional time.

Vacation/PTO and Sick Time

PGY-1 residents are allowed up to 15 vacation days per year of training that expire on July 1 of the following year if not used. Each resident is allowed up to 5 days of sick time per year of training that can roll over into subsequent years of training. Starting with the PGY-2 year, residents are allowed up to 22 vacation days per year of training.

No Vacation Days

There are certain days in the academic year during which trainees are not permitted to request vacation time. This ensures that all trainees are available on site for important program activities that cannot be rescheduled.

These days have been highlighted on the master schedule and are not included on available vacation days on the master schedule. Please review the following dates and when vacations are allowed:

1. In-Training Exams
2. Objective Structured Clinical Examinations - OSCE's
3. Orientation

Additionally, no scheduled leave may be taken during the Inpatient Medicine Rotation. Due to external requirements or constraints, there may be additional rotations with restricted time off. Efforts will be made to minimize the rotations in which scheduled leave is not allowed.

Procedure

Follow the procedure described in the NSU KPCOM GME Vacation and Leaves of Absence Policy.

Bay Pines Psychiatry Residency Policy: Resident Well-Being

The NSU-KPCOM Psychiatry Residency strives to maintain a culture that promotes the health and well-being of all residents, faculty, and staff. All are encouraged to "speak up" if there are concerns about someone's health or safety so that these concerns can be addressed in a prompt and caring manner. Below are some relevant policies and resources for all:

NSU GME Policy on Trainee Wellness Program

- **Employee Assistance Program (EAP):** NSU residents and fellows are able to take advantage of our new Employee Assistance Program, Health Advocate, which provides free and confidential counseling and coaching services. Through the EAP, employees are provided with experienced, professional counselors who are available to help with virtually all types of personal problems, such as **financial**, **alcohol/drug abuse**, **psychological**, **job burnout**, **stress**, **child concerns**, **marital issues**, and **adult dependent care**.

  NSU makes this service available to all employees and their eligible family members, including spouses, dependent children, parents, and parents-in-law. Total confidentiality and anonymity are provided to those who call the EAP directly for consultation.

- **ACGME Wellness Resources:** http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources/Additional-Resources

- **Mayo Clinic and American Foundation for Suicide Prevention Video:** https://www.youtube.com/watch?v=I9GRxF9qEBA

- Current research on web-based tools and apps to mitigate burnout, depression, and suicidality among healthcare professionals is summarized in Academic Psychiatry 2018;42:109-120. "MoodGYM" is evidence-based and is a 5-week web-based CBT program that has been shown to decrease suicidal ideation in medical interns. It is important to note, however, that no such web-based tools or apps are considered a suitable replacement for in-person interventions for the treatment of depression or prevention of suicide. "Rather, they can be used to bridge the obstacles to intervention and, in doing so, hopefully serve as a catalyst for individuals to seek direct support…We also see these interventions as niched more for managing stress, burnout, and relatively mild depressive symptoms, where professional help may not yet be indicated."

- **Suicide and Crisis Intervention Hotlines:**
  - Crisis Center of Tampa Bay 800-273-8255 or Call 211
  - Suncoast Center 727-388-1220
  - National Hopeline Network 1-800-784-2433
  - Mental Health Resources at www.ULifeline.com
  - National Alliance on Mental Illness at www.NAMI.org

- **Emergency Psychiatry Resources:**
  - Central Florida Behavioral Hospital (6601 Central Florida Parkway, Orlando FL, Phone: 407-370-0111) offers inpatient treatment, an adult affective disorder program, electro-convulsive therapy, an intensive outpatient program, and an adult partial-hospitalization program. Referrals are accepted 24/7. In-network with most insurance plans including BCBS, Medicare, and Tricare.
  - Personal Enrichment through Mental Health Services (PEMHS) – 11254 58th St. North, Pinellas Park, FL 33782. 727-545-6477. PEMHS is a private, non-profit behavioral health care organization located in Pinellas County. Programs include a 24-hour suicide hotline, emergency screening, crisis intervention services, and Mobile Crisis Response Team. Crisis and emergency services are open 7 days a week, with staff available 24 hours a day for newcomers in need of immediate attention or those staying on the premises.

- **Other Psychiatry Resources:**
    - Contact “Psychology Today” at https://www.psychologytoday.com/ : enter your zip code, insurance, and a primary area of concern (i.e., depression, eating disorder), and it generates local providers (therapists, psychologists, and psychiatrists).

Bay Pines Psychiatry Residency Policy: Resident Fatigue and Resident Well-Being including Work Hours and Moonlighting)

The program is committed to providing a safe work and patient care environment and monitoring and supporting the physical and emotional well-being of our residents. The Program Director and faculty monitor residents for the effects of sleep loss and fatigue and responds in instances when fatigue may be detrimental to resident performance, resident well-being and patient safety. In addition, during orientation and then annually, residents and faculty receive didactic education regarding the recognitionand mitigation of fatigue and sleep deprivation. The content of the didactic experience includes all of the topics recommended by the ACGME and experts, including sleep and sleep cycles, identification of fatigue, fatigue, and contribution to medical errors, and how to address and manage fatigue.

Resident Fatigue

In addition, the following measures are taken to address Resident Fatigue:

1. Fatigue mitigation is discussed regularly during residency meetings and any concerns are brought to the GMEC meeting. Residents are also queried about the effectiveness of the fatiguemitigation program during annual internal surveys.
2. Residents are expected to take responsibility for determining if they are fit for patient careduties and to recognize signs of impairment, including illness and fatigue.
3. If residents have difficulties completing patient care assignments within the clinical and educational work hour rules, the reasons are investigated, and schedules are adjusted to mitigate excessive service demands and/or fatigue. Residents are also counseled and coachedon ways that they can effectively comply with clinical and educational work hours; a punitive approach is not allowed.
4. Faculty and other staff are always available to provide back-up to residents who are fatiguedand to promote safe continuity of patient care.
5. The Medical Center will provide sleep facilities for those too fatigued to safely return home. Asnecessary, KPCOM will reimburse the ride-share cost for those too fatigued to drive home themselves.
6. Schedules will be available that inform all members of health care team of attending physiciansand residents currently responsible for each patient's care.
7. Residents and faculty must demonstrate responsiveness to patient needs that supersedes self-interest and must recognize that patient interests are best served by transitioning care to another qualified provider. They must be prepared to transition patient care to other qualifiedand rested clinical providers in order to promote safe medical care.
8. The Psychiatry residency has policies to ensure and monitor effective structured hand-overprocesses that promote continuity of care and patient safety.

Unusual Circumstances

In unusual circumstances, residents, of their own initiative, may remain beyond their scheduled period of duty or return after their scheduled period of duty to provide care to a single patient. Justification forsuch extensions of duty is limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the transpiring events, or humanistic attention to the needs of the patient or family.

Under such circumstances, the resident must appropriately hand over care of all other patients to the team responsible for their continuing care and document the reason for remaining or returning to carefor the patient in question and submit that documentation to the Program Director.

The Program Director must review each submission of additional service and track both individual residents and program-wide episodes of additional duty. Clinical and educational work hours are summarized by the Program Director as a standing agenda item of the Program Review Committee**.**

Reporting Clinical and Educational Work Hours and Violations
Psychiatry residents are required to honestly and accurately track their clinical and educational work hours. They will receive information during orientation on how to track their clinical and educational work hours along with specific policies and procedures. Residents are required to maintain a log of clinical and educational work hours on a weekly basis. Time spent on in-house call, at-home call, and moonlighting should all be accurately tracked on this log. The Program Director is required to monitorresident clinical and educational work hours and make adjustments as needed, and to report any non-compliance with ACGME work hour restrictions to the GMEC on a monthly basis.

Psychiatry residents are required to inform the Program Director if any violation of clinical and educational work hours occurs during their rotations, on moonlighting, or while taking at-home call. Thisallows the Program Director to intervene and correct any issues.

On-call Activities and Call Duty Procedure
Residents on call are guided by the following criteria:

- Residents are required to take call duty during their PGY-1 through PGY-4 years at the Bay Pines VA Medical Center. There will be no call during the PGY-3 continuous outpatient experience. PGY-4 residents will take back up call and will be available to consult with the on-call resident by telephone or to come to the hospital to assist him/her in the event several emergencies occur atonce. Faculty members are assigned to supervise call duty in rotation. In the case of admission to any psychiatry inpatient or consult service, new or return clinic patient, transfer of patient to a different level of care, prior to patient discharge from any service, severe medical condition (e.g., chest pain), significant change in mental status, any significant patient safety event, or any end-of-life decisions, the resident must discuss the case with the appropriate supervising facultymember. The supervising faculty may consult by telephone only or may come to the hospital if, in his/her judgment, it is necessary.

- Residents will take weekday call Monday through Friday from 4:30pm to midnight, unless otherwise stated They will take weekend call Saturday 7 a.m. to 5pm, Saturday 7 pm to 7 a.m. Sunday, and Sunday 7 a.m. to 5 pm, unless otherwise stated., unless otherwise stated.

- Residents on call are required to remain in-house and are expected to fully work-up andcompletely document in writing all patients seen.

Night Float
Resident will be assigned to a night float which provides coverage to the inpatient psychiatric services atthe VA Medical Center. Night float will cover 8:00 PM to 8:00 AM on a Q-6 schedule (Sunday night through Friday night) to never exceed four consecutive weeks. During this period of time, a night float resident covers phone calls and inpatient ward issues pertaining to the care of currently admitted patients (cross-coverage) and admit new patients to the covered services. Daytime residents must sign out to night float residents in the evening and receive sign out from the night float residents the following morning. This is to help ensure continuous coverage for hospitalized patients. A night float system is meant to protect residents from surpassing residency work-hour restrictions and is meant to improve resident quality of life by ensuring periods of adequate rest between scheduled duty periods. Night float itself provides a unique learning experience which is separate from the learning environmentduring regular duty periods.

Moonlighting Policy for Psychiatric Residents
Residency education is a full-time endeavor, and it is essential that all residents achieve the goals and objectives of the educational program within an 80-hour work week. However, the training program allows residents to engage in supplementary work (moonlighting) assuming all the following criteria aremet:

1. PGY-2 resident or higher
2. Exceptional performance, based on milestones, program standards, in-training examinations(greater than 75th percentile), professionalism, attendance, and a minimum of 2 supporting faculty letters of recommendation
3. Moonlighting does not interfere with the program's ability to provide safe effective patient care
4. Unrestricted Medical License in the State of Florida.

The resident must comply with KPCOM's written policies and procedures regarding moonlighting which are in compliance with the Institutional Requirements. This stipulation includes that moonlighting hourscount towards the ACGME limit of 80 work hours per week. Residents must document the hours that they moonlight and submit to the residency Program Coordinator to ensure compliance with this policy.Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

Prior to agreeing to moonlight, residents must receive written permission from the Program Director and have completed the moonlighting application. The approval may be granted pending an evaluation by the Program Director. The program tracks and monitors resident performance to be assured that such activity does not adversely interfere with program requirements. The Program Director may revokethis privilege if adverse effects occur which compromise any of the above stated goals (patient care, patient safety, resident fatigue, professional and clinical standards). Professional liability protection is not extended to a trainee engaged in professional activities that are not part of their training program (e.g. external moonlighting). External moonlighting requires prior written approval of the Program Director and must adhere to all ACGME and Institutional regulations.

Resident Well-Being

The program, in conjunction with the sponsoring institution, provides the following strategies to supportresident health, well-being, and resilience:

University Support

Nova Southeastern University's Employee Wellness Program provides faculty and resident/fellow employees and their families with resources and services that motivate, encourage, and promote healthy lifestyle choices while taking a proactive approach to personal well-being as well as fosteringresilience.

The Employee Wellness Program provides resources and educational opportunities focused on thecomplete integration of physical, mental, and spiritual well-being. Social, emotional, spiritual, environmental, occupational, intellectual, and physical well-being are all considered in our holistic approach to wellness.

Services include:

- Health Improvement and Employee Wellness: including Health Risk and Wellness Assessment,mindfulness training, health and lifestyle coaching, diet and nutrition resources, fitness rooms,onsite fitness classes and others.
- Employee Assistance Program (EAP): Confidential and free counseling services which include upto six in-person visits/year and 24/7 telephonic counseling.
- TalkSpace: Access to online therapy through secure on-line access to licensed counselorswithout the drive time.
- BlueRewards powered by Rally is a Wellness Incentive program provided by ICUBA (NSU's Health Care Plan) and available to employees and their spouse or domestic partner when bothare covered under a medical insurance plan at NSU. Through Rally, eligible members can earnWellness Incentives redeemable for gift cards to online retailers such as Amazon, Target, and Macy's.

Graduate Medical Education Support

- The Office of GME is a safe place where residents can ask for and receive help with variousneeds including academic counseling, coaching, and mentoring.

- Residents may become members of, or participate in, the Resident Forum (RF), its subcommittees, and sponsored events. The RF membership is composed of a group of peer- elected representatives from each of the core residency programs which comes together to discuss issues affecting resident life. The RF seeks to promote harmonious and collaborative relationships amongst residents, faculty and staff and enhance the resident community throughadvocacy, volunteer, and social activities.

- Residents may take advantage of reimbursed taxi/Uber/Lyft/etc. service to and from thetraining site in the event that they are too fatigued to drive home after a clinical shift.

- All residents and core faculty complete an annual learning module on sleep alertness andfatigue mitigation.

Program Support

- There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program has policies and procedures in place to ensure coverage of patient care in the event that a resident may be unable to performtheir patient care responsibilities. These polices will be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.

- Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents must follow theprogram's procedures for scheduling and notification of these appointments.

- Residents are encouraged to alert the Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a resident colleague or a faculty member displayingsigns of burnout, depression, substance abuse, suicidal ideation or potential for violence.

- Programs sponsor wellbeing and wellness events on a regular basis to facilitate interaction between trainees and faculty.

Bay Pines Psychiatry Residency Policy: Transitions of Care

Purpose

The Psychiatry Residency Program, in partnership with consortium GMEC and sponsoring institutions, will ensure and monitor effective structured hand-over processes to facilitate both continuity of care and patient safety.

Policy Summary

Transitions of Care (TOC) refers to the orderly transmittal of information that occurs when transitions in the care of the patient are occurring. Proper structure TOC should facilitate continuity of care and prevent the occurrence of errors due to failure to communicate changes in the status of a patient. The primary objective of a TOC is to provide complete and accurate information about a patients' clinical status, including current condition and recent and anticipated treatment.

Policy

1. A TOC is a verbal and/or written communication which provides information to facilitate continuity of care.
2. A TOC occurs each time any of the following situations exists for any patient:
    a. Move to a new unit
    b. Assignment to a different provider or clinical service
    c. Discharge to another institution or facility
3. Characteristics of a High-Quality Transition of Care:
    a. TOCs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.
    b. TOCs include up-to-date information regarding the patient's care, treatment condition, and any recent or anticipated changes.
    c. Interruptions and distractions during TOC should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.
    d. TOCs require a process for verification of the received information, including repeat-back or read-back, as appropriate.
4. The Psychiatry Residency Program designs clinical assignments to optimize transitions in patient care, including their safety, frequency and structure.
5. The Psychiatry Residency Program ensures that residents are competent in communicating with team members in the hand-over (TOC) process. Specifically:
    a. During Orientation, all PGY-1 residents receive didactics on TOC and use of the standardized protocol IPASS (see below for details).
    b. During the PGY-1 course on Core Clinical Skills, each resident will be evaluated for his/her ability to (a) give and (b) receive a TOC. Each PGY-1 resident must successfully master a minimum of 3 TOC under the supervision of a faculty physician, with scores of Satisfactory or higher on the TOC Sign Off Sheet Evaluation (see sample form below).
    c. PGY-1 through PGY-4 residents will be assessed on each rotation, as appropriate, on TOC by the supervising faculty member on the end-of-rotation evaluation form. TOC expectations will vary greatly according to the rotation. For example, on Internal Medicine inpatient units during the PGY1 year, TOC are critically important and a major part of daily clinical practice. On other rotations, e.g., Psychiatry outpatient rotations, TOC may only involve such things as ensuring full communication (with the patient's permission) to and from referral agencies.
6. The TOC will follow a standardized protocol and include the opportunity to ask and respond to questions (e.g., IPASS: Illness severity, Patient Summary, Action List, Situation Awareness and Contingency Planning, Synthesis by Receiver). On some non-Psychiatry services, a different standard protocol may be used (e.g., SBAR: Situation, Background, Assessment, and Recommendation).
7. The Program and clinical sites will maintain and communicate schedules of attending physicians and residents currently responsible for clinical care.
8. The Program ensures continuity of care in the event that a trainee is unable to perform their patient care responsibilities due to excess fatigue, illness, family emergency. See policy on Reporting Unexpected Absences.

TRANSITION OF CARE SIGN OFF SHEET EVALUATION FORM

Resident:___________________________ **PGY:**__

Rotation:______________________________

Date Description: ____________________

Handoff in IPASS format	SUPERIOR	SATISFACTORY	NEEDS HELP	UNSATISFACTORY
I **Illness Severity** Stable, "Watcher," Unstable				
P **Patient Summary** Summary statement, events leading up to admission, hospital course and ongoing assessment; plan				
A **Action List** To do list, timeline and ownership				
S **Situation Awareness & Contingency Planning** Know what's going on and plan for what might happen				
S **Synthesis by Receiver** Receiver summarizes what was heard, asks questions and restates key action/to do items				

Additional Notes (Areas of improvement):

____
____
____

_________________________ ________

Faculty Physician Signature **Date**

Bay Pines Psychiatry Residency Policy: Reporting Unexpected Absences

Purpose

This policy ensures that patient care is not disrupted when a resident is unexpectedly absent from scheduled patient time.

Policy

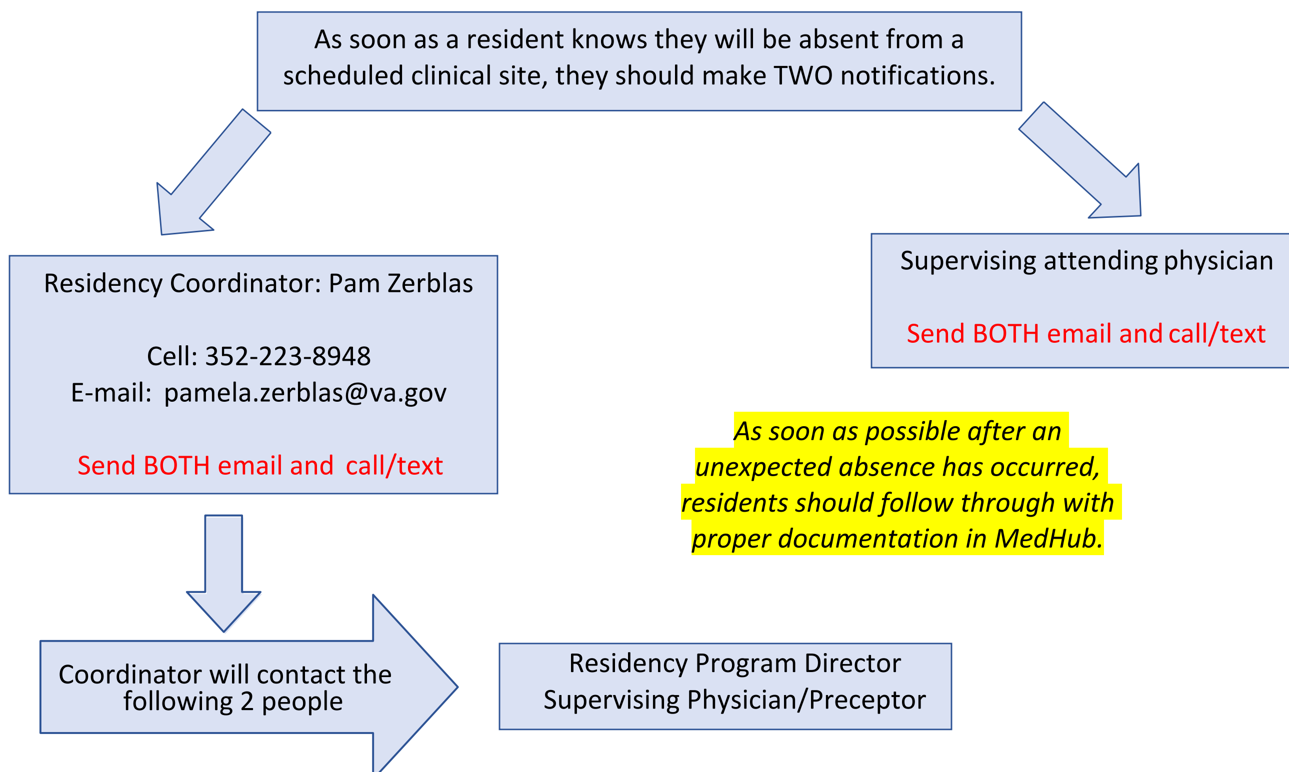
As soon as a resident knows they will be absent from a scheduled clinical site, they should make TWO notifications:

1. The Residency Program Coordinator must be notified by BOTH email and phone call/text message.
2. The Supervising Attending Physician must be notified by BOTH email and phone call/text message.

Upon notification of an unexpected absence, the Program Coordinator will contact both the Program Director and the Supervising Attending Physician/Preceptor.

As soon as possible after an unexpected absence, the resident must follow through with proper paperwork/documentation.

How Unexpected Absences Should Be Reported



Bay Pines Psychiatry Residency Policy: Resident Fatigue and Responsibility for Safe Work Environment and Transitions of Care

The program is committed to providing a safe work and patient care environment and monitoring and supporting the physical and emotional well-being of our residents. The Program Director and faculty monitor residents for the effects of sleep loss and fatigue and responds in instances when fatigue may be detrimental to resident performance, resident well-being and patient safety. In addition, during orientation and then annually, residents and faculty receive didactic education regarding the recognition and mitigation of fatigue and sleep deprivation. The content of the didactic experience includes all of the topics recommended by the ACGME and experts, including sleep and sleep cycles, identification of fatigue, fatigue, and contribution to medical errors, and how to address and manage fatigue.

In addition, the following measures are taken to address Resident Fatigue:

1. Fatigue mitigation is discussed regularly during residency meetings and any concerns are brought to the GMEC meeting. Residents are also queried about the effectiveness of the fatigue mitigation program during annual internal surveys.
2. Residents are expected to take responsibility for determining if they are fit for patient care duties and to recognize signs of impairment, including illness and fatigue.
3. If residents have difficulties completing patient care assignments within the clinical and educational work hour rules, the reasons are investigated, and schedules are adjusted to mitigate excessive service demands and/or fatigue. Residents are also counseled and coached on ways that they can effectively comply with clinical and educational work hours; a punitive approach is not allowed.
4. Faculty and other staff are always available to provide back-up to residents who are fatigued and to promote safe continuity of patient care.
5. The Medical Center will provide sleep facilities for those too fatigued to safely return home. As necessary, KPCOM will reimburse the ride-share cost for those too fatigued to drive home themselves.
6. Schedules will be available that inform all members of health care team of attending physicians and residents currently responsible for each patient's care.
7. Residents and faculty must demonstrate responsiveness to patient needs that supersedes self- interest and must recognize that patient interests are best served by transitioning care to another qualified provider. They must be prepared to transition patient care to other qualified and rested clinical providers in order to promote safe medical care.
8. The Psychiatry residency has policies to ensure and monitor effective structured hand-over processes that promote continuity of care and patient safety.

Unusual Circumstances

In unusual circumstances, residents, of their own initiative, may remain beyond their scheduled period of duty or return after their scheduled period of duty to provide care to a single patient. Justification for such extensions of duty are limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the transpiring events, or humanistic attention to the needs of the patient or family.

Under such circumstances, the resident must appropriately hand over care of all other patients to the team responsible for their continuing care and document the reason for remaining or returning to care for the patient in question and submit that documentation to the Program Director.
The Program Director must review each submission of additional service and track both individual residents and program-wide episodes of additional duty. Clinical and educational work hours are summarized by the Program Director as a standing agenda item of the Program Review Committee**.**

Reporting Clinical and Educational Work Hours and Violations

Psychiatry residents are required to honestly and accurately track their clinical and educational work hours. They will receive information during orientation on how to track their clinical and educational work hours along with specific policies and procedures. Residents are required to maintain a log of clinical and educational work hours on a weekly basis. Time spent on in-house call, at-home call, and moonlighting should all be accurately tracked on this log. The

Program Director is required to monitor resident clinical and educational work hours and make adjustments as needed, and to report any non-compliance with ACGME work hour restrictions to the GMEC on a monthly basis.

Psychiatry residents are required to inform the Program Director if any violation of clinical and educational work hours occurs during their rotations, on moonlighting, or while taking at-home call. This allows the Program Director to intervene and correct any issues.

On-call Activities and Call Duty Procedure
Residents on call are guided by the following criteria:

- Residents are required to take call duty during their PGY-1 through PGY-4 years at the VA Medical Center. PGY-4 residents will take back up call and will be available to consult with the on-call resident by telephone or to come to the hospital to assist him/her in the event several emergencies occur at once. Faculty members are assigned to supervise call duty in rotation. In the case of admission to any psychiatry inpatient or consult service, new or return clinic patient, transfer of patient to a different level of care, prior to patient discharge from any service, severe medical condition (e.g. chest pain), significant change in mental status, any significant patient safety event, or any end-of-life decisions, the resident must discuss the case with the appropriate supervising faculty member. The supervising faculty may consult by telephone only or may come to the hospital if, in his/her judgment, it is necessary.

- Residents will take weekday call Monday through Friday from 4:30pm to midnight, unless otherwise stated. They will take weekend call Saturday 7:00am to 5:00pm, Saturday 7:00pm to 7:00am Sunday, and Sunday 7:00am to 5:00pm, unless otherwise stated.

- Residents on call are required to remain in-house and are expected to fully work-up and completely document in writing all patients seen.

Night Float
Resident will be assigned to a night float which provides coverage to the inpatient psychiatric services at the VA Medical Center. Night float will cover 8:00 PM to 8:00 AM on a Q-6 schedule (Sunday night through Friday night) to never exceed four consecutive weeks. During this period of time, a night float resident covers phone calls and inpatient ward issues pertaining to the care of currently admitted patients (cross-coverage) and admit new patients to the covered services. Daytime residents must sign out to night float residents in the evening and receive sign out from the night float residents the following morning. This is to help ensure continuous coverage for hospitalized patients. A night float system is meant to protect residents from surpassing residency work-hour restrictions and is meant to improve resident quality of life by ensuring periods of adequate rest between scheduled duty periods. Night float itself provides a unique learning experience which is separate from the learning environment during regular duty periods.

Moonlighting Policy for Psychiatric Residents
Residency education is a full-time endeavor and it is essential that all residents achieve the goals and objectives of the educational program within an 80-hour work week. However, the training program allows residents to engage in supplementary work (moonlighting) assuming all the following criteria are met:

1. PGY-2 resident or higher
2. Exceptional performance, based on milestones, program standards, in-training examinations (greater than 75th percentile), professionalism, attendance, and a minimum of 2 supporting faculty letters of recommendation
3. Moonlighting does not interfere with the program’s ability to provide safe effective patient care
4. Unrestricted Medical License in the State of Florida.

The resident must comply with KPCOM’s written policies and procedures regarding moonlighting which are in compliance with the Institutional Requirements. This stipulation includes that moonlighting hours count towards the ACGME limit of 80 work hours per week. Residents must document the hours that they moonlight and submit to the

residency Program Coordinator to ensure compliance with this policy. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

Prior to agreeing to moonlight, residents must receive written permission from the Program Director and have completed the moonlighting application. The approval may be granted pending an evaluation by the Program Director. The program tracks and monitors resident performance to be assured that such activity does not adversely interfere with program requirements. The Program Director may revoke this privilege if adverse effects occur which compromise any of the above stated goals (patient care, patient safety, resident fatigue, professional and clinical standards). Professional liability protection is not extended to a trainee engaged in professional activities that are not part of their training program (e.g. external moonlighting). External moonlighting requires prior written approval of the Program Director and must adhere to all ACGME and Institutional regulations.

Bay Pines Psychiatry Residency Policy: Use of MedHub

Purpose

In an effort to communicate easily and regularly with faculty and residents, the Psychiatry Residency Program utilizes MedHub, a residency management software program. Residents and faculty must check it regularly.

Information available in MedHub includes, but is not limited to, the following:

Schedules

- Block schedules for each resident's annual clinical assignments
- Block schedules for each resident's on call duties and backup coverage
- Block schedules for each resident's supervision
- In "Conferences," conference review materials may be loaded by presenters

Milestones, Goals and Objectives

- Overall Educational Goals of the Residency Program
- Competency-based Goals and Objectives for each clinical assignment at each PGY level
- Psychiatry Milestones including progressive responsibilities for patient care

Assessment Forms

- All Assessment forms for resident evaluation, including Milestones
- All Assessment forms of faculty
- All Assessment forms of clinical rotations
- "Clinical Skills Verifications" and "Clinical Skills Assessments"

Required Resident Documentation

- Clinical and Educational Work Hours
- Resident Portfolio
    - Clinical Log of Patients Encounters and of Procedures: Residents **must be sure to provide accurate and complete data entry in clinical log, without patient ID data.**
    - 5 complete psychiatric evaluations
    - Copy of a referral letter to another physician
    - Self-study plan
    - List of 20 research articles with synopsis
    - Description of own participation in a Quality Improvement project
    - Confidential journal documentation of 5 ethical dilemmas faced in clinical practice during residency

Bay Pines Psychiatry Residency Policy: Professionalism

1. Each resident must identify oneself to patients and family and explain the roles of resident and attending physicians.
2. Residents and faculty are educated on the professional responsibilities of physicians, including the obligation to be appropriately rested and fit when providing patient care.
3. Residents and faculty will complete online or in-person modules on alertness management, sleep deprivation and fatigue. They will also participate in an educational program related to physician impairment and substance abuse.
4. Residents are expected to take responsibility for determining if they are fit for patient care duties and to recognized signs of impairment, including illness and fatigue.
5. The residency program has fatigue mitigation processes to manage potential negative effects of fatigue, including naps and back-up call schedules, as appropriate to each program. The residency program has processes to manage continuity of care.
6. Participating hospitals provide sleep facilities and transportation options for those too fatigued to safely return home.
7. Residents and faculty must demonstrate responsiveness to patient needs that supersedes self-interest and must recognize that patient interests are best served by transitioning care to another qualified and rested provider. They must be prepared to transition patient care to other qualified and rested clinical providers in order to promote safe medical care.
8. The residency has policies to ensure and monitor effective structured hand-over processes that promote continuity of care and patient safety.
9. Schedules are available that inform all members of health care team of attending physicians and residents currently responsible for each patient's care.

Residents must annually sign, and abide by, the following Professionalism Contract:

Professionalism Contract
Psychiatry Residency Program
Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine

The goals of the residency program are to provide residents with experience in the art and science of medicine in order to achieve excellence in the diagnosis, care, and treatment of patients. As a resident physician, I recognize that I am in a noble profession where humanistic qualities foster the formation of patient/physician relationships. These qualities include integrity, respect, compassion, professional responsibility, courtesy, sensitivity to patient needs for comfort and encouragement, and professional attitude and behavior towards colleagues.

The purpose of having a professionalism contract for residents is to remind you of the high professionalism expectations of a physician. In addition, this contract reinforces that all residents are evaluated in the professionalism competency based on their behavior in and out of the hospital. Professionalism is a broad competency that affects your success in all ACGME competencies.

In signing this contract, I agree to adhere to the professionalism expectations as outlined below, and I understand the potential for severe consequences for unprofessional behavior. Consequences may include, but are not limited to the following:

- Adverse evaluations
- Receipt of a failing rotation evaluation
- Placement on academic remediation or academic probation
- Termination of residency training

Contract

I __________________________________, will exercise good judgement, integrity and behavior both inside and outside the workplace to include, but not limited to, the following:

- I will accept primary responsibility for the delivery of care to all assigned inpatients and outpatients and will accept responsibility for the complete turn-over of those patients when I am going off duty, regardless of the institution I am working at. This commitment to patients and the medical profession may at times go beyond my own self-interest.
- I will do more than just my job, including being available to offer assistance as needed to patients, their families, my colleagues, and the clinic and hospital staff.
- I will willingly accept guidance, criticism, and evaluation from those with more experience and use this information to improve my practice and my behavior. I will recognize that I am not perfect but will reflect on how I can improve.
- I will conduct myself ethically and professionally and keep my position as a physician in the care of patients and in relationships between myself and other members of the medical staff. I will avoid unduly familiar relationships in the workplace.
- I will develop and participate in a personal program of self-study and professional growth. In doing so, I recognize that my program has a defined academic schedule, and I will attend, at a minimum, 80% of all scheduled didactic sessions. During didactics, I will not text, sext, surf the internet, or act in any inappropriate manner that is disrespectful to those staff members who are working to educate me.
- I will conduct myself ethically and professionally and keep my position as a physician in the care of patients and in relationships between myself and other members of the medical staff. I will avoid unduly familiar relationships in the workplace.
- I will demonstrate intellectual honesty and professional integrity in both clinical practice and academic endeavors. I will not plagiarize presentations and will provide credit/acknowledgement when I adopt or use the work of another as part of a presentation or didactic lecture. I will not knowingly copy or duplicate the patient care

documentation of another physician or provider nor represent it as my own. I will comply with all HIPAA regulations, and not access medical records of individuals for whom I am not providing healthcare.

- I will always relate the truth in caring for patients and with my colleagues. I will never lie.

Resident Printed Name: ____

Resident Signature: ____ Date: ______________________

Program Director Printed Name: ________________________________

Program Director Signature: ___________________________________ Date: ______________________

Bay Pines Psychiatry Residency Policy: Supervision of Residents

Purpose

GME programs must demonstrate an appropriate level of supervision for residents involved in patient care and to provide progressive responsibility for patient management. This policy ensures that Supervision occurs through several methods and is a key component of Psychiatry residency training, as well as establishing the requirements for psychiatry resident supervision.

Policy Statement

Residents must be appropriately supervised at all times and in all settings in which graduate medical education occurs. The attending physician remains ultimately responsible for patient care and carries final authority regarding decisions of patient management and care.

Definitions

1. Resident – Any physician in an accredited graduate medical education program, including interns, residents, and fellows.
2. Supervising Faculty- A fully licensed and credentialed member of the faculty who has been assigned and has accepted responsibility for the direction and oversight of a resident's clinical activities.

Levels of Supervision

1. Direct Supervision – the supervising faculty member is physically present with the resident and patient.
2. Indirect Supervision:
   a) with Direct Supervision immediately available – the supervising faculty member is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
   b) with Direct Supervision available – the supervising faculty member is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to come to the site of care in order to provide Direct Supervision.
3. Oversight – the supervising faculty member is available to provide review of procedures/encounters with feedback provided after care is delivered.

Description

The goals of supervision are to promote assurance of safe and effective patient care, assure each resident's level of knowledge and skills required to enter unsupervised practice, and establish a foundation for continued professional growth.

Residents should be supervised in a way that provides an opportunity for the individual resident to assume an increasing level of responsibility for patient care commensurate with their level of training, ability, and experience. The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident.

All patient care performed by residents will be under the supervision of a supervising faculty member. Supervising physicians are expected to delegate portions of care to the residents, based on the needs of the patient and the skills of the resident. Ultimately, the supervisor has final authority and responsibility for the treatment plan and its implementation. The specifics of the supervision must be documented in the medical record, preferably by both the supervising faculty and the resident. Examples of such documentation include, "I personally discussed with Dr." or "Case was seen and examined with Dr."

It is the responsibility of the supervisor to provide periodic formal and informal evaluations of performance to the resident. All primary service supervisors will submit a written evaluation of each resident for their period of rotation on the service, assessing the residents based on core competencies relevant to the rotation. To ensure sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility, the length of rotation with any given supervisor will not be for less than 1 block. These

evaluations are imperative to the resident experience and level of training/supervision needed moving forward in their program.

Individual Supervision

At all levels of training, residents receive two hours of supervision, at least one of which is individual supervision from designated faculty.

A supervision log will be maintained by the resident and reviewed during semi-annual evaluations. Residents and supervisors must sign and date the supervision logs at each session to document regular attendance.

Individual supervision shall meet the following training objectives:

1. Observe the resident's interviewing techniques and ability to utilize interviewing as a diagnostic and therapeutic tool
2. To provide a mentoring relationship that nurtures academic growth and development throughout training
3. To review clinical psychotherapy cases and augment didactics in this area
4. To provide individual counseling, monitoring, and evaluation of resident performance and achievement
5. Assist the resident in understanding the broad repertoire of biological, dynamic, and behavioral etiologies of mental illness
6. Assist the resident in developing communication skills
7. Supervise (as appropriate to the resident's year of training) interactions between the residents and other health professionals
8. Provide case supervision of all admissions and consultations
9. To assist the Program Director in assessing the level of competency attained by a resident during training, with special emphasis on, but not limited to the six core competencies through formative feedback and a summative evaluation

Group Supervision

Residents in the same PGY level will meet regularly with a supervising faculty member. Group Supervision meetings are case-based and focused on discussion of specific problems/skills. Residents will take turns presenting clinical cases and obtain feedback from fellow residents and supervisor. In addition, class specific concerns may be discussed and processed during Group Supervision meetings.

Assignment of Supervisors: PGY-1

Supervisors are assigned by the Program Director and are typically service attending physicians.

Initially, all PGY-1s will be supervised either directly or indirectly with direct supervision immediately available and will only progress to indirect supervision with direct supervision available after demonstrating competence in:

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

PGY-1

Residents are assessed for the above 4 competencies on an ongoing basis. Direct supervision is provided during the month of July (longer if necessary) by faculty with progression to indirect supervision once the above competencies are achieved. Methods of assessment include the intern OSCE, a clinical skills assessment administered by a faculty member or program director, and faculty written evaluations. The Program Director along with the Clinical Competency Committee (CCC) ultimately determines demonstration of competence and reserves the right to require direct supervision as needed.

PGY-2
Residents are assigned to weekly group therapy supervision and will be assigned an individual supervisor by the Program Director. Residents are responsible for contacting their supervisors and arranging a weekly meeting time prior to the start of the academic year.

PGY-3
Residents rotating through the outpatient clinic are assigned 2 individual psychotherapy supervisors and group therapy supervision. Residents are responsible for contacting their supervisors and arranging a weekly meeting time prior to the start of the academic year. The clinic schedule will be blocked to allow ample protected time to attend supervision sessions. Supervision during the outpatient experience will emphasize the development of competency in the key modalities of psychotherapy:

- Psychotherapy and Medication Management
- Brief and Long-Term Supportive Psychotherapy
- Cognitive Behavioral Psychotherapy
- Psychodynamic Psychotherapy

PGY-4
Residents are assigned to weekly group therapy supervision and will be assigned an individual supervisor by the Program Director. Residents are responsible for contacting their supervisors and arranging a weekly meeting time prior to the start of the academic year. PGY-4 residents will also have the opportunity to supervise junior residents on clinical rotations.

Coverage Protocol for Attending Supervision
In the event that a supervising attending is absent unexpectedly and no coverage has been designated, the Program Director should be promptly notified and will subsequently determine which faculty member/s will provide coverage.

Circumstances and Events for Which Residents Must Communicate with Appropriate Supervising Faculty
In addition to the general circumstances encountered below, residents may at any time request direct faculty supervision if uncertainty exists or if felt to be required by the resident. Residents are encouraged to communicate with supervising faculty any time they feel the need to discuss any matter relating to patient care.

Listed below are circumstances and events where residents must communicate with supervising faculty:

- Suicide gesture or attempt in any clinical setting
- Drugs or paraphernalia found on patient or premises
- Suspected impairment of substances on Inpatient Unit and Residential Units
- Threats from patients to harm staff members
- ICU and Critical Care transfers (both to and from unit)
- Substantial change in the patient's condition
- Issues regarding code status (including DNR) and end of life decisions
- If the resident is uncomfortable with carrying out any aspect of patient care for any reason (for example, a complex patient)
- If specifically requested to do so by patients or family
- Prior to accepting transfers from other hospitals
- To determine discharge timing
- Prior to performing any invasive procedure requiring written consent
- To discuss consultations rendered
- If any error or unexpected serious adverse event is encountered.
- When, after directly triaging a patient, they question appropriateness of an admission or transfer.

SAFETY AND SECURITY QUESTIONS FOR RESIDENTS, STAFF, AND PATIENTS

SAFETY TIPS OVERVIEW: As a resident it can certainly be normal to feel "out of your comfort zone" (i.e., feeling uncomfortable with new surroundings and responsibilities), but it is important that you feel physically safe at all times. Do NOT be embarrassed to ask for help: when in doubt, always seek staff assistance as described below:

- Only meet with patients in designated patient interview areas and after informing staff—never interview patients behind closed doors where no one knows where you are. If a patient is agitated, ask for staff to be present with you during the interview. It may be necessary to have VA police or security at other program sites be readily available nearby.
- If a patient becomes increasingly agitated or seems to be beginning to lose behavioral control, immediately ask for staff assistance, or call security (see below for instructions for individual clinical sites). On those rare occasions where a patient needs to be placed in seclusion or physical restraints, trained residents and staff should do this. Each facility will have its own policy on any use of seclusion or restraints.
- Please view the required SLMs for didactics, which include coverage of issues related to patient dangerousness to self or others.

Bay Pines VAMC: There are several mechanisms in place to help maintain safety of patients and staff:

- VA staff are trained in interventions to contain patients who have disruptive or agitated behavior. If a patient's behavior should become out-of-control, a "Code Orange" is called by simultaneously pressing the F9 and F11 keys on a VA computer keyboard. If time and the situation permit, it is preferable to call 10911 (VA Police) to call a Code Orange, providing as much information as possible.
- For emergencies that require VA Police assistance, the VA Police can be called urgently on a VA phone by dialing 711.
- For concerns of cardiopulmonary arrest, call 711 for the Code Blue Team. For other medical emergencies including patient falls, call the Rapid Response Team by dialing 711.
- Finally, if a staff member urgently needs additional staff support to help with an imminently suicidal patient, but there is no acute need for the VA Police, the resident can instant message nearby staff members via VA Skype to alert other staff that assistance is needed.

Central Florida Behavioral Hospital: It is the policy of CFBH that all new hospital personnel, physicians and other licensed independent practitioners will receive initial Environment of Care and Safety Orientation, and annual in-service training thereafter. Components of the Environment of Care and Safety Orientation will consist of the following:

It is the policy of CFBH to ensure the safety of our staff, patients, and visitors. Panic alarms have been placed in the Intake and Receptionist areas to ensure prompt assistance in an emergency situation in which the staff member does not have immediate access to activate the emergency code system.

Zephyrhills Correctional Institution: All interactions with the inmate population are supervised by certified correctional officers. Staff are also provided a personal body alarm upon entrance into the institution daily**.** There are several mechanisms in place to help maintain safety for both inmates and staff

- Officers regularly round each wing of the building to secure inmate count and are immediately available at all time times to be of assistance in the event of an emergency.
- Staff members wear personal body alarms for emergency assistance.
- In the event of an inmate issue, psychology staff are the first to respond to de-escalate, then psychiatry staff is called for assistance, if needed.
- The Department of Corrections regularly exercises disaster drills (i.e. fire, escape, altercation, etc.).
- Medical staff is available at all times in the event of a medical emergency.
- Safety Management, consisting of the following:
  - Safety Officer
  - Safety Committee
  - Emergency Preparedness Program
- Hazard Materials and Waste
  - Hazard Communication/MSD Sheets (Your Right to Know)
  - Location of MSDS Manuals

    - Biohazardous Waste
- Security Management
- Utilities Management
- Medical Equipment
- Facility Tour

Needlestick/Contagious Disease Info

Residents on clinical rotations exposed to needlesticks or contagious diseases should seek immediate medical care at the nearest emergency room (using the student health insurance), including the Bay Pines VAMC Emergency Department if rotating there. In addition to seeking medical care, the resident should notify the NSU KPCOM Office of Osteopathic Clinical Education of the incident within 48 hours.

Residents are to follow the NSU Post Exposure Policies and Procedures that are found at Needlestick Policy . Also found on this web-link are:

- National Clinician's Post-Exposure Prophylaxis at (888) 448-4911
- Helpful Links to the Centers for Disease Control Hepatitis Site
- U.S. Public Health Service Guidelines for the Management of Occupational Exposures.

*NSU is not responsible for any medical fees incurred for emergency room visits; employee health insurance is required. If residents have private health insurance, it should be reviewed for benefit coverage of exposure incidents prior to matriculation into clinical rotation years.

The resident should also immediately notify the attending physician and the VA Program Coordinator. The incident should be reported to the C.W. Bill Young Department of Veterans Affairs Medical Center at the Bay Pines VAMC at 727-398-6661.

An incident related to blood/bodily fluid spills should be contained and Environmental Management Services (EMS) should be contacted. Per existing mandates, the residents will be trained in and use the Joint Patient Safety Reporting System that is available on the Bay Pines VAMC website.

In a case of exposure or a needlestick, follow the directives below:

Bay Pines VAMC:
The resident should report the exposure to their immediate supervisor, the Residency Program Coordinator and the Infection Control Dept.

Central Florida Behavioral Hospital:
The resident should report the exposure to their immediate supervisor, the Residency Program Coordinator and the Infection Control Practitioner if the incident occurred between 8 AM – 5 PM Monday through Friday. If during non-regular hours, weekends, or holidays, the resident should report the incident to their immediate supervisor.

Zephyrhills Correctional Institution:
The resident should immediately notify the attending physician and the VA Program Coordinator. Per the Florida State Department of Corrections adopted rule 33-401.501, if the affected person is an un-incarcerated person lawfully present in the correctional facility, he or she shall be advised to contact his or her health care provider or local health department for testing, counseling, health care, and support services.

Notify Your Supervisor of Your Treatment and Follow Up Plan As Soon As Possible.

FACILITY RESOURCES FOR RESIDENTS

Bay Pines VA Hospital

Lactation Facilities
The lactation room for Bay Pines employees/residents is in building 100 3c-133. For more information please contact the Women's Clinic Program Manager, Donna Sherman (x12287), and/or Women's Clinic Program Manager, Charmaine Gabino-Crooke.

Safe Transportation Options
Residents who are too fatigued to safely drive home are encouraged to make use of the training site's sleep facilities or utilize a ride-share service (i.e. Uber, Lyft). Residents may submit their ride share receipts for reimbursement by the program.

Access to Food
Food is available in the Canteen Café (Building 1), Patriot Store (Building 1), and the Starbucks Café (Building 100).

Sleep and Rest Facilities
Information Forthcoming.

Disability Accommodations
The Bay Pines VA Hospital complies with the federal ADA laws and outlines the process for requesting reasonable accommodations in the U.S. Dept. of VA Reasonable Accommodation Handbook .

Zephyrhills Correctional Institute (ZCI)

Lactation Facilities
A designated lactation room is available that contains several refrigerators. Any resident that will need to bring in a pump will need to Amberlee Perez to info her of the type of pump that will be used such that Ms. Perez can gain approval for such to enter the facility.

Safe Transportation Options
Residents who are too fatigued to safely drive home are encouraged to make use of or utilize a ride-share service (i.e. Uber, Lyft). If the resident is too fatigued to drive home safely, he/she may stay overnight at a local hotel. Residents may submit their ride share and/or hotel lodging receipts for reimbursement by the program.

Access to Food
Staff canteens are available within the prison that offer a variety of options for food purchase with cash. However, staff are not allowed to bring in more than $60 and no bills larger than a $20. There are also several food establishments within a 10-minute drive of the prison and a gazebo located on the prison grounds for breaks and to eat lunch.

Sleep and Rest Facilities
Residents and staff are not allowed to sleep within the prison.

Disability Accommodations
If residents require disability accommodation, they need to contact Amberlee Perez such that she can make the necessary contacts to gain approval for any accommodations to enter the facility.

Central Florida Behavioral Hospital (CFBH)

Lactation Facilities
Information forthcoming.

Safe Transportation Options
Residents who are too fatigued to safely drive home are encouraged to make use of or utilize a ride-share service (i.e. Uber, Lyft). If the resident is too fatigued to drive home safely, he/she may stay overnight at a local hotel. Residents may submit their ride share and/or hotel lodging receipts for reimbursement by the program.

Access to Food
Several food establishments within a 10-minute drive of the hospital for residents to purchase food.

Sleep and Rest Facilities
Information forthcoming.

Disability Accommodations
Central Florida Behavioral Hospital complies with applicable Federal civil rights laws and provides free aids and services to people with disabilities to communicate effectively via qualified sign language interpreters, providing written information in other formats (i.e. large print, audio, accessible electronic formats, etc.). The hospital also provides free language services to people whose primary language is not English. For these and other ADA accommodations, contact Crystal Bryant.

FERPA REFERENCE SHEET FOR RESIDENTS

NOVA SOUTHEASTERN UNIVERSITY | NSU Florida

FERPA: What NSU Faculty Need to Know

It's Your Responsibility

As a faculty member at Nova Southeastern University, you have a legal responsibility under the Family Educational Rights and Privacy Act (FERPA) to protect the confidentiality of student education records in your possession.

Your access to student information is not only based upon your role as a university official but also because you possess a demonstrated need to know in order to perform your responsibilities in the student's educational interest.

Student education records (other than directory information) are considered confidential and may not be released without written consent of the student. And NSU policy prohibits you from releasing lists or files with student directory information to any third party outside of your college or program office.

If you are in doubt about a request for student information, contact the Office of the University Registrar for assistance.

It's the Law

The Family Educational Rights and Privacy Act (FERPA) was passed by Congress in 1974. It grants four specific rights to the postsecondary students:

- To review the information that the institution is keeping on the student.
- To request an amendment to those records and in certain cases, append a statement on the record.
- To consent to disclose those records.
- To file a complaint with the U.S. Department of Education in Washington, DC.

FERPA applies to all educational agencies or institutions, including Nova Southeastern University, who receive funds under any program administered by the Secretary of Education. FERPA governs what *may* be released but does not require that any information be released. Failure to follow the law can result in lost federal funding for the university and possible disciplinary action against the responsible party.

Student Information and Its Disclosure

Directory/Public Information and NSU Directory Information

Directory information is defined as information contained in an education record of a student "that would not generally be considered harmful or an invasion of privacy if disclosed." (FERPA Regulations, Part 99.3)

Directory Information at NSU

- Name
- Local, home, and Email addresses
- Telephone numbers
- Place of birth
- Major/Enrollment status
- Participation in intercollegiate athletics
- Dates of attendance
- Degrees, honors, and awards
- Year in school/Anticipated graduation date
- ID photo

Information not included on the list of directory information at NSU is defined as confidential student information and may not be released. Student schedules, their NSU ID numbers, grades, and dates of birth are confidential information and *may not be released.*

While **Directory Information** is considered public and can be released without the student's written permission, *the student may opt to keep this information confidential. Directory information can never include:*

- Social Security number
- Race
- Sex
- Ethnicity
- Nationality
- Gender
- Religion

Health or Safety Emergency Disclosure

Faculty can share information about distressed or disruptive students with university officials who have a legitimate educational interest in the information. In addition, if a health or safety emergency exists, faculty can share information with other people, within or outside the university, to protect the health or safety of the student or others.

Parental Access to Student Information

Parents of NSU students do not have a right to obtain information from student records, including grades and faculty records about a student's performance in class. However, a student may consent to disclosure of information to his or her parents.

Can a student ask to have their directory information not be released?	Some students exercise their right under FERPA to restrict the university from disclosing any information about them, not even their name or existence at the university, because of serious personal safety threats or for whatever other reason. NSU must ensure that no information about students who exercise this right is disclosed except to university officials who have a **legitimate educational interest** in the information
How does FERPA affect letters of recommendation?	Statements made by a person providing a recommendation based on that person's personal observation or knowledge do not require a written release from the student. However, if personally identifiable information obtained from a student's education record is included in a letter of recommendation (e.g., grades, GPA, etc.), the writer is required to obtain a signed release from the student which 1.) specifies the records that may be disclosed, 2.) states the purpose of the disclosure, and 3.) identifies the party to whom the disclosure can be made. Since the letter of recommendation would become part of the student's education record, the student has the right to read it – unless she/he has waived that right to access.
How is a student who has exercised confidentiality of directory information to be treated in the classroom?	Students cannot choose to be anonymous in the classroom setting. If a student has chosen "confidential" for his or her directory information, that does not mean that an instructor cannot call on him or her by name in the class or that the student's email address cannot be displayed on an electronic classroom support tool, such as a Canvas discussion board, blog, or chat feature.
Are comments and notes related to a discussion you had with a student considered part of the education record?	Possibly. If the comments and notes are recorded in Banner or kept in a file that is accessible to others, they are considered part of the education record and subject to FERPA. If the comments and notes are kept simply as a *"memory jogger"* and not shared with another person (other than a temporary substitute), they are considered "sole possession" notes and not part of the education record. Since FERPA gives students the right to review and access their records, the notes that do not meet the "sole possession" criteria would be included in that review. Therefore, it is important that all written comments or notes be factual and objective and devoid of inappropriate value judgements or language.
Can email be used to communicate grades with students	While emailing grades is permissible under FERPA, the Department of Education has ruled that an institution will be held responsible for a violation if any unauthorized individual sees the grade via your electronic transmission. Therefore, NSU prohibits the use of email for the dissemination of grades. Students should be directed to their SharkLink account to ascertain all grades.

DO NOT!

- ✓ Circulate a printed class list with student's name and NSU ID number as an attendance roster.
- ✓ Discuss the progress of any student with anyone other than the student (*including parents*) without the consent of the student.
- ✓ Provide anyone with student schedules or assist anyone other than university employees in finding a student on campus.
- ✓ Access the records of **any** student for personal reasons.
- ✓ Include personally identifiable information about student "A" in an email communication to student "B" without student A's written permission.
- ✓ Leave graded tests, papers, or other student materials in a stack for students to pick up that requires sorting through the papers of other students.
- ✓ Use the student's name, Social Security number, or NSU student ID, or any part thereof, when posting grades.

CLINICAL SKILLS VERIFICATIONS AND CLINICAL SKILLS ASSESSMENTS

Resident clinical performance will be assessed during multiple **Clinical Skills Verifications (CSV)** and **Clinical Skills Assessments (CSA)** involving direct observations of clinical tasks with actual or standardized patients. These evaluations will be used to demonstrate on direct observation the core clinical knowledge, skills, behaviors, and attitudes specified in the residency's goals and objectives. Specifically, these evaluations will focus on the patient-physician relationship, psychiatric interviewing including mental status examination, and case presentation. Both the CSV and CSA consist of a 30 to 45-minute patient interview by the resident, followed by 15-30 minutes for case presentation and feedback. The resident's performance will be evaluated on a Likert scale that differentiates acceptable from unacceptable performance.

Clinical Skills Verification conducted during late PGY1, and PGY2 and PGY3 years refers to the documentation of competency in clinical interviewing and is required to be eligible to take the ABPN Boards. For the three required ABPN Clinical Skill Verifications, the ABPN has specified these be done with new patients.

Examiners will evaluate the student's performance/competence based upon expectations of the appropriate minimum level expected of a practicing psychiatrist. These Evaluations utilize the Psychiatry Clinical Skills Evaluation Form (CSV v.2) designed by the American Board of Psychiatry and Neurology for Psychiatry for use with residents (loaded in MedHub). Any ABPN-certified psychiatrist may be an examiner; at least two different examiners must be utilized for the required three successful assessments.

For the annual Clinical Skill Assessments, the examination will also include assessment of diagnostic formulation and treatment plan. Examiners will only evaluate the resident's performance based upon competency expectations appropriate to the level of training. The evaluation form is loaded in MedHub.

RECOMMENDED TEXTS AND REFERENCES

Psychiatry Residents have access to an extraordinary array of resources through the NSU-KPCOM Health Sciences Library and the Bay Pines VAMC Library. The NSU-KPCM Health Professions Division (HPD) Library offers:

- 134 Journals and 79 textbooks in Psychiatry and Behavioral Science
- Superb databases including UpToDate, Epocrates, Medical Letter, DynaMed Plus, PsychInfo, & PubMed Medline
- Psychiatryonline (features DSM-5 library, journals, textbooks, guidelines, self-assessment tools, clinical & research
- Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed. (2014)
- Diagnostic & Statistical Manual of Mental Disorders (DSM-5). American Psychiatry Association, 2013.
- Massachusetts General Hospital Comprehensive Clinical Psychiatry, 2nd ed., 2016.
- Massachusetts General Hospital Handbook of General Hospital Psychiatry, 7th edition. Stern, T., Freudenreich, O., Smith, F., Friccione, G., Rosenbaum, J. 2018.
- Overview of the U.S. Health Care System in Behavioral Sciences and Health Care, 4th edition. 2017 (access through COM HSL Library).

In support of the mission to "honor America's Veterans by providing exceptional health care that improves their health and well-being," the Bay Pines VA Healthcare System Library provides all staff, students, and residents with access to a comprehensive collection of online resources including:

- Clinical research journals
- Textbooks
- Bibliographic databases in a variety of disciplines
- Evidence-based health care synthesis online collections (e.g. Up-to-Date, Joanna Briggs Institute EBP, Cochrane Collaboration collection, etc.)
- Comprehensive databases of pharmaceutical information for providers and patients

- Patient education/consumer health information

Whether you are providing direct patient care, working on educational/research projects or teaching veterans and their families, there are resources available to assist you that can be accessed via the Bay Pines Library resources from the Bay Pines SharePoint.

Online Medical Library
The Bay Pines Online Library collection consists of a combination of resources supplied by the Library Network Office and Bay Pines Library. It has over 7,000 e-books, 35,000 e-journals and 50 databases. Remote access is available for off-station, but individuals must first register onsite. The VHA National Desktop Library serves as another access point to locating knowledge-based information. For some of the items, you will be directed back to the titles needed in emergency situations and DVD's dealing with management topics. This library is located in T205 and is open 7 a.m.-4:30pm.

Patient Education Resource Center (PERC)

Mental Health Resources
Databases which you will have access to include: Psychology & Behavioral Science, PsyINFO, Sage Videos collections on Counseling/Psychotherapy and Psychology, PTSDpubs database, PsychBOOKS, Psychiatry Online In addition there are numerous e-journal titles in psychology (93), behavioral sciences (18), social medicine (31), psychophysiology (27), psychopharmacology (32) and psychiatry (31).

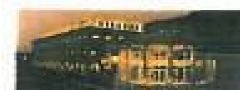
Library staff are always available to assist with interlibrary loans, literature searches, research, library orientations (whether to our resources or Sharepoint site), as well as providing more in-depth training on databases. They can be reached via email at *vhabaylibrary@va.gov* or by telephone at x15566 or x14695.

Additionally, the holdings in the Veterans Health Library are accessible and searchable by veterans, dependents, and the general public without requiring log in credentials. This library resources can be accessed at **Veterans Health Library .**
Numerous resources are available under the categories of:

- Living Well
- Diseases and Conditions
- Tests and Treatments
- Medications
- Rehabilitation
- Mental Health Library
- Living with…..
- Additional Resources

Use of Smartphone Apps in Teaching Medical Students

Greg Briscoe, MD- Professor
Lisa Fore Arcand, Ed.D.- Associate Professor
Stephanie Peglow, DO- PGY-2 Resident
William Lemley, MD- PGY-1 Resident
All from Eastern Virginia Medical School



Poster presentation, 6-14-12
Annual Meeting, Association of Directors of Medical Student Education in Psychiatry, Blaine WA

Application	Icon	Comments	Cost	Platform**
Drug Reference (all provide periodic updates)				
Epocrates Rx		Most widely used, very extensive. Contains drug interaction checker	Free	an, bb, IOS, pa, wi
Micromedex		"Clinical Teaching" great distillation of pertinent teaching points. No built in drug interaction checker (may purchase for $10). Very detailed MOA	Free	an, IOS
LexiComp Lexi-Drugs*		Very comprehensive, but price prohibitive.	$75/yr	an, bb, IOS, pa, wi
Tarascon Pharmacopoeia*		Contains reference tables, Canadian trade names and calculators. Updates are not free after 1 year	$39.95	an, bb, IOS
Skyscape: Rx Drugs		Organization is cumbersome	Free	an, bb, IOS
Clinical Consult				
Medscape		Expansive, pertinent, peer reviewed and easy to access medical reference. Includes drug reference	Free	an, bb, IOS
Psych Dx		Contains ICD-9 codes, rating scales, lab recommendations, clinical pearls, MSE breakdown, and a glossary in a drill down format.	$5.99	IOS
Psychiatry On Call		Authored by professors at UC Irvine, this reference contains snippets from the DSM, EBM for each disorder, and examples of how to write notes.	$1.99	IOS
3 in 1 Lab Values+		Lab reference Values with medical abbreviations	$2.99	an, IOS
Harrisons Manual for Mobile*		Concise and Up-to-date for Internal Medicine Reference with 400 Tables and figures	$59.99	an, bb, IOS, pa, wi
Mediquations		232 scoring tools and calculators with an intuitive interface. Contains a Psychiatry section with variety of 11 commonly used rating scales.	$4.99	IOS
Study Guides				
Psychiatry Lange Q&A*		Questions applicable to 3rd year shelf. First few are free but continued use requires payment.	$39.99	an, IOS
Case Files Psychiatry*		Textbook- uses case presentations and multiple choice to teach. Students rate this well.	$29.99	IOS
Psychiatry Mini-Atlas		Flash-card style images review the anatomy, pathology, and therapeutics associated with the disease. Allows email or print of the images.	$5.99	IOS
3-D Brain		Salient points of neuro-anatomy at learner level. Offers 3D views of structures with labels and associated information regarding function and dysfunction from injury.	Free	an, IOS
PsychTerms		Expansive database of concise definitions relevant to psychiatry	Free	IOS
Textbooks				
MGH Hospital Psych Handbook*		EBM on diagnosis and treatment. Concise at learner level. In outline form, good for POC learning	$79.99	an, bb, IOS
Oxford Handbook of Psychiatry*		More comprehensive coverage of psychiatric subjects	$49.99	an, bb, IOS
Sanford Guide of Antimicrobials		Fast, convenient and up-to-date reference. A direct port of the book, formatting and UI is less than optimal when using tables.	$29.99	an, IOS
Other				
Dragon Medical Recorder		Mobile dictation for eScription, Dictaphone, Enterprise and iChart	Free	IOS
PubMed on Tap		Peer reviewed articles searchable like the web based pub-med. A free "lite" version is also available.	$2.99	IOS
Doximity		Social Networking for physicians	Free	an, bb, IOS
Evernote		Searchable database to take notes, photos, to do-lists and voice reminders	Free	an, bb, IOS

*These apps were not reviewed by authors of poster. Reviews and experiences of others were incorporated to form the comment section.
**Key for Platform: an: Android; bb: Blackberry; IOS: iPhone/iPad; p: Palm webOS; w: Windows Mobile

Psych On Demand, available for iPhone/iPad, is a comprehensive collection of industry-standard mental health screening measures and rating scales including over 23 assessment tools inclusive of Cognitive Disorders, Substance Use, etc. https://itunes.apple.com/us/app/psych-on-demand/id768349681?mt=8 Cost: 99 cents

RESIDENT PREPARATION FOR EXAMINATIONS

1) Content of PRITE Exam in Psychiatry: The American College of Psychiatrists sells a study from past (PRITE) exams: http://www.acpsych.org/prite.

2) COMLEX Step 3: https://osteopathic.org/residents/preparing-for-licensure-exams/comlex-3/

3) USMLE: see Practice Materials at http://www.usmle.org/practice-materials/index.html

   a. The Clinical Management Comprehensive Self-Assessment is modeled on Step 3. Step 3 includes questions on assessing journal articles (evidenced-based medicine skills) and on interpretation of pharmaceutical advertisements.

   b. For USMLE Step 3 preparation by USMLE World (fee for ordering): http://www.usmleworld.com/home.aspx

4) Information on Psychiatry Board eligibility: https://www.abpn.com/become-certified/general- requirements/

APPENDIX A: SAMPLE PSYCHIATRY INTAKE TEMPLATE

PSYCHIATRY EVALUATION

Patient Name____Patient #____________Unit________Date____________

Identifying information and reason for evaluation ____

The purpose of this evaluation was explained to the patient, who then agreed to proceed: YES NO

HISTORY OF PRESENT ILLNESS

____
____
____
____
____
____
____
____
____
____
____
____

PAST PSYCHIATRIC HISTORY

____
____
____
____
____

MEDICAL HISTORY

1. Major Medical Problems____
____
____
____

2. Current Medications ____
____
____

3. Allergies____

4. Tobacco Use____
____

5. Alcohol Use ____

6. Illicit Drug Use____
____

COMPLICATIONS OF ALCOHOL/DRUG USE

Legal ____

Alcohol blackouts__________________________

Job ______________________________________

Medical____________________________________ Social______

Family ____

Withdrawal sx___________________________

Chemical Dependency Tx ____

MEDICAL REVIEW OF SYMPTOMS____
____
____

FAMILY MEDICAL AND PSYCHIATRIC HISTORY____
____
____

SOCIAL HISTORY

1. Development
2. Education
3. Military History
4. Legal History
5. Marital History
6. Vocational History
7. Current stressors

VITAL SIGNS: TEMP _ BP _ PULSE _ RESP _ Sa02= _ %

MENTAL STATUS EXAMINATION

Appearance _ Behavior _

Affect _ Mood _

Speech _ Gait/Station _

Muscle Strength & tone _ Psychomotorfunctioning _

Perception,e.g.,hallucinations _

Thought content, e.g., delusions or obsessions _

Thoughts of harming self or others _

Thought processes, e.g.,associations Expressive & Receptive Language, e.g.,naming objects
Cognitive ft: level of consciousness _ Orientation _

Attention/conc.: Serial 7's _

Spells world backwards: Yes _ No _

Memory: Remote _ Recent _ Recalls _

3 words after 3min Fund of knowledge (e.g., current events; vocabulary) _

Abstract thinking

Judgment _

Insight _

CURRENT LAB & RADIOLOGIC STUDIES:

ASSESSMENT: DSM-5 DIAGNOSES: (include 2-3 sentences justifying your diagnoses with information from the HPI and/ or Mental StatusExam)

RECOMMENDATIONS

1. Further evaluation:
2. Psychopharmacologicaltreatment:
3. Psychotherapeutic interventions:
4. Social/Familyinterventions:

Is Chemical Dependency treatment indicated? ____

Disposition: ____

Psychiatry Assessment Done By:____Date ______________

APPENDIX B: LOCAL AND NATIONAL RESOURCES FOR RESIDENTS

AIDS Hotline
866-281-5322

Florida Child and Adult Abuse Hotline
800-342-0823

Florida Substance Abuse Hotline
800-273-8255

Medication Assistance Helpline
800-906-7279

National Alliance on Mental Illness–NAMI-Florida
877-626-4352

National Association for the Dually Diagnosed
800-331-5362

State of Florida Information Center
866-693-6748

Suicide/Emergency Hotline-Pinellas County
727-791-3131

National Domestic Violence Hotline
1-800-799-SAFE

Rape Crisis Line—National
1-800-656-HOPE

Depression and Bipolar Support Alliance-Florida
800-342-2437

Florida Advocacy Center for Persons with Disabilities
800-962-2873 or 800-96A-BUSE

Florida Suicide Prevention Coalition
800-729-6686

National Alliance on Mental Illness (NAMI)
800-950-6264

National Alliance on Mental Illness–NAMI Pinellas
727-826-0807

National Institute of Mental Health
866-615-6464

Treatment Advocacy Center
703-294-6001

National Suicide Hotlines
1-800-SUICIDE OR 1-800-273-TALK

Rape Crisis Line–Local
727-530-7273

APPENDIX C: TAMPA BAY CARES (2-1-1)

To access up-to-date information, 24 hours a day about all community resources, call 2-1-1 which is a free 3-digit phone # set aside by the FCC for information about and referrals to local human service information.

2·1·1

Get Connected. Get Help.™
211 Tampa Bay Cares, Inc.

211 Connects Mobile App

Free referrals in the palm of your hand.

The 211 Connects App gives you the power of referrals in the palm of your hand.

- ✓ Free on all smart mobile devices and tablets.
- ✓ You have access to the same public information as the 211 Contact Center.
- ✓ There are quick links to call or text 211 for assistance.
- ✓ Verified and updated National, Statewide, and local government and charity information.

Download on the App Store

GET IT ON Google Play

Copyright 211 Tampa Bay Cares. All Rights Reserved.

APPENDIX D – BAY PINES VAMC CAMPUS MAP AND PARKING DIRECTIONS

Please park in a spot near Bldg. 111. Lot 37 is close to the PIV Office which is about a 5-minute walk to Blvd. 111. Most lots are open for employee parking. Please ensure that you observe the 20-mph speed limit on campus. Lot 37 is in the upper right-hand corner of the map below.

APPENDIX E – CLINIC LOCATIONS ON BAY PINES VAMC CAMPUS MAP

Clinic	Bldg	Floor	Wing-Room	Clinic	Bldg	Floor	Wing-Room
Allergy Clinic	100	4	4D	Laboratory (Outpatient/Fasting)	100	1	1A-103
Ambulatory Surgery Unit	100	3	3A-303	Mammography	100	2	
Audiology Clinic	100	1	1D-140	Mental Health Clinic	1	2	B208
Cardiac Rehab Clinic	100	5	5D-131	MRI	100	1	1E
Cardiology / CHF Clinic	100	4	4D	Nephrology Clinic	100	4	4D
CATH lab	100	4	4B	Neurology – EMG	100	5	5D
Center for Sexual Trauma Services	102	1	C Wing	Neuropsychological	1	3	
Chaplain Service	2	1	Rm# 109	Neuropsychological Day Clinic	1	5	
Chemo / Hematology / Oncology	100	4	4C	Non-Invasive Vascular Lab	100	3	3B
Community Living Center	71	1	E-101/G-71	Nuclear Medicine	100	2	2C
Colonoscopy / EGD / GI Lab	100	4	4C	OEF/OIF/OND Program	100	1	1E-241
Comp & Pension – MOD A	100	1	Mod A	Oncology / Hematology / Chemo	100	4	
COPD Clinic	100	5	5D	Optical Shop / Ophthalmology	106	1	
Coumadin Clinic	100	1	1A-103G	Orthopedics	100	1	1C
CT Scan	100	2	2D	Osteopathy Clinic	100	4	4D
Day Treatment Program	1	3		Outpatient Pharmacy	100	1	
Dental	23	1		Pacemaker Clinic	100	5	5B-171
Dermatology	22	2	Room #208	Pain Clinic	22	2	Room #203
Details Office / Decedent Affairs	100	5	5C-158	Patient Travel / Funds	100	1	
Diabetes & Meter Clinic	100	4	4D	Patient Education Resource Center	100	1	1E-236
Dialysis	100	4	4D	Pharmacy	100	1	Outpatient Entrance
DOM Residential Rehab Treatment	102	1	A Wing	Physical Medicine and Rehabilitation	100	1	1D
Ears, Nose, Throat Clinic	100	1	1D	Podiatry	100	3	3B
EEG Lab	100	5	5B-107	Primary Care –MOD A, B, C, D, Lakeside	100, 102	1	MODs A,B,C,D,
EKG ECHO & Stress Test	100	4	4C	Prosthetics	22	3	
Eligibility / VHIC Cards	100	1	1E-101	PTSD Day Treatment Program	1	3	
Emergency Department	100	1	Emergency Dept.	Radiation Oncology Clinic	107	1	
Employment Reentry Services	1	3	A-301	Radiology / X-ray / Ultrasound	100	2	2A
Endocrinology	106	4	4D	Release of Information	100	1	1E301
Eye Clinic / Ophthalmology / Optometry	106	1		Renal/Nephrology	100	4	4D
Gastro Check-in	100	4	4D	Respiratory / Pulmonary	100	5	5D
Geriatric Day & Psychiatry Clinic	1	5		Rheumatology Clinic	100	4	4D
Geriatric PC	101	1	A-Wing	Substance Abuse Treatment Program	102	1	D Wing
Gastro Consult & Follow-up Clinic	100	4	4D	Sleep Lab	100	5	5D
GI Lab / Colonoscopy / EGD	100	4	4C	Speech Pathology Clinic	100	1	
Gynecology Clinic	101	4	4B	Stress Treatment Program	1	3	
Home Based Primary Care	101	1	A-Wing	Surgery Clinics (General/GU/Plastic)	100	3	3B
Heart Failure Clinic	100	4	4B	Thoracic Clinic	100	3	3B
Hematology / Oncology / Chemo	100	4	4C	Ultrasound / X-ray / Radiology	100	2	
Holter Monitor	100	4	4C	Urgent Care Clinic	100	1	Mod A
Hospice	100	5	5C	Urology Clinic	100	3	3B
Hypertension Clinic	100	4	4D	Vascular Surgery	100	3	3B
Infectious Disease	100	5	5D	Women's Clinic	100	4	4B
Infusion Therapy Lab	100	3	3B	Wound Clinic	100	3	3B

APPENDIX E – RESIDENCY PROGRAM SITE CONTACTS

Name	Address	Phone	Email
Bay Pines Veterans Affairs Medical Center (VAMC)			
Alina Gonzalez-Mayo, MD Psychiatry Residency Program Director	Bay Pines VAMC 10000 Bay Pines Blvd. Bay Pines, FL 33744	(727) 398-6661 ext. 14739	alina.gonzalez-mayo@va.gov
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Central Florida Behavioral Hospital			
Nasreen Razack- Malik, MD Site Director	6601 Central Florida Pkwy. Orlando, FL 32821	(321) 246-8526	nasreenorlando@yahoo.com
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APPENDIX F: *"THE ONE MINUTE PRECEPTOR"*

The following web address will direct you to the information on how to precept residents and students:
www.ohio.edu/medicine/about/offices/academic-affairs/faculty-development/teaching/clinical.cfm